

# DME Newsletter

news & updates

December 2, 2024 | Volume 4, Issue 2 (Winter Edition)

## In this newsletter

### Updates and highlights from DME leaders

- Head
- MHPE (and CHPE!) Program
- Health Humanities
- New Publications
- Faculty and Staff News
- On Reflection
- Calendar of Events

### Contributions

Please [email](#) your contributions/suggestions by **Wed, Jun 11**, for the summer 2025 DME Newsletter.



Our congratulations to recent DME graduates, celebrated at the 2024 Annual HPE Summer Conference (L to R): Back row - Jennifer (Jennie) B. Jarrett, PharmD, MMedEd, PhD ('24); Edmund Lee, MD, MHPE ('23); Sara W. Nelson, MD, MHPE ('23), FACEP; Purvi D. Patel, MD, MHPE ('24); Amy Y. Lin, MD, MHPE ('24); and Emily R. Hall, MD, MHPE ('24). Front row - Stephen R. Wise, MD, MHPE ('24); Brian R. Kaplan, MD, MHPE ('24); Xiao Chi (Tony) Zhang, MD, MS, MHPE ('23); Emily Jameyfield, MD, MHPE ('24); and Manika Bhateja, MD, CHPE ('24), FAAP.

## From the Editors

Welcome to the 2024 winter edition of the Department of Medical Education newsletter, bringing news and updates from our department leaders and celebrations from the community.

The online DME community continues to grow, providing opportunities to share the wonderful accomplishments of our students, alumni, faculty, and staff. We welcome you to connect with us on LinkedIn and X!

Future contributions, suggestions, and mailing list updates can be sent to [DMENews@uic.edu](mailto:DMENews@uic.edu).

Wishing everyone a fantastic winter break—and a wonderful new year!

Michael Blackie, PhD, and Rebecca J. Fiala, MA  
DME Newsletter Editors

## From the Desk of the Head, Yoon Soo Park, PhD

Dear colleagues,

Welcome to the December 2024 edition of the DME newsletter.

This year has been filled with productive research and scholarship, transformational training activities, and dynamic community engagement for the department.

This past year, DME has collectively worked together on strategic planning, producing the following vision and mission statements:

### Vision Statement

Improved health care through an interdisciplinary community inspiring excellence, innovation and collaboration at home and abroad.

### Mission

To advance the theory and practice of education across the globe in the pursuit of better health care. We achieve this mission through cutting edge research in education and related disciplines, through outstanding educational programs that develop leaders, scholars and educators, and through expert collaborations, consultation and service with the **University of Illinois College of Medicine**, the **University of Illinois System** and other organizations.



Our shared work articulated through strategic planning will guide us toward goals and activities for the next phase of the department.

This newsletter provides important updates to DME and celebrations in the community. Please continue to send updates and news to our department at [DMENews@uic.edu](mailto:DMENews@uic.edu).

I hope you enjoy the contents of this newsletter and look forward to the upcoming holiday season.

## Director, MHPE Program, Maura Polansky, PA-C, MHPE, PhD

After a soft launch in 2019, this year we opened to general enrollment DME's new 10-credit graduate Certificate in Health Professions Education program with a specialization in teaching. The CHPE program is designed for those with a professional degree in health professions who wish to enhance their professional impact and advance their careers in education. Students will complete core courses covering curriculum development, instruction, assessment, and program evaluation. Students will also select one elective from several options on topics such as test writing and competency-based medical education. The program can be completed online or on campus, providing rich opportunities for students to engage with other students and faculty on the UIC campus.

CHPE credits can also be applied to the master's or PhD in HPE programs. We are currently **accepting applications** for the summer and fall 2025 terms.



Annual HPE Summer Conference

### New MHPE and CHPE Students

This fall, we welcomed 19 MHPE students and 9 CHPE students! They come from across the country and abroad, representing professions in medicine, pharmacy, and behavioral health from across the career trajectory. Please join me in welcoming our new students!

**MHPE:** Tamika Alexander, Sarah Cavallaro, Alexis Coffee, Alicia DiGiammarino, Karly Farr, Carol

At this year's conference in August, we had the honor of hosting **Carla M. Pugh, MD, PhD** (photo above), who delivered the Dr. Georges Bordage Annual HPE Summer Conference Keynote Lecture. Dr. Pugh, who serves as the Thomas Krummel Professor of Surgery at Stanford University School of Medicine and Director of the Technology Enabled Clinical Improvement Center, presented on the timely and transformative topic, "Precision Learning & Data Sharing Through Wearable Technology: What's AI Got to Do With It?" Her keynote offered valuable insights into how artificial intelligence and wearable technology can reshape clinical education and patient care.

Our 24th annual conference attracted more than 180 attendees, featured 13 abstract presentations, and showcased a range of innovative research, facilitating a valuable exchange of knowledge and ideas that emphasized the role of advanced technologies in shaping the future of medical education. This year's Ilene B. Harris Best Abstract Presentation was awarded to **Aftab Merchant, MBBS, MHPE, FCPS**, for "Assessing the Impact of Asynchronous Computer-Assisted Learning and Reduced Cadaver Lab Sessions on Anatomy Education: A Non-Inferiority Approach." In addition, the Ilene B. Harris Best Thesis Presentation was awarded to **Sara W. Nelson, MD, MHPE, FACEP**, for "Changing Behavior and Promoting Clinical Empathy through a Patient Experience Curriculum."

At the end of the conference, we had the opportunity to celebrate recent graduates from our CHPE, MHPE, and PhD programs (see cover photo).

Please connect with us on [LinkedIn](#) or X ([@uicdme](#)) for news about upcoming HPE Virtual Information Sessions and the 2025 Annual HPE Summer Conference!

