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Enhancing Pediatric Resident Intensive Care Education and Interdisciplinary Relationships by Utilizing a “PICU Passport” to track NP-Led Lecture Series

Lisa Miyatake DO¹, Maria Ramundo MD¹,², Camilla Giallourakis MSN, CPNP-AC/PC, CCRN³, Ryan Nofziger MD³,(1) Pediatric Residency Program, Department of Medical Education, Akron Children’s Hospital, Akron, OH. (2) Division of Emergency Medicine, Department of Pediatrics, Akron Children’s Hospital, Akron, OH (3) Division of Critical Care, Department of Pediatrics, Akron Children’s Hospital, Akron, OH.

The Pediatric Intensive Care Unit (PICU) is an important setting for residents’ education by providing exposure to critically ill and injured patients. Nurse practitioners (NPs) at our tertiary care freestanding children’s hospital’s PICU are an integral part of the patients’ interdisciplinary team, along side the residents. Our residents identified a need for improved working relationship between NPs and more formalized didactic teaching.

To enhance the relationship between NPs and residents a series of 13 lectures were developed and presented to the residents, mainly by the NPs. The residents tracked the number of lectures given by using a “PICU Passport”. A voluntary pre- and post-PICU questionnaire was sent to residents. The data, based on a Likert Scale (1=Extremely Dissatisfied and 5=Extremely Satisfied) showed residents overall felt that the NPs improved their formal educational experience (p=0.0002) and had positively affected their overall experience in the PICU (p=0.0009).

During a busy PICU rotation, the “PICU Passport” allow residents to track formal didactic lectures received, help to promote educational opportunities and foster a positive and cohesive working relationship between NPs and residents. Improving PICU interdisciplinary team dynamics is beneficial to the members and in turn could ensure the
provision of high quality patient care.

Graduating chief resident: Lisa Miyatake lmiyatake@chmca.org Institution: Akron Children's Hospital Program Director: Dr. Maria Ramundo, mramundo@chmca.org
Residents by nature are people on the go. Our goal as modern educators is to be able to take traditional medical education and reformat it to be convenient, efficient, and most importantly, relevant to the millennial learner. Some studies have evaluated the use of portable devices and social networking sites for educational purposes with positive results. We sought to apply this trend to our group of pediatric residents to increase satisfaction with and participation in pediatric board examination review. Ultimately we decided that the modality of distribution needed to be changed to be more convenient. Experimenting with Facebook’s different features led to the conclusion that daily postings on a closed Facebook group, which automatically incorporated the questions into each resident's personal news feed, would likely be most successful. Feedback was solicited via survey with positive results. Over 50% of residents that responded to the survey reported increased participation with the modality change. Additionally, Facebook reports the number of "views" for each posted question, allowing for quantitative data on the number of residents who accessed each question. The average number of views per Facebook question was 40.2, which is 63.8% of our residents. Clearly, for our group of residents, daily board review that could be accessed digitally at any time or location was more valuable than a traditional presentation format. Furthermore, integrating board review into social media increased both perceived educational value and subjectively reported number of questions participated in per month.

Natan Cramer and Natalie Shwaish. natancramer@gmail.com; natalie.shwaish@gmail.com University of Arizona Department of Pediatrics; 1501 North Campbell Street Tucson Arizona Program Director: Sean Elliott; selliott@peds.arizona.edu
APPD Chief Resident Abstract: Resident Driven Clinical Pathways

Name: Kim Hoang, kim.hoang@bcm.edu  
Institution: Baylor College of Medicine – San Antonio  
Program Director: Michelle Barajaz, MD; michelle.barajaz@bcm.edu  
Associate Program Director: Sarah Denniston, MD; sarah.denniston@bcm.edu

As chief, I created a curriculum where residents develop their own clinical pathways for common pediatric problems that they manage. During a noon conference, the residents review materials on a topic that I’ve put together and as a group incorporate that information into a clinical pathway on a poster. One example is the topic on screening for developmental dysplasia of the hip. One group of residents reviewed the AAP Clinical Report on DDH, another read the AAOS Clinical Practice Guideline, and a third group reviewed the U.S. Preventative Task Force Recommendation Summary. Together we discussed the findings and came to a consensus of what their clinical pathway will be. Occasionally I will split them into 2 groups and have each create a pathway on the same topic. An attending that is an expertise on the subject will review and pick the group with the ‘best’ algorithm, which will be the one that the residents will use. These didactics have been voted by the residents as their favorite. First, it teaches them the current evidence and guidelines on a common clinical problem. Second, these sessions are interactive and keeps the residents engaged for the full hour. Lastly, it has created great learning tools that they could use as references during their residency. Our residents are at a new program just in its second year and training at a new hospital so they don’t have the luxury of having access to abundant clinical pathways that are seen at a more established institution.

