

WHEA Fellowship Graduation

March 24 2022
5:30-6:30 pm



EMORY

WOODRUFF
HEALTH
SCIENCES
CENTER

Woodruff Health
Educators Academy



About Us

Formed in 2017, the Woodruff Health Educators Academy (WHEA) brings together educators across the health sciences at Emory to promote and support the practice and scholarship of teaching and learning. The program's vision is to foster an interprofessional community of educators across the health sciences at Emory.

Order of Events

WELCOME & OVERVIEW

Taryn Taylor, MD, MEd
Co-Director, WHEA Teaching
Fellowship

PRESENTATION OF GRADUATES

Graduates will share either (a) one of their most memorable moments during the program OR (b) one lesson learned that they have applied or look forward to applying.

CLOSING

Ulemu Luhanga, PhD
Co-Director, Woodruff Health
Educators Academy (WHEA)



Graduates



- 1 Abeer AbouYabis, MD
- 2 Alhamza Al-Bayati, MD
- 3 Ruba Al-Ramadhani, MD
- 4 Vaidehi Avadhani, MD
- 5 Andrea Crowell, MD
- 6 Swapan Dholakia, MD
- 7 Michael Fiedorek, MD
- 8 Theresa Goodman, PhD
- 9 J. Sonya Haw, MD
- 10 Heather Hipp, MD
- 11 Candace Hobson, MD
- 12 H. Joon Kim, MD
- 13 Deepika Koganti, MD
- 14 Jimi Malik, MD
- 15 Sarah Markley Webster, MD
- 16 Meredith Maxwell, MD
- 17 Julie Mitchell, DO
- 18 Yolaine Nozile, RN
- 19 Jeanne Overby
- 20 David Reinhart, DNP, MBA, RN, CNOR
- 21 Sara Rizk, MD
- 22 Mildred Sattler, DNP
- 23 Veketa Smith, MMSc
- 24 Marsha Stern, MD
- 25 Odinae Sullivan
- 26 Cynthia Thomas
- 27 Ratna Vadlamudi, MD
- 28 Cherry Wongtrakool, MD

Teaching Fellows



Abeer AbouYabis, MD
Assistant Professor, Hematology/Medical Oncology
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Developing a teaching program addressing inpatient management of SCD pain crisis in a standardized way that enables HCP to improve outcome of hospitalized SCD patients.

WHAT WILL BE TRIED?

The program integrated Kern's 6-steps into ADDIE's Model. An initial questionnaire will assess learners' foundational knowledge and help learners self-identify deficiencies that affect their ability to deliver quality patient care with confidence.

I applied Gagne's 9 stepwise approach in program design: Hook 'em, Teach 'em, Assess 'em

Hook 'em- In addition to the self-assessment questionnaire, I added an 'Objectives Slide' in the beginning of each teaching session.

Attempting to capture learners' attention to common pitfalls in current practices, I

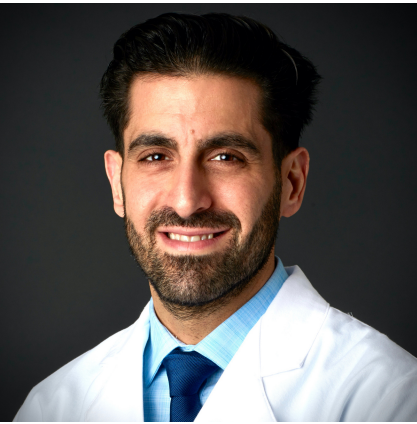
started each topic with a slide about common SCD-related myths.

Teach 'em- I integrated Fink's Taxonomy of learning assessment techniques by incorporating 'entry' multiple choice questions (MCQs) following a case presentation to assess learners' foundational knowledge on the topic. Afterwards, evidence-based data is presented in a concise way to guide learners to the correct MCQ answer.

Assess 'em- 'Exit' MCQs allowed each learner to reflect on the ways the new information changed their management choices.

WHAT LESSONS DO WE HOPE TO LEARN?

- Incorporate Poll everywhere to accommodate remote learners:
 - To assess learners' knowledge on the spot and engage them in the learning process.
 - To get feedback
- In the beginning and end assessing the change in the learner's self-determined level of confidence in patient management (human dimension)
- At the ends using the 3:2:1 method (name 3 things learned, 2 things plan to implement and one thing to add to future sessions)



*Alhamza Al-Bayati, MD
Assistant Professor of Neurology
Emory University School of Medicine*

WHAT PROBLEM WAS ADDRESSED?

Historically and nationally, Neurology trainees (residents and rotating medical students) do not have structured neuro interventional education and clinical exposure. This subsequently could set them back amongst other cross-specialty applicants during their fellowship application. Furthermore, learning the nuances of cerebrovascular medicine has an impactful role in diagnosing and treating plethora of acute neurological diseases.

WHAT WAS TRIED?

Design and implement curricular rotation during which trainees will have detailed exposure to competencies such as, but not exclusive of, identifying neuro-intervention candidates for diseases such as acute ischemic stroke and subarachnoid hemorrhage, weighing the risks and benefits of neuro-intervention procedures, counseling and preparing patients and their families for neuro-endovascular procedures, basics of

neuro-angiography procedural aspects, understanding cerebrovascular anatomy and physiology from a neuro-interventionalist lens, and post-procedural patient care. These skills can prepare future neurologists for inpatient and outpatient referral, future vascular neurologists for collaborating with neuro-intervention teams and assist potential future neuro-interventionalists with career planning and early education.

WHAT LESSONS WERE LEARNED?

Developing learners' curiosity prior to diving into the overwhelming details would elevate their interest and enhance early learning skills. This would ultimately yield to a more engaged audience and optimize their overall performance. In addition, peer educators and students' feedback are crucial keys for ongoing successful scholarly mission. This would help ameliorate the curricular content and provide flexible and practical educational framework.





*Ruba Al-Ramadhani, MD
Associate Professor, Department of Neurology
Emory University School of Medicine*

WHAT PROBLEM WILL BE ADDRESSED?

Neuroanatomy is one of the most clinically relevant subjects studied in the first years of medical school. During training years, there is no dedicated teaching course to provide comprehensive reinforcement of clinical neuroanatomy knowledge, its clinical application, and the diagnosis and management of different rare and common neurological syndromes.

WHAT WILL BE TRIED?

Our goal is to create a short 8-week course that covers all the high yield relevant clinical neuroanatomy topics for pediatric neurology residents to clearly and concisely cover clinical neuroanatomy, clinical neuroscience, and their relationship cover clinical neuroanatomy, clinical neuroscience, and their relationship clearly and concisely with clinical practice. The course will be an hour-long weekly lecture held in person and virtually to the trainees who is covering inpatient service and cannot attend in

person. Educational materials will be provided to trainees to present a topic to their peers during the curriculum. All trainees will be taking a short 10-minute assessment test at the end of each lecture to assess their immediate understanding of the topics presented.

