



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

**Associate Program Directors
Handbook**

23 April 2014

Dear Associate Program Directors,

As fellow Associate Program Directors, we thought it would be useful to have a handbook to help us navigate our various administrative and teaching responsibilities. With the intention of sharing our experiences and learnings, we set out to create this *APD Handbook*. The APPD APD Executive Committee solicited feedback from APD members via APD listserv communication, as well as Fall and Spring meeting forums. We used this feedback to select the topics that are most useful. The APD Executive Committee developed the content for each of the sections, with review and feedback provided by the APPD Board, APPD Faculty and Professional Development Taskforce, and fellow APDs.

Our expectation is that the APD Handbook will continue to evolve to best meet the needs of APDs. Please feel free to suggest additions/omissions and changes to content. We hope that you find this helpful.

Sincerely,

Your APPD APD Executive Committee

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A. Personal development:

1. Sample CV/EP

a. Developing an Educators Portfolio

Developing an Educator's Portfolio (EP) is essential for APDs. It allows you to document the excellent work that you do in education and will be important for career development, as well as advancing promotion and tenure. The Academic Pediatric Association Educational Scholars Program Educator's Portfolio template is a wonderful resource and can be accessed through MedEd Portal (<https://www.mededportal.org/publication/626>). If you do not have a MedEd Portal access, you can sign up quickly and free of charge.

2. Platforms for Disseminating Scholarship

MEETINGS:

-**APPD** (*Association of Pediatric Program Directors*) - Has two annual meetings: Fall, which typically takes place in September; Spring, which typically takes place in which typically takes place in April. Both meetings are great venues for networking among program directors, associate program directors and program coordinators. The fall meeting has historically included content geared to new program leadership, and the Spring meeting includes solicitation for abstract and workshop presentations.

-**ACGME** (*Accreditation Council for Graduate Medical Education*) - Has an Annual Education Conference which typically takes place in February and draws ~3,000 GME educators from both the US and overseas and is geared toward current GME topics and includes solicitation for abstract and workshop presentations.

-**COMSEP** (*Council on Medical Student Education in Pediatrics*) - Has an annual meeting which typically takes place in April, and is geared towards medical student education in pediatrics and includes solicitation for abstract and workshop presentations.

-**PEEAC** (*Pediatric Educational Excellence Across the Continuum*) - A biennial meeting which typically occurs in October and is jointly sponsored by the Academic Pediatric Association (APA), APPD, COMSEP, and Council of Pediatric Subspecialties (COPS) and also includes solicitation for abstract and workshop presentations.

-**PAS** (*Pediatric Academic Societies*) - Has an annual scientific meeting which typically takes place in May. This is the largest pediatric scientific meeting and includes several subspecialty areas and includes solicitation for abstract and workshop presentations.

-**AAP** (*American Academy of Pediatrics*) - Has an annual National Conference and Exhibition (NCE) which typically takes place in October, and is geared towards clinical matters or research related to subspecialty or special interest areas and includes solicitation for abstract and workshop presentations.

JOURNALS/PEER REVIEWED PORTALS

-**MedEdPORTAL** - A free, peer-reviewed, health education teaching and assessment resources publication service provided by the Association of American Medical Colleges in partnership with the American Dental Education Association.

-**APPD Sharewarehouse** - A virtual, web-based, collaborative project that provides a place for pediatric graduate medical educators to find and share resources, including curricula and evaluation tools.

3. Professional Development Opportunities

a. APPD Leadership in Educational Academic Development (APPD LEAD)

https://www.appd.org/ed_res/LEAD.cfm

The APPD has formed the highly requested APPD LEAD, envisioned as a nationally recognized program that provides a unique opportunity for pediatric academic leaders in medical education to engage and learn from seasoned program directors, pediatric educators, and other national leaders in pediatrics.

The LEAD curriculum focuses on organizational leadership, competency-based curriculum development, faculty development, residency and fellowship program administration, scholarship and career development. The curriculum is paced over three educational conferences, with additional group activities, readings and project work expected between conferences.

b. Masters in Medical Education Program

i. US programs at bottom of this list:

<http://www.faimer.org/resources/mastersmeded.html>

ii. Tekian A, Harris I. "Preparing health professions education leaders worldwide: A description of masters-level programs." *Med Teach* 2012.

c. Educational Scholars Program

http://www.ambpeds.org/education/educational_scholars_program_description.cfm

i. Who should apply?

This program targets present or future faculty in academic pediatrics who wish to build their skills in educational scholarship. Pediatric generalists, hospitalists, and faculty from all pediatric subspecialties are welcome. Applicants must be or become a member of the Academic Pediatric Association. The selection of participants is based on a review of the application materials described below and a determination of the applicant's ability to successfully complete all of the components of the program. Applications will be accepted for new cohorts of 24 scholars each in 2014, 2015, and 2017 (2 years out of 3).

ii. What is Educational Scholarship?

Educational scholarship is the development, implementation, evaluation and/or dissemination of educational interventions or evaluation methods by a creative, planned and rigorous process that is consistent with best practices in the field and reviewed by peers for excellence.

iii. What are the requirements for completion of the APA Educational Scholars Program?

1. Enlist the support of your department for the program: Scholars will be expected to commit 10% FTE to the program in order to complete the full curriculum, including projects, over 3 years. There is a \$5000 tuition fee and \$75 application fee.
2. Attend the full duration of three instructional sessions (9 hours each over three years) at the PAS meeting. This didactic component of the program is offered each year on the Friday before the PAS meeting begins. The courses include both presentation of concepts and practical, hands-on activities with many opportunities for collegial interactions.
3. Formally review presentations at the PAS (or an equivalent professional meeting, such as APPD, COMSEP, PHM or AAMC).
4. Develop an Educator Portfolio. Review and feedback on educator portfolios will be provided by ESP faculty advisors.