Kim Hoang, MD | BAYLOR COLLEGE OF MEDICINE – SAN ANTONIO
One of my projects as chief resident was a monthly board review. Our residents’ didactic curriculum is divided into monthly topics. As chief, I create a monthly take-home test that residents receive at the beginning of each didactic block. The test consists of about 25 high-yield questions, which are pulled from board review books and question banks. At the end of each block, I hold a review session during a noon conference to go over the answers and review the board contents of that month’s topic. These monthly board reviews have had a positive effect on the residents’ education. First, the tests have provided a guide and starting point for our residents’ self-directed learning and productive studying outside their clinical duties. These tests allow our residents to actively read the literature to find the answer, which helps solidify their knowledge. Second, it gives an opportunity for the residents to practice board-like questions on a regularly basis, which will prepare them for their future Boards. Lastly, these sessions provide a venue for a chief resident to develop their own teaching skills. This has been innovative at our institution because as a new residency program with just 2 classes of residents, we do not have a board passing rate yet. We also don’t have graduated residents that can help advise on how to study or a curriculum that focuses on board studying. All our residents feel that these tests and sessions have tremendously helped them.
Business of Medicine Curriculum

Pediatric residents receive extensive training in diagnosis and management of medical conditions, communication, and working together as effective, multidisciplinary teams. However, a majority of residents get little to no exposure to the framework of healthcare in the United States and the economic aspects of medicine that play a significant role for physicians in post-residency practice. Physicians must navigate a constantly changing and increasingly complex practice environment without formal teaching in the economics of medical care. With this in mind, a Business of Medicine Curriculum was developed with the goal of providing pediatric residents an introduction to important topics in medical economics to prepare them for post-residency practice. These topics included relative value units, practice management, reimbursement, comparing private practice and academic settings, accountable care organizations, relative compensation of primary care physicians and subspecialists, and new developments in healthcare legislation. The curriculum was divided between 3 didactic presentations during designated academic time for pediatric and medicine-pediatric residents. Residents were surveyed with a 5-point Likert scale and open-ended questions before the start of the curriculum to determine prior exposure to the topics and particular areas of resident interest. Surveyed residents included 23 out of 25 (92%) possible second, third, and fourth-year residents. The areas of particularly low exposure were determinants of physician salary and ACO’s. The average score on 5 knowledge-based questions was 32%. While the curriculum is on-going, the initial response from the residents is very positive with comments indicated high interest in the material and finding the topics very helpful.

Adam Kasper, MD Chief Resident at Baystate Medical Center/Baystate Children’s Hospital adam.kasperMD@bhs.org

Program Director- Laura Koenigs, MD
laura.koenigs@bhs.org
A multidisciplinary Interactive Educational Workshop Series for Residents

Women and Children’s Hospital of Buffalo / SUNY at Buffalo residency program

Chief Residents:

- Monty Mazer – chiefres@upa.chob.edu
- Michelle Myers Program Director:

- Dr. Lorna Fitzpatrick – lfitzpatrick@upa.chob.edu

Our residency program has an established didactic curriculum focused on coverage of the topics outlined by the American board of Pediatrics. Our goal is to enhance the educational experience by developing a complimentary interactive curriculum. We developed workshops focusing on topics that could not easily be taught through annual didactic lectures. Topics are split into three main categories; acute care interventions, communication skills, and subspecialty cases. The benefit of focused small group workshops is the ability to learn through active participation, receive immediate feedback and develop important skills in a low stakes, welcoming environment. Acute care workshops allow residents to practice practical skills regarding PALS and NRP, and allows residents to practice troubleshooting tracheostomy and gastro-enteric tubes to better care for our chronically ill patient population. Communication skills focus on I-PASS resident handoffs as well as dealing with difficult patient interactions, which are created in conjunction with our family advisory council. Lastly, simulation cases regarding subspecialty care are designed with our faculty and allows high level workups and discussions with subspecialists to form focused differentials. This complimentary curriculum is designed to take place during resident protected time in a forum that allowed participation of nearly all the residents. It also allows faculty teaching in an interactive manner, and many faculty members are very enthusiastic about this opportunity.
Importantly this allows for an innovative and comprehensive interactive curriculum to be deployed without any additional cost to the residency program or hospital, as all materials are low fidelity and readily available.
Journal Club and Grand Rounds in Residency: Not just an excuse for free food and coffee