WHAT LESSONS DO WE HOPE TO LEARN?

We hope to provide clinically relevant neuroanatomy introduction to trainees in pediatric neurology residency program that can be used in clinical setting to improve neurological localization and differential diagnosis.





*Vaidehi Avadhani, MD
Assistant Professor
Department of Pathology & Laboratory Medicine
Emory University School of Medicine*

WHAT PROBLEM WAS ADDRESSED?

For decades, microscopic slides and one-on-one teaching at the microscope have been central to cytopathology teaching. With the recent advent of COVID-19, significant changes have been imperative to maintain social distancing and thus disrupting this well-accepted method of trainee education. Moreover, with the changes in the business models and administration of healthcare, trainees rotate in multiple hospitals with completely different systems, faculty and patient populations. Online education has been implemented very well at the undergraduate level. However, postgraduate education has largely been limited to self-learning. We intend to make a teaching resource for trainees and staff involved with our laboratory specific to our clinical case exposure and workload.

WHAT WAS TRIED?

We implemented our idea using the “Canvas” platform to make teaching modules for our incoming cytopathology residents and fellows. Each module is structured to encompass text material, power point presentations with audio and AVI-based slide review videos made using the Studio app within Canvas. Freely available online-lectures will be curated and added to the course for easy and organized accessibility. Quarterly online assessment of learning was added to help fellows prepare for their board exams.

WHAT LESSONS WERE LEARNED?

This is an ongoing project, so we have started collecting data and feedback regarding the utility and efficacy of an online structure for active learning. Till date, our experience suggests an online curriculum is feasible and acceptable in achieving targeted learner’s objectives. Using the Gagne’s principles, we are continuously adapting the curriculum. Through this project, we are experimenting with different assessment techniques and hope to create an innovative teaching and assessment tool that can be adapted to the different subspecialty pathology settings.



PEER SUPERVISION FOR PSYCHOTHERAPY SUPERVISORS TO IMPROVE CONSISTENCY OF RESIDENT LEARNING OF CORE PRINCIPLES OF PSYCHOTHERAPY



Andrea Crowell, MD
Assistant Professor
Psychiatry and Behavioral Sciences
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Learning in residency consists of both a structured didactic program as well as less structured learning that occurs in the context of supervised patient encounters. In psychiatry training, psychotherapy is a required competency for all trainees. Unlike most treatment modalities that physicians learn in their clinical training, psychotherapy is commonly offered by and taught by non-physicians. Supervision of psychotherapy is thus often provided by qualified therapists who have limited familiarity with the training background and particular needs of psychiatry residents.

WHAT WILL BE TRIED?

Psychotherapists (MDs and non-MD clinicians) who are providing supervision to psychiatry residents

early in training will be invited to participate in a monthly peer supervision group to discuss their experiences with resident supervision and to collaboratively create a set of core concepts and skills that should be incorporated into resident psychotherapy supervision. In addition, physicians in the group can provide context to other supervisors about when and how psychotherapy training fits into residents' overall landscape of psychiatric training. Pre-/Post-testing of supervisors will assess for acceptability and subjective efficacy of this intervention for providing a more consistent supervisory experience to residents. Pre-/Post-testing of residents will assess objective efficacy of this intervention by assessing resident knowledge of core concepts in psychotherapy.

WHAT LESSONS DO WE HOPE TO LEARN?

It is hoped that with this multi-disciplinary peer supervision group, individual group members will better understand the particular needs of psychiatry residents who are learning psychotherapy and that, as a training program, we will be able to provide a more consistent learning experience for residents.





Swapan Dholakia, MD
Assistant Professor of Neurology
Emory University

WHAT PROBLEMS WILL BE ADDRESSED?

Medical residents and fellows are trained extensively in their chosen specialty but receive limited instruction in proper billing and coding procedures. In addition to medical knowledge, for independent practice upon completion of residency or fellowship training, it is equally important to learn the correct billing and coding procedures. Many learners are not aware of the recent changes in billing and coding procedures that came about last year.

WHAT WILL BE TRIED?

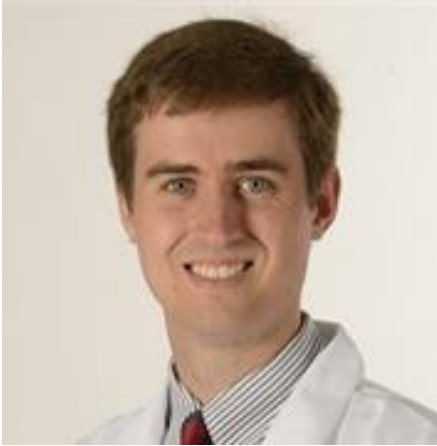
Gagne's nine events of instruction will be utilized to develop a lesson on proper billing and coding procedures in the outpatient clinic setting. This will begin with gaining the learners' attention (hook 'em) by discussing why this is a critical element to

document what level of care was provided and in getting appropriately reimbursed for the service provided. The content will be delivered (teach 'em) in the form of a lecture on billing and coding, as well as "hands on" training during patient encounters. Learners will then be assessed (assess 'em) by pairing them with each other to review each other's documentation and assess if appropriate billing and coding procedures were followed..

WHAT LESSONS DO WE HOPE TO LEARN?

I hope to incorporate a lesson on billing and coding procedures into residency and fellowship training curricula. Many residents and fellows complete their medical training without adequate knowledge on this topic. Utilizing Gagne's nine events of instruction, I hope to embed this important lesson as a part of the overall curriculum in our training programs.





*Michael Fiedorek, MD
Assistant Professor of Anesthesiology
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Point-of-care ultrasound (POCUS) is an extremely valuable skill to master for anesthesiologists training to care for children. While POCUS has been an emerging diagnostic tool for many years, many of our fellows have very little exposure and practice. In addition to learning pediatric perioperative POCUS, it is our goal to also help our fellows pass the anesthesiology board's OSCE, which includes POCUS for the first time this year (2022).

WHAT WILL BE TRIED?

We will provide a dedicated POCUS curriculum that spans the year of our fellowship, with special emphasis on teaching the necessary knowledge and skills tested on the OSCE board exam. We will utilize multiple

educational modalities but will focus on 'live' scanning for much of the year. As one of pediatric POCUS' strengths is the rapid diagnosis of relatively rare pathology, each fellow will save his or her obtained images during 'live' scans to share with the group. This will better enable each learner to recognize uncommon pathology from 'non-stock' POCUS images.

WHAT LESSONS DO YOU HOPE TO LEARN?