5. Conduct a mentored educational project and provide evidence of a successfully peer reviewed presentation or publication related to the project. The self-directed, experiential component of the program will be a mentored project in educational research, innovation, or evaluation, usually conducted at the Scholar's home institution. Applications to the program must include a project proposal.
 6. Scholars are responsible for finding their own mentors before they apply. If you are unable to do so, program administrators will facilitate connection with a mentor. For assistance in identifying a mentor, contact the APA Office at least 2 months prior to the application deadline. Each Scholar will also be assigned a faculty advisor to discuss projects, review educator portfolios and provide career counseling. For certification of completion of the Program, projects must culminate in a peer-reviewed publication (article or MedEdPORTAL publication) or peer-reviewed presentation (platform talk, poster, or workshop) at meetings of the PAS, AAMC, or an equivalent organization.
- iv. *How to apply?*
Application instructions can be found at
http://www.ambpeds.org/education/educational_scholars_program_description.cfm.

d. Harvard Macy Faculty and Fellow courses

www.harvardmacy.org

i. *Program for Educators in Health Professions*

Gain the skills and insights required to become a leader in your institution, informed by deep reflection on the central questions and assumptions driving healthcare education today.

ii. *A Systems Approach to Assessment in Health Professions Education*

Prepare to develop and lead a data-driven assessment strategy that harnesses the right information to power decision-making and improvements to enhance your institution.

iii. *Leading Innovations in Health Care & Education*

Collaborate with colleagues across disciplines to develop approaches and action plans to help you lead and manage change in your institution.

iv. Become a Digital Citizen - Technology in Health Care Education

Learn to use new technologies in an appropriate manner to create better learning environments, materials, and networks.

v. Program for Post-Graduate Trainees: Future Academic Clinician-Educators

Enhance both your teaching and learning skills and your scholarship as a future academic clinician-educator in this 3-day intensive program for post-graduate residents and fellows.

e. CCHMC Quality Scholars Program

[\(http://www.cincinnatichildrens.org/service/j/anderson-center/education/quality-scholars/default/\)](http://www.cincinnatichildrens.org/service/j/anderson-center/education/quality-scholars/default/)

The Quality Scholars Program in the Anderson Center, led by Evaline Alessandrini, MD, MSCE, is developing researchers and leaders who will transform pediatric health and healthcare delivery. Program goals include developing faculty to create effective healthcare delivery system interventions that can be disseminated into real-world practice settings, directly resulting in improved health outcomes.

- i.* Our unique Quality Scholars Program challenges participants to:
 - 1. Design, develop, test, sustain, scale and disseminate effective interventions in healthcare delivery
 - 2. Accurately measure health and healthcare quality, cost and value
 - 3. Create and lead organizational and policy environments engaged in continuous improvement
 - 4. Undertake research that creates new knowledge and translates evidence of improved approaches to care in clinical, public health and policy settings

- ii.* Eligible candidates include:
 - 1. Postdoctoral scholars in pediatric healthcare specializing in medicine, surgery, public health, the social sciences, nursing, pharmacy and other allied health areas
 - 2. Faculty and fellows

3. Individuals who can dedicate >75 percent of time for the 3 year duration of the program. The program duration may be reduced if a candidate already has an MS, MPH, PhD or DrPH in epidemiology or other relevant field.
- iii.* Program Components: The Quality Scholars Program at Cincinnati Children's Hospital Medical Center includes
1. Strong methodological training in health services research and quality-improvement methods (including quality-improvement research methods of study design and analysis, planned experimentation in complex systems, statistical process control, and product and process design
 2. Series of mentored research / improvement projects
 3. Exposure to a wide range of high-impact areas of study including innovation in nonhealthcare industry settings
 4. Mentoring for career development
 5. Leadership training and multidisciplinary team work

B. Understanding your job as an APD:

1. Template job description

The APD SIG leaders developed a template job description, which is currently posted in Sharewarehouse. The template includes a comprehensive list of the various tasks that APDs may be asked to perform in their graduate medical education roles. The template is intended to be a starting point to stimulate discussion with the PD and Chair to clarify job responsibilities for the APD, individualized to the program's needs. The template can be edited to reflect the individual APD's role, or its content can be integrated into institutional or program documentation. The job description can also be used to facilitate feedback regarding the APD's job performance to allow for growth and improvement.

See appendix A. "Assistant/Associate Program Director's Tool for Designing Your Own Job Description" Marsha Anderson, MD, Aditee Narayan, MD, Keith Mann, MD, and Nancy Spector, MD

2. Alphabet soup-understanding APPD, ABP, ACGME, etc

AAMC Association of American Medical Colleges
AAP American Academy of Pediatrics
ABMS American Board of Medical Specialties
ABP American Board of Pediatrics
ACGME Accreditation Council for Graduate Medical Education
AHA American Hospital Association
AMA American Medical Association
AMSPDC Association of Medical School Pediatric Department Chairs
APA Academic Pediatric Association
APDIM Association of Program Directors of Internal Medicine
APPD Association of Pediatric Program Directors
APS American Pediatric Society
ASPN American Society of Pediatric Nephrology
ASPR/JPS Asian Society for Pediatric Research / Japan Pediatric Society
CMSS Council of Medical Specialty Societies
COCME Committee on Continuing Medical Education
COMSEP Council on Medical Student Education in Pediatrics
CoRNet Continuity Research Network (part of the APA)
COPE Committee on Pediatric Education (AAP Committee)
CoPS Council of Pediatric Subspecialties

ECFMG Educational Commission for Foreign Medical Graduates
ERAS Electronic Residency Application Service
FOPO Federation of Pediatric Organizations
FREIDA Fellowship and Residency Electronic Interactive Database
IPE Initiative for Innovation in Pediatric Education
IPHA International Pediatric Hypertension Association
LEAD Leadership in Educational Academic Development (part of APPD)
LEARN Longitudinal Educational Assessment Research Network (part of APPD)
MPPDA Medicine-Pediatrics Program Directors Association
NACHRI National Association of Children's Hospitals and Related Institutions
NASPGHAN North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
NRMP National Resident Matching Program
OPDA Organization of Program Director Associations
PGPR Programme for Global Paediatric Research
SHM Society of Hospital Medicine
PIDS Pediatric Infectious Disease Society
PAS Pediatric Academic Societies (a meeting sponsored by: APA, APS, SPR, AAP)
PES Pediatric Endocrine Society
PRIS Pediatric Research in Inpatient Settings (research network of APA)
RC Residency Review Committee of the ACGME
SAHM Society for Adolescent Health and Medicine
SDBP Society for Developmental and Behavioral Pediatrics
SPR Society for Pediatric Research