---

DME faculty and staff at Learn Serve Lead: The AAMC Annual Meeting (Atlanta, GA) in November.



Farver, Maria Elena Gutierrez, Collin Hanson, Catherine Havemann, Rena Linderer, Alyssa Catherine MacLean, Gabrielle Moore, Melissa Plesac, Rebecca Raven, Stephanie Seale, Lukas Shum-Tim, Carly Sobol, Sean Thompson, Benjamin Vazquez

**CHPE:** Laura Boatright, Nasir Butt, Amara Heard-Stittum, Bijal Jain, Denise Lopez Domowicz, Kayla Munger, Urveel Shah, Pooja Varman, Xiaowei Xu

Fall 2024 Thesis Defenses  
We also want to express our congratulations to the following MHPE students who successfully defended their theses this fall:

- **Lawrence Kaplan**, Temple University - The Use of Non-physician Evaluators in Providing Narrative Assessment of Medical Students (L Hirshfield, J Cheung, L Olsen)
- **John Lee**, Cleveland Clinic - Creating OPAs for Interdisciplinary Team Leadership of the Inpatient Rehabilitation Team (YS Park, A Tekian, FA Bethoux)
- **Aftab Merchant**, University of Nevada, Las Vegas - Evaluating Computer-Assisted Learning and Reduced Cadaver Labs in Anatomy: A Non-Inferiority Study (J Cheung, R Yudkowsky, YS Park)
- **Jacob Schulman**, University of Chicago - A Quantitative Program Evaluation of Restorative Justice Practices in United States Medical Schools (M Blackie, A Schwartz, HB Fromme)

---

Health Humanities Curriculum Lead, UI COM;  
Director, Undergraduate Education in DME, Kristi L. Kirschner, MD

This is my final contribution to the DME newsletter in my role as health humanities/ethics subtheme lead for the UI COM curriculum. (I will be continuing in my role as DME undergraduate education liaison though!)

When I started at UI COM in 2015, the medical school was just embarking on an ambitious curriculum transformation project that would roll out beginning in 2017 at the Peoria, Rockford, and Chicago campuses. We developed a team of faculty partners from the three campuses and got to work, meeting monthly to build the content, do peer review and faculty development, create assessment questions, and engage in continuous quality improvement. We have now slightly over 30 hours of mandatory curriculum in ethics, health humanities, and disability in our phase 1 curriculum (first year and roughly half of the second year of medical school). We are working to enhance our footprint in phase 2 (clerkship years) and phase 3 (the fourth year with electives).

On a personal level, I have enjoyed the challenge immensely—and especially enjoyed my faculty colleagues and students. I am transitioning back to my roots in disability medicine and will be focusing my energies on developing curriculum, training programs, and scholarship to improve care for people with disabilities in the healthcare system. I will continue to teach our medical students as a member of the health humanities and ethics team. But now, I am delighted to introduce you to the two new the health humanities/ethics subtheme coleaders: **Eric S. Swirsky, JD, MA, MHPE** (photo below), and Anna Maria Gramelspacher.

Professor Swirsky is a clinical associate professor with appointments in the **College of Applied Health Sciences** and College of Medicine, developing curricula related to clinical ethics, professionalism, and responsible use of technologies across health professions from undergraduate through postdoctoral levels. Professor Swirsky has completed a BA in religious studies, an MA in South Asian studies, a master's in health professions education, a juris doctor degree, and fellowship training in clinical medical ethics. He is associate director of the UI COM **Guaranteed Professional Program Admissions (GPPA)** Medical Scholars Program and will serve as college-wide subtheme coleader of the health humanities subtheme, with a focus on ethics and history. Professor Swirsky's current research agenda aims at measurement of and creating interventions for moral distress during HPE.



Internal medicine physician and assistant professor of clinical medicine **Anna Maria Gramelspacher MD, MA** (photo below), will serve as subtheme coleader with Professor Swirsky. Dr. Gramelspacher is a graduate of Indiana University School of Medicine and completed her residency training at Loyola University, where she served as an associate chief resident and was elected resident of the year during her final year of residency. Dr. Gramelspacher is the leader of monthly narrative medicine sessions for residents. She created the first health humanities elective for graduate medical education at UIC, publishing her work in **Academic Medicine** and partnering with the Art Institute of Chicago.

In 2024, Dr. Gramelspacher was promoted to associate program director of Humanism, Wellbeing & Togetherness for the internal medicine residency program. In this role, she continues her work in teaching humanities content at the GME level and fostering a culture of humanism and wellbeing through curricular programming for faculty and residents. She has developed and presented course content in health humanities, narrative medicine, and reflective practice.

In addition, Dr. Gramelspacher has joined a cohort of other UIC faculty members in the National Endowment for the Humanities–funded grant, **The Human Story of Illness: Health Humanities Portraits for Physicians in Training (AC-258909-18)** with **Sandy M. Sufian, PhD, MPH**, and **Joanna L Michel, PhD**. Recently, Dr. Gramelspacher joined a cohort of faculty across the globe to participate in Harvard Medical School's inaugural course "Training Our Hearts and Minds: Visual Thinking Strategies for Healthcare Professionals." Through this course, she learned valuable skills in facilitating VTS discussions and is excited to bring VTS curricula to UIC through resident and medical student education.

As you can see, the health humanities and ethics curriculum is in excellent hands. Please join me in welcoming them and supporting them in their new roles!





Eric S. Swirsky, JD, MA, MHPE



Anna Maria Gramelspacher, MD, MA

## Recent DME Publications

Visiting Professor, Director of Research, Lauren Maggio, PhD



Over the past 6 months, DME has been busy publishing its scholarship across a wide variety of publication outlets and in various publication types (e.g., perspectives articles, law reviews, empirical studies, knowledge syntheses).