I hope to use feedback from both learners and educators to improve the learning experience and more proficiently reach our educational goals. I hope that this project improves my curriculum design and teaching methods and enables our fellows to accomplish their goals of clinical excellence. .





*Theresa Goodman, Ph.D., MSN, NP-C
Director, Primary Care Nurse Residency Program
Atlanta VA Health Care System*

WHAT PROBLEMS WERE ADDRESSED?

The Primary Care Nurse Practitioner Residency program is a one-year program designed to improve the confident level and efficiency of newly graduating NPs in providing quality care to their patients. The program consists of a robust curriculum and clinical experiences to help assist NPs in emerging as primary care providers. This program has a diverse population of adult learners; therefore, I needed a method to certify that all learners have a great learning experience. However, the current curriculum is composed mostly of lecture-type presentations but this approach may not appeal to all learners. The goal was to develop modules to influence all level of adult learners and keep them engaged and interactive during the learning process.

WHAT WAS TRIED?

The Principle of Gagne Nine Level of Learning was applied to two learning modules in the Primary Care Nurse Practitioner Residency Program. I used the 'hook 'em,

teach 'em and assess 'em principles to redesign the STI module and the Men and Women Health Module.

Hook 'em

In the hook 'em phase, I developed measurable objectives and used a mixture of methods to get the learners' attention. I incorporated an interactive game that was designed based of the television game Jeopardy, but the categories and answers were based on STI content. This game fostered teamwork and enabled me to assess the learners' prior knowledge before the lecture. The idea of playing a game called Jeopardy grabbed their attention immediately. I also used the Kahoot software to develop an interactive game called Truth or Myth, which was modified because the approval for the full program was delay and the trail only included 3 players. Additionally, several astounding statistics and facts were encompassed into my lecture, such as "Every four minutes, a person dies as a result of a Stroke".

Teach 'em

In the Teach 'em phrase, I revised my PowerPoint presentations to conform with many of Gagne's suggestions, such as using strategies to make sure slides were concise and simple. I also embedded several thought-provoking questions throughout the presentations and linked them to the Residents' clinical experiences. This enabled Residents to learned material and apply it to their clinical experiences. Additionally, I proposed case-study-like questions to assess what actions Residents would take, in a given situation. This allowed them

to think through the process and share with each other. During the lecture, I used several techniques to engage the learners by going around the room and asking questions such as, have you seen this in your clinic, what would you do, or is there anything else you suggest? This enabled them to participate in the lecture and add to the discussion.

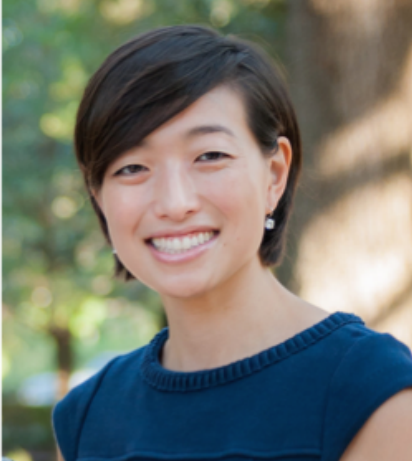
Asses 'em

Feedback about knowledge retention was assessed with questions throughout the lecture and this allowed me to provide feedback to the Residents and allowed them to reflect on their own knowledge. An in-paper evaluation was conducted to collect immediate feedback on the Residents' opinion on the interactive games. A didactic evaluation was completed after each module to assess the satisfaction of the content and the instructor's ability to teach the module.

WHAT LESSONS WERE LEARNED?

I learned adult learners have different learning needs and educators I need to ensure that all module, courses, and curriculum are diverse enough to meet the needs of all learners. I learned that using Gagne's nine step instructional design framework can guide you in developing modules and curriculum which are engaging and appealing to all level of learners. Additionally, I learned that incorporating interactive games into adult learning is a great way to keep learners engaged.





*J. Sonya Haw, MD
Assistant Professor of Medicine
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

U.S. population-based surveys of transgender individuals cite lack of knowledgeable physicians as a major barrier to accessing health care for gender diverse individuals. Medical education on transgender and gender-affirming care is sparse and inconsistent. Additionally, learners have varied prior experiences with transgender topics, making traditional lectures less applicable for some learners. Currently, one traditional lecture is given to Internal Medicine residents and Endocrinology fellows per year on transgender care with opportunities for some learners to rotate in specific gender clinics. This less-than-optimal curriculum creates highly variable levels of competency in transgender care with most lacking adequate exposure and confidence to provide gender-affirming care after training.

WHAT WILL BE TRIED?

To ensure more opportunities for hands-on learning and streamline transgender care education among Internal Medicine residents and Endocrinology fellows, a case-based series of lectures were developed. These require role-play and interactive discussion with the learners and the option to have someone play a standardized patient. The case series cover competencies from practicing how to ask about pronouns and chosen names, basic knowledge of starting hormone therapy to addressing more complex nuances of gender-affirming care. An assessment of the learners' competency in providing gender-affirming care will be implemented before and after the case series to provide feedback for improvement.

WHAT LESSONS DO WE HOPE TO LEARN?

I hope to learn if an interactive case-based series will improve the average knowledge-base and competency in transgender medicine for residents and fellows. I am hopeful that despite varied clinical exposure to transgender patient care, learners will feel more confident and better equipped to care for transgender patients.





*Heather Hipp, MD
Assistant Professor of Gynecology / Obstetrics
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Vaginal ultrasound skills are difficult to learn and require intimate patient exams for completion. Learning is often done piecemeal at bedside, rather than through a standardized curriculum. It can be difficult to attain confidence with the skill, especially given the high-stake circumstances of some of the examinations. Vaginal ultrasounds are, however, critical education for Gynecology residents and fellows to be able to both perform and to read accurately.

WHAT WILL BE TRIED?

We plan to create a stepwise curriculum with weekly sessions that include a mix of didactics and hands-on training with a

simulation model that includes a variety of pelvic pathology. There will be assessment both before and at the end of the rotation to ascertain areas of strength and weakness

WHAT LESSONS DO WE HOPE TO LEARN?

The hope is that learners leave their rotations with increased confidence in vaginal ultrasounds skills and awareness of their weaknesses in this imaging modality. There will also be more opportunities for direct skills feedback to learners, especially in situations of rare or unique patient case situations. As an educator, I think a “pre-test” (before simulation) and “post-test” after simulation will also “teach” me what areas of skills need more educational focus.





*Candace Hobson, MD
Assistant Professor of Otolaryngology
Emory University School of Medicine*

WHAT PROBLEMS WERE ADDRESSED?