3. What's new and hot in medical education? Getting up to speed with the ACGME and Pediatric Program Requirements

In 2013, the Association of Graduate Medical Education (ACGME) began phased implementation of a new competency-based accreditation system, or the Next Accreditation System (NAS). www.acgme.org provides full details of the requirements, including details on:

a. Milestones General details regarding milestone based assessment:

<http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx>

The 21 pediatric specific milestones to be reported semiannually on each resident:

http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/Pediatrics_Milestones_to_be_reported_on_semi-annually.pdf

b. CLER The establishment of the Clinical Learning Environment Review (CLER) program to assess the graduate medical education learning environment of each sponsoring institution and its participating sites

<http://www.acgme.org/acgmeweb/tabid/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx>

Pediatric specific resources for navigating the ACGME requirements:

<http://www.acgme.org/acgmeweb/tabid/143/ProgramandInstitutionalAccreditation/MedicalSpecialties/Pediatrics.aspx>

Pediatric program requirements: http://www.acgme.org/acgmeweb/Portals/0/PFAssets/2013-PR-FAQ-PIF/320_pediatrics_07012013.pdf

4. Getting to know the APPD

Welcome to your role as an Associate Program Director and to the Associate of Pediatric Program Directors! We hope that you will find the APPD to be your professional home. While there are many ways to engage with this community of educators, attending the spring meeting is an invaluable way to meet colleagues from around the country who are doing the same excellent work as you. We hope this guide will serve to help you get the most out of your involvement with the APPD.

- a.** *How can I make the most out of the annual spring meeting?*
(<https://www.appd.org/meetings/spring.cfm>) There are many ways to meet colleagues and engage with this community of educators.
 - i.* Attend the task force meeting and engage in a task force (details below)
 - ii.* Attend the Associate Program Directors Grassroots Forum/Special Interest Group (SIG). This is an opportunity for APDs to gather, network, and learn from one another.
 - iii.* Join in the networking reception. Enjoy the free refreshments, find a familiar face—perhaps someone from the APD Grassroots Forum or an APD Executive Committee member—and say hello.
 - iv.* Attend your regional breakfast and meet program leaders in your area.
 - v.* Attend a mentorship session
(https://www.appd.org/activities/mentoring_programs.cfm?CFID=545836&CFTOKEN=26596048&jsessionid=f030420421701685ebd82175252632231807)
- b.** *How else can I engage in the APPD throughout the year?*
 - i.* Attend the Fall Meeting (<https://www.appd.org/meetings/fall.cfm>)
 - ii.* Attend your region and attend a regional meeting
(<https://www.appd.org/activities/regions.cfm>)
 - iii.* Attend another APPD co-sponsored meeting
(<https://www.appd.org/meetings/cosponsored.cfm>)
 - iv.* Engage in an APD Grassroots Forum, Pediatric Education Group, or Task Force activity

c. APPD Task Forces & Grassroots Forums

- i. *What is the APD Grassroots Forum?* (link <https://www.appd.org/activities/taskforce.cfm>) The APD Grassroots Forum, or Special Interest Group, represents the Associate Program Directors. The group brings APDs together, highlights work being led by APDs, and focuses on faculty development needs unique to APDs. It is a wonderful opportunity to meet colleagues from around the country and share ideas.
- ii. *What is an APPD task force?* The APPD has five main task forces which focus on education and professional development. All APPD members are encouraged to join a task force - there is no additional fee, requirement, or specific skill needed. Getting involved in an APPD task force is a great way to meet other APDs, learn about new and innovative things going on at other programs, and collaborate with colleagues around the country.
- iii. *How do I get involved in a task force?* Join in a task force during the annual meeting. Sign up for the group listserv. Join conference calls throughout the year. Seize opportunities to collaborate on projects or sign up to help out with conference activities. If you are unable to attend the annual meeting, visit <https://www.appd.org/activities/taskforce.cfm> and email to task force leader to find out how you can get involved.

5. Tips for Developing Scholarship (Teri Turner, MD, MPH, MEd)

Scholarship is a central tenet of one's academic career. Remarkable strides have been made during the past two decades in broadening the definition of scholarship, especially for clinician-educators. As associate program directors, we are often pulled in numerous directions, and it seems that the numbers of "crises" and "urgent requests" are increasing exponentially (including in my email inbox). Added to this are the numerous distractions and interruptions that occur repeatedly throughout the day, so it is no wonder we seldom have any time for scholarship. There simply is not enough time to do everything! Not only is there not enough time to do everything, not all of the time we have is even controllable. We have all heard the adage, "*You don't find time for important things – you make it.*" However, many of us face another problem with scholarship and that is the psychological aspects of dissemination. We may not disseminate our educational ideas and products because of our feeling that "it just isn't good enough," a fear of failure, misconception that the scholarly product must be "perfect," early negative experiences with scholarly submissions, or a misconception that we must have large blocks of time to be creative. Often these psychological obstacles manifest not so much as procrastination but as "busyness." That is the case when we do "the quick, the easy, the interesting, the fun and the enjoyable" (or, for me, anything but scholarship). Lastly, most associate program directors are young and new to academia and medical education. We are great at creating innovative programs, but we either do not know the best method for letting others know about these innovations or lack mentors to guide us. The aim of this tip sheet is to provide

a set of ideas that associate program directors might find helpful in creating an individualized scholarship plan (ISP) to transform day-to-day teaching activities into scholarship. These tips focus mostly on the “process of implementation” and less on the pedagogical aspects of scholarship. References have been included at the end to provide you with resources for the pedagogy.

a. Make a Habit of Scholarship

I have made numerous ‘New Year’s Resolutions’ in my life. However, the number of these resolutions I have actually remained committed to doing in February is only a handful. It is hard to develop and *maintain* new habits over time. Think about all the patients and families we counsel regarding losing weight. We espouse the importance of diet and exercise, but what we really are advocating is the importance of developing good habits. Scholarship is part of a healthy academic lifestyle and thus requires us to get rid of our bad habits (‘non-nutritious’ for our academic careers) and replace them with ‘healthier’ choices. Remember to start with a small attainable goal first and don’t try to do all of these at once.

