

**EXECUTIVE SUMMARY**  
**RETREAT INSTITUTE FOR EXCELLENCE IN EDUCATION**  
**NOVEMBER 25, 2014**

**Attendees:** Norma Saks, Siobhan Corbett, Kerri Oroureke, Emine Abali, Stephen Moorman, Robert Lebeau, Clark Chinn (Graduate School of Education), Diana Glendenning, Mike Kelly, David Swee, James Millonig, Celine Gelinias, Sarang Kim, Norma Saks, Darren Clarke (Graduate School of Education), Liesel Copeland, Hanin Rashid, Robert Like, Gloria Bachmann, MaryGrace Zetkulich (St. Peter's University Hospital), Sara Cuccurrulo (chair PMR and JF Kennedy), Diane Steward (School of Nursing), Lee Ann Schein, Denise Gavala (Rutgers Foundation), Vicente Gracias, Archana Pradhan, Kathleen Casey (Jersey Shore University Medical Center), David Kountz (Jersey Shore University Medical Center), Judy Amorosa, John Walker, Laura Willett, Nancy Walworth, Carol Terregino

**Introduction:**

Dr. Terregino presented the history of the development of the Institute, the growing trend in US medical schools to have academies focused on medical education, the vision, mission statement and branding logo, and mission for the Academy of Medical Educators. The progress of the website was shared and all were invited to send biosketches, photographs and brief write-ups of programs to be linked to the page.

**VISION**

To be a nationally recognized center to prepare learners to teach and to care for their students and their patients

***Docere et Curare***

**MISSION STATEMENT**

*It is the mission of the Rutgers Robert Wood Johnson Medical School Institute for Excellence in Education to equip current and future medical trainees and practicing physicians with the tools to educate peers and trainees in educational methodology, patient care*

*advances and cutting edge medical technology, with the ultimate goal of propagating health and wellness to patients through the final step of **translational medicine***

What is translational medicine? A doctor who practices translational medicine *understands* and *integrates* the scientific underpinnings of clinical medicine in daily practice, *analyzes* the literature and uses the best evidence in presenting treatment plans, *communicates* respectfully and effectively in a patient-centered fashion, *collaborates* with the patient and family to devise a treatment plan tailored to the needs and preferences of the patient and devises strategies to reinforce adherence and self-care. The doctor who practices translational medicine brings scientific discovery to the bedside of ***each and every patient.***

**BRANDING LOGO** Great Doctors Made by Great Teachers

## **ACADEMY OF MEDICAL EDUCATORS**

### **MISSION:**

- *recognizes* outstanding contributors to medical education
- *builds* esprit d corps among medical educators
- *aligns* undergraduate, graduate and continuing medical education
- *promotes* creativity, innovation and scholarship
- *serves* all of the teachers and learners at RWJMS

The steering committee will convene in the near future.

A patient advocacy groups and community representatives need to be identified.

## **BREAKOUT SESSIONS AND REPORTS**

### **Guidelines for Academy of Medical Educators and Guidelines for Selection of New Members:**

The charter members are all core educators in the Office of Education and the RWJMS Master Educators Guild members. The group came to the consensus that the membership would not be

honorary but a service membership, that appointments should be for a period of time and renewable if appropriate, and that the spectrum of educators would be members (UME, GME, CME).

Application for membership: 1) submission of teaching portfolio with demonstration of excellence in medical education, 2) receipt of letter of endorsement from department chair, 3) interest in developing educational scholarship.

#### Membership Levels

Fellow-for two to three years then full membership with five-year terms

#### **Short Term Goals for UME, GME and CME and Graduate Education:**

The group came to consensus that medical education is a continuum and that undergraduate, graduate and continuing modifiers should be dropped. The group believes a consultant model would help provide infrastructure to services: role-modeling for leadership positions, building efficiency with interdepartmental educational programming including grand rounds, developing programs for the rank and file faculty, defining succession plans for program leadership, and becoming involved with faculty hiring processes.