Otolaryngology, like most medical specialties, is comprised of several subspecialties. While residents are responsible for mastering all aspects of the specialty, not all topics interest all residents. Additionally, fatigue and clinical responsibilities can distract from independent study or attention in a lecture. My goal is to create an educational experience that engages otolaryngology residents and overcomes these barriers to learning, particularly for the more complex or less interesting topics of neurotology.

WHAT WAS TRIED?

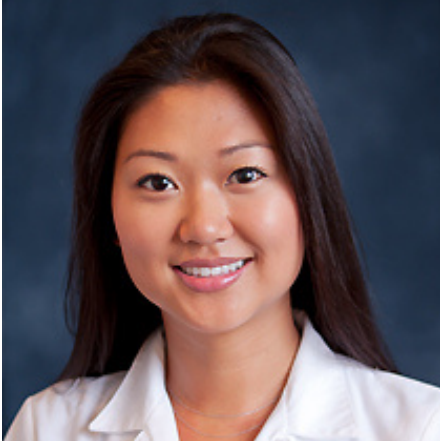
A lecture was created focused on deficiencies in resident knowledge based on observations in a clinical setting. The topic was dizziness,

something even practicing otolaryngologist struggle to understand. The audience was mixed – in-person and over Zoom. Over the course of two hours, information was presented in a problem-based manner, and learners participated by responding to polls as well as with group discussion. We additionally engaged in peer-to-peer learning as residents shared their own experiences and knowledge with each other.

WHAT LESSONS WERE LEARNED?

Engaging residents in a lecture with multiple methods of active participation is useful for generating interest and maintaining the attention of often fatigued and distracted residents. In future lectures, incorporating more case discussions, a post-course knowledge assessment and survey will be helpful to gauge the effectiveness of the lecture.





H. Joon Kim, MD
Associate Professor of Ophthalmology
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

My project will be creating an optimal surgical ladder that will allow ophthalmology residents to become familiar with the conceptual and hands-on portions of oculoplastic surgery.

WHAT WILL BE TRIED?

My goal for the surgical ladder will be to perform the following steps throughout the residency:

- Creation of a pre-test to determine their pre-rotation knowledge
- Fundamental suturing skills session
- Cadaver dissection session
- Determination of appropriate surgeries based on level of training
- Informal one-on-one weekly discussions focusing on 1-3 topics

- Review of surgical steps (i.e. books and videos)
- Resident participation in portions of the surgical procedure
- Resident completion of an entire surgical procedure which will be recorded
- Surgical video conference reviewing the surgeries performed by the resident
- Post-test/feedback

WHAT LESSONS DO WE HOPE TO LEARN?

- To determine which procedures are appropriate for the level of training
- To determine which portions of the surgical ladder the residents found the most helpful



DEVELOPMENT OF A FORMAL ASSESSMENT AND FEEDBACK CURRICULUM FOR TRAUMA SURGERY FELLOWS



Deepika Koganti, MD
Assistant Professor of Surgery
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

The two-year critical care and trauma surgery fellowship at Grady and Emory is a fast-paced learning environment that involves caring for a high volume of patients often in critical clinical situations. The majority of fellow education comes from learning in real-time in the trauma bay and operating room. Time and quick decisions are crucial in these traumas, which does not allow for “formal didactic” teaching but rather learning by experiencing. Current feedback for trauma fellows is through written evaluations that are given to the fellows a month after they finish their rotations. The evaluations are general feedback with little detail on specific situations. The goal of this project is to allow for more directed evaluation and feedback of the trauma fellows’ clinical decision-making and skills. Through this feedback, a secondary goal is to increase their learning potential, comprehension of different

trauma scenarios, and retention of their real-time “experiences” in the trauma bay.

WHAT WILL BE TRIED?

A multi-pronged approach of video learning, simulation, and feedback will be implemented. The video learning would involve filming the fellows in various trauma scenarios in the trauma bay. The fellows would then watch the video with a faculty member and first provide a self-evaluation, commenting on their strengths and areas for improvement. The faculty member would then facilitate further points of learning. Video sessions would start at the beginning of the fellowship and continue throughout so that fellows can track their own progress and achievement of milestones.

WHAT LESSONS DO WE HOPE TO LEARN?

The trauma bay is a high stakes environment where learning is done actively given the time sensitive nature. I hope to identify if video learning is an effective tool for trauma surgery fellows in this environment. By reviewing videos and replaying the scenarios, I hope the fellows are able to more closely scrutinize their actions since it can be difficult to remember all the details during a trauma resuscitation. My goal with this tool is to encourage fellows to be actively involved in self-directed learning while having faculty oversight. Moreover, through video learning, the goal is to also identify knowledge gaps in a fast-paced environment to allow for more directed teaching and retention of knowledge.



*Jimi Malik, MD
Assistant Professor of Family & Preventive Medicine
Emory University School of Medicine*

WHAT PROBLEMS WERE ADDRESSED?

Regardless of the learners' stage in their career, there will always be “impossible statements” or questions presented to them (by patients, families, or medical teams) that will be jarring. As a Palliative Medicine physician, I have been able to sit in many of these moments. Through a curriculum of experiential learning, I hope to increase learners' comfort and confidence in hearing and responding to these types of statements.

WHAT WAS TRIED?

Based on foundational work by David Kolb, a one-hour experiential learning session of spiral learning has been developed. The session is broken down into three parts:

1. Concrete experience through role-play of an impossible statement
2. Abstract conceptualization is facilitated after the initial role-play.
3. Active experimentation through a second role-play of an impossible statement, followed by reflections of the experience.

WHAT LESSONS WERE LEARNED?

The feedback from the two sessions I have been able to facilitate this past year has been especially helpful. The learners have expressed feeling the experiential learning concept has been more engaging, and a nice contrast from the traditional one-sided lecture. The learners also found that keeping the concepts minimal was key, as time is limited to one hour. For this reason, we discuss no more than two or three concepts per session. In the future, I hope to develop this session for third-year medical students. While their clinical experience is much more limited than fellows, all third-year Emory medical students have a one-week rotation with PalliativeCare. As a curriculum for medical students, this session is a tremendous opportunity to provide foundational experience for learners in the earlier stages of their clinical experience.





*Sarah Markley Webster, MD
Assistant Professor
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Endocrinology is an area where Internal Medicine residents spend less time and subsequently score lower in on their in-training (ITE) and board exams. Core conference is dedicated time over three years to provide high yield information to the residents, that they will need for their careers, and exams, but historically has been bland and difficult to obtain learner interest and engagement from the beginning, much less maintain their interest and improve their knowledge. The goal of this project is to 1) identify high yield low-scoring topics that residents from their in-training exams to focus in on zones needing improvement and 2) to make the content engaging and interactive so that the residents are actively learning, which will also promote retention of the subject matter.

WHAT WILL BE TRIED?

