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AAMC Annual Meeting 2025 Learn Serve Le...



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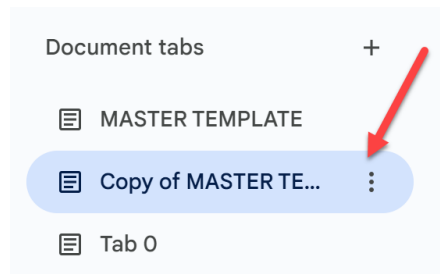


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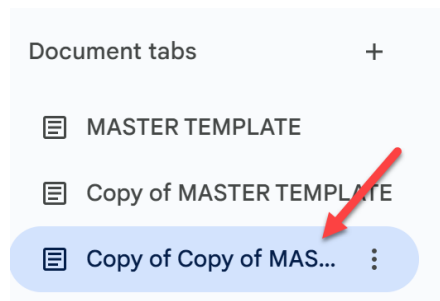


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Conference Shared Meeting Notes



Session InformationConference Name:Session Title:

Date & Time:

Facilitator(s) / Speaker(s):

Note-Taker(s):



Session Overview

A brief summary of what this session covers and why it matters.



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

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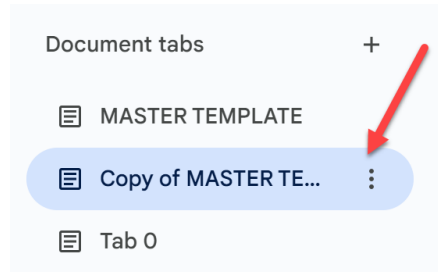
Collaboration Tips (for Shared Notes)

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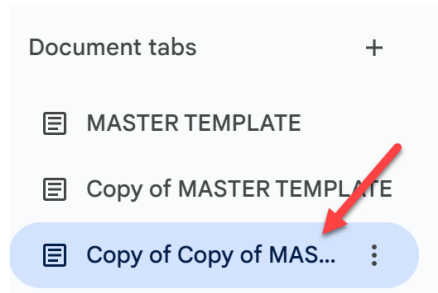
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Conference Shared Meeting Notes



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Key Insights & Takeaways

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Nov4_Implementing AI Innovations in MedEd

Conference Shared Meeting Notes



Session Information

Conference Name: LSL 25

Session Title: Implementing AI Innovations in Medical Education: Learner and Educator Partnerships

Date & Time: Tuesday, November 4, 2025 | 3:30 – 4:30 PM CT

Facilitator(s) / Speaker(s):

Liko Lu Qi

Medical Student

Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU)

Amy Wilson-Delfosse

Senior Associate Dean for Medical Education / Professor, Department of Biomedical Sciences

Northeast Ohio Medical University

Ronaé McLin

Medical Student

Case Western Reserve University School of Medicine

Homero Rivas

Professor of Surgery and Associate Dean of Innovation and the Future

Mohammed Bin Rashid University of Medicine and Health Sciences

Prof Valeria Aoki

President of the International Relations Office Professor and Deputy Chair- Dept Dermatology

University Sao Paulo School of Medicine

Note-Taker(s): Amanda Albright



Session Overview

This session showcased successful partnerships between students and faculty to create AI-driven educational tools. Case studies included an AI-powered MCQ generator at Case Western to address Step 1 disparities and a "Design Thinking" simulation at MBRU.



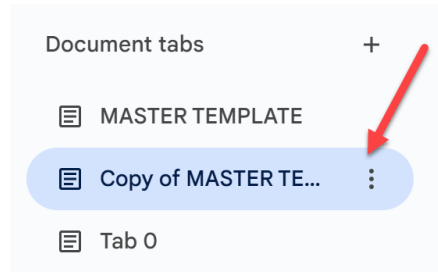
Key Insights & Takeaways

- Case Western's Project: To address student reliance on costly TPRs for NBME-style MCQs, faculty and students co-developed an AI tool. The tool is ethically instructed to only draw from freely available, open-access resources.
- The partnership was mutually beneficial: it gave students an MD Thesis project and energized faculty, helping them see how students could use AI "wisely". The AI-generated anatomy questions were rated as 83% good quality.
- MBRU's "DesignQuest": This is an AI-based platform that provides a simulated experience to help students develop innovative solutions using a Design Thinking approach for a capstone project.
- This project aims to foster traits of a "successful innovator" (risk-taker, open-minded), which often contrast with the "risk-averse, narrowly trained" mindset of traditional physician training.
- Other tools shared included <https://www.google.com/search?q=CharacterAI.com> for free patient and handoff simulations and NotebookLM for creating podcasts.

