Success of AUB as high quality education
Commitment
Engagement
Documentation/Formalization
Critical Mass
Persistence
Deferred Rewards
Mission-Fulfillment
Environment
Create small wins
Resilience
KEY THEMES

Active Engagement of Learners
Learners Take Responsibility
Documentation

Resistance = Opportunity
Rewards Better Than Punishment

Environment
Memorial Service for Cadavers
Shows Humanism
Transformation

Theory and Application
Role Modeling
Social Inclusion
Compassion
Celebrate Success
Communication Skills
Vision That is Communicate
Instilling Passion
Adaptation
Leadership
Creativity
Inspire
Resources: Finding Allocating
System for Accountability
Identify Milestones for Success
Self-Reflection Review: Continuous Feedback
Most Important

- Defines boundaries of a "virtuous" person
- Role of physician as agent of society
  - Advocate for all people: patients and those who cannot afford to become your patient or legally are not your patient
  - Do physicians have obligation to help patients form advocacy groups?
- Improving access to care

Different

- AUB is focused on individual patient
- Physician's relationship with hospital, institution
- Role of boards in U.S. vs. Lebanon
- Patient expectations
- Fulfillment of duties
  - answer phone calls in timely way
  - sign charts

- Arrogance

- Empathy
  - 360°; MSF

- Honesty

- Punctuality

- Materialism

- "Poaching"

- Disparaging

- Appearance

- Temper

- Documentation
  - incomplete
  - fraudulent

- Perceived carelessness

- MCQs
- mini-PEX
- Critical Incident report
- instructions, pt. education

- Foul Language

- Respect for: pt.
  - Confidentiality
  - family

- Good team player

- Communication w/ pts.
  - non-verbal

- OSCE; observation; SP
  - mini-CEx

- Tolerance for differences

- Lack of availability

- No feedback

- Abuse of power
  - bullying junior staff/colleagues
Handling a difficult patient

Patient advocacy

Social consciousness

Student/Resident Education
ACGME Competency

MAJOR DEFICIENCIES:

- COMMUNICATION
  - lack of sensitization
  - with staff, faculty

360° Evaluation → Develop:

1. Peer to Peer

2. Change culture:
   a. Teaching
   b. Table Meeting
   c. Patient Evaluation

Methods:

- Assessment of Applicants (Review Week)
- Boot-camp
Faculty Ass.

Challenges:
1. Role of env. vs. individual: System
2. Subjectivity: intimidation by student/resident to peer
3. Ass. per discipline: Venies/who will assess.
4. How to give (negative) feedback: Training.
5. How assessments

- Multisource: Chief/support staff/ft.
- Committee overseeing will eval.
- SLP: present and go to choice
- Video/Camera
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Solves</th>
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<tbody>
<tr>
<td>1. Getting ppl to respond; enough #</td>
<td>1. Create need, awareness, culture, train, part of duties &amp; eval'n.</td>
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<tr>
<td>2. Eval'n: per clerkship vs. per year</td>
<td>2. Concise quest.</td>
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<td>3. Logistics; people involved mode</td>
<td>3. Competency on its own</td>
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<td>4. Confidentiality</td>
<td>3. Personnel dedicated to e-eval'n (staff this)</td>
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<td>5. Reliability / Validity</td>
<td>4. Pts: Paper vs. interactive TV's</td>
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<tr>
<td>6. Bias</td>
<td>4. Anonymous, elect., no date/location</td>
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6. Enough # for formative & summative.

Right environment
Tolerance: culture, orientation

Challenge:
- Subjectivity
- Selective reporting
- Logistics
- Directacement
- Videos as teaching tools

Resistance to change:
- Critical incident reports
- Reflective essays
- 360° eval.
- OSSCE
- SP* ± Videotaping

Reproducibility:
- Time demand
- Training
- Infrastructure