ITE results from prior years will be reviewed to determine a topic list that will be rotated through over 3 years. Residents will be divided into groups to work through deidentified cases that provide clear examples of where thought processes went awry and promote discussion of better problem approaches. PollEverywhere will be used to facilitate audience response and allow for anonymity of responses when in large group. MKSAP and NEJM Knowledge+ questions will be integrated into the cases. Pre and post-tests surveys will be given to assess improvement in knowledge.

WHAT LESSONS DO WE HOPE TO LEARN?

As this has not been completed, it remains to be seen what will be learned, but I hope to continue to evolve Core Conference based on resident feedback of which techniques were effective and which were not, to ensure Core Conference remains focused on effective communication of necessary knowledge.





Meredith Maxwell, MD
Assistant Professor of Family & Preventive Medicine
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

The subspecialty of Palliative Care and Hospice is still relatively new, and is actively developing. This is especially true for the practice of palliative care in the outpatient setting. Our yearlong Palliative Care and Hospice Fellowship aims to adequately prepare physicians for the practice of palliative care in a variety of practice environments including both inpatient and outpatient settings. As the nature of an outpatient palliative care practice is still being defined, there is no standard in terms of fellowship curriculum specific to this type of practice. An increasing number of fellows enter outpatient practice following fellowship. It is important we ensure that our fellows are adequately prepared.

WHAT WILL BE TRIED?

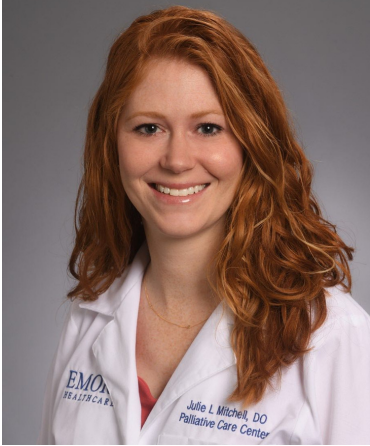
We will draw from the experiences of palliative care faculty who practice in the outpatient setting in development of a set of

learning outcomes. For the purpose of maximizing access to content and flexibility for our learners, an online curriculum will be created using the Canvas platform. The curriculum will include modules corresponding to the learning outcomes created, and these modules will include consideration for teaching principles that apply to adult learners.

WHAT LESSONS DO WE HOPE TO LEARN?

Creating a baseline curriculum creates the opportunity to gather feedback and improve the way we go about teaching this very important content. On a personal level, I am hopeful that the act of creating a curriculum that incorporates the information learned during my WHEA fellowship will solidify my understanding for future projects.





Julie Mitchell, DO
Assistant Professor of Family & Preventive Medicine
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

In the midst of the COVID-19 pandemic, telemedicine has become one of the most important venues for quality care. The likelihood of health systems continuing to utilize this method of care in the future is high. However, there has been little implemented within the curriculum of graduate medical trainees to address appropriate integration of telemedicine into their practice.

WHAT WILL BE TRIED?

This project aims to address this curricular gap by designing a program to teach second year internal medicine residents on their established and required Palliative Medicine rotation at Emory Midtown the knowledge and skills to successfully conduct videoconference-based family meetings. In

this process, we will assess the impact of the use of telemedicine on trainee's knowledge, skills and attitudes (such as empathy and compassion), by way of survey-based assessment both prior to and after receiving the intervention. The intervention itself will be a short, interactive session using evidence-based teaching behaviors and skills shown to be effective in adult learning. A potential expansion of this project could include conduction of a retrospective reflection assessment in order to evaluate the effectiveness of the curriculum.

WHAT LESSONS DO WE HOPE TO LEARN?

My overarching goal is to enhance resident ability to provide quality care via telemedicine, specifically for vulnerable patients at the end of life. I seek to evaluate the effectiveness of this intervention, and to enhance my own learning by way of application of some of the skills I have gained in this Fellowship.





*Yolaine Nozile, RN
Rapid Response Nurse/ Adjunct Faculty
Emory Healthcare*

WHAT PROBLEMS WILL BE ADDRESSED?

Teaching and learning in an academic environment present many educators' challenges. Nevertheless, educators should attempt to recognize who their students are, their level of training, and their potential. Before educators begin teaching, they must assess their readiness and teaching methods. Plan to encourage educators to assess and deliver high-quality, interactive, and appealing virtual class sessions. The learners are nursing students in the accelerated bachelor Student Nurse (ABSN) program; who will be in their 2nd semester in the nursing program doing their clinical hours virtually.

WHAT WILL BE TRIED?

Teaching is a learned skill that the educator must know how to deliver with tact and expertise. Strategies implemented to overcome barriers and motivate the adult

learner. The teaching model on the nursing students will be virtual, utilize zoom with the electronic features, and enable breakout rooms to create small group discussions, videos, and reading lectures to engage the students.

WHAT LESSONS DO WE HOPE TO LEARN?

It facilitates the nursing students to succeed in the ABSN program. Understanding the diverse ways students learn can advance teaching and help learners to accomplish their goals. Incorporating strategies to assist the students in getting over their barriers allows the nurse educator to apply their knowledge and skills related to teaching, learning, and creating an optimum educational atmosphere.



INCREASED LEARNER ENGAGEMENT AMONG POST BACCALAUREATE NURSE RESIDENTS IN THE CLASSROOM SETTING



*Jeanne L. Overby MSN, RN
Nurse Educator
Atlanta VA Health Care System*

WHAT PROBLEMS WILL BE ADDRESSED?

I serve as the Post Baccalaureate Registered Nurses (PB-RNR) Program Director for the Atlanta VA Health Care System. The PB-RNR Program is a 12-month structured federally funded new RN graduate nurse residency program. Nurses who participate in the PB-RNR program are in their first role as registered nurses. In the role of program director over the past five years, I have observed mostly our Millennial and now the Generation Z students become quickly disengaged when the PowerPoint and lecture teaching strategy is utilized in the face-to-face classroom setting.

WHAT WILL BE TRIED?

I will discuss why I chose the "Assess 'em" concept of Gagne's 9 Events of Instruction as a teaching strategy to keep this group of learners actively engaged during a face-to-face didactic session. Gagne's "Assess' em" is an excellent method for assessment of

performance, enhancement of retention, and increased learner engagement. The concept of a "simulated escape room" was introduced as a method for assessment. The topic which I selected to utilize this concept was "Recognizing the Changing Patient Condition". After the PowerPoint and Lecture was completed, a patient scenario was given to the nurse residents prior to the beginning of the "simulated escape room" activity. After the initial patient history and background information was given, the "simulated escape room" was initiated. The nurses had five stations which they had to navigate to ensure proper nursing care was administered to prevent further deterioration of the patient's condition. These five stations consisted of puzzles, games and quizzes which gave the nurse residents clues as to which subsequent nursing interventions should be taken to prevent further deterioration. If the nurses did not complete each station within the designated time, their patient would unfortunately go into cardiac arrest and require advance life saving measures. .