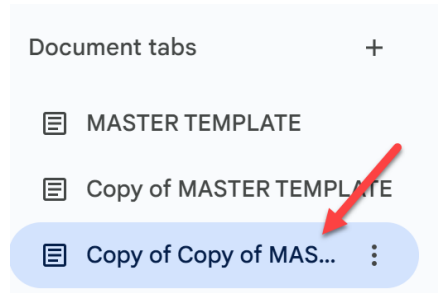
 Nov4_foundations for AI
success-Hayes

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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: Building foundations for AI success- data infrastructure and culture

Date & Time: Nov 4 10:15

Facilitator(s) / Speaker(s): Fairclough, Oswald, Yaneva

Note-Taker(s): Nancy Hayes



Session Overview

AI has potential to transform medecine but institutions face issues of capacity for implementation. 3 use cases



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Organizational ai readiness- people, data strategy, governance
- Shared vocabulary is needed
- Error letting technology dictate solution to problem -strategic focus - small scale experiments
- Informed ai culture: ai models fail silently; ai projects are never done -continuous cycle of training monitor redeploy; ai models are people models they reflect (bias) those who develop them; build trust through transparency
- MAESSCR - she just did a webinar on this clinical reasoning tool using RAG database; system remembers individual learners; 4 year data retention; continuous student option for opt out and delete all data; look by action in each case and find correlation between action (or omission) whether or not student would succeed; rule- based phenotyping and decision tree - actions, numbers, etc. don't ask repetitive or many low quality questions- not synthesizing - this can be coached
- Start small design with scalability in mind , include across disciplines and expertise - it, clinicians, educators, students, etc
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Nov4_CBME Readiness: Leveraging Data and Tech

Conference Shared Meeting Notes



Session Information

Conference Name: LSL 25

Session Title: CBME Readiness: Leveraging Data and Technology for Implementation

Date & Time: Tuesday, November 4, 2025 | 10:15 – 11:15 AM CT

Facilitator(s) / Speaker(s):

Bill Cutrer

Senior Associate Dean for Undergraduate Medical Education; Associate Vice President for Educational

Vanderbilt University School of Medicine

Mark Speicher

Senior Vice President, Learning, Innovation and Research

AACOM

Julie Youm

Associate Dean, Education Compliance & Quality; Director, Educational Technology

University of California, Irvine

Alexis Rossi

Director, MedBiquitous

AAMC

Note-Taker(s): Amanda Albright



Session Overview

This session focused on the practical data and technology infrastructure required to support a CBME program. It emphasized the need for systematic data collection, standardized data language, and the resources (like competency committees) to interpret the data.



Key Insights & Takeaways

- CBME is a learner-centered philosophy that requires a significant redesign of assessment to systematically gather data.
- This data is used to inform Individual Learning Plans (ILPs), which faculty and coaches then co-design with students.
- Implementation requires a data audit: What artifacts do we have (OSCEs, evals)? What data do we still need, and where will it come from?

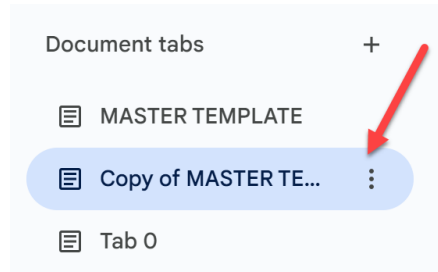
- MedBiquitous data standards were presented as a critical framework (similar to USCDI for healthcare) to ensure data is consistent, high-quality, and interoperable for scalability.
- Key resources needed to support data-focused decisions include competency committees (to look at patterns), psychometricians, and robust faculty and student development.



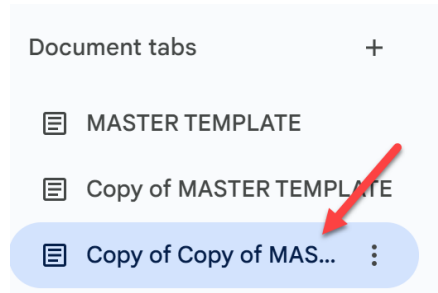
Nov4_plenary3_Hayes

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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: Follow the Story

Date & Time: Znov 4 8:30

Facilitator(s) / Speaker(s): Thorp, Pierce, Velie

Note-Taker(s): Nancy Hayes



Session Overview

Building public trust in science



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Follow the science was accepted in COVID - it's lost public trust
- Trained and trusted- learned intermediary is comfortable for academic medicine
- Change the order to trust me to demonstrating trustworthiness through storytelling
- Have to push through this time - persevere _- don't silo yourself off
- Trust is still 70-80% in science - greater than in any other institution. , but need to get people to prioritize it
- Policy is driven by anecdotes not data
- Science journal is written for scientists not the public at large - even the news (400 million watch Mr Beast; 6 million read Science)
- Communication at the individual doctor patient level works - not a white coated expert on tv
- Have to assure documentation in the record of data and that it's correct and reliable; technology has complicated that
- Stories let people see how they are directly affected
- People need to accept that scientists are seeking truth not to sell a product
- Data and facts can't overcome anecdotes that resonate with individuals
- Build coalition even if people don't fully accept
- AAMC principles of trustworthiness
- We brought some of this on ourselves- public science fights when they become defensive and don't accept criticism