This scholarship, written by our faculty and learners, features a diverse range of contributions in the field of HPE. It includes studies utilizing intersectionality to explore Black women's publishing experiences and curriculum frameworks addressing systemic inequities. Other noteworthy topics include equity-focused pedagogical strategies like the Theatre of the Oppressed, the integration of large language models in assessments, and explorations of publication timelines as impacted by COVID-19. In addition, drawing on patient experience, faculty examined the burden of atopic dermatitis and the cultivation of embodied knowledge and selfhood by women with cystic fibrosis, providing critical insights into lived experiences of chronic conditions. These works span practical insights, such as language tools for patient communication and innovative qualitative interview techniques, and theoretical critiques, such as gender dynamics in performance assessments.

Complementing these journal articles, several DME authors contributed to the recently released textbook, *Entrustable Professional Activities and Entrustment Decision-Making in Health Professions Education*, publishing several chapters which explore evaluating professional competencies.

By spotlighting the scholarly work of DME, we seek to foster connections within our community. We encourage you to reach out to us with questions and opportunities for collaboration.

## Recent DME Publications (June 1 to November 6, 2024)

### Journal Articles

1 Seide W, **Maggio LA**, Artino AR Jr, Leroux T, Konopasky A. Black women in medical education publishing: bibliometric and testimonio accounts using intersectionality methodology. *J Gen Intern Med*.

2024 Oct 23. doi: [10.1007/s11606-024-09117-7](https://doi.org/10.1007/s11606-024-09117-7). Epub ahead of print. PMID: 39441491.

2 Kahlke R, **Maggio LA**, Lee MC, Cristancho S, LaDonna K, Abdallah Z, Khehra A, Kshatri K, Horsley T, Varpio L. When words fail us: An integrative review of innovative elicitation techniques for qualitative interviews. *Med Educ*. 2024 Oct 16. doi: [10.1111/medu.15555](https://doi.org/10.1111/medu.15555). Epub ahead of print. PMID: 39412120.

3 **Ansari DA**, Jain NR, Tucker CR, Karlin J. When I say...haunted curriculum. *Med Educ*. 2024 Oct 16. doi: [10.1111/medu.15537](https://doi.org/10.1111/medu.15537). Epub ahead of print. PMID: 39410913.

4 Chin MH, Pace-Moody A, **Vela MB**, Peek ME, Zhu M, Appah-Sampong A, Miller DC. Theatre of the oppressed to teach medical students about power, lived experience, and health equity. *J Gen Intern Med*. 2024 Oct 15. doi: [10.1007/s11606-024-09057-2](https://doi.org/10.1007/s11606-024-09057-2). Epub ahead of print. PMID: 39406963.

5 Sreedhar R, Chang L, Gangopadhyaya A, Shiels PW, Loza J, Chi E, Gabel E, **Park YS**. Comparing scoring consistency of large language models with faculty for formative assessments in medical education. *J Gen Intern Med*. 2024 Oct 14. doi: [10.1007/s11606-024-09050-9](https://doi.org/10.1007/s11606-024-09050-9). Epub ahead of print. PMID: 39402411.

6 **Maggio LA**, Costello JA, Brown KR, Artino AR Jr, Durning SJ, Ma TL. Time to publication in medical education journals: an analysis of publication timelines during COVID-19 (2019-2022). *Perspect Med Educ*. 2024 Oct 11;13(1):507-517. doi: [10.5334/pme.1287](https://doi.org/10.5334/pme.1287). PMID: 39399410; PMCID: PMC11468245.

7 Céspedes L, Fleerackers A, **Maggio LA**. (2024). "Giving them the best information I could with whatever I had at hand." Physicians' online health communication practices in a post-normal science context. *JCOM*. 23(06): A04. <https://doi.org/10.22323/2.23060204>.

8 Tu M, Moxham F, **Schwartz A**, Camilo J, Capozza K. Assessing the burden of atopic dermatitis in Portugal through patient-centered experiences. *Acta Med. Port*. 2024 Oct 1;37(10):706-712. doi: [10.20344/amp.21248](https://doi.org/10.20344/amp.21248). Epub 2024 Oct 1. PMID: 39366366.

9 Poitevien P, Kas-Osoka O, Burns A, Prakash LK, Marbin J, **Schwartz A**, Lucas CT, Yemane L, Blankenburg R. Upholding our PROMISE: Increased representation is not enough to foster belonging in graduate medical education. *Med Educ*. 2024 Sep 24. doi: [10.1111/medu.15546](https://doi.org/10.1111/medu.15546). Epub ahead of print. PMID: 39317675.

10 Kelly WF, Hawks MK, Johnson WR, **Maggio LA**, Pangaro L, Durning SJ. Assessment tools for patient notes in medical education: a scoping review. *Acad Med*. 2024 Sep 24. doi: [10.1097/ACM.0000000000005886](https://doi.org/10.1097/ACM.0000000000005886). Epub ahead of print. PMID: 39316464.

11 Klein R, Julian KA, Koch J, Snyder ED, Jassal S, Simon W, Millard A, Uthlaut B, Burnett-Bowie SM, Ufere NN, Alba-Nguyen S, Volerman A, Thompson V, Kumar A, White BA, **Park YS**, Palamara K; Gender Equity in Medicine Workgroup. Gender differences in clinical performance assessment of internal medicine residents: a longitudinal analysis of the influence of faculty and trainee gender. *Acad Med*. 2024 Sep 24. doi: [10.1097/ACM.0000000000005884](https://doi.org/10.1097/ACM.0000000000005884). Epub ahead of print. PMID: 39316460.