WHAT LESSONS DO WE HOPE TO LEARN?

Through this pilot study, I hope to incorporate evidence-based teaching techniques into an ambulatory setting to improve resident engagement and success, as well as develop the basis of a curriculum for integration into core residency education.



David Reinhart, DNP, MBA, RN, CNOR
System Coordinator, Perioperative Residency Program
Emory Healthcare

WHAT PROBLEMS WAS ADDRESSED?

The global population is aging,⁵ and the demand for surgical services will increase as the proportion of older adults rises.⁶ Health care organizations will need OR nurses to provide safe and efficient perioperative care for a growing number of surgical patients. Global shortages of specialty nurses, especially OR nurses, present staffing challenges and it is common for hospital administrators to report difficulties in recruiting and retaining OR nurses.⁷ Additionally, perioperative nursing curricula is almost nonexistent in undergraduate nursing programs,⁶ which may result in fewer nurses choosing to work in the OR. The active recruitment of new and experienced nurses must be a priority to have enough OR nurses to care for future surgical patients.

WHAT WAS TRIED?

Using Kern's six step approach, the problem

identification: a collaboration/partnership between Chamberlain SON, Association of Perioperative Registered Nurses (AORN) and Emory Healthcare was formalized in fall of 2021 to create an undergraduate course titled "Introduction to Perioperative Nursing" (IPN). This course will be offered to senior undergraduate nursing students interested in perioperative nursing. The course will include QSEN undergraduate competencies, key infection prevention concepts, guidelines on how to prevent surgical complications and courses such as surgical attire, the surgical suite, surgical team communication and professionalism. Needs assessment for targeted learners: Information regarding background and course content was dissemination to junior and senior nursing students at Chamberlain College. An informal survey was conducted to collect numbers on interested students. The response was very positive. Interviews on all interested students were conducted to see who was truly passionate about a perioperative nursing career. Goals and objectives: A modular program organization will be used based on the students completing 18 AORN IPN modules. Education strategies will be post module completion, clinical exposure to the perioperative settings; Preadmission Testing, Preop,

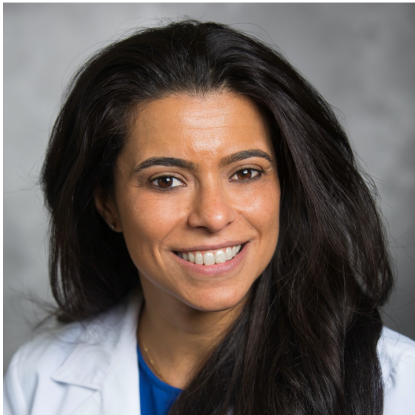


Operating room and Postop within the Emory system. Assignments will be coordinated across all Emory facilities that provide perioperative services. Post 8 week practicum, a final examination on 18 IPM modules will be given. Implementation of the Introduction to Perioperative Nursing class started in the January, spring 2022 year. Clinical rotations will begin in May of 2022. At the end of the course, students will receive a digital badge indicating their successful participation within the course. The graduating students will present this badge during job interviews demonstrating their time invested and interest in the perioperative career tract. Evaluation and feedback: individual feedback provided by students to both Chamberlain and Emory faculty, unit educators and preceptors in the clinical setting.

WHAT LESSONS WERE LEARNED?

Collaborating professional nursing associations, universities and healthcare systems to promote academic exposure to nursing programs can become complex. Clear goals and objectives for all parties is vital.

The benefits to including perioperative nursing curriculum to undergrad programs will allow new nurses to experience and consider a nursing profession within surgical services. When all parties involved are focused and energized to make an important initiative happen such as this new curriculum, the operational complexities are assessed and creative interventions are expedited in a timely manner.



*Sara Rizk, MD
Assistant Residency Program Director
Gynecology / Obstetrics
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Most faculty are expected to provide residents and medical students with formal teaching such as didactics, bedside teaching and teaching of various procedures but do not have any training in how to best provide said teaching. The teaching provided by our faculty is expected to help learners prepare for their in-service exams and boards and provide a framework to help mold future doctors. This important job deserves dedicated training.

WHAT WILL BE TRIED?

A concise curriculum that provides the faculty with tools to help them excel as teachers. The expectation will be for each onboarded faculty to complete this teaching curriculum as part of their orientation. The proposed curriculum will likely be a combination of modules that are to be

completed at the individuals own pace as well as in-person/zoom meetings in real time. Faculty within the School of Medicine who have expertise in adult learning and clinical teaching will be contacted with requests to be part of a flipped classroom to help engage the faculty in conversation surrounding this topic and review any concerns they may have. This is meant to be generalizable among specialties and topics. Small groups will allow the new faculty to develop relationships that will allow for collaboration and exchange of ideas, both during the meetings and in future endeavors .

WHAT LESSONS DO WE HOPE TO LEARN?

Faculty members play several roles in their job. By creating a teaching curriculum designed to morph with changing needs we hope to prepare our faculty for their role as a teacher to adult learners. Different generations learn in different ways therefore this will likely require refresher courses for the faculty. We anticipate needing an optional short refresher course for the faculty approximately every 2 years.



NEW IMPROVEMENTS TO THE EMORY PROFESSIONAL LATTICE ADVANCING PROGRAM (PLAN)



Mildred Sattler, DNP
Corporate Director of Nurse Retention and Career
Development
Emory Healthcare

CONTEXT

All clinical nurses and nurse leaders who participate in the clinical lattice program called the PLAN (Professional Lattice Advancing Nurses) at Emory Healthcare.

- Setting: Zoom/Virtual/Webinars

SELECTED TEACHING & LEARNING TOPIC

Using Gagne's Model, project focused on getting the clinical nurse's attention on how much they knew and understood the current PLAN (Professional Lattice Advancing Nurses) program.

- PLAN objectives determined, including performance criteria standard performance, advancement on the clinical lattice program, and established instruction on who, what, where, when, and how to develop nursing professional goals professionally.
- Created a Monkey survey to see what the learners knew and understood about the pre-existing PLAN

- Presented new material via PowerPoint, face to face and individual meetings, on purpose, the eligibility requirements, advancement, evaluation, and maintenance processes, PLAN model clarification of roles, lattice premiums, checklist and forms, electives, and tool kits, and where to turn in professional portfolios with dates of submission and compensation.
- Individual meetings with clinical nurses facilitated professional projects and answer questions
- Feedback given clinical nurse with confirmation, information, and analytical recommendations.
- Checklists created for each role to ensure that the clinical nurse met the criteria for the clinical lattice role.
- PLAN advancements monitored and shared with nurse leaders and all clinical nurses to enhance retention. Tool kits and self-learning instructions created for project planning, references, and templates.