- Scholastic fallacy - idea that everyone thinks the same way
-

Collaboration Tips (for Shared Notes)

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Nov3_Implementing Holistic Review with Cortex

Conference Shared Meeting Notes



Session Information

Conference Name: LSL 25

Session Title: Implementing Holistic Review with Cortex

Date & Time: Monday, November 3, 2025 | 3:30 – 4:30 PM CT

Facilitator(s) / Speaker(s):

Amy Addams

Director, Mission Alignment and Disability Inclusion
AAMC

Rebecca Fraser

Director, Admissions & Selection Research & Development
AAMC

Shannon Krewsky

Product Enablement Manager
Thalamus

Jason Reminick

CEO
Thalamus

Steven Angus

Designated Institutional Official
UConn Health

Note-Taker(s): Amanda Albright



Session Overview

This session demonstrated how the Thalamus platform, specifically its Cortex module, is used at institutions like UConn Health to implement a structured, evidence-based, and mission-aligned holistic review process for residency selection.



Key Insights & Takeaways

- The process is currently human-coded, not AI-ranked. It is built on evidence-based selection guidelines: criteria aligned to the program's mission, reliable and holistic applicant data, and a standardized, equitable process.

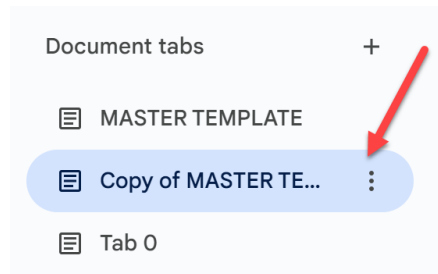
- Programs set their own competencies and then build corresponding questions and scorecards for both application review and interviews. Note: Does not appear to contain alignments with the UME Foundational Competencies.
- The system allows for weighting different reviewers and uses a "very mathematical model" to score applicants based on the program's defined criteria.
- Self-reflection is key: Programs must first analyze what they truly want in a resident to build the system out. The process was compared to buying a house: setting a "wish list" and "critical needs" to find the right match.
- Primary challenges are resistance to change, faculty buy-in, and the initial time investment to set up the system properly.



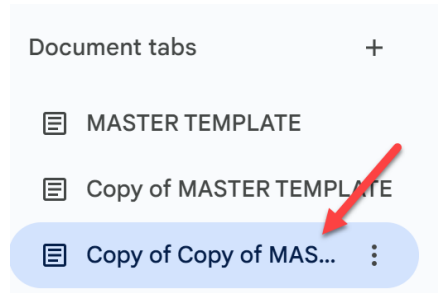
Nov3_NBME update_Hayes

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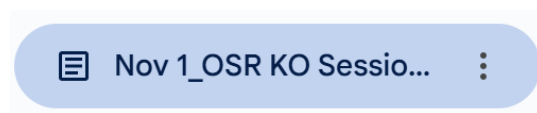
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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: NBME update

Date & Time: Nov 3 5:00

Facilitator(s) / Speaker(s):

Note-Taker(s): Nancy Hayes



Session Overview

A brief summary of what this session covers and why it matters.



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Over 600 faculty question writers USMLE
- Consolidation of all USMLE services
- Published data on accommodation requests and granted
- Competency assessment beyond knowledge:
 - team assessment, clinical reasoning 2026-2027, CLA communication skills 2026 free: improved performance and confidence
- Rank order list-enhance transparency about what it means what factors matter - signaling, geographic location, Step outcomes, demographics
- NBME Academy -
- Individualized faculty development - item writing and beyond, online modules
- Community collaborations and contributions - small endowment, fee assistance, pathway program, Stemmler library of research and Stemmler speakers, telling their stories
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Collaboration Tips (for Shared Notes)

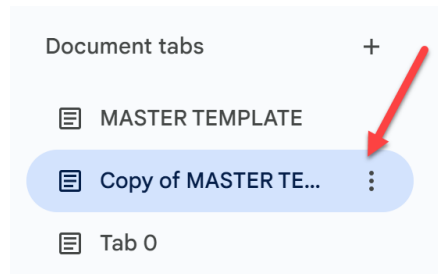
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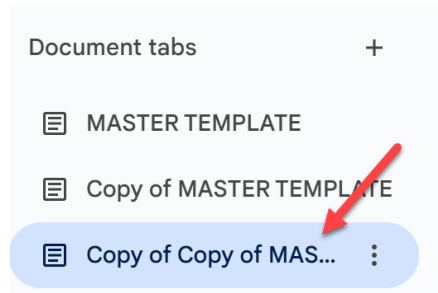
Nov3_Washington update_Hayes