12 O'Keeffe DA, Traynor O, **Tekian A**, **Park YS**. Evaluating the validity of national multiassessment system in postgraduate surgical training: a retrospective cohort study. *J Surg Educ*. 2024 Nov;81(11):1709-1719. doi: [10.1016/j.jsurg.2024.08.008](https://doi.org/10.1016/j.jsurg.2024.08.008). Epub 2024 Sep 18. PMID: 39299054.

13 **Maggio LA**, Chtena N, Alperin JP, Moorhead L, Willinsky JM. "The best home for this paper": a qualitative study of how authors select where to submit manuscripts. *Perspect Med Educ*. 2024 Sep 9;13(1):442-451. doi: [10.5334/pme.1517](https://doi.org/10.5334/pme.1517). PMID: 39290445; PMCID: PMC11405847.

14 Schnapp B, Sehdev M, Schrepel C, Bord S, Pelletier-Bui A, Alvarez A, Dubosh NM, **Park YS**, Shappell E. Faculty consensus on competitiveness for the new competency-based emergency medicine standardized letter of evaluation. *AEM Educ Train*. 2024 Sep 12;8(5):e11024. doi: [10.1002/aet2.11024](https://doi.org/10.1002/aet2.11024). PMID: 39280103; PMCID: PMC11393300.

15 Céspedes L, **Maggio LA**. Looking beyond, around and within cultural differences and dialogues across the open access ecosystem. *Med Educ*. 2024 Sep 12. doi: [10.1111/medu.15527](https://doi.org/10.1111/medu.15527). Epub ahead of print. PMID: 39264034.

16 Shumba TW, **Tekian A**. The ABCs of competence development in physiotherapy education. *Med Educ*. 2024 Nov;58(11):1387-1388. doi: [10.1111/medu.15519](https://doi.org/10.1111/medu.15519). Epub 2024 Aug 30. PMID: 39212273.

17 Santen SA, Yingling S, Hogan SO, Vitto CM, Traba CM, Strano-Paul L, Robinson AN, Reboli AC, Leong SL, Jones BG, Gonzalez-Flores A, Grinnell ME, Dodson LG, Coe CL, Cangiarella J, Bruce EL, Richardson J, Hunsaker ML, Holmboe ES, **Park YS**. Are they prepared? Comparing intern milestone performance of accelerated 3-year and 4-year medical graduates. *Acad Med*. 2024 Nov 1;99(11):1267-1277. doi: [10.1097/ACM.0000000000005855](https://doi.org/10.1097/ACM.0000000000005855). Epub 2024 Aug 23. PMID: 39178363.

18 Mueller R, Knight A, **Sufian S**, Garland-Thomson R. A disability critique of the comparative view. *Am J Bioeth*. 2024 Aug;24(8):40-42. doi: [10.1080/15265161.2024.2362101](https://doi.org/10.1080/15265161.2024.2362101). Epub 2024 Aug 19. PMID: 39158435; PMCID: PMC11335311.

19 **Cheung JJH**, Balmer DF, Bierer SB, Cianciolo AT. "Making space for more people, more perspectives, and more ideas": how medical education journal editors view their role in capacity building. *Acad Med*. 2024 Nov 1;99(11):1306-1312. doi: [10.1097/ACM.0000000000005826](https://doi.org/10.1097/ACM.0000000000005826). Epub 2024 Jul 23. PMID: 39042443.

20 Roth MJ, **Maggio LA**, Costello JA, Samuel A. E-learning interventions for quality improvement continuing medical education: a scoping review. *J Contin Educ Health Prof*. 2024 Jul 19. doi: [10.1097/CEH.000000000000564](https://doi.org/10.1097/CEH.000000000000564). Epub ahead of print. PMID: 39028318.

21 Barone MA, Carraccio C, Lentz A, **Englander R**. Without medical education, a learning healthcare system cannot learn. *BMJ Lead*. 2024 Jul 18:leader-2023-000746. doi: [10.1136/leader-2023-000746](https://doi.org/10.1136/leader-2023-000746). Epub ahead of print. PMID: 39025487.

22 **Sufian S**, Mueller R, Langfelder-Schwind E, Caldwell K, Brown G, Ruben M, Mody S, Walker P, Godfrey E. When chronicity meets cyclicality: The cultivation of embodied knowledge and selfhood by cis-gender women with cystic fibrosis. *SSM Qual Res Health*. 2024 Jun;5:100412. doi: [10.1016/j.ssmqr.2024.100412](https://doi.org/10.1016/j.ssmqr.2024.100412). PMID: 38993933; PMCID: PMC11238905.

23 Valle Coto MG, Garcia Pena L, Iñiguez RX, Betancur Giraldo T, **Park YS**, **Ortega P**. Medical student use of language self-assessment tools to enhance safe communication with patients with non-English language preference. *J Gen Intern Med*. 2024 Jul 8. doi: [10.1007/s11606-024-08913-5](https://doi.org/10.1007/s11606-024-08913-5). Epub ahead of print. PMID: 38977517.

24 Zmijewski P, **Park YS**, **Hogan S**, Holmboe E, Klingensmith M, Cortez A, Lindeman B, Chen H, Smith B, Fazendin J. Trends in operative case logs of chief residents in surgery by sex and race: a 5-year national study. *Ann Surg*. 2024 Sep 1;280(3):473-479. doi: [10.1097/SLA.0000000000006373](https://doi.org/10.1097/SLA.0000000000006373). Epub 2024 Jul 3. PMID: 38957982.

25 **Schwartz A**, Campbell AT. (2024). Out from the ivory tower: the academic/academic medical-legal partnership. *J Health Biomed Law*. XX(3): 39-79.

