

Quarterly Newsletter

APD Executive Committee

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Check out the APPD monthly bulletin to stay informed:

[APPD Bulletin](#)

Remediation

Early identification of physician trainees with specific deficiencies is paramount. Remediation plans must be 1) individualized to meet the trainee's needs, 2) in writing and 3) clear with set goals.

12 Tips for Developing and Maintaining a Remediation Program

Kalet A, Guerrasio J, Chou CL. Twelve tips for developing and maintaining a remediation program in medical education. *Medical teacher*. 2016 Aug 2;38(8):787-92.

This article highlights key strategies essential for the remediation of medical students, residents and fellows!

Programmatic Vision and Structure

1. Emphasize that remediation is a component of medical professionalism
 - a. Training programs are accountable for developing competent physicians and hence are required to support those who do not meet established standards; remediation is fundamental to this effort
2. Adopt a programmatic approach
 - a. Authority of a medical education leader or body to identify and motivate struggling learners and to ensure appropriate resources are available.
 - b. Identification and support of a small group of remediation coaches.
 - c. Mandatory participation for struggling trainees.



Save the Date

March 26-29, 2019

[APPD Annual Spring Meeting](#)

New Orleans, Louisiana

Wellness Corner

Do You Love Podcasts?

Check out these websites:

Best Wellness Podcasts:

<https://mindbody.io/blog/wellness/6-wellness-podcasts-you-need-listen-right-now>

<https://theblissfulmind.com/2017/03/12/wellness-podcasts/>

<https://greenblender.com/smoothies/12284/top-health-and-fitness-podcasts-2018>

Need Holiday Recipe Ideas?

Food Network Holiday Recipes

<https://www.foodnetwork.com/topics/holiday>

Food Network Hanukkah Recipes

<https://www.foodnetwork.com/holidays-and-parties/packages/holidays/holiday-central-hanukkah>

Food and Wine Christmas Recipes

<https://www.foodandwine.com/holiday-guide>

- d. Use of multiple data sources to make a detailed assessment of the trainee's underlying deficiencies, as no single source is likely to have sufficient reliability and validity.
 - e. A framework for an individualized written remediation plan, with a variety of strategies tailored to individual needs.
 - f. Frequent monitoring and documentation of progress (particularly because process can be slow, and dismissal is a possible outcome).
 - g. If an effective mentoring or advising program is not in place, the development of a longitudinal faculty-trainee relationship
 - h. Resources for emotional support to both trainees and faculty
 - i. Rigorous, clear program completion expectations
 - j. Faculty development in coaching, facilitation, direct observation, and feedback skills
3. Clearly articulate a framework for competence based on consensus
 4. Ensure a mastery learning approach that de-emphasizes short-term performance goals
 5. Emphasize reflective practices associated with professional identity development and metacognitive competence

Faculty Roles and Development

6. Structure remediation as an individual coaching relationship
7. Separate remediation coaching from summative judgment roles
8. Choose and develop appropriate faculty for remediation programs
9. Develop and utilize a team of interdisciplinary experts
 - a. E.G.: learning specialists, academic tutors, psychiatrists, communication skills coaches, psychologists, standardized patients
10. Establish a community of practice for remediation coaches and allied experts

Accountability and Outcomes

11. Set clear expectations for success for all parties in a defined time frame
12. Document and review remediation process and outcomes

Additional resources:

1. 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
2. Roberts NK, et al. The hidden costs of failing to fail residents. *J Grad Med Educ*. 2011
3. 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.
4. 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.

APD Spotlight: Dr. Sabrina Ben-Zion



Since 2013, Sabrina has served as an **Associate Program Director for the Pediatric Residency Program at Akron Children's Hospital.**

In her program, Sabrina oversees continuity clinic/ambulatory education and the term newborn rotation. Sabrina is involved in the APPD Research and Scholarship Learning Community and graduated from APPD LEAD in spring 2018! Her current educational projects include the assessment of instructional quality in community-based continuity clinics as well as evaluating intern orientation content and practices among programs in the Mid-America APPD Region.

APD Spotlight: Dr. Erin B. Owen



Erin has served as an **Associate Program Director for the University of Louisville Pediatric Residency Program** since 2017. Erin has also served as the Chair of the Clinical Competency Committee since 2012.

Additionally, she is the Director of QI and Patient Safety Curriculum, which she helped develop and implement. The multifaceted curriculum includes module-based learning, small group and didactic sessions, and collaboration on group QI projects. As a result of the curriculum, residents are successfully incorporated and engaged in institutional level QI and patient safety endeavors. As a critical care physician, Erin is the Patient Safety and Outcomes Director for her division and participates in QI efforts at a national level through the Pediatric Acute Lung Injury and Sepsis Investigators and Solutions for Patient Safety.

Get Involved: APPD Learning Communities

Learn about each of the learning communities listed below by clicking here: [APPD Learning Communities](#)

Assessment

Behavioral and Mental Health

Community Health and Advocacy Training

Curriculum

Faculty and Professional Development

Healthcare Simulation in Pediatrics

Educational Technology

LGBTQA+

Pediatric Global Health Educators

Research and Scholarship

Underrepresented Minorities in Pediatric Graduate Medical Education

Get Involved: Submit an Abstract to the APPD Spring Meeting

Click on the link below for more info on education and QI abstract submission guideless:

[APPD Educational Scholarship and QI Abstracts](#)

MedEdPortal Curriculum Highlight

Teaching High-Value Care: Case Vignettes for Pediatric Practice

Lauren LaRue Walker, MD, Akshata Hopkins, MD, Sahar Nayereh Rooholamini, MD, MPH, Corrie McDaniel, DO, Yemisi Jones, MD, Lisa E. Herrmann, MD, MEd, Vivian Lee, MD, Francine Bynum, MD, Michael Tchou, MD, Jimmy Beck, MD, MEd

Published: June 15, 2018

Initiative: Case-based curriculum which highlights high value care principles using 6 clinical scenarios

Scenarios: Complex care, brief resolved unexplained event, hyperbilirubinemia, skin and soft tissue infections, blood cultures and community acquired pneumonia

- Scenarios were piloted at Children's Hospital Los Angeles, Johns Hopkins All Children's Hospital, Seattle Children's Hospital, and Texas Children's Hospital

Go to MedEdPortal to download the facilitator guide, learner worksheet and evaluation form for each case scenario!

Newsletter Ideas or Feedback for APD Executive Committee?

Please click on the link: [Newsletter Ideas](#)