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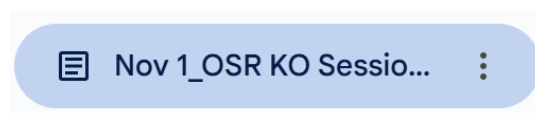
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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: AAMC annual Washington update 2025

Date & Time: Monday, November 3, 10:15

Facilitator(s) / Speaker(s): Danielle Turnipseed

Note-Taker(s): Nancy Hayes



Session Overview

A brief summary of what this session covers and why it matters.



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Need to know relationships so they can be leveraged
- AAMC High level priorities strengthen academic centers and health systems, workforce, med students and med schools, research and funding
- 1-medicare medicaid workforce access safety net - 1 trillion reduction cuts to Medicaid in ob3
- Up to 86k physicians needed by 2036
- Resident physicians shortage act for 14k new positions - under consideration HR 4371 /S 2439
- Resource state by state data on GME
- Tax exempt status an issue
- Coalition to strengthen America's health care
- Title VII and VIII lapsed funding workforce development , advice is to o change definition to rural and tribal only (bad!) admin wants to cut completely HPNEC site has details
- Immigration ban - requested review
- AAMC makes public all they send to gov - website
- Mds can seek national exemption from 100k visa fee - request to extend to health care students
- Halted the 15 % indirect costs go through; JAG; F&A rates -support FAIR model
- Advocacy tool kit resource

- 2026 80th anniversary partnership of VA and medical schools
- OB3 ended student loans from fed; public service loan forgiveness narrowed definitions qualified employer
- Nutrition letter from RFKJr- position statement and call to action - will convene session on nutrition curriculum
- Advocacy ladder-Academic Medicine Advocacy Guide
- Check your institution's government relations representative GRR
- New state advocacy function- opportunities to network GRRs; state by state data on academic medicine

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Nov3_Innovative Approaches to AI in MedEd

Conference Shared Meeting Notes



Session Information

Conference Name: LSL 25

Session Title: Innovative Approaches to AI in Medical Education

Date & Time: Monday, November 3, 2025 | 10:15 – 11:15 AM CT

Facilitator(s) / Speaker(s):

Daryoush Javidi

Director, Clinical Skills and Simulation

California University of Science and Medicine

Kiran Malhotra

Clinical Informatics Fellow

NYU Langone Health

Imanni Sheppard

Associate Professor of the Medical Humanities| Lead for Social Justice and Health Equity theme

Geisinger Commonwealth School of Medicine

Laurah Turner

Associate Dean of Artificial Intelligence and Educational Informatics

University of Cincinnati College of Medicine

Note-Taker(s): Amanda Albright



Session Overview

This session showcased multiple institutional projects using AI to enhance assessment and feedback. Examples included AI-supported grading for large-scale OSCEs, AI analysis of SOAP notes, and an AI agent designed to detect bias in narrative assessments.



Key Insights & Takeaways

- **AI for Scalable Feedback:** AI is being used to grade large-class OSCEs (450 items) to provide rich, individualized narrative feedback. One model uses Claude Sonnet 3.5 as an AI "judge" to ensure the feedback generated by another AI is actionable, evidence-linked, and professional.

- **AI vs. Faculty Feedback:** In one project analyzing student SOAP notes, AI-generated feedback scored high on clarity and timeliness, but students reported lower trust and value for AI feedback compared to faculty feedback.
- **AI Validation:** Using a private GPT to review notes from virtual OSCEs. They are validating the AI's performance by calculating agreement (using Cronbach's alpha) between AI and human evaluators.
- **Detecting Bias:** The FAIR Agent is a multi-institution project to detect bias in narrative assessments (e.g., gender-specific language, raising doubt). It uses NLP, LLMs, RAG, and Fuzzy Logic with the goal of creating a plugin to provide real-time guidance to assessors.

