



Educating Leaders 2019

THE AACOM ANNUAL CONFERENCE APRIL 10–12 | WASHINGTON, DC

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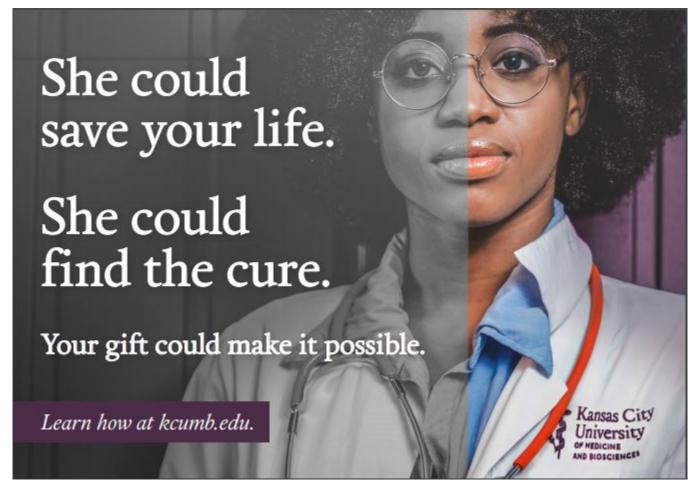
CATEGORIES

- Advertising
- Annual Report
- Feature Story/Article
- Magazine
- Newsletter
- Podcast/Video
- Recruitment
- Social Media
- Website





ADVERTISING THIRD PLACE: KCUCOM

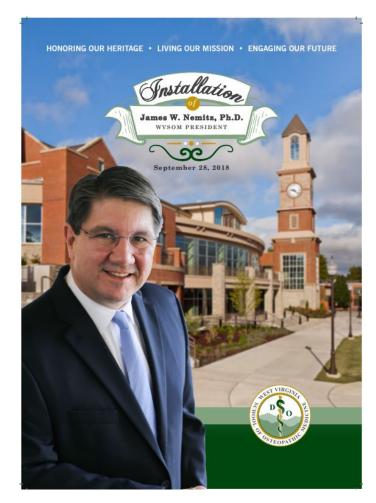






ADVERTISING SECOND PLACE: WVSOM





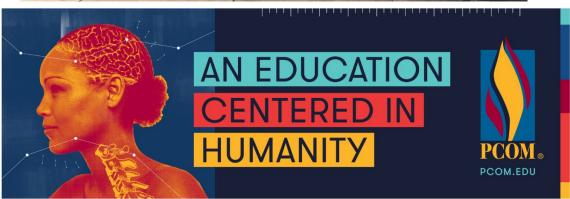






ADVERTISING FIRST PLACE: PCOM

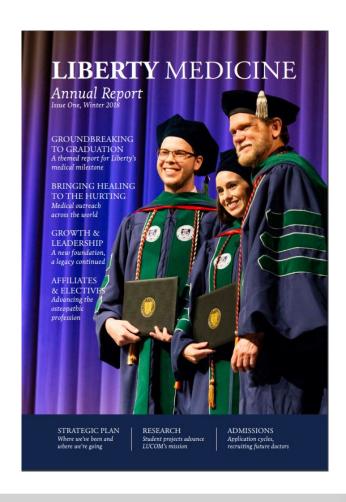




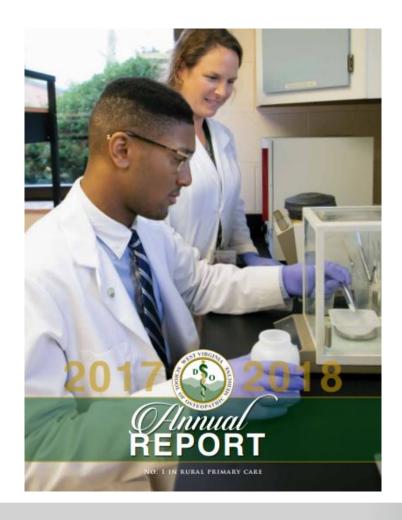




ANNUAL REPORT SECOND PLACE: LUCOM



ANNUAL REPORT FIRST PLACE: WVSOM







FEATURE STORY/ARTICLE THIRD PLACE: RVUCOM

Pushing the Limits of Treatment in Rural America

"We were immersed in smoke, the fire alarms were blaring, the adrenaline was pumping, people were screaming for help. We walked through dark classrooms, looking for victims." First-year student Jordan Wilkes described the scene he encoun-

tered while at an elementary school in Baggs, Wyoning, Despite knowing that this scenario was not real, it didn't stop students from feeling tense, particked, and more than a little emotional. With the rise of school schoolings in our country, this scene is becoming terrifyingly common. With victims being portrayed by both adults and children with realistic wounds, the situation felt very real to the students: The school schooling scene was close to home and it made me truly imagine that this could be a very real situation for any of us. The acting and moulage made the experiences that much more real, as well. I couldn't believe I saw blood squirting out of limbs, but it could very well be what we see during a mass casually incident.