WHAT LESSONS WERE LEARNED?

Zoom is efficient for both time and didactic training. Open question and answers forums encouraged the clinical nurses to ask appropriate questions geared to the PLAN

NEW IMPROVEMENTS TO THE EMORY PROFESSIONAL LATTICE ADVANCING PROGRAM (PLAN)

program. Nurses had a better understanding of the concepts. Nurses fully understood an evidence-based practice (EBP) project, with the help of step-by-step guide and toolkit. Every learner learns subject content differently and that educators need to be mindful of generational computer skills. Post-monkey survey; nurses had a better understanding of advancing in the PLAN. PLAN webinars and making the new improvements allowed nurses to understand the knowledge, skills, and attitude for professional advancement.

IMPLICATIONS FOR FUTURE PRACTICE

In the future, all nurses will learn about the PLAN program during their orientation. Zoom monthly scheduled educational webinars are available for all clinical nurses. Provide education to PLAN council and host monthly meetings. Educate all PLAN council members of all new improvements.



*Veketa Smith, MMSc
Assistant Professor
Family & Preventive Medicine
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Physician Assistant certification exam performance data reported by the National Commission on Certification of Physician Assistants revealed that Emory PA students have been scoring below the national average in infectious disease topics. Infectious disease curriculum is interspersed throughout the didactic training of Emory PA students within the Foundations of Medical Science course and each fundamental body systems module. The decision was made to create a dedicated, non-graded infectious disease review module to present previously covered infectious disease content in an organized format helping students to better understand how to approach patients with infectious diseases. The module is presented near the transition from didactic curriculum to clinical curriculum. The challenge is creating an engaging module with multiple non-

traditional learning assessment tools to ensure instructional objectives are being met.

WHAT WILL BE TRIED?

An infectious disease review module is being created that will review the basics of clinical microbiology, common infectious disease pathogens (bacteria, mycobacteria, fungi, viruses, and parasites), antimicrobial selection, and infectious diseases by body system. The module will be synchronous and engaging for adult learners using strategies from Gagne's instructional design model. I plan to constructively align learning assessment techniques such as: baseline knowledge questionnaires, entry and exit tickets, group case studies, and jig-saw activities with the intended learning outcomes for the module.

WHAT LESSONS DO WE HOPE TO LEARN?

I aim to learn how to engage adult learners in a non-graded module while simultaneously incorporating programmatic assessment to guide learning and continue to inform quality curriculum improvement of this module annually.



Marsha Stern, MD, MPH
Assistant Professor
Psychiatry & Behavioral Sciences
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Emory's general psychiatry residency has a four-year modular based curriculum, with faculty having various areas of expertise leading each module. The curriculum contains twenty-five modules with more than one hundred faculty and adjunct faculty providing lectures for residents.

This format allows for modular leaders to have a large degree of autonomy in developing their individual modules but can also create siloed smaller curricula within the larger framework. It is not always apparent whether topics are being duplicated among different modules. Similarly, it makes it difficult to identify gaps in the overall curriculum.

WHAT WILL BE TRIED?

In years past, the program has archived all resident didactic calendar schedules by PGY class. This allows program leadership to look back at information on speakers and

topics covered but does not allow for a sortable database. For this project, we will use a web-based tool, AirTable, to organize our module inventories. This will allow us to examine the curriculum by module, topics, speaker, and post graduate year. It will also allow us to use tags to identify common threads among lectures.

WHAT LESSONS DO WE HOPE TO LEARN?

The objective of this project is to create a unified and comprehensive curriculum map. This would allow for a broader understanding of the topics covered in each module and how these topics dovetail with each other. During this process we have learned that it requires all stakeholders to be involved in the process, including learners, module leaders, speakers, and program coordinators. We hope to gain a better understanding of redundancies or gaps to ensure a well-rounded curriculum.





Odinae Sullivan
Graduate Medical Education Program Coordinator
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

As a new hire, all residency and fellowship program coordinator participate in our Graduate Medical Education (GME) New Program Coordinator Onboarding Training. Currently, our onboarding training is a 2-hour long session that covers an array of topics including ACGME Program requirements, PC core responsibilities, program deadlines, administrative duties, and lastly our residency database management system (New Innovation). After some reflection, our office recognized that our PC onboarding training required some revisioning with more applicable GME workshops, in addition to additional New Innovations (NI) training.

WHAT WILL BE TRIED?

Pertaining to the New Innovations portion of our training, it was important to me to design and develop training materials that will contribute to the knowledge base and

success of our program coordinators. The “Big Picture” goal of this initiative is to engage our learners in being proficient users of the residency database system (New Innovations).

Using the ADDIE model, it was important to analyze, design, develop, implement, and evaluate the current training processes. As part of the analysis and outcome assessment, our program coordinators were given a survey to help identify desired areas of training and knowledge base gaps. The feedback from the survey highlighted certain modules and tasks correlating to the lack of utilization of the residency/fellowship database system (NI). As an instructor, it was essential to develop a series of workshops specific to program coordinator core responsibilities using NI.

WHAT LESSONS DO WE HOPE TO LEARN?

There was certainly opportunity for growth as outlined in the evaluation of the first workshop installment. The post-training feedback from the coordinators was incredibly positive. Many said that they found the training helpful, informative, and detailed. However, a major lesson learned is that a learner’s retention and efficiency is determine by the teaching, support, and resources. To maintain and advance our PC NI knowledge base, our GME trainings should be intentionally and periodic. Moving forward, our department has explored the idea of implemented quarterly PC trainings.





*Cynthia Thomas
Nurse Educator
Atlanta VA Health Care System*

WHAT PROBLEMS WILL BE ADDRESSED?

Post Baccalaureate Registered Nurse Residency (PB-RNR) and RN-Transition to Practice (RN-TTP) Programs are structured 12-month nurse residency programs for new graduate registered nurses (RNs). Successful transition from novice to competent registered nurses requires an effective preceptor-preceptee relationship. Skill acquisition, a solid foundation of nursing knowledge, critical thinking skills, confidence, and professional development are key components in establishing competent, new graduate registered nurses. To accomplish these goals, providing preceptors with the necessary skills and knowledge to support new graduate nurses is imperative for successful role transition and successful patient outcomes. This capstone aims to outline an effective process for designing a preceptor development training course.

IMPLEMENTATION

I used Analysis, Design, Develop, Implement, Evaluate (ADDIE's model) as my curriculum design. I conducted literature reviews for best teaching strategies for this course. The PB-RNR Program Directors and I scheduled several meetings with PB-RNR and RN-TTP faculty and Nurse Educators to assign roles and determine necessary resources to complete the training. To maximize learner engagement, various teaching strategies were incorporated. Nurse Educators and faculty provided two 4-hour face to face training sessions in the auditorium. A posttest was distributed to the participants, to evaluate learning. Additionally, to determine program satisfaction, surveys were distributed to participants.