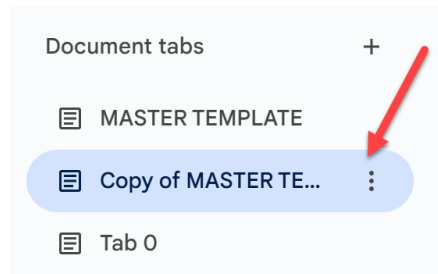


Nov3_nutrition in meded_Hayes

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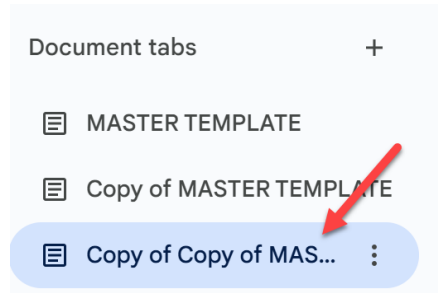
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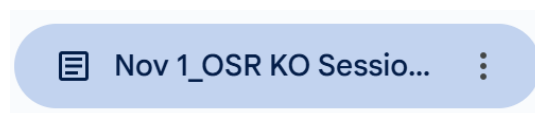


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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: Nutrition in medical education

Date & Time: Monday, November 3

Facilitator(s) / Speaker(s): Whelan, Howley

Note-Taker(s): Nancy Hayes



Session Overview

Federal pressures to increase nutrition content in medical education will be addressed through interactive discussion and action-planning



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- 2023 AAMC and ACGME 1st ever med ed summit on nutrition in practice
- JAMA new competency framework
- Call to action to be released this week - gap analysis, fill identified gaps, share best practices
- Action item - how to incorporate food pattern in basic history
- Action item - teaching kitchen
- Watch for dilution of the coherent thread
- Teaching kitchen collaborative convening of AAMC and NBME April 2026 in DC
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Nov2_Digital Journeys in MedEd

Conference Shared Meeting Notes



Session Information

Session Title: Digital Journeys in Medical Education: Students and Schools Mapping the Technology Ecosystem

Date & Time: Sunday, November 2, 2025 | 3:00 – 4:00 PM CT

Facilitator(s) / Speaker(s):

Alexa Lauinger
Medical Student
Carle Illinois College of Medicine

Bryan Bartnick
Medical Student
Albany Medical College

Gloria Xue
MD/PhD Student
Indiana University School of Medicine

Sanaea Bhagwager
MD/PhD Student
SUNY Upstate Medical University

Note-Taker(s): Amanda Albright



Session Overview

This session featured student presentations on their survey of medical students nationwide on the use of Third-Party Resources (TPRs) and Artificial Intelligence. The findings revealed a significant gap between institutional resources/policies, actual student practices, and a need for better integration within the curriculum.



Key Insights & Takeaways

- **TPR Dominance:** Students spend 81% of their study time using TPRs, with ANKI and UWorld being critical. 76% of students have avoided or stopped using school-provided resources, and 50% still spend over \$300 on TPRs.

- **AI Ubiquity & Concern:** Nearly all students (91.1%) use AI and find it useful. However, 64% are concerned about the lack of training and guidelines, and many worry about "cognitive impairment" or "outsourcing critical thinking".
- **Faculty Lag:** Faculty adoption of AI is lagging, and they share concerns around "cognitive deskilling" or "never skilling".
- **Trust & Co-Creation:** Students are turning away from school-provided resources due to potential mistrust. Recommendations focused on building trust by co-creating curriculum with students and developing clear institutional policies and training for AI.

 Nov2_Innov approach to GME
assessment and feedback

Conference Shared Meeting Notes



Session Information

Conference Name: LSL 25

Session Title: Innovative approaches to assessment and feedback in Residency Training 17

Date & Time: Sunday, November 2, 2025 | 10:30 – 11:30 AM CT

Facilitator(s) / Speaker(s):

Holly Caretta-Weyer
Associate Dean of Admissions and Assessment
Stanford University School of Medicine

Jeanne Farnan
Associate Dean for Undergraduate Medical Education
University of Chicago Division of the Biological Sciences The Pritzker School of Medicine

Verity Schaye
Asst. Dean for Education in the Clinical Sciences
NYU Grossman School of Medicine

Paul Wallach
Vice Chancellor for Health Sciences Education, Executive Vice Dean School of Medicine,
Professor of
University of Pittsburgh

John Ragsdale
Associate Dean for Curriculum
University of Kentucky College of Medicine

Note-Taker(s): Amanda Albright



Session Overview

This session explored novel Graduate Medical Education (GME) assessment methods, including AI-driven feedback, qualitative analysis of intern performance issues, and a study on the predictive value of USMLE Step scores for residency readiness.



Key Insights & Takeaways

- NYU is using AI and its EHR to identify diagnostic delays (e.g., VTE admissions). Residents (PGY2-3) receive a dashboard with their ordering patterns and feedback for reflection and goal setting.

- A qualitative analysis of Program Director comments for residents who "did not meet expectations" identified common themes in

Patient Care (clinical reasoning, efficiency),

Professionalism (accountability, timeliness), and

PBLI (receptiveness to feedback).

Highlights a need for better communication from UME to GME, as this struggle wasn't reflected in Dean's letters.