26 Carter TM, Weaver ML, Gilbert E, Smith BK, **Perez N**. Health disparities curricula in general surgery residency programs: a critical scoping review. *J Surg Res*. 2024 Sep;301:180-190. doi: [10.1016/j.jss.2024.05.039](https://doi.org/10.1016/j.jss.2024.05.039). Epub 2024 Jun 27. PMID: 38941714.

27 Violato C, **Englander R**, Dale E, Gauer JL. Implementing core entrustable professional activities in undergraduate medical education: a psychometric study. *Acad Med*. Epub 2024 Oct 31. doi: [10.1097/ACM.000000000000590](https://doi.org/10.1097/ACM.000000000000590).

### Books and Book Chapters

1 **Murphy TF**, Lappé MA. (2024). *Justice and the Human Genome Project*. University of California Press. <https://www.ucpress.edu/books/justice-and-the-human-genome-project/hardcover>.

2 Taylor, DR, **Schwartz A**, Elmes-Patel AT, Marty AP, Hennis MP. (2024). Monitoring and evaluating EPAs and EPA frameworks. In: *Entrustable Professional Activities and Entrustment Decision-Making in Health Professions Education* (pp. 121-130). Ubiquity Press. doi: [10.5334/bdc.k](https://doi.org/10.5334/bdc.k).

3 **Englander R**, Amiel JM, Jarrett JB, Chen HC. 2024. Considerations in building a curriculum using entrustable professional activities. In: ten Cate, O et al (eds.), *Entrustable Professional Activities and Entrustment Decision-Making in Health Professions Education*. London: Ubiquity Press. doi: <https://doi.org/10.5334/bdc.l>.

4 **Englander R**, de Graaf J, Hauer KE, Jonker G, Schumacher DM. 2024. Clinical competency committees in an entrustable professional activity-based curriculum and assessment system. In: ten Cate, O et al (eds.), *Entrustable Professional Activities and Entrustment Decision-Making in Health Professions Education*. London: Ubiquity Press. doi: <https://doi.org/10.5334/bdc.u>.

## Faculty and Staff News

**Georges Bordage, MD, MSc, PhD**, was selected by the American Heart Association's Council on Lifelong Congenital Heart Disease and Heart Health in the Young (Young Hearts) to present the William J. Rashkind Memorial Lecture at the organization's 2024 Scientific Sessions held in November in Chicago.

Established in 1986 by Dr. Rashkind and his family shortly before his death, the William J. Rashkind Memorial Lecture was one of a series of lectures from some of today's foremost clinicians and researchers as well as those with a lifetime of contributions to the field of cardiovascular disease. Dr. Rashkind was an internationally known pediatric cardiologist credited for the development of balloon atrial septostomy, also known as the "Rashkind procedure." Dr. Rashkind was an active volunteer for the AHA both at the national and state levels and was known as a true "Renaissance Man." It was his wish that the Rashkind Lectures not be about "small or large bits" of pediatric cardiology. Rather, he would have the speaker represent a much broader interest and scope and be someone whose topics might involve history, philosophy, art, the humanities and medicine, social impact and medicine, etc. It was the hope of Dr. Rashkind that such lectures would expand the knowledge and horizons of the members of the audience and enhance the ability of the audience to practice their professions and contribute to society.



Dr. Bordage (who "brought along [his] 'Young Hearts' fan club, Ben and Maria, for support!"; photo above) presented on "Diagnostic Reasoning at the Bedside: What to Look for/How to Elicit." He shared his expertise on looking for: (a) early diagnostic impressions (not being in the ballpark early is a serious handicap) retrieved from relevant clinical knowledge in memory, (b) discriminating clinical findings to sort out the working diagnosis, (c) student/resident uncertainties (golden teaching/learning moments), and (d) how to elicit these elements using evidence-based educational best practices.

**Bob Englander, MD, MPH**, has been elected inaugural president of the International Competency-Based Health Professions Education (ICBHPE) Collaborators group.

Established in 2009, the ICBHPE (originally ICBME) is an international learning community of health professions educators dedicated to advancing competency-based education using a systems approach to optimize learner and patient outcomes, driven by needs of societies globally.

Bob's 1-year term as president of ICBHPE will begin on January 1, followed by an additional year as past president.

At this year's annual COM Faculty Recognition Ceremony **Kristi Kirschner, MD**, was honored with the DME Faculty of the Year award and **Nicole Perez, PhD**, received the DME Rising Star Award.



**Harold Lloyd, MA** (he/him/his) comes to the UIC HPE team with administrative experience that ranges from RUSH University, Howard Brown Health, and Columbia College Chicago. Harold has a wide range of experiences in student affairs, event planning, admissions, and grant data management. His interests in diversity and community engagement and health align with the mission of UIC.

Harold is a Queer Black actor, scholar, spoken word poet, and overall performance artist from the South Side of Chicago. In his spare time, Harold thoroughly enjoys traveling, spending quality time with friends and family, writing poetry, going to open mics, and honing his skills on stage through acting and devised theatre. Harold is excited the most to dive deeper into the culture at UIC and how this experience as a program coordinator will cultivate his skills in becoming a better leader and a better resource.

In November, **Lauren Maggio, PhD**, was appointed editor-in-chief of MedEdPortal (effective January 1) and **Jeffrey JH Cheung, PhD**, was awarded the AAMC's 2024 GEA National M. Brownell "Brownie" Anderson Award for Emerging Medical Educators at the "Academic



Medicine, MedEdPORTAL and GE A Reception and Awards" session at Learn Serve Lead: The AAMC Annual Meeting in Atlanta.