Presenting Chief Resident: Sonya Tang Girdwood, MD, PhD; Sonya.TangGirdwood@cchmc.org Program Director: Sue Poynter, MD, MEd; Sue.Poynter@cchmc.org Institution: Cincinnati Children’s Hospital Medical Center

Journal clubs are commonly used to teach evidence based medicine (EBM). The pediatric residency program at Cincinnati Children’s Hospital Medical Center has roughly 180 residents who are exposed to monthly EBM didactic-based lectures. The journal club format prior to the 2016-2017 academic year existed in various iterations, but had poor attendance and low sustainability. In addition, residents had limited investment in our institutional weekly Grand Rounds. We sought to create a journal club that would be well-attended, teach EBM principles, and enhance resident engagement in Grand Rounds. This year’s new journal club structure includes key elements noted to be critical for success based on published work: regularly scheduled quarterly meetings, mandatory attendance, clear objectives, senior leaders, and distribution of papers prior to the meeting. Residents scheduled for a research elective during the month of a journal club are required to attend the session and present the article. The resident presenters vote on a topic based on upcoming Grand Rounds presentations. An article associated with the topic and deemed appropriate for an EBM-based discussion is selected by the chief residents. The article and EBM objectives are distributed to all residents prior to the journal club session. Fellows and faculty with expertise in the topic are invited to attend. At each of our first three evening journal clubs, we had over 20 people in attendance, including categorical and combined residents from all years of training. Residents have appreciated a greater connection to our institutional Grand Rounds as an educational opportunity.
Improving Pediatric Acute Care Through (IMPACT) Simulation

Abby Basalely, MD; Meghan Craven, MD; Erin Hanft, MD – Chief Residents Chiefped@northwell.edu

Stephen Barone, MD – Program Director Sbarone@northwell.edu Nancy Palumbo, MD – Associate Program Director Npalumbo@northwell.edu

Cohen Children’s Medical Center, Northwell Health 269-01 76th Ave, Queens, NY 11040

Timely and accurate assessment, triage and care of the decompensating patient are skills necessary for residents to learn during training. Teaching these skills is limited by the infrequent nature of pediatric cardiopulmonary arrest on medical/surgical units. Many educational interventions rely on code simulations that are conducted off-unit, focused on critical care, and implemented sporadically without frequent reinforcement.

Our intervention utilized weekly in-situ simulation on medical-surgical units to improve residents’ comfort and proficiency with resuscitation. Pre and post intervention surveys were administered assessing residents’ ability to identify resuscitative equipment and comfort administering bag valve mask (BVM) ventilation and chest compressions. Scenarios were centered on patients pre-identified by the residents as “at risk” of decompensation. Chief residents conducted five minute simulations with residents and nurses at the bedside with the use of a low fidelity mannequin. A subsequent debrief was performed which focused on assessment skills, escalation triggers, effective communication, BVM technique, and compressions with use of CPR feedback devices.

100% of interns and 60% of residents have participated in 84 simulations. Post- intervention surveys demonstrate increases in identification of the location of both the code cart (66% to 97%; p<0.001) and the defibrillator (32% to 94%; p<0.001) and comfort
performing BVM (49% to 89% p<0.001).