The **Systems-Based Practice** competency was notably absent from the PD comments.

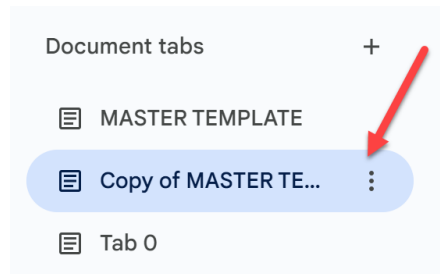
- A retrospective study found no meaningful association between USMLE Step scores and end-of-internship ACGME milestone ratings. Higher scores had minimal impact, though failing Step scores did correlate with poor mid-year performance.



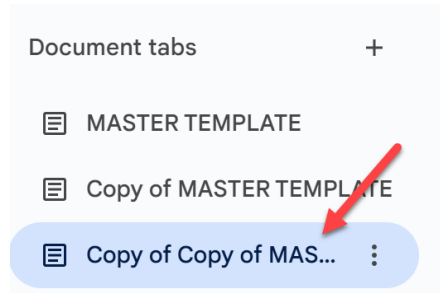
Nov2_remediation_Hayes

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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: A remedy for remediation

Date & Time: sun Nov 2 1:30

Facilitator(s) / Speaker(s): Dallingham

Note-Taker(s): Hayes



Session Overview

identifying students needing extra support and providing the right support



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Medical knowledge - early identification is key; some use formative quizzes for this. Clarify underlying reasons.
- Clinical skills - mentor or coach; h&p observation; OSCE, committee. Clarifying cause - committee review, student perspective. Reasoning vs performance anxiety
- Professionalism - aamc competencies, student progress committee; behavioral domain of technical standards
- Students generally have poor insight into their remediation needs
- The domains often interact
-



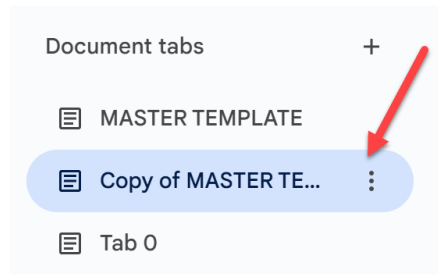
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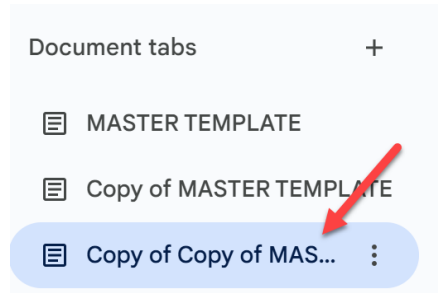
 Nov2_stigmatizing language_Hayes

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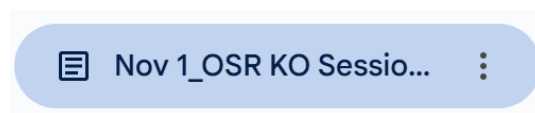
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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: Destigmatizing language in patient presentations

Date & Time: Sunday 10:30

Facilitator(s) / Speaker(s): Dougherty, Wang

Note-Taker(s): Nancy



Session Overview

A brief summary of what this session covers and why it matters.



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Stigmatizing language is common including in major media
- “Stated” raises question of veracity
- Quotation marks are ambiguous- true quotation or questioned truth
- Irrelevant detail is often recalled more than the relevant information (research based)
- Term used (e.g., dependent, reportedly) implies judgement
- Some of these in the medical records may make patients feel heard but they carry risks
- Hierarchy of language - patients at pyramid base physician above data at peak
- Stigmas are shared social constructs
- Black pts had 2.5x as many negative terms; similar for Medicaid
- Quotations more common in notes about women than men (weaponizing quotes”
- Substance use 20 percent of notes and half of patients
- Evidence that stigmatizing language impacts care, decisions and clinical recall
- Associated with more diagnostic error and delays in both care and communication

- Person centered language (my question - what about those patient populations who reject this -eg autism for those who see autism as important to who they are)
- Facilitators couldn't think of a reason for a note to lead with race or preferred language (social terms)
- Against medical advice - problem statement without context. Emphasize shared decision - making language
- Stanford has an AI tool to destigmatize notes
-
-

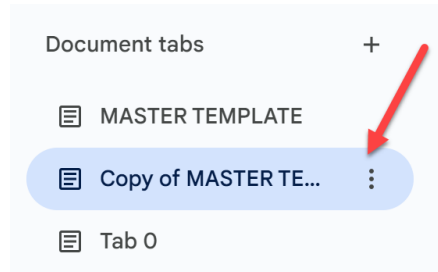
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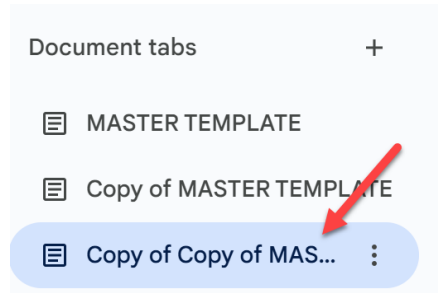
 Nov2_Integrating climate
change_NHayes