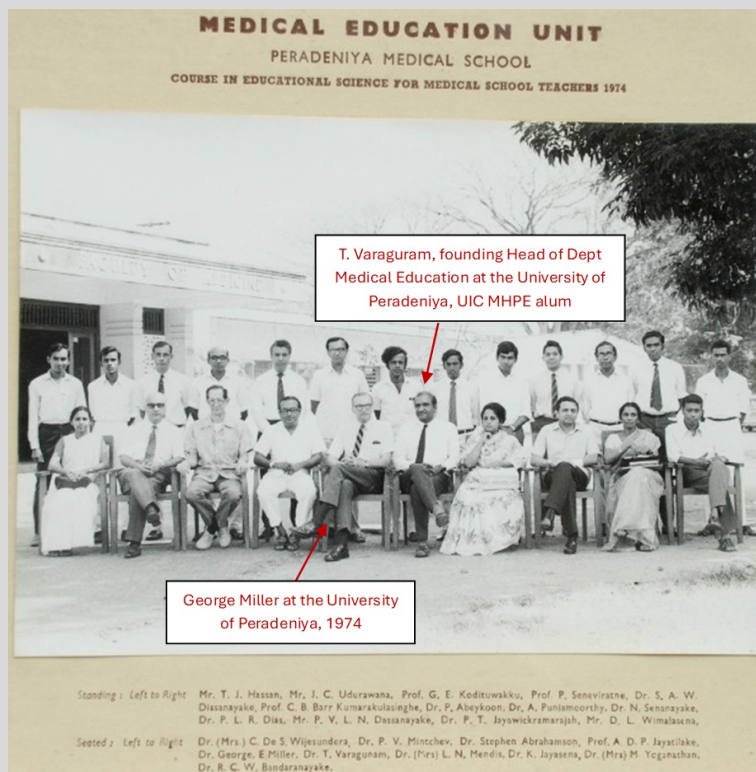
**Ara Tekian, PhD, MHPE**, offered a 2-week intensive course "Training of Trainers" course as part of the Master of Public Health program at the American University of Armenia (Yerevan) in September.

In addition, Dr. Tekian was invited in early November to participate in a scoping review workshop (photo above) organized by Charité – Universitätsmedizin Berlin and generously funded by the Volkswagen Foundation. The workshop—which explored future directions to support junior researchers in HPE—was held at Schloss Herrenhausen (Hannover), the summer palace of the Hanoverian monarchs. The workshop brought together an interdisciplinary team of international experts with diverse backgrounds, all united by a shared commitment to advancing HPE. The team coauthored a paper that will be submitted for publication.



Dr. Tekian was invited to deliver the keynote address in mid-November at the 15th National Conference on Health Professions Education held at Era University (Lucknow, India) with a theme of "Enhancing Patient Safety: Linking HPE with Healthcare." He also conducted a workshop on formulating entrustable professional activities.

At the end of November, Dr. Tekian participated as a member of the accreditation team to conduct a 2-day virtual site visit for King Saud bin Abdulaziz University for Health Sciences, College of Medicine – Masters of Medical Education (Riyadh, Saudi Arabia). Dr. Tekian also assisted in the preparation of the final report for the National Commission for Academic Accreditation and Assessment.



Thank you once again to the members of DME who met and interacted with the Sri Lankan delegation from the University of Peradeniya in September.

During conversations with their dean and vice chancellor, we learned that [George E. Miller, MD](#), visited the University of Peradeniya in 1974—and that this visit led one of their faculty (T. Varaguram) to pursue an MHPE at UIC and to establish their Department of Medical Education subsequently.

The delegation kindly shared with us this photo (left). We celebrate our historic relationship with the University of Peradeniya.

## On Reflection Professor Emeritus, Richard G. Christiansen, MD

### My Journey to the Professional Education World of the Future

I am an internist/nephrologist who started practice 53 years ago at age 31. I began teaching 2 years

later when a new branch of UI COM moved to Rockford. That branch taught only M2-M4 students. I ultimately became full-time within the college. After I retired, I was recruited as a volunteer to teach interviewing skills to M1 students. This experience let me know that I was ignorant of the skills and knowledge needed to understand and competently instruct M1 students.

My premise for this paper is that I am much younger, and I have been accepted as the new professional identity transformation professor: What would I be thinking? What would I be planning? This paper only reflects my feelings about what might be true. I hope that it will stimulate ideas and comments that will promote the realization of a new PIT curriculum.

I recognize that each physician needs a working professional identity. Acquiring this identity requires a journey, one that travels through medical school, residency, and practice. Along the way, identity is transformed from lay status to physician status—this identity allows society to permit each physician to have access into a person's trusted private thoughts and into their most intimate personal space. This professional transformation happens during the time when most "other" young adults are organizing and realizing their life goals; in contrast, medical students and residents are seeking credentials, thereby sequestering themselves in a setting that impedes the normal progression toward adult experience and maturity. This sequence of events leaves them vulnerable to making choices that are not in rhythm with society's expectations of the professional identity a physician should have.

What would I be thinking as the new professor? Despite my recognition that it's a long journey and that I could focus my attention to many points in the timeline, my first choice would be to concentrate my energies during the first year of a medical student's experience. M1 students are more malleable at this stage and very little research has been done into a medical novice's state of mind. I also recognize, from my own teaching experience, that clinical instructors have had little experience interacting with first-year students; they will need intensive *faculty* development so that they understand the large diversity of mindsets, skill sets, and life interests of new recruits to the medical profession.

### **Introduction to Students**

My organization or initiatives, at first, would center around introducing myself to and learning about each of a test cohort of diverse students. What I gleaned from that experience would help me determine the context and content for the new PIT curriculum and the necessary plan for faculty development. I would begin by sending the following letter (below left) to my test cohort of students.