- i.* Start your day with the “most important tasks” (MITs) – This is a time management strategy that I have adapted for scholarship. Each day, you should identify the three tasks that absolutely must be completed by the end of the day. Two should relate to a current project that you are working on and one should be part of a long-term goal. One of the three MITs should be a habit that you complete on a daily basis. I recommend that “scholarship” be one of your long-term goals and the one you do on a daily basis. For your long-term success, scholarship should be at the top of your list. This doesn’t mean you have to write for each of your scholarship blocks. What it does mean is that what you are working on during that block of time is related to your scholarship goals. The literature strongly recommends that your MITs be done in the morning before the “tyranny of the urgent” (trivial matters that appear urgent) of everybody else’s problems takes hold of your time.
- ii.* Block out a set amount of time for developing the habit of scholarship (you might choose to start with 30 minutes 3 times a week and increase the frequency once it becomes a habit). A medium-range goal could be to set aside 5% of your work week for scholarship (2.5 hours a week or 30 minutes a day). A longer term goal might be to set aside 10% of your time for scholarship (one hour a day). Most people agree that the secret to success is not in the number of hours or days but in the regularity (aka, “habit”) of scholarship. Agree to still do the habit of scholarship, even if you think you don’t have the time.
- iii.* If you prefer working in blocks of time, use time-blocking techniques such as the Pomodoro technique to reduce cognitive overload and fatigue.
 1. Set a timer to 25 minutes
 2. Work on task until the timer rings

3. Take a short break of 5 minutes
 4. Repeat this process
 5. For every four Pomodoros, take a longer break of 15 to 30 minutes
- iv. Track your habit to measure your outcomes and reflect on these outcomes at regular intervals (e.g., once a week). Think about how hard it would be for people to lose weight if they didn't know whether or not what they were doing made a difference. Tracking is what makes fitness bands so popular because you get feedback on your habits and how close you are to achieving your daily, weekly, and monthly goals. One of the hardest things for many people to do is to write. Keep a log of your efforts, including date, time of day, goal (e.g., words written, minutes spent), project you are working on, whether or not you met your goal, and comments for reflection. Below is an example of a scholarship log.

Scholarship Log

MONTH	DATE	DAY	TIME	WORDS	GOAL	PROJECT	COMMENTS
JAN	25	SAT	15:00	867	M	Communications chapter	
JAN	25	SAT	20:00	367	M	12 Tips paper	
JAN	26	SUN	10:00	0	U	Communications chapter	did email first
JAN	26	SUN	3:00	0	U	12 Tips paper	did email first
JAN	27	MON	9:30	530	M	12 Tips paper	got stuck looking for resources didn't make this first duty, only 30 minutes but got 224 words
JAN	27	MON	14:14	224	U	12 Tips paper	
JAN	28	TUES	8:30	608	M	12 Tips paper	finished draft
JAN	28	TUES	12:30	932	M	Communication chapter	wrote 932 words in 60 minutes - YEAH
JAN	28	TUES	1:30	403	M	Communication chapter	30 minutes

Silvia, P. J. (2007). How to write a lot: A practical guide to productive academic writing. American Psychological Association.

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- v. Break your scholarly project into small chunks. Develop small but attainable goals. As your new habit becomes a part of your daily routine, stretch yourself and develop goals that make you push yourself harder (and higher).
- vi. Scholarship time is sacred time – make it a priority. Find what works best for you. Put it on your calendar so that you will not be tempted to do something else during that time or that others will not see that you are “free” and fill up your time with their priorities. Close the door to your office. Put your phone on mute or have all your calls “held.” Put a sign on your door stating you will “return” in 30

minutes. I have even been known to put headphones on because people will not interrupt me if I look like I am busy or on a conference call. There are very few “true emergencies” that cannot wait 30 minutes for your response. If you are worried, create a “911 system” whereby the program director or chief residents can give you a signal (e.g., text or page labeled “911”) for those true emergencies so that you can respond immediately.

- vii. If you “don’t like writing,” then record or dictate your ideas. Several computer programs are available that will translate your speech to text. Some of these programs even have free trial versions to get you started (e.g., Dragon). Another great technique to use if you have difficulty sitting down to write is to create an outline. Although it seems counterintuitive, individuals who were forced to write were more productive than those who wrote when they “felt creative.”
- viii. Lastly, identify someone to serve as your “accountability partner.” Decide the type of person who will help you achieve your goals. For me, my “accountability partner” is the former director of our residency program because that is someone I do not want to let down. For others, you may want someone who will keep you motivated even when you do not feel like you can complete the project. Other people have a peer serve as their accountability partner. As an associate program director, one of the best and most accessible medical education accountability partners is the program director. It doesn’t matter whom you chose, just make sure you have someone with whom you share your scholarship goals and who will ask you how well you are doing in reaching those same goals.

b. Find out What Others Have Done

- i. Scan the abstracts of medical education journals. I would recommend asking your program director to let you borrow his or her copy of the *Journal of Graduate Medical Education* (JGME). This journal comes out four times a year (March, June, September, and December). Choose another medical education journal to skim for the other months of the year. I recommend the journal *Medical Education*. It is a European journal, and it is extremely helpful to read about educational studies that I haven’t heard about at meetings in the United States.
- ii. Browse and network at poster sessions when you go to the Association of Pediatric Program Directors Spring Meeting. Be curious and ask questions of some of the poster presenters.
- iii. Consider subscribing to *Resident Program Alert* or to a higher education newsletter such as Magna Publications’ *The Teaching Professor*. I particularly like these two newsletters, which come once a month. *Resident Program Alert* provides innovative ideas for addressing residency problems. *The Teaching*

Professor is where I oftentimes get inspiration for research ideas. It focuses on research studies and pedagogy from the non-medical education literature.