This intervention is unique as these brief, weekly, interdisciplinary in-situ simulations were based on at risk inpatients and incorporated into the resident inpatient curriculum. Each session built upon previous simulations. This initiative serves to increase resident situational awareness and comfort managing a decompensating patient.
Board Review Pictionary: A Novel Approach to On-the-fly Board Review and Teaching

We implemented a board review Pictionary game to be used when morning or noon conference required last-minute substitute coverage. Residents and medical students alike participated in this interactive, fun and educational activity. Asking residents and medical students to pictorially convey a pediatric diagnosis, test or physical examination finding encouraged participants to creatively approach each subject and draw upon supporting knowledge to lead team members to the correct answer. Dividing the learners into two opposing teams increased participation and engagement as residents and students raced to be the first to identify the illustration. After each round, the topic was briefly reviewed using a MedStudy flashcard. This activity broke the mold of what are typically routine case presentations with varying degrees of audience participation. In addition, having this activity ready at a moment’s notice, without prior preparation or additional resources, allowed us to make the most of what would otherwise have been lost educational time. Residents and students actively engaged in the activity and have enthusiastically participated in each of several iterations of this board review Pictionary. If selected to present, we would like to demonstrate the activity to the chief resident group during our presentation.

Jennifer Diep, jediep@geisinger.edu; Grant Morris, gamorris@geisinger.edu Janet Weis Children’s Hospital at Geisinger Medical Center Paul Bellino, MD, Program Director; pbellino@geisinger.edu
Wellness in Medical Practice (WIMP): A communities-based approach to mitigating physician burnout

We conducted a needs assessment last spring that revealed 91% of our residents had experienced burnout during residency training. These residents also indicated that a peer support network would be a valuable component of a wellness program, so we created an integrated wellness curriculum built around resident communities. Each community is comprised of PL1s, PL2s, and PL3s and participates in a faculty-lead wellness curriculum covering topics including burnout, resilience, debriefing, and teamwork.

The communities are also utilized for team activities designed to reinforce wellness habits. Each resident was provided with a Fitbit as part of the program to allow for integrated community fitness challenges, and communities are awarded points throughout the year. The winning community will be recognized at Resident Appreciation Day—an event we created as part of Wellness in Medical Practice (WIMP).

The short-term impact that WIMP has had on our residents has been to highlight the importance of physician wellness. Our needs assessment emphasized the prevalence of burnout in our program, and we utilized the information obtained to create a program tailored to our residents. We modeled our program after the learning communities in our medical school, since we shared common goals of creating social support networks, fostering communication, and promoting teamwork. We have not been able to locate any medical literature indicating the use of something similar in the context of residency programs, so not only is this structure unique at our institution, it quite possibly is the only program of its kind for residents.
An Intensive Care Focus in Resident Morning Report

Ann & Robert H. Lurie Children's Hospital of Chicago Northwestern University School of Medicine

Jenna Brooks, MD (jebrooks@luriechildrens.org), Colleen Badke, MD, MPH (cbadke@luriechildrens.org), Nina Alfieri, MD (nalfieri@luriechildrens.org), and Sharon Unti, MD (sunti@luriechildrens.org)

The primary educational conference at our tertiary care pediatric residency program is morning report: a daily, resident-led case conference required for pediatric residents on non-ICU inpatient services. Our morning report cases and subsequent discussions are spontaneous, as residents present patients unknown to the chief residents leading the discussion, and unknown to the co-residents and faculty in attendance. At our program, faculty and fellows from across divisions regularly attend morning report, including those in general pediatrics, hospital-based medicine, infectious diseases, cardiology, neurology, gastroenterology, genetics/metabolism and others. However, our ICU faculty attendance has been less robust than other divisions, presumably due to the ICU’s high acuity and high volume.

Two years ago, we initiated monthly ICU-specific morning reports, with discussion focused on intensive-care education topics. With this, the ICU division is extended an invitation to attend a morning report focused entirely on an ICU patient. Since its implementation, we have seen an increase in ICU faculty attendance and participation in morning report. In the 2012-2013 academic year, only 2 ICU faculty attended morning report, and in 2013-2014, only 3 ICU faculty attended. In the last 8 months, 20 different ICU faculty and fellows have attended morning report, with many of them attending multiple times. Attendance is strongest for ICU-specific morning reports, however we average 1 ICU faculty in attendance per week even at non-ICU morning report. In conclusion, implementation of ICU-specific morning reports has led to a significant increase in ICU fellow and faculty attendance and participation in resident morning report.
Most requested discussion topics by pediatric residency applicants