### **An Open Letter of Welcome to My New Colleagues**

This may seem strange to you and hard to get your mind around. I am going to try to convince you that you are not students of mine, you are my colleagues. What's more, I expect you to teach me. What responsibility does it bring to you? How does it make a difference in how you approach your studies? How does the curriculum have any relevance to these issues? I will try to explain.

Look around you! Some of you have science backgrounds, some studied the humanities, and some the arts—you are together in the same boat. It is clear that the process of learning medical concepts is going to be different for each person, depending on your vastly different backgrounds. How could this work, if the curriculum is the same for everyone? During your previous education, you were on your own—the goal was acceptance to medical school. Now, in medicine, you are not on your own, you are part of a team. That team includes teachers and students and, as delineated by Hippocrates, requires us to learn to function together inside "the profession of medicine." Remember always, if being functional within this team was EASY, anybody could do it—it would not take 4 years of school and 3-7 years of postgraduate experience before you are let loose on the public without supervision. Even then, the team persists and is needed to keep you current; your responsibilities within the team do not ever diminish.

What are these responsibilities? I know you think that all you have to do is study hard and attend class (or not) and, as before, it will all

### **PIT Content**

The central learning goal for the curriculum in the first year will be that each student shall master the science, psychology, and skills of interviewing.

The learning units will be small groups of six led by a trained mentor. The mentor will learn about each student using the interviewing skills that the faculty member has mastered. This mentor will follow each of the students through all 4 years of medical school and will be privy to all information about each student's progress. The mentors will not be responsible for summative evaluations.

We will recruit experts to train and develop faculty members to carry out these tasks. All interviews will have a video record and all students will be tutored by a trained faculty member while they jointly have

work out. Think again! You are now responsible for teaching everyone around you. You should use your previous knowledge from your unique background and voice your opinion about any concept under discussion. You should not keep your thoughts to yourself. You must express yourself and thereby expose yourself. In fact, I depend on you to do that—all your fellow professionals also depend on you to do that. However, you have actually been trained to do the opposite: good grades in premed depend on not exposing ignorance; they depend on projecting mastery of a subject. Well, welcome to the uncertainty of a profession where nobody can express mastery since the understanding of concepts is constantly and exponentially changing in all directions. I depend on you to teach me and you depend on me to teach you. I have experience, but you will gain that too; you can use mine until you acquire your own. (You just have to ask me or any of the other professionals around you.) Remember what I said about exposing yourself.

Maybe, just maybe, you will change your approach to learning the basic concepts that underlie medical care. I remember it seemed so much like hazing when I went through it. I am hoping that you will believe me when I tell you that without basic science I would have been lost during my career. Yes, you forget a lot after the exam but it is easy to refresh yourself when you need to. I will give you an example. I did biopsies and passed catheters into the blood stream during my career and it gave me great confidence to understand the anatomy under the skin I was penetrating—even knowing the Latin and Greek names of anatomic structures gave me confidence. All of us suffer from "the fraud syndrome" and "confidence" is very important. The main change in your learning strategy is losing the fear of being ignorant. You need to be asking questions constantly of people who have more experience than you do. When a case presents itself, you must ask your instructor if they see that situation frequently. In their experience, is this what usually happens with this disease? Don't stop asking questions until they have shared their experience with you. It is your responsibility to ask them for it. You should feel guilty if you do not ask. Experience is a physician's property. Physicians feel proud when they are asked to share their experience with colleagues like you. Someday you will feel proud when you share your experiences.

Now, finally, how will your first-year experience relate to what I have said? Since you don't have case experience to reflect upon, the curriculum provides you with shadowing experiences with local physicians. This training will allow you to own some experience that you can reflect upon and use for discussion in your team sessions or with your physician team leader and fellow students. You will also be exposed to clinical problems as you hone your interviewing and core physical examination skills during time with standardized patients.

One last thought. For those of you who have traveled abroad, you have probably experienced feeling inadequate when trying to communicate in another language. Well, clinical-speak is, in fact, "another language." We hope that experiencing clinical cases during your first year will make you fluent enough in this new language that you will feel comfortable asking about or discussing any clinical case. Remember: The fear of appearing ignorant prevents all of us from gleaning the experience of others.

I am looking forward to meeting you as a colleague.

Sincerely, Dick Christiansen

access to each interview.

The small groups led by trained mentors assisted by lay people and other healthcare team members will allow the students to discuss, learn about, and present the cases that have been used during the interviewing sessions. All clinical interactions (shadowing particularly) will be reflected upon and recorded online by each student. Reflections by the students regarding their experiences (interviewing and shadowing) will be discussed and shared during small group sessions with a particular emphasis on professionalism, social determinants of health, and health literacy.

The core physical examination will be introduced during the first year. Formative assessment will give the students help prior to their summative assessment during their clerkship blocks and prior to United States Medical Licensing Examination Step 2.

I intimated, during the introduction and substance of this paper, that PIT is part of an entire medical school and postgraduate curriculum. I believe that it is best to begin with the first year and then, using that experience and evidence from research, begin weaving the PIT curriculum through the rest of each student's total experience. The development of the faculty will be an invaluable resource.

I happen to think that the mental intimacy of learning interviewing skills enough for the M1 year (the feelings that need to be overcome that are evoked during the physical exam's intrusion into bodily space) should be dealt with in the M2 year or at least after the interview is mastered.