The shooting scenario was one of three scenes created for students during the weekend in Baggs. This annual training exercise is offered to students in the Rural and Wilderness Medicine Track to introduce them to the concept of physician-as-first-responder. While many physicians will never experience being a first responder on a sence, that is not the case for rural physicians.

Oftentimes, they are one of the first (and maybe the only) medical personnel at the scene of an accident or disaster. The students worked closely with EMTs from Little Snake River EMS, firefighters, and law enforcement, similar to a real-life rural emergency.



During the shooting scenario, students unexpectedly grappled with an ethical issue prioritizing and treating the shooter. As we moved patients out of the school, 'described 5D Wilkes, 'the wounded and handcuffed shooter was lying next to the treatment area. Most of us passed by [him] as we transported patients. It took us a while to term to help the shooter because we felt more of an obligation to help they cictims..even though some of their wounds were not as serious. By the end of the scenario, though, we realized that the shooter was still a patient that needed our attention." Multiple students reflected later on having to come to terms with "treating the bad guy."

During another scenario, students were informed that an explosion had taken place at an oil and gas facility. Upon arriving in an ambuside poisonine, broken arms, disorientation, and more. Students learned

lance, they found victims with burns, carbon monoxide poisoning, broken arms, disorientation, and more. Students learned to triage and prioritize patients, determine the mode of transport (ambulance or helicopter), and to work on a medical team, all while factoring in environmental hazards, working in tight or potentially dangerous spaces, dealing with distractions, and more. I learned how difficult it is [to] arrive on a scene and take a minute to check if the environment is safe," said

Rebecca Grenvik, OMS I, who was chosen as the incident commander for the first scenario. T wanted to run and find a patient to care for but had to stay back and strategize how to communicate with each team of responders. It was great to have that leadership opportunity to really test my skills."

While not participating in a scenario, many of the first responders also took time to teach the students important skills. I was taught how to start an IV and intubate a patient, which I didn't expect to learn for years' said 5D Genvik. They, were beyond amazing...always excited and eager for us to learn everything we could. I wish I had more time to listen to their experience and soak in more knowledge from them. I have a newfound respect for [first responders] after spending time with them and seeing firsthand how much they do for the patients and how much they called the sourcefible knowledge they have. I would not trade this experience for anything...it was hands down the best experience I had during my first year of medical school:



18 | ROCKY VISTA UNIVERSITY

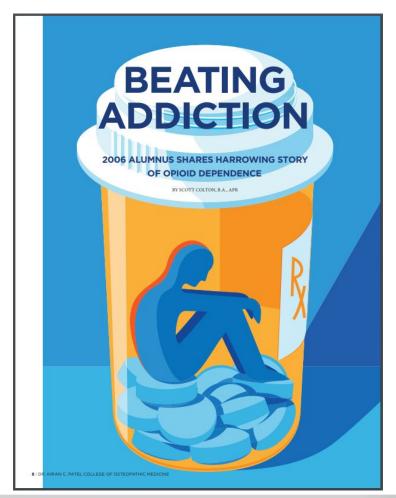
VISTA VIEW







FEATURE STORY/ARTICLE SECOND PLACE: NSU-KPCOM







FEATURE STORY/ARTICLE FIRST PLACE: OU-HCOM

DECEMBER 17, 2018 / by OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICINE

The research odyssey of John Kopchick



Dr. John Kopchick poses for a portrait in his lab at Ohio University in Athens, Ohio on March 28, 2018.

"It all started with a little mouse."

That's how molecular biologist and standout Heritage College faculty researcher John Kopchick, Ph.D., recalls the scientific discovery that has helped shape his career; improved the lives of people suffering from acromegaly; opened new pathways for research into obesity, diabetes, cancer and aging; and earned Ohio University millions in drug royalties.

That little mouse was the surprise outcome of an experiment more than 25 years ago.

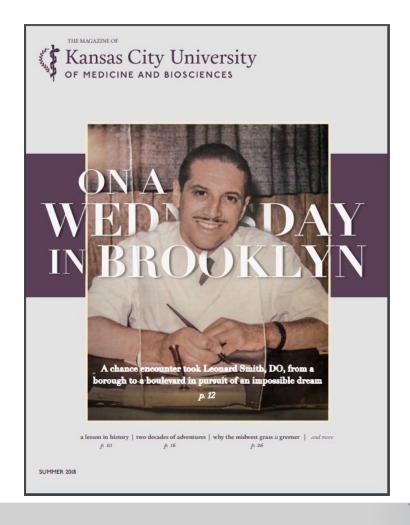
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Kopchick, who came to Ohio University in 1987 as holder of the Milton and Lawrence H. Goll Eminent Scholar Endowed Professorship of Molecular and Cellular Biology in our medical college and director of the growth, diabetes and obesity section of the then-new Edison Biotechnology Institute, was working with a graduate student to modify the DNA of a laboratory mouse.