- iv. Whenever you meet someone, either at your home institution or at a meeting, find out what he or she does and what areas of interest he or she may have in medical education. Many great research ideas and innovations have been discussed spontaneously over a cup of coffee.

c. Always Ask Questions and Turn your Questions into Scholarly Projects

- i. Look at what you do every day.
- ii. What are you passionate about?
- iii. What are you curious about related to your passion?
- iv. What problems need to be solved?
- v. Review the literature on what others have done on this topic. (You might even want to replicate what others have done in a different environment, with a different population of learners or using a different teaching modality). Look for gaps in the literature to provide you with ideas of expanding on the topic.
- vi. Identify peers who can help you on your project. Scholarship is best done as a team and not as a “solo” activity. Plus, scholarship is a lot more fun with your peers.
- vii. Do not wait until you can find a mentor. Although a mentor is extremely helpful in one’s career, it is not a requirement to be successful. At the APPD meeting, make sure to sign up for the mentoring sessions offered at each meeting. When attending other meetings, make sure to go to the “Meet the Professor” sessions. These sessions provide wonderful venues for asking questions and talking with individuals who are engaged in medical education.
- viii. At each meeting you attend, make an effort to introduce yourself to at least one person you admire, has created an innovative educational program, or has conducted a research project that you have read.

d. Create an Individualized Scholarship Plan (ISP) that Includes a Plan for Disseminating your Work

- i. Set S.M.A.R.T. (an acronym for: **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime-bound) goals.
- ii. Create an action plan for each goal
- iii. Review your goals at set intervals. Put them in a place where you will see them frequently.

- iv. Think about how you will disseminate your work from the very beginning of your project. Develop a dissemination plan and include it as a part of your Individualized Scholarship Plan. You might want to consider:
- a. Brief (500-2000 word) peer-reviewed products such as:
 - i. Really Good Stuff (*Medical Education*)
 - ii. New Ideas (*Journal of Graduate Medical Education*)
 - iii. Short Communications (*Medical Teacher*)
 - iv. Last Page (*Academic Medicine*)
 - v. Innovations Report (*Academic Medicine*)
 - b. Twelve Tips (*Medical Teacher*) - This is a special review article that provides “12 Tips” on a variety of different topics (e.g., 12 Tips for Feedback, 12 Tips for Workshop Development). One of the first articles for which I was a co-author was a 12 Tips paper on Clinical Pearls.
 - c. APPD Share Warehouse, MedEdPORTAL, or other educational repositories. Always submit your curriculum, evaluation tools, and products of the work you do as an associate program director to the APPD Share Warehouse. Then submit this same work to MedEdPORTAL. MedEdPORTAL can take a lot longer to determine whether or not it will accept your work and often requires edits to your educational product. You should submit your work to both of these educational repositories because they serve different groups. MedEdPORTAL is an open access repository, whereas APPD Share Warehouse is currently limited to APPD members only. If your product has been useful in your residency program, it will likely be useful to someone else. Therefore, don’t second guess whether or not your product is “good enough,” just submit it.
 - d. On-line open-access journals. Yes, these journals are associated with a publication cost, and most of the newer online journals do not have an impact factor. However, open-access journals are freely available to everyone. I have gotten the most international exposure from articles I have published in online journals. Also, online journals do go through a peer-review process. Therefore, just because they charge the author to publish his or her work does not mean that they will accept poor quality research. These journals do not receive fees from advertising, nor are they supported by a major organization, so they usually charge only what it costs to publish the accepted articles online.
 - e. If you do not know which journal would be the best to disseminate your educational research, ask “JANE.” JANE (Journal/Author Name Estimator) - <http://www.biosemantics.org/jane/>. The website states: “Have you recently written a paper, but you're not sure to which journal you should submit it? Or maybe you want to find relevant articles to cite in your paper? Or are you an editor and do you need to find reviewers for a particular paper? Jane can help!

Just enter the title and/or abstract of the paper in the box, and click on 'Find journals', 'Find authors' or 'Find Articles'. Jane will then compare your document to millions of documents in *Medline* to find the best matching journals, authors or articles.” Plus JANE gives you the impact factor of all the journals!

- v. Below is an example of how one might transform teaching responsibilities into Scholarship (aka an ISP)

Goal	Method (How you will accomplish it)	Dissemination (How you will share it with others)	Date to be Achieved
To develop a core teaching curriculum for medical students on ambulatory pediatrics	<ul style="list-style-type: none"> -Attend session on managing a curriculum at educational conference -Read book on curriculum design by Kern. -Engage 4 other colleagues to help me in this endeavor -Look on MedEDPORTAL for similar curricula and review COMSEP website. -Use the COMSEP objectives as a framework -Have a colleague from outside the institution review the curriculum. 	<ul style="list-style-type: none"> -Post on MedEDPORTAL -Identify a research question -Develop a pocket card for learners to supplement materials 	Post on MedEDPORTAL 12/15
To improve the weekly core teaching conference	<ul style="list-style-type: none"> -Have a colleague observe the conference and give me feedback. -Obtain and review feedback from the learners -Attend a session on program evaluation at educator conference -Read the educational literature and apply at least one new principle to the weekly core teaching conference -Create a logic model for program evaluation -Identify and meet with a mentor outside of my Department 	<ul style="list-style-type: none"> -At regional educational meeting, present a workshop on the use of logic models in program evaluation -Write a 12 tips paper on how to use a logic model for program evaluation. -Identify a research question 	Workshop – 5/15 Paper-9/15

e. Build Productive Collaborations

- i.* Talking about teaching with colleagues can be a valuable source of ideas for scholarship
- ii.* Join an APPD committee. There is no better way to get involved in scholarship than through the work of national committees. I would recommend that you attend one meeting of each of the committees and determine to which committee you would like to commit your time and energy. Make sure to volunteer when they ask for individuals, even if you don't feel like you have the necessary expertise. You will likely be paired with others who will serve as advisors throughout the process. The individuals you meet in this committee likely will not be your advisors throughout your career, but they may become collaborators or consultants on other projects.
- iii.* Engage medical students and residents. Residents are required to participate in scholarship. What a great way to engage students and residents in educational projects!

