Is Daily Noon Conference Old School?
Developing a Successful Academic Half Day Curriculum for Pediatric Residency Programs

APPD 2017 Annual Spring Meeting
Anaheim, CA
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Workshop Leaders

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Disclosures

• None of us have any financial disclosures
Learning Objectives

• Describe the barriers to delivering a didactic curriculum in residency

• State the core principles of an Academic Half Day (AHD) curriculum

• Design an AHD session

• Describe institutional strategies to AHD implementation
Agenda

• Who are you? (10 min)
• Large group discussion (15 min)
  – Didactic programs at your institutions
• Literature review and overview of AHD (25 min)
• Paired Neighbor Discussion (15 min)
  – Opportunities and barriers to AHD
• Small Group Activities (45 min)
  – Implementing AHD
  – World Café
• Wrap-up (10 min)
Why do you feel about your current didactic model?
Motivating Curricular Change

• Noon conference affected by:
  – Poor resident attendance
  – Interruptions due to clinical responsibilities
  – Lack of utilization of adult learning principles
  – Work hour restrictions

Academic Half Day (AHD)

- Learning is concentrated in a block format

- Core principles
  - Protecting time and space for learning
  - Nurturing active learning
  - Deliberate selection of curriculum content
  - Developing faculty
  - Continuous improvement approach to curriculum development

Published AHD Outcomes

- Improved conference attendance
- Greater resident satisfaction
- Increase in-training examination scores

University of Colorado
Pediatric Residency Program

• 103 Residents – categorical pediatrics, pediatric neurology, medicine-pediatrics, PM&R

• Clinical sites
  – Children’s Hospital Colorado (CHCO)
  – Denver Health Medical Center
  – University of Colorado

• Didactic curriculum takes place at CHCO
  – Historically had daily noon conference (Mon-Thurs)
AHD – University of Colorado

• Implemented AHD in September 2014

• Each resident scheduled one AHD per month

• Tuesday afternoons, 1:30-5:00 PM
  – Interns 1\textsuperscript{st} Tuesday of the month
  – Half of PL-2s/PL-3s 2\textsuperscript{nd} Tuesday of the month
  – Other half of PL-2s/PL-3s 3\textsuperscript{rd} Tuesday of the month
AHD Curriculum

• Three year curriculum
  – Annually repeating intern curriculum
  – Two alternating senior curricula

• Each AHD has a specialty theme
  – Cardiology, Neurology, etc.

• Topics chosen based on:
  – ABP examination content outline
  – Collaboration between specialty faculty member and residency leadership
  – Input from resident AHD planning committee

• Mini-lectures, case-based interactive small group learning, games
Sample Schedule: Gastroenterology AHD

• Welcome, review learning objectives (5 min)
• Rotating small groups (each 40 min)
  – Patient with hepatitis
  – Patient with chronic abdominal pain
  – Cases of GI emergencies
• Break (15 min)
  – Snacks/drinks provided
• GI Jeopardy Board Review (60 min)
• Complete evaluation forms (10 min)
Clinical Care Coverage

• Senior residents cover for interns

• PL-2s cover for each other

• Cross-covering residents/hospitalists cover for PL-3s
Tufts Medical Center
Floating Hospital for Children
Pediatrics Residency Program

• 41 Residents – categorical pediatrics, triple board

• Clinical sites
  – Floating Hospital for Children
  – One-time sites: Lowell General Hospital, MetroWest Medical Center, Boston Medical Center
  – Continuity clinic sites – 50% at Floating, 50% in the community

• Didactic curriculum takes place at Floating
Academic Half Day
Tufts Medical Center

• Implemented July, 2013

• Each resident attends all AHDs unless they are on nights or vacation

• Wednesday afternoons, 12:00-3:30 PM
Academic Half Day
Tufts Medical Center

• AHD’s now used for: didactics, game based learning, journal club, board review, simulation sessions, mentorship/career development, wellness

• Didactic component on an 18 month rotating curriculum
  – Content guided by ABP examination content outline
  – Lecture planning done by Chief Residents and core rotation directors

• “Planned” curricula
  – Development (18 month rotation)
  – Journal Club (study methods) – led by PGY3
  – Board Review – led by PGY3
Academic Half Day
Tufts Medical Center

• Typical AHD
  – 12:00-1:00  Pediatric Grand Rounds
  – 1:05-1:50  Didactic
  – 1:55-2:40  Didactic
  – 2:45-3:30  Journal Club

• Clinical coverage: attendings, fellows (NICU); PICU resident may stay in PICU depending on acuity
Paired Neighbor Discussion

• What opportunities do you feel your program has to implement AHD?

• What barriers might exist to implementing AHD at your program?
Small Groups – Choose a Table

A. Design a needs assessment/evaluation plan

B. Design a process for developing a one-year AHD scheduling template

C. Design an AHD learning session

D. Design a process for identifying barriers and strategies to overcome them
AHD Evaluation – University of Colorado

• Improved resident attendance
• Better perceived learning
  – Small groups actively engage residents
• Overall contributes to resident wellness
  – Although resident cross-coverage can be difficult
• Resident concern about number of topics and stress of cross-covering
AHD Evaluation – Tufts Medical Center

• Strengths
  – 75% of residents agree or strongly agree with the statement “I am satisfied with Wednesday conferences”
  – Attendance 100% for AHD
  – Ability to focus on learning and not clinical duties
  – Camaraderie
  – Promotes wellness
    • 75% of residents agree or strongly agree that Wednesday conferences improve resident wellness (lowest amongst interns)
AHD Evaluation –
Tufts Medical Center

• Areas of Improvement
  – Learning fatigue after 3.5 hrs
    • Information overload
    • Didactics can be dry, not interactive
  – “Leftover” work for inpatient units
  – Balance between board review content and other educational objectives
Wrap-Up

• Write down 2 next steps you are going to do at your program

• Questions?

• Thank you for attending!!