The goal of graduate medical training is to create an educational environment promoting a trainee’s ability to deliver safe and effective care. Sufficient evidence exists showing this environment is integral to the consolidation of learning. At our institution the pediatric residents meet weekly for a conference following the Yale Curriculum covering an outpatient topic with an evidence-based article and case vignettes. Despite the quality of the material presented, we noticed that the environment seemed to detract from both interactive and reflective learning in a large group setting. In short, residents rarely participated in reading vignettes or answering questions in this setting. At the start of our chief year, we changed the learning environment to implement small groups to divide and address portions of the vignettes before reintegrating as a large group to recover the material. Each small group now consists of <10 residents and medical students, and is facilitated by at least one faculty member. We found that in the small group setting residents are more likely to verbally participate, and continue this trend when the large group reintegrates. This small change turned a low participation didactic into a high participation opportunity for interactive and reflective learning. We also found that the residents’ attitudes were more positive towards the small group, active learning methodology, further increasing the educational value of which participant satisfaction is a determinant. In conclusion, the small change to small groups enhanced an educational environment and recovered an ineffective didactic without actually changing its curriculum material.

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