f. Keep Your CV Up To Date and Document Your Teaching in an Educational Portfolio

- i.* As one transforms educational activities into scholarship, it is important to document the scholarly activities in one's curriculum vitae and educational portfolio.
- ii.* If your institution does not have an educational portfolio, consider using the Educator Portfolio Template of the Academic Pediatric Association's Educational Scholars Program found in MedEdPORTAL at <https://www.mededportal.org/publication/626>

Resources

- a. Crites, G. E., Gaines, J. K., Cottrell, S., Kalishman, S., Gusic, M., Mavis, B., & Durning, S. J. (2014). Medical education scholarship: An introductory guide: AMEE Guide No. 89. *Medical teacher*, (0), 1-18.
- b. Beckman TJ, Cook DA. Developing scholarly projects in education: a primer for medical teachers. *Med Teacher* 2007;29:210-218.

- c. Kern DE, Thomas, PA, Howard DM, Bass EB. Curriculum Development for Medical Education: A six-step approach. Johns Hopkins University Press: 2009.
- d. Simpson D, Fincher RE, Hafler JP, et al. Advancing Educators and Education: Defining the Components and Evidence of Educational Scholarship. Available at: https://members.aamc.org/eweb/DynamicPage.aspx?Action=Add&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&WebCode=PubDetailAdd&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=Invoice%20Detail&ivd_formkey=69202792-63d7-4ba2-bf4e-a0da41270555&ivd_prc_prd_key=5F2DA545-DAE0-4A44-94F4-A67C316E8FED
Accessed 08-03-2014
- e. Geraci, S. A., Hollander, H., Babbott, S. F., Buranosky, R., Devine, D. R., Kovach, R. A., & Berkowitz, L. (2010). AAIM report on master teachers and clinician educators part 4: faculty role and scholarship. *The American Journal of Medicine*, 123(11), 1065-1069.

6. Successful Interviewing

This resource from the business world provides an excellent background in basic interviewing skills. It briefly reviews different types of interviews, such as phone, panel, and serial interviews. It also recommends various timelines to use in the interview setting. The resource focuses on teaching skills in behavior based interviewing – identifying what behaviors the interviewee has exhibited in the past and how this informs their future behavior. Sample behavioral interviewing questions are provided, as per specific competency. The STAR approach is shared, which is a simple, translatable approach useful for residency interviews. The STAR approach stands for situation, task, action taken, and result and provides a framework by which interviewees answers can be evaluated.

“Behavioral Based Interviewing: Strategies for Success”

Sponsored by: Office of Human Resources Management (OHRM)/Office of Training and Knowledge Management (OTKM)

<http://www.doccareer.com/DOWNLOADABLES/Behavioral%20Based%20Interviewing%20Skills.pdf>

7. Best Practice Recommendations for Writing Letters of Recommendation (LORs)

Develop your own system and style

Having your own style and system of comparing applicants relative to one another will allow those reading your LORs to get to know if you are a lenient, moderate, or strict evaluator of applicants as they read more and more of your letters. Having your own style will also allow them to have variety in all of the letters they read, rather than simply reading a form letter from everyone.

Focus on Strengths (and weaknesses, if necessary)

Updated: 4/2015 MA

Give specific examples of strengths and paint a vivid picture of these strengths. Avoid giving a laundry list of skills that feels formulaic and less personal for the reader. Also, remember that no one is good at everything! What are the most unique in the strengths of this applicant, especially when you compare him/her relative to others? What specific experiences did you have with the applicant that really illustrate this?

If you have concerns about the applicant that you feel are important to share or if you would like to help explain a weakness on behalf of the applicant, share these concerns candidly and professionally.

Make a Comparative Ranking Statement...and Use Your Own Full Scale When Writing LORs and Not Just the Top Part of Your Scale

You may have noticed that many LORs make statements about applicants being “in the top 10% of students in my 10 year career” or being “the top student of the class.” These statements can be very helpful, but only if they are done correctly. Here are some thoughts for how to do this well:

First, develop your own system of words and rankings that you will use and make sure this system provides a category for all potential students. A simple example might be:

- Top 5% of students
- Top 10% of students
- Exceptional (use this for the top 11-25% but do not state this range in the LOR)
- Outstanding (use this for top 26-50% but do not state this range in LOR)
- Very Good (use this for bottom half but do not state this range in LOR)

Second, use the full range of your ranking system and place students where they belong (ie, avoid grading up).

Be Sure to State Your Take-Away Thoughts Early and at the End

The people reading your LOR will be reading many letters. Therefore, be sure to clearly state your take home points about the applicant in the first few sentences and again in your concluding thoughts.

Keep it as Short as Possible!

It is important that your LOR convey important, personal information about the applicant. However, you also want to have the letter read!

Write in a Conversational Manner

This will make the LOR more fun to read amidst all of the letters reviewers must read.

Make it Memorable

Updated: 4/2015 MA

Try to tell a story of the applicant if you are able.

8. Organizing and Running Effective Meetings

These resources from University of Nevada and Rice provide a quick review of how best to run a meeting. It provides a concise list of tips to know when a meeting should be scheduled, who to include in a meeting, how to prepare for a meeting, how to run a meeting, and how to follow up after a meeting. These guidelines are helpful in optimizing the usefulness and efficiency of the many meetings conducted in graduate medical education.

“How to organize and run effective meetings”

Marlene K. Rebori, Community and Organizational Development Specialist, University of Nevada Reno, Cooperative Extension

<http://www.unce.unr.edu/publications/files/cd/other/fs9729.pdf>

<http://people.rice.edu/uploadedFiles/People/TEAMS/Planning%20and%20Running%20a%20Successful%20Meeting.pdf>

9. Remediation and Feedback

We evaluate every resident on the six broad competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Feedback on these competencies is meant to be informative as well as formative in order for the resident to set specific goals and upon which to reach them and improve as a physician. A resident with difficulty in any of the six competencies needs to be identified early, and the deficiencies addressed. The sooner the intervention, the better the resident’s likelihood to greatly improve and no longer be a risk. If necessary, a remediation process must be put into place.