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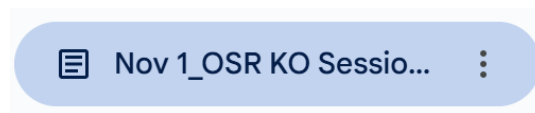
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Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title: HOW US medical schools are integrating climate change into their medical student curricula

Date & Time: Sunday, Nov. 2, 3 PM

Facilitator(s) / Speaker(s): Basu, Mallon, Philipsborn

Note-Taker(s): Nancy Hayes



Session Overview

Weather events are already impacting population health; the impact will increase with climate change. Future physicians need the foundational knowledge to provide needed anticipatory guidance and care to patients affected by extreme heat, air pollution, and emerging pathogens.



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Climate resources for
 - health education; medicine for a changing planet
 - Integral and essential to what students are already learning
 - Reach out to allies within and without your institution - get students as allies
 - Planetary health report card as starting point
 - Intergovernmental panel on climate change 2022
- Planetary health hazard clinical resilience pearls
- Rural underserved opportunities program (Washington)
- Climate change and environmental health (Emory)
- Exposure risk, physiologic susceptibility, adaptive capacity add weather info into OSCE students interpret; climate change and pregnancy - extreme heat, air pollution
- IPE climate justice

- Exercises across clerkships - expand to health promotion, eatforum.org/eat-lancet
- Rabin 2025 JAMA rethinking inhalers in the era of climate change
- avoid the conflict of climate change denial by focusing on environmental health - our words can change but our values can't (a la Murthy)
- Emory m1 workshop includes surgeon passionate about OR waste - who the messenger is matters
- Plug for the communities

Collaboration Tips (for Shared Notes)

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Nov2_Plenary_NancyHayes

Conference Shared Meeting Notes



Session Information

Conference Name: LSL 2025

Session Title: Plenary: Leading Question: Leadership in Uncertain Times

Date & Time: November 2, 8:30 AM

Facilitator(s) / Speaker(s): Vivek Murthy, David Skorton

Note-Taker(s): Nancy Hayes (and Penny)



Session Overview

Point to be made: the current climate makes us feel we have to control. Forging bonds that create connectivity are essential for both personal and public well-being by providing a sense of meaning



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- You need to know your why and your who
- •part of leadership is showing up and life is on fire
- There are always reasons not to do things. We need ONE GOOD REASON to do the thing 👍.
- • communication pathways from physicians to community. Trust is personal - when you listen to someone - that shows respect and builds trust.
- The larger pieces of health. Mental. Social. Spiritual.
- Each day reach out to one person who might be struggling. We need to show up for each other. What's at stake here is the character of our country. Do you want to be a country grounded in love or fear?
- Drs are moral anchors ⚓ and can tip the scales
- There's a difference between having friends and experiencing friendship.
- We share with students the idea that we can put important things off and "catch up later"
- When we skirt issues because they are difficult we risk losing our "self."

- Trust is “local.”
- Let's talk about the concept of “performative vulnerability.” are there other performative things we do?
-

Collaboration Tips (for Shared Notes)

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 Nov1_CBME Learning Community for
UME

Conference Shared Meeting Notes



Session Information

Conference Name: LSL 25

Session Title: CBME Learning Community for UME

Date & Time: Saturday, November 1, 2025 | 1:00 – 4:00 PM CT

Facilitator(s) / Speaker(s):

Laura Edgar, EdD, CAE*

Senior Vice President, Competencies, Milestones,
and Faculty Development, ACGME

Lisa Howley, PhD, Med

Senior Director, Transforming Medical Education,
AAMC

Mark Speicher, PhD

Senior Vice President, Research, Learning,
and Innovation, AACOM

Note-Taker(s): Amanda Albright



Session Overview

This workshop provided a foundational overview of Competency-Based Medical Education (CBME), defining its core components and the key thematic elements required for successful implementation. Six schools presented work they are doing toward implementing CBME including mapping school competencies to foundational competencies as well as assessment and dashboard development.