LESSONS LEARNED

For future classes, we should consider conducting a learners' needs assessment and devising a pretest. I would consider other teaching strategies, such as Poll Everywhere or Jeopardy, that would promote learner engagement. Because some preceptors weren't able to attend the training, a recorded training would allow other preceptors to view the training later.



Ratna Vadlamudi, MD, FASE
Program Director, Adult Cardiothoracic
Anesthesiology Fellowship
Associate Professor, Department of Anesthesiology

WHAT PROBLEMS WILL BE ADDRESSED?

ACTA trainees come into fellowship with varying levels of experience and knowledge in TEE; my goal is to create an introductory TEE curriculum so all fellows can begin the year with a minimum standard of knowledge and skill.

WHAT WILL BE TRIED?

I started their didactic weekly didactics with a one-hour introductory lecture on TEE:

- Indications
- Safety
- Comprehensive exam views from the American Society of Echocardiography
- This lecture was followed by TEE reading of exams to review the comprehensive views (total of 2 hours for this introductory lecture and TEE reading)

WHAT LESSONS DO WE HOPE TO LEARN?

I realized, as I detailed in my small teaching report, that while this was a helpful start, it could only be a start to a larger and more comprehensive introductory TEE curriculum. Therefore, I plan to create a longer curriculum which will utilize multiple educational methods (lecture, case based, use of TEE simulator) and be based on Gagne's 9 events (copied from my small teaching report):

Hook 'em:

- Share a patient case where TEE expertise helped guide care/management
- Review objectives (in this case, comprehensive TEE views)
- Simple pre-test to assess each learner's level of knowledge pre-curriculum

Teach 'em:

- Classroom based didactics, TEE simulator, patient cases

Assess 'em:

- Go through a patient case with each fellow. First, discuss their assessment of their performance followed by constructive evaluation of their strengths and weaknesses





*Cherry Wongtrakool, MD
Associate Professor of Medicine
Emory University School of Medicine*

WHAT PROBLEM WAS ADDRESSED?

Due to the COVID-19 pandemic, use of video telehealth visits to deliver medical care became a necessity and institutions rapidly integrated them into their healthcare delivery structures. However, this integration occurred without any formalized training for trainees or faculty. Many trainees and faculty learned through trial and error and learned there were occasionally mismatches between the patient's needs and the delivery of care through video telehealth. Because video telehealth visits will continue to be an acceptable form of healthcare delivery, a formalized curriculum is needed for pulmonary fellows and such a curriculum has not been implemented to date.

WHAT WAS TRIED?

Because no curriculum exists at this time, all of the education around video telehealth visits currently occurs around patient visits during pulmonary fellows continuity clinic.

The limited amount of time allocated to a clinic visit can be spent ineffectively if a patient's complaints are less suitable for a video telehealth because the fellow must ask additional questions to gather information that would otherwise have been quickly evident during an in person visit. Thus, learning how to identify patients for which video telehealth visits are appropriate and learning about tools to effectively use time will be important parts of the curriculum.

WHAT LESSONS WERE LEARNED?

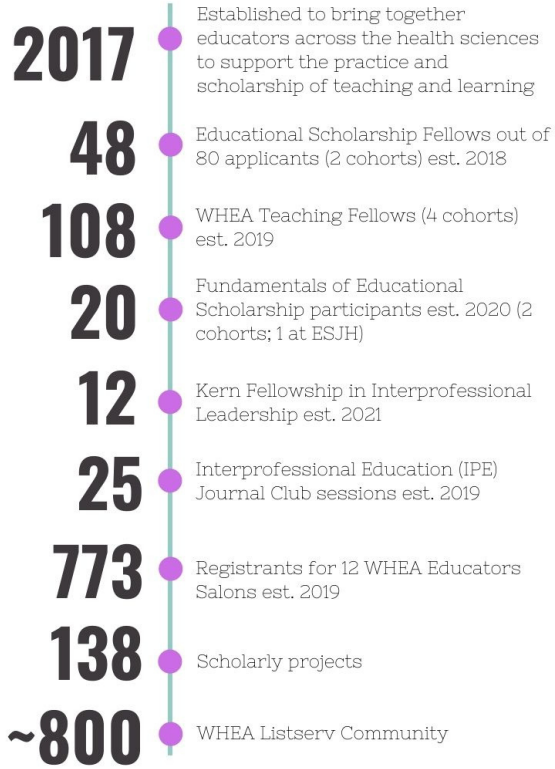
The goal of this capstone project is to develop a curriculum on using video telehealth visits by applying adult learning theories. I hope to learn which teaching methods will be most useful to create an effective but compact curriculum on utilizing telehealth effectively and appropriately in pulmonary medicine.



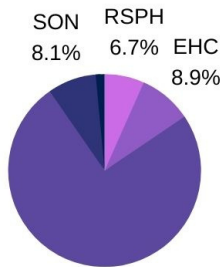


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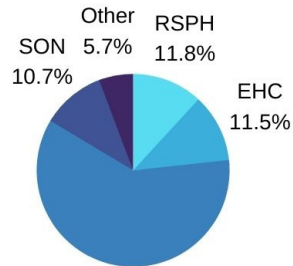
BY THE NUMBERS



WHEA FELLOWS



WHEA ENGAGEMENT



WHEA Activities

FOSTERING AN INTERPROFESSIONAL
COMMUNITY OF EDUCATORS ACROSS THE
HEALTH SCIENCES AT EMORY



1. FELLOWSHIP IN EDUCATIONAL SCHOLARSHIP

An 18-month program for health science educators who want to develop skills in educational research and scholarship.

2. TEACHING FELLOWSHIP

A 12-month program for health sciences educators who want to advance their teaching skills and offer quality instruction to their learners.



3. IPE JOURNAL CLUB

A monthly opportunity for educators across the health sciences to meet and expand their knowledge of Interprofessional Education (IPE) theory and practice.

4. EDUCATORS SALON

An opportunity for interactive learning and community building across professions.



5. WHEA PATHWAYS PLATFORM (IN PROGRESS)

A curated learning repository to guide and support health sciences educators around key aspects of the learning process.

6. FUNDAMENTALS OF EDUCATIONAL SCHOLARSHIP

A workshop series to provide the background and tools for health science educators to develop and implement scholarly projects.



7. KERN FELLOWSHIP IN INTERPROFESSIONAL LEADERSHIP

A 9-month program for health sciences educators and practitioners who want to be effective change agents in the post COVID era.