Remediation plans must be individualized for resident’s deficiencies. It must be in writing and be clear, with set goals.

Make sure the Feedback Action Plan is SMART.

S = specific

M = measurable (changeable)

A = attainable (agreed)

R = relevant (realistic)

T = time-bound

FEEDBACK

--Instructive Feedback Module in the LIFE curriculum

Life Curriculum-- Learning to Address Impairment and Fatigue to Enhance Patient Safety
http://med.stanford.edu/gme/duke_life/

The LIFE Curriculum is a collaborative effort of Duke University Hospital, the UNC Hospitals, the NC AHEC, and the NC Physician's Health Program to assist graduate medical education programs, their residents, and faculty to prevent, identify, and manage resident fatigue and impairment. The project is funded in part by a grant from the Josiah Macy, Jr. Foundation.

Online Modules are divided into the topics of fatigue, stress and depression, substance abuse and disruptive behavior, burnout, boundary violations, impairments, and instructive feedback. Each module contains a video and additional resources to aid with these topics.

SIX TRAPS IN THE EVALUATION PROCESS

1. Reviewing another person's performance from an autobiographical perspective.

This occurs when we compare an individual's performance with how we performed in the same situation, instead of using established standards. We then tend to accept unsatisfactory performance or make excuses for inappropriate behavior.

ACCEPT THE POSITION—ACCEPT THE RESPONSIBILITY

2. Being the target of "responsibility ricochet"

This occurs when an individual turns the tables and shifts the responsibility for his/her actions onto others (e.g., "Why are YOU picking on me?" or "Why are YOU giving me this grade/score?")

3. Basing judgment on extraneous factors

This occurs when we fail to follow the established criteria and use other factors such as effort or likeability (e.g., "She is trying hard." or "He is a nice fellow"). We can get side-tracked by issues related to student loan debt, personal matters, health problems, date of occurrence, etc.

STICK TO ESTABLISHED CRITERIA—AVOID ARBITRARY DECISIONS

4. Using only one assessment instrument and/or a single evaluator

This occurs when we rely on one evaluation tool or one incident to assess complex skills or a behavioral problem.

COMPLEX SKILLS REQUIRE MULTIPLE MEASURES FROM MULTIPLE SOURCES

5. Introducing bias—the "halo effect"

This occurs when we over-generalize an individual's performance and tend to see every-thing they do as positive (can do nothing wrong) or negative (can do nothing right).

FOCUS ON THE PERFORMANCE, NOT THE PERSON

6. Creating artificial barriers or obstacles

This occurs when we give special treatment to a group or an individual, thereby arbitrarily changing the standards or process. Examples of such contrived obstacles include: “Senior-itis,” “Job-itis,” and NOMRS (Not Our/My Resident/Student).

BE FAIR, BE FIRM, BE POSITIVE

ADDITIONAL RESOURCES

--The ACGME site has many helpful resources available for evaluation, feedback, and remediation. The best way to get the information you need is to do a site search for evaluation, feedback, and/or remediation.

www.acgme.org

--Also on the ACGME site is a section called GME focus. If you go to that page and then search “Select by category” many resources are available, such as: topics on assessment, teaching, evaluation and feedback.

<http://www.acgme.org/acgmeweb/tabid/193/GraduateMedicalEducation/GMEFocus.aspx>

--The Journal of Graduate Medical education is a helpful website with many educational papers discussing these topics. <http://www.jgme.org/>

Feedback and Evaluation Tools:

APPD Website --Additional Educational Resources has information on evaluation and evaluation tools www.appd.org

Remediation Tools:

APPD / ABP Guide to Professionalism

<https://www.abp.org/abpwebsite/publicat/professionalism.pdf>

This resource guide addresses the key competency of professionalism. The guide includes cases and resources to address the elements of professionalism, communication of expectations, and methods to assess professionalism.

Resources from the Council of Emergency Medicine Residency Directors:

My Resident is Failing, Now What? This is a pdf file for a workshop on remediation, but has many references at the end.

www.cordem.org/files/.../D%20-%20Remediation%20Handout.pdf

Resident Remediation, Navigating the Academic Waters,

www.cordem.org/files/.../Navigating/2003/resident%202003.pdf

Resident Remediation. This link is from the Council of Emergency Medicine Residency Directors, and though this specific website asks for your email to join, you can browse this selection on remediation without having to actually log in.

<http://www.docstoc.com/docs/15231866/Resident-Remediation>

Other Remediation references:

Zaas A, Andolsek K, Weinerth JL, Nagler A, Fortune R, Tuck T, McNeill DB. Constructive corrective action: Assessing and developing comprehensive learning plans for the core competencies. *Academic Internal Medicine Insight*. 2011;9(2):16-18

Roberts NK, et al. The hidden costs of failing to fail residents. *J Grad Med Educ*. 2011

Durning SJ, et al. Viewing “strugglers” through a different lens: how a self-regulated learning perspective can help medical educators with assessment and remediation. *Acad Med*. 2011 Apr;86(4):488-495.

Hauer KE, et al. Remediation of the deficiencies of physicians across the continuum from medical school to practice: a thematic review of the literature. *Acad Med*. 2009 Dec; 84(12):1822-1832.

C. Mentorship:

1. Being an Effective Mentor to Trainees

Mentoring residents in academic activities

At some point, an eager resident, fellow, or medical student will approach you and for mentorship on a project. Fear not – you can do this!

Steps in Project Management

Take a minute to remind yourself of the steps in effectively managing projects. Although your goal isn't usually to manage the projects, it helps to have these steps in mind and to review them with the resident.

- **Define** – many residents will have great ideas for projects, but they are not well-defined. It's worth taking the time up front to help them flesh out what they really want to accomplish. Is the goal to publish an article? To develop a curriculum? Or maybe to change a local system?
- **Plan** – What are the steps that will need to be completed? Who else needs to be on the team? How will the work be divided? What resources are needed?