Key Insights & Takeaways

- The 5 core components of CBME include: a focus on outcomes, a sequenced progression, tailored learning experiences, competency-focused instruction, programmatic assessment, and continuous quality improvement (CQI).
- Key implementation areas include: faculty development and culture change, curricular design, assessment tools, technology/data systems, and leadership.
- Assessment should utilize a milestone-based rubric (e.g., Entry > Early-Dev > Mid-Dev > Advanced-Dev > Aspirational).
- The instructional model follows a clear cycle: Targeted instructional strategies > Deliberate practice > Sufficient Assessment > Feedback.
- There is a critical need to assess the ability to apply and integrate knowledge in clinical practice, rather than just the recall of foundational knowledge.

Nov 1_OSR KO Session_Schnarrs

Conference Shared Meeting Notes



Session Information

Conference Name:

Session Title:

Date & Time:

Location / Room / Link:

Session Type: (Panel / Workshop / Keynote / Roundtable / Poster / Networking / etc.)

Facilitator(s) / Speaker(s):

Note-Taker(s):



Session Overview

A brief summary of what this session covers and why it matters.



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- •
- •
- •
- •



Attachments / Screenshots

Add shared visuals or links to uploaded photos/slides.



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Tab 0

Conference Shared Meeting Notes



Session Information

Session Title: leaders navigating at the intersection of change and culture

Date & Time: Nov 2

Location / Room / Link: 006

Facilitator(s) / Speaker(s): Jen schlener Mike Rioedan

Note-Taker(s): Penny schnarrs



Session Overview

_A brief summary of what this session covers and why it matters._adaptive leadership; leading practices from the field and sharing practices among peers



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

- Understanding the appetite for tension for adaptive change is why planning ahead is so important
- “ name it to tame it” dealing with emotions
- • pick a singular tool and go with it (not shifting from a bunch of different books, language etc)
- • start with purpose; effective change is top down AND bottom up; the future is here; pull is stronger than push.
- • when start with purpose: make the case; provide clear direction; boost engagement; support collaboration
- Know. Feel. Do.
- Most innovations aren’t new. 85% are already present in some form within the org already
- Pull: see an opp and want to commit
- Push: required.
- organizational change formula is typically expressed as
- $D \times V \times F > R$

- proportion, meaning Dissatisfaction multiplied by Vision multiplied by First steps must be greater than the Resistance to change for it to be successful. The mathematical



formula for percent change is

-

Attachments / Screenshots

Add shared visuals or links to uploaded photos/slides.

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Tab 1

Conference Shared Meeting Notes



Session Information

Session Title:

Date & Time:

Location / Room / Link:

Session Type: (Panel / Workshop / Keynote / Roundtable / Poster / Networking / etc.)

Facilitator(s) / Speaker(s):

Note-Taker(s):



Session Overview

A brief summary of what this session covers and why it matters.



Key Insights & Takeaways

What stood out most? Capture quotes, big ideas, or surprising findings.

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Attachments / Screenshots

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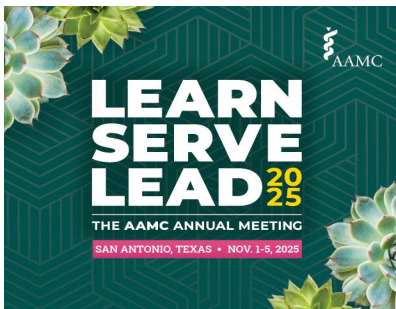


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Tab 2

AAMCNews Coverage from Learn Serve Lead 2025: The AAMC Annual Meeting



AAMC leaders: Navigating today's uncertainties requires a steadfast commitment to medicine's core values

Caring compassionately for all patients, conducting groundbreaking research, and training the next generation of physicians will remain academic medicine's North Star, even in the face of considerable political headwinds. [Read More](#)

Fractionous times call for bold stances

AAMC President and CEO David J. Skorton, MD, talks with former U.S. Surgeon General Vivek Murthy, MD, MBA, about standing firm in the face of challenges. [Read More](#)

Doctors, beware: AI threatens to weaken your relationships with patients

Sociologist Allison Pugh, PhD, told annual meeting attendees how she sees pressure to be more efficient as reducing "connective labor" between health care workers and patients. She calls on caregivers to be vigilant in protecting that bond. [Read More](#)

Mass shootings: Doctors share lessons from the front lines

Three physicians who treated victims urge academic leaders to help staff cope during

the crisis and build resilience to the emotional fallout. [Read More](#)

To rebuild trust in science, scientists must change who tells their story and how

Holden Thorp, PhD, the top editor at *Science*, and Ashley Velie, a producer for *60 Minutes*, discuss the power of conversation and storytelling over confrontation. [Read More](#)

Outbreaks of measles are fueled by outbreaks of mistrust

The key to understanding and fighting the forces that fuel measles and other viral outbreaks is better communication with families, infectious disease physician Adam Ratner, MD, MPH, told meeting attendees. [Read More](#)

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Tab 13

Tab 18

Tab 19

Tab 20