#### **Signature Programs of the Institute**

The group catalogued current and potential new programs under the umbrella of the Institute. Prioritization of programming and fundraising for programming needs to be accomplished and a mechanism to bring new programs to the Institute Steering Committee need to be established. The group came to consensus that all programs should be sustainable including development of a mentorship programs so that programs can continue to exist.  
Catalogue:

#### **Signature Programs-NEW Programs**

1. The Graduate Certificate in Medical Education
2. Culinary Medicine

3. Affiliation with Alda Center for Communicating Science
4. Chancellor's Global Health Scholars
5. PharmD MD

### **Signature Programs-Existing programs**

1. Joining Forces Warrior Centric Health Care inter-professional educational program (developed in collaboration with the Steptoe Group),
2. Summer Clinical Internship; the approach to patient centered care; program for premeds,
3. Distinction in Medical Education,
4. Dependable Reviews of Medical Education Research Literature
5. Primary Ambulatory and Community Care Track, Getting New Jersey Healthy,
6. Anatomic Association,
7. Anatomy Instruction Certificate,
8. MS Clinical and Translational Science,
9. Rutgers Robert Wood Johnson Medical School Patient Centered Medicine,
10. Behavioral Interviewing in Selection Processes
11. Horse Therapy Program
12. Pain, Cancer and End-of-Life Program for third year medical students.

### **Signature programs- Programs Presently in development**

1. Faculty Development Series,
2. Patients Teaching Doctors,
3. Quality Improvement and Patient Safety,
4. Medical Education Grand Rounds
5. Bioethics Issues-A Distinction in Bioethics program is in development

**Specialty Programs-enhancement to current and planned programming. The group then discussed at length ideas for Additional Specialty Programs that would potentially add to existing programs that occur at Robert Wood Johnson Medical School. These include the following programs:**

- Art Through Medicine
- **FAIMER:** Foundation for Advancement of International Medical Education and Research: this would open up Robert Wood Johnson Medical School to the aspect of getting involved in the global health care network.
- Fund raising course- this program would give direction to assessing which of the special programs would require funding and budget development.
- Humor in Medicine: this course would utilize humor in conjunction with
- History of Medicine
- Education of the Families of the Traumatic Brain Injury patient; this program would focus on utilizing computer technology, the Internet, webinars, etc. to assist in the education of families in dealing with the challenging needs of the brain injury patient once they are discharged to their home environment.
- Reflection Rounds; this program would focus on a spiritual approach to medicine

## **Research Agenda**

### **Defined Goals:**

1. Facilitate collaboration within the academy and the University
  - Create a list serve for academy members to post messages/ask questions
  - Run a monthly works-in-progress meeting to share ideas about research or present completed/on-going research
  - Maintain a database of individual academe members' expertise (not feasible at the large university setting, but should be doable within the academy). Guide education researchers through the IRB process.
2. Define IRB submission process for educational projects
  - List of FAQ's, sample protocols, sample language
3. Develop a culture of routinely assessing and evaluating curricula, learners and teachers
  - Infrastructure to allow our teachers to collect data and assess curricula to formally measure outcomes and for facilitating scholarly projects.

- Build a user-friendly way track/pool/gather longitudinal data for course learner/teacher evaluations.
4. Some on-going or proposed research areas:
- EPA's- how to measure, track, document.
  - Assessing learning outcomes with changes in how classroom teaching is being delivered- flipped classrooms, TBL, web-based learning, etc.
  - Measuring change in students' EBM skills with a new EBM test.
  - Cognitive skills- study strategies, assessing tension between rote learning versus meaningful learning

## **Revenue Generating Programs**

The participants suggested strategic outreach to bioindustry to determine their needs, e.g. Mini Medical School for pharma; Modified Medical School Curricula for those representing pharmaceutical devices. The group noted opportunities to collaborate with the Heldridge School of Workforce, Dr. Molloy's office, the business school. The Institute will need to work with technology transfer re the transfer of intellectual property, e.g. the collaboration with the medical school with the Steptoe Group in warrior-centric health care and the development of a Certificate in Veterans and Family Health.

Additional ideas

- Administer maintenance of certification
- Quality and Safety consultation

## **Fundraising**

The participants highlighted the importance of messaging as well as prioritizing programs. The group identified the following programs as valuable to communities, alumni and patients:

- The Alda Center for Communicating Science
- Joining Forces-Warrior Centric Health Care Interprofessional Program and Certificate in Veterans and Family Health
- Culinary Medicine Teaching Nutrition to Students and the Community through Cooking
- Horse Therapy
- Caring for your TBI Loved One at Home-a personalized on-line interactive program