Our project’s objective was to identify topical areas of highest interest to prospective residents. We conducted a cross-sectional study of the most requested topics during a daily program meeting including our program directors, chief residents and residency applicants during the 2016-2017 recruitment season. This session included a first half discussion of program basics such as schedules, educational conferences, hospital, and clinic descriptions. The second half was tailored to the specific interests of our applicants. We invited applicants to each share one topic of interest for group discussion yielding a list of 6-8 daily topics for further discussion. Our applicants requested 324 topics during the 2016-2017 recruitment season. We used grounded theory to code responses into 11 categories and 38 subcategories. The most common categories requested were curriculum (34.3%), global health (14.8%), and scholarly activity (14.2%). There were positive short and long term impacts of this element of our recruitment program. In the short-term we were able to tailor discussions to the goals of the applicants, creating a more effective and interactive session. In the long-term, we learned the aspects of residency that were most important to incoming interns allowing us to focus on these key areas as a part of our continual program quality improvement and development efforts. Our project is innovative and utilizes a simple design that both enhances our interview day for our applicants and informs our focus on key programmatic areas for both current and future residents.

Medical College of Wisconsin Pediatric Residency Program Submitted by: Chris Sumski, DO csumski@mcw.edu, Cailyn Rood, MD crood@mcw.edu Program Director: Mike Weisgerber, MD mweisgerb@mcw.edu
Novel Evaluation Tool Provides Immediate Formative Feedback

This project’s objective was to provide formative feedback to residents about their code team leadership skills in order to improve resident self-confidence as code team leaders. Baseline data demonstrated that our residents often did not assume the role of code leader because they lacked confidence in their code team leadership abilities. We developed the Resident Code Team Leadership Evaluation Tool (RCTLET) to compare resident self-assessment to facilitator assessment of their performance. A literature search and local content experts helped identify eight elements pertinent to code team leadership: role identification, communication, knowledge sharing, delegation, reevaluation, crowd control, assessment, and management. The RCTLET rated elements on a 5-point Likert scale, with descriptors outlining low, medium, and high performance. Following mock codes, residents and two facilitators completed the RCTLET. When we compared resident and facilitator assessments, there was a statistically significant difference in the overall RCTLET average between facilitators and residents, with facilitators scoring residents higher than resident self-assessment. This formative assessment tool immediately impacted our program by giving residents standardized direct observational feedback. The tool also demonstrated that residents underrate their code leadership ability compared to facilitators, which may help improve resident confidence. This project is innovative because it incorporated a new tool to provide residents with standardized assessments across a variety of simulated events while residents simultaneously evaluated themselves with the same standard evaluation. This combination of immediate feedback and self-assessment aimed to improve residents’ confidence in their ability to lead interdisciplinary code teams.

Cailyn Rood, Chief Resident from the Medical College of Wisconsin Pediatric Residency Program

crood@mcw.edu Project Mentor: Amanda Rogers, Associate Program Director, arogers@mcw.edu Program Director: Michael Weisgerber
Simulation Curriculum Associated with Improved Resident Confidence

This project’s objective was to increase residents’ self-confidence when functioning as code team leaders by implementing a longitudinal simulation curriculum. Leading an interdisciplinary code team is an important component of residency training. Baseline data demonstrated that our residents often did not assume this role because they lacked confidence in their code leadership abilities. A preliminary needs assessment indicated that residents did not lead codes due to lack of confidence in four essential domains: recognition of critical patients, management of critical patients, procedural skills, and leadership skills. These results guided the development of a high-fidelity mannequin-based simulation curriculum which included a mock code and leadership workshop. Pre- and post-tests assessed the impact of the curriculum on resident self-confidence in those four domains. There were statistically significant pre-post increases in resident confidence in their management (delta=0.7, p<.001), procedural skills (delta=0.9, p<.001), and leadership skills (delta=1.0, p<.001) following participation in the curriculum. This project impacted our program because it was associated with improvement of a key barrier that residents identified as precluding them from effectively leading code teams. This curriculum is innovative in that it was developed to target specific obstacles identified by residents as factors preventing them from being successful code team leaders. Through simulation with direct observation and immediate feedback, we were able to provide a safe learning environment that has been associated with improved resident self-confidence as code team leaders, which may impact residents’ ability to lead patient code events in the future.