MAGAZINE THIRD PLACE: KCUCOM





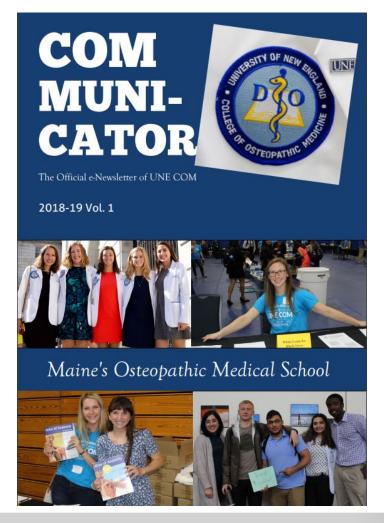
MAGAZINE SECOND PLACE: PCOM



MAGAZINE FIRST PLACE: ATSU



NEWSLETTER THIRD PLACE: UNE COM



NEWSLETTER SECOND PLACE: ICOM



NEWSLETTER FIRST PLACE: RVUCOM



PODCAST OR VIDEO THIRD PLACE: OU-HCOM

MEDICAL ACADEMY CAREERS IN CARE LEAD HERE







PODCAST OR VIDEO SECOND PLACE: ARCOM

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PODCAST OR VIDEO FIRST PLACE: OU-HCOM



ASPIRING D.O.CTORS PRECOLLEGE PROGRAM





RECRUITMENT PIECE THIRD PLACE: ICOM



ICOM + YOU = THE PERFECT PARTNERSHIP

Say yes to your career and your future. Say I DO...

Say I DO to healing.

Say I DO to caring for patients.

Say I DO to exceptional learning.

Say I DO to advancing knowledge.

Say I DO to lifestyle.

Say I DO to support.

Will you say... I DO?

ICOM // 01



RECRUITMENT PIECE SECOND PLACE: WVSOM









RECRUITMENT PIECE FIRST PLACE: WVSOM









SOCIAL MEDIA THIRD PLACE: UNE COM



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SOCIAL MEDIA SECOND PLACE: OU-HCOM













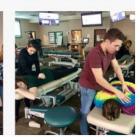
















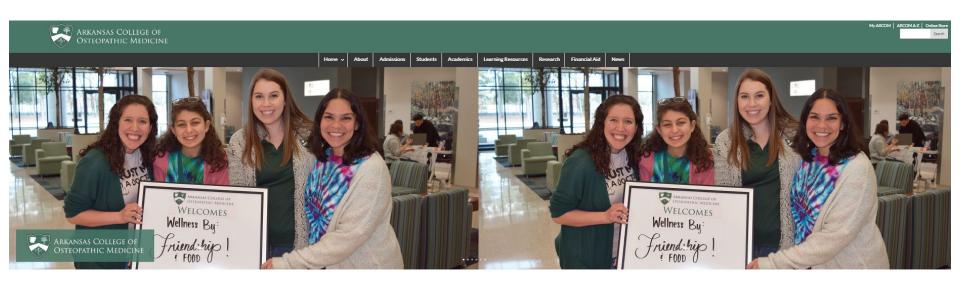


SOCIAL MEDIA FIRST PLACE: ATSU





WEBSITE THIRD PLACE: ARCOM











The ARCOM Difference

The ARCOM Difference is...its curriculum!

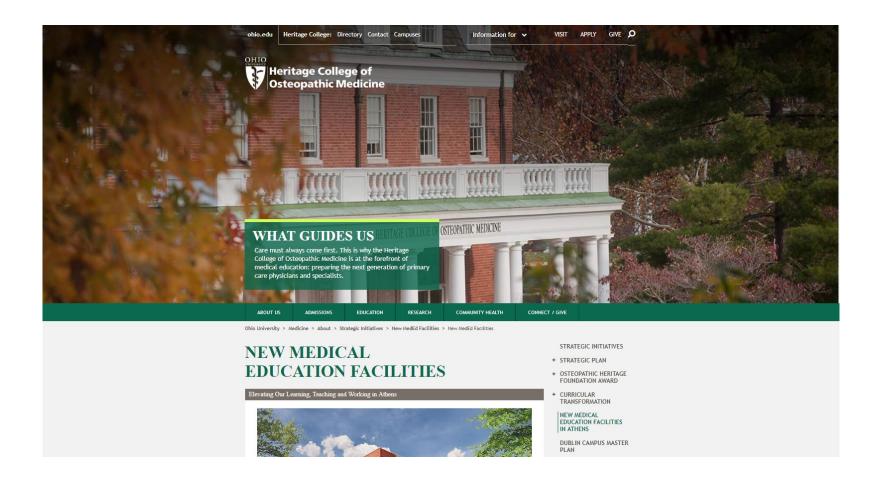
The Advantas College of Conscipation Medicine utilizes an innovation "ball" corriculum comprised of lecture, team-based, and interactive interning strategies. Courses are integrated scores all biomedical concepts issuant for from the previous extended some extension and significant courses and internative international concepts issuant from the previous extension and internative management of the previous extension international component inventor in the internation and configuration and the courses includes seam-based learning component inventor the students apply when knowledge in solving case-based problem accentrator. This type of educational tool has been shown to be particularly successful in keeping students engaged in their rown learning while building critical thinking like team-interaction, and medical professionalism.







WEBSITE SECOND PLACE: OU-HCOM



WEBSITE FIRST PLACE: PCOM