## Faculty Recruitment and Development

"Learning is experience. Everything else is just information." This insight from Dr. Einstein illustrates why new medical students need a course that diverts their attention from traditional coursework into experiences that push their PIT from "being a layperson" to an identity that conforms to "being a physician." Information that seems irrelevant when learned by rote becomes interesting and retainable with the realization that mastering it leads to future competence. Shadowing clinicians, being trained as another health professional, or acting as a medical scribe is helpful but not sufficient because it does not lead to the most important epiphany: how physicians learn and how they teach each other. In addition, it does not involve the privilege and responsibility required for invading the mental and physical space of a fellow human being.

Many medical educators argue that learning a clinical concept occurs while listening to stories about persons coping with life and disease. We call these case presentations, but they are stories. Competent physicians are skilled storytellers and skilled interviewers. The challenge to learn comes from striving to understand any story's meaning and the basic science that underlies it. Clinical skill is exhibited by retelling a story using two languages: one that patients use and another that colleagues use. Of course, the seminal skill is getting the story accurately in the first place—a story is worthless if the information is inaccurate.

If there is some truth in this paradigm, then what is the best way for faculty to facilitate a successful learning journey while a student travels in and out and amongst the myriad of clinical stories? The Hippocratic tradition, both classical and modern, suggests that faculty must teach the secrets of medicine to the next generation. Many interpret this imperative to mean that students, from the start, are professionals and not apprentices. This sudden transition from layperson to professional presents problems. As lay people, students may learn for the moment or the next exam. This skill is needed to get to the next level—now they must learn for themselves and accept responsibility for the needs of other students (fellow professionals). This is a difficult transition since, only weeks ago, they strove for grades and competed with the same students they are now professionally obligated to help. Each story they master is now relevant to future professional performance—you might say that the disease represented by the story now belongs to the person who learned from the telling of it.

Facilitating a transition to this new learning approach is the critical purpose of the PIT initiative. True to the paradigm, we begin with a story from a colleague:

"I want to share with you something I observed at the end of the lecture and patient interview, right before the electronic pretest. An M1 came into the lecture hall and sat down next to me and said to a fellow student: 'Glad I got here in time to take the test.' The student appeared to me to be cocky about her ability to answer the questions. When the first question came up, she clicked her answer and then waited for the results. When the correct answer was identified, she could not believe that she didn't answer it correctly and, in fact, swore. When the second question came up, she clicked her answer and then waited for the results. Again, when the correct answer was identified she could not believe she had gotten it wrong. She said something to the effect of, after getting both answers wrong, 'Well, if I can't get these two questions right, I shouldn't be in med school.' She was clearly irritated."

New faculty members in the PIT initiative need to deconstruct this story about learning an illness at several levels:

1. Is this professional behavior—and what accounts for the behavior?
2. Will the student be able to self-reflect and learn from this experience?

**Level 1.** The student is still mired in the chains of a premed mindset and has not yet joined the profession. We can have empathy for her. She thinks, "If I read books and look at the online notes, I can get a good grade without any need to interact with the teachers (listen to stories)—it's like hazing, something I have to get through."

The student has no idea what lies ahead. She has yet to perceive that she will need to: (1) apply basic science to maintain competent clinical performance, (2) understand how to observe and listen effectively to gather useful information from patients, and (3) realize how clinical conferences and personal interactions throughout her professional career can facilitate her learning from others.

**Level 2.** The student will have a difficult time learning from this experience because she is a



"prisoner" of her previous learning strategies. Someone needs to counsel her and ease her into the profession—clearly, her self-flagellation will not be effective.

What M1 faculty members must understand is that *they* need training focused on helping such students become more effective professional learners as their identity shifts into a physician identity.

Our first insight is that these students do not have any story experience of their own. Stories of personal and family illness do not count because students are too emotionally connected to them. All case experiences allow students to learn to ask questions, get answers, learn the language of being a physician, and build inner confidence.

PIT faculty members need to know that new students respond when they (the teachers) tell their own personal stories about cases and share their personal experiences and issues that they had when they were students, residents, or practitioners. Most faculty members are accustomed to teaching students and residents at various M2-M4 levels. One of the hardest tasks for faculty when facilitating new students is knowing not to teach too much or expect too much—particularly at the beginning of the year when students are still speaking lay language. Clinical faculty are often adept at a Socratic teaching strategy. However, in the first year, interrogating students using that method can destroy a student's confidence.

Teaching first-year students can be very rewarding—this is partly because the teachers have never before gotten to know students so well. The students are very intelligent and engaging and the faculty members are energized and creative.

---

## Calendar of Events

---

### DECEMBER 2024

Sun, Dec 8 - Wed, Dec 11 - Institute for Healthcare Improvement (IHI) Forum (Orlando, FL)

### APRIL 2025

Tue, Apr 15 - Deadline to apply to on-campus CHPE program (2025 summer cohort) || apply: <https://chicago.medicine.uic.edu/medical-education/education/chpe>

### MAY

Thu, May 15 - Deadline to apply to on-campus or online CHPE program (2025 fall cohort) || apply: <https://chicago.medicine.uic.edu/medical-education/education/chpe>

### JUNE

Wed, Jun 11 - Deadline to submit material to [DMEnews@uic.edu](mailto:DMEnews@uic.edu) for inclusion in the summer 2025 DME newsletter. Please also connect with our online community via [LinkedIn](#) and/or X ([@uicdme](#))!

### JULY

Mon, Jul 15 - Deadline to apply to online PSL programs (2025 fall cohort) || apply: <https://psl.uic.edu/application-process/admissions-requirements-graduate-certificate>

Please sign up to receive our biannual (Jul ☐ Dec\*) e-newsletter: <https://go.uic.edu/DMEnews>

---

Follow us on [X](#) - Connect with us on [LinkedIn](#)





Try email marketing for free today!

---