Cailyn Rood, Chief Resident from the Medical College of Wisconsin Pediatric Residency Program

crood@mcw.edu  Project Mentor: Amanda Rogers, Associate Program Director, arogers@mcw.edu  Program Director: Michael Weisgerber, mweisgerber@mcw.edu
Abstract for Graduating Chief Resident Platform Presentations

**An Innovative Curriculum Teaching Pediatric Residents How to Advocate for Their Patients on an Individual, Community and Legislative Level**

**Chief Resident:** Yonit Lax, ylax@montefiore.org, Children’s Hospital at Montefiore, Social Pediatrics Residency Program  
**Program Director:** Sandra Braganza, sbraganz@montefiore.org

In 2013, the ACGME mandated that all pediatric residency programs’ curricula include child advocacy and community pediatrics. More recently, the AAP statement on poverty urged pediatricians to improve their understanding of the root causes and effects of poverty, and apply interventions in practice to address the toxic effects of poverty on families. Prior to 2015 our categorical pediatric residency program did not have a formal advocacy curriculum. We designed and implemented an innovative curriculum to empower pediatric residents to advocate for their patients by screening for social determinants of health (SDH), collaborating with community organizations, and using their physician voice to lobby for policies affecting children’s health. The curriculum begins during intern orientation, spans 8 months, and includes 6 case-based workshops, each focusing on a different social determinant. Residents are taught an expanded social history template and connected with community organizations to refer their patients. The curriculum concludes with a focus on legislative advocacy through a subspecialist faculty panel and participation in AAP NY State Lobby Day. In studying the impact of the curriculum, 46% of residents endorsed taking a more in-depth social history, 38% guided patients to more community resources, and 66% agreed the curriculum changed their clinical practice. Feeling well trained to discuss SDH in the ER [58% vs. 78%, p<0.001] and in clinic [46% vs. 65%, p=0.023] improved from pre- to post implementation. Further results in the table below. The curriculum was created in sustainable modules, and will be carried forward yearly by the chief resident.

<table>
<thead>
<tr>
<th>Comfort, Practice and Attitude Towards Advocacy</th>
<th>Pre N=[69/78]</th>
<th>Post [N=55/78]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort Discussing SDH In Emergency Room (ER) In Clinic</td>
<td>54 (78%) 32 (46%)</td>
<td>51 (93%) 39 (71%)</td>
</tr>
<tr>
<td>Practice Screening SDH Income Housing Education Legal Domestic Violence</td>
<td>27 (39%) 40 (58%) 49 (71%) 9 (13%) 29 (42%)</td>
<td>33 (60%) 36 (65%) 51 (93%) 18 (26) (40%)</td>
</tr>
<tr>
<td>Positive Feeling about Pediatric Advocacy</td>
<td>60 (66%)</td>
<td>47 (85%)</td>
</tr>
</tbody>
</table>
Title: Achieving High Quality Chest Compressions Through Deliberate Practice in the Pediatric Residency Program at the Children’s Hospital at Montefiore

Performance of high quality cardiopulmonary resuscitation (CPR) following cardiac arrest in pediatric patients is associated with successful return of spontaneous circulation, improved survival, and positive neurological outcomes. However, adherence to CPR guidelines is inconsistent with one preliminary study showing 28 BLS-trained individuals at Montefiore delivering less than 30% effective chest compressions. We sought to improve resident CPR education and effectiveness through deliberate practice sessions to improve the percentage of effective chest compressions delivered at the Children’s Hospital at Montefiore (CHAM). We conducted a prospective study using low-fidelity simulation with the ZOLL-R Series Defibrillator® (ZOLL) and its real-time audio/visual feedback. Residents performed 2-minutes of chest compressions with and without ZOLL feedback every 6-8 weeks over 4 months. Our primary outcome was the percentage of effective chest compressions defined by AHA guidelines. Mean percentage of effective chest compressions was compared with and without feedback and between the first and second sessions using paired t-test. Percentage of effective chest compressions delivered with and without feedback increased by approximately 24% (p<0.001) in both sessions (Table 1). Between sessions I and II, percentage of effective chest compressions without feedback increased by 9.5% (p=0.006), with feedback by 8% (p=0.04) (Table 2). This suggests that as residents participate in more sessions, they are developing muscle memory to provide high quality chest compressions and are integrating the ZOLL defibrillator’s feedback more effectively. These 15-minute sessions are the first of its kind at CHAM and its brevity and success will secure its perpetuation in our busy residency program.
Many residency programs continue to use traditional lectures as the primary mode of formal education, though research has shown a lack of effectiveness and resident dissatisfaction with this style of didactic. Our residents continuously report dissatisfaction with traditional lectures, and preference for case-based, interactive teaching.