- **Execute** – How often will you review progress? Will meetings be in-person, phone, or email? How will you avoid scope-creep? How does the schedule align with their clinical responsibilities?
- **Closure** – What is the final product? Is there an evaluation plan? Will this product be achieved before the resident graduates? If not, what is the handoff plan?

Questions to *ask yourself* up front:

- **Do I have the academic skill set to do the project on my own?** If not, it will be hard to provide the mentorship needed. In this case, be up-front about it. Consider whether the two of you might work with a more senior person to complete the project. Often senior faculty will be happy to serve as a high-level support person.
- **Who is my backup?** Is there someone you can check in with if you feel over your head? Part of your own mentors' roles is to ensure that you make the transition to faculty smoothly. Everyone has a first time mentoring, and it's important to do it well.
- **Do I have the time to commit to the resident?** Some residents are looking for someone to check in with intermittently. Others are looking for someone to work side-by-side with them.

Conversations to have *with your mentee* up front:

- **What does the resident/fellow expect from you?** Do you have a role in the actual project, or is your role primarily to support the resident? It may help to put expectations in writing, as this will require the mentee to think more critically about the roles they expect you to play.
- **What do you expect of the resident/fellow?** What is your plan if those expectations aren't met?
- **What are the stakes for the resident/fellow?** There's a big difference between a PL-2 doing a project as an extra academic endeavor, and a fellow doing a research project as their required scholarship. If you have any questions about mentoring a fellow, check with the Program Director and the Scholarship Oversight Committee.
- **How much experience does the resident/fellow have?** What's their track-record with project completion? Some trainees have prior experience in academic projects, others have none. It helps to know up front what you're getting yourself into. This also helps ensure that you are the right person to mentor the trainee.
- **Is there a budget?** Most projects require at least a small amount of funding to reach the dissemination stage. This might be as little as printing costs for a poster at a local meeting, or it might be funds for travel to APPD to present the work. Some funding sources are restrictive in what they will pay for – it helps to check this up front. (see funding section below)

- **What is the expected end-product?** If the resident doesn't expect this work to be published, the first question is "why not?" If it's not a publishable project, is there another way to highlight the work? There should always be a "deliverable" which can be part of a portfolio.
- **Who will be the authors?** Does the resident expect you to be a co-author? The authorship conversation is worth having early because it can help avoid difficult conversations later. There are accepted standards for authorship in academics, and these should be reviewed. If you are expecting to serve as senior author, you have to do the work to earn it. The guidelines can also serve as a helpful guide for asking the resident what level of involvement they'd like you to have. (Note: some journals have more restrictive guidelines – always review these in advance!)

When to consider saying "yes"

- The project aligns with your own academic interest – Don't be shy about building your own CV
- The project aligns with other aspects of your job – Let trainees help do important curriculum and QI work!
- You have the "bandwidth" to be available – This should be a bonus, not a burden
- You haven't done it before – Everyone has a first time!

When to consider saying "no"

- You are not interested in the topic – This is not a hard-stop, just an important consideration.
- You care too much about the topic – If you care too much, you may be disappointed if a resident doesn't complete the project to your standards or expectations (or not at all). This is especially important if a project is a key part of your job, or if it's something your boss expects of you.
- There is less alignment with your job – Hospitalists might prefer not to mentor primary care-based projects and vice versa.
- You are too busy – The resident will be depending on you for help. Don't agree if you can't be there. Also remember that early in your career it's important to complete your own projects.

Dissemination

If a tree falls in the forest and no one publishes it, did it really happen? Dissemination is important for both your resident and yourself. For the resident, it establishes documentation that the project was completed and meets certain standards. For you, it demonstrates that you have started making the transition to the mentorship or supportive role. Even in educational tracks,

dissemination is important because it's the currency of academia. Some forums for dissemination:

- Meetings: APPD, PAS/SPR, AAP NCE, AAMC Annual Meeting, AAMC Integrating Quality Meeting, WGEA Meeting
- Institutional research forums (many medical schools and departments have their own)
- Online forums: MedEd Portal (AAMC's platform for peer-reviewed work), iCollaborative (non-peer-reviewed section of MedEd Portal), BMC Quality, APPD Share Warehouse
- Journals

Critical Reflection

After the fact, take time to critically reflect on the experience.

- Were you an effective mentor? How do you know? Some projects will only come to completion because an effective mentor was involved; others are completed in spite of ineffective mentors.
- Ask your mentee for feedback. There is always a first-time, and we all need feedback.
- Did you enjoy serving as a mentor? What did you get out of the relationship?

Resources to guide you

- Curriculum Development: Kern's book, Curriculum Development for Medical Education, is the "bible." If you're even considering helping develop a new curriculum, make sure your resident (and you) read this.
- Survey design: Surveys seem straightforward, but good survey design takes work. Some good references include...
- Quality Improvement: The Institute for Healthcare Improvement has some great online modules for the basics. For more advanced work, including standards for publishing, check out the SQUIRE guidelines, or review some of the Quality Improvement Reports from recent issues of Pediatrics.
- MedEd Portal: Take a look at some samples on MedEd Portal to see what an exportable online product looks like.

Funding sources

- APPD Special Projects Grants – These grants are awarded to faculty, so you would be the one completing the application
- AAP Resident Research Grants – These small grants cover a wide variety of
- AAP NCE Travel Grants – These are scholarships to attend a national meeting

- Local funding sources – Many institutions have funds available to support resident research. Ask more senior clinical investigators about this. If your institution doesn't have funds, talk to your Department Chair about putting aside a small amount of money

References:

Burke C , Fulton T, Chen H. Workshop in a Box: Project Management for Faculty and Learner Development. MedEdPORTAL; 2011. Available from: www.mededportal.org/publication/8304

Julian K, Wamsley M, Chen C, Aagaard E, Hodgson C. Mentoring Students and Residents for Success. Presented at AAMC Meeting 2006. Seattle WA.

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