During the 2015-16 academic year, we noted a favorable response to the initiation of a “unit-specific” didactic curriculum in our PICU, as evidenced by 85% of residents ranking the PICU as having the “best teaching” on our annual program survey, as compared to 59% the previous year. Qualitative positive feedback emphasized the interactive nature and relevance.

Given the above, we instituted “unit-specific” curricula in our NICU, clinic, and inpatient wards during the 2016-17 academic year, in contrast to our previous model in which all residents attended the same noon conference daily. We discouraged use of powerpoint and encouraged interactive teaching methods.

On an education survey administered in February 2017, our residents noted improvement in education in the NICU (highest average rank for rotation education, previous year ranked third). Residents preferred unit-specific clinic conferences over previous all-resident primary care conferences (57% preferred), citing the interactive nature and smaller group. Faculty qualitatively noted improved resident engagement with the unit-specific curricula.

The resident satisfaction seen with our intervention supports...
previous research showing resident preference for interactive and relevant didactics. Further aims include assessing resident performance on in-training and board examinations in domains covered by unit-specific curricula, and structuring an interactive didactic style for utilization across our curriculum.


Community-Based Advocacy Training in the Pediatric Residency Curriculum
Alexandra Sims, MD; Olanrewaju Falusi, MD; Danielle Dooley, MD; Lee Beers, MD

The ACGME has identified child advocacy training as a requirement for pediatric residency programs. In the age of the individualized curriculum, residents have many opportunities to hone their health policy and advocacy skills through training tracks and pathways. Though our Pediatric Residency Program at Children’s National has these options (Community Health Track, Child Health Advocacy and Public Policy Pathway), we sought to enhance advocacy education so that, despite a resident’s interests, their training in advocacy would be supplemented with a formal experience.

We expanded upon existing models of experiential advocacy by establishing a community partnership with the Capital Area Food Bank, who hosted a one-day advocacy training for our first year residents. The multi-level experience includes pre-reading prior to participation, on-site volunteering, food insecurity poverty simulation, and debrief with a faculty mentor and senior resident on the days’ experience and advocacy generally.

To date, we have held 4 one-day advocacy training sessions for interns. Preliminary data show an improvement in: understanding of the pediatrician’s role in advocacy and policy, perception of self as a child advocate, envisioning advocacy as a part of one’s future career, and knowing local resources for food insecurity, knowing strategies to advocate for food security on a community or federal level (mean percent increase on all metrics 38.7%, range 10.0%-78.2%). The satisfaction score for the experience was 4.6 out of 5. Data collection continues.

Advocacy experiences provide residents with critical knowledge about the social determinants of health, and short-term experiences may impact future career choices.

Alexandra M. Sims, MD
Pediatric Chief Resident Children’s National Health System 111 Michigan Ave NW, WW 3.5 Suite 700A Washington DC 20010 Office: 202.476.3371 Pager: 202.259.5693 Email: amsims@childrensnational.org
Chief Residents at SUNY Downstate Medical center, Department Of Pediatrics: Dr. Gayathri Naraparaju Dr. Linda Solomon Dr. Ezekiel Melquist

Dr. Daniel Ostro Email- sunypedschiefs@gmail.com

Program Director - Dr. Henry Schaeffer Email - henry.schaeffer@downstate.edu

EDUCATING RESIDENTS ON INFLAMMATORY BOWEL DISEASE (IBD) SCORING AND ITS CLINICAL APPLICATION

This project aimed to evaluate how to best educate pediatric residents caring for patients with inflammatory bowel disease (IBD), using objective clinical and (where indicated) laboratory data. In standard pediatric gastroenterology clinical practice, the Pediatric Crohn's Disease Activity Index (PCDAI) and Pediatric Ulcerative Colitis Activity Index (PUCAI) are used to objectively grade a patient’s disease severity. We prepared 14 questions based on the scoring systems. Of these, 11 questions were knowledge-based, and 3 asked the resident to calculate the IBD score and correlate this to severity.

Eighty (80) residents in the SUNY Downstate Pediatric Residency program participated in the study; 100% took the pretest and 92% of them completed the post-test. One month after the pre-test, a monograph describing the scoring systems and their rationales was emailed to all participating residents. They were asked to review the article prior to attending a lecture on IBD two weeks later. Over one month (six weeks following the pre-test), post-test responses were collected, which included the same 14 questions. We saw a significant increase in the average number of correct answers both among the entire cohort and within each PGY level. Having completed a gastroenterology rotation during residency had no significant impact on test scores. Electronic scoring systems
improved the ability of residents to correctly determine disease severity recognize the need for therapeutic intervention. We conclude this combination of didactic and online self-directed learning techniques improves knowledge levels and applied skills of residents caring for children and adolescents with IBD.
Chas Hannum, MD (channum@tuftsmedicalcenter.org)
Emily Hsieh, MD (ehsieh@tuftsmedicalcenter.org)
Floating Hospital for Children
Tufts Medical Center
Program Director: Sara Ross, MD (sross3@tuftsmedicalcenter.org)
A Resident Driven Quality Improvement Project to Improve Feedback on the Fly
Formative feedback plays an important role in helping residents identify actionable steps towards improvement. Applying quality improvement (QI) methods to educational “problems” leads to program improvement and application of QI concepts. Topics identified as educational “problems” by residents can lead to meaningful QI projects for trainees and allow for continuous program improvement. Our residents identified “feedback on-the-fly (FOF)” or informal formative feedback as an educational “problem” at our institution.
We held a residency-wide QI workshop and practiced writing aim statements and using two QI tools (fishbone and driver diagrams). Through that process a QI project was designed for receiving increased FOF. Two change strategies (1) weekly email reminders to faculty and residents and (2) a one-month long FOF campaign were developed. Our aim statement was that by the end of 3 months, 80% of residents will receive FOF at least three times every two weeks. Over the course of our study, we noted an increase in FOF from a baseline of 18% to nearly 50% by the end of change strategy 2.
While our pediatrics department and residency has participated in department-wide QI initiatives, we have not done a residency-driven QI project in many years. Anecdotally, we have noticed that residents have an increased appreciation for the QI process and FOF, which we assume is due to their participation in the creation of the QI project. We will soon have comparative quantitative data regarding the attitudes and opinions towards FOF over the three months of the project.
2017 APPD Graduating Chief Resident Platform Presentation

Abstract

UC Davis Pediatric Chief Residents 2016-2017
Alexandra Yonts (abyonts@ucdavis.edu) and Christopher Kim (ctpkim@ucdavis.edu)
Program Director: Su-Ting Li

The UC Davis Pediatric Residency House Cup Competition

This academic year we initiated the House Cup Competition (HCC) as a way to improve attendance at educational conferences, encourage community engagement, foster inter-class relationships and improve resident and faculty wellness. Through the HCC (modeled after the Hogwarts House Cup in the Harry Potter books), the 38 pediatric residents were divided into 4 “Houses”, each co-led by a senior faculty member “Head of House” and a junior faculty member. Points were awarded to the Houses for 4 main categories: Attendance at educational activities, which accounted for the bulk of the points awarded; Participation in community service, department and medical education events, winning Boards Jeopardy, and presentation of scholarly work; Social gatherings of 5 or more House members (including the Head of House), and Esprit de Corps, such as creating a house name, designing a house logo and apparel/accessories. Prizes were awarded to the winning houses on a quarterly basis. Since beginning the HCC, residents have noted an increased sense of camaraderie and fellowship with peers of different training levels, as well as their faculty heads of house. Many residents endorsed a strong sense of “house pride”. Overall attendance at educational sessions has not yet dramatically improved, but everyone in the program, from residents to faculty to program staff, have had fun with this competition and feel a renewed sense of community and pride.
2017 APPD Graduating Chief Resident Platform Presentation
Abstract
UC Davis Pediatric Chief Residents 2016-2017
Alexandra Yonts (abyonts@ucdavis.edu) and Christopher Kim (ctpkim@ucdavis.edu)
Program Director: Su-Ting Li
Quality Improvement/Patient Safety Focused Morning Report
At the beginning of the 2016-2017 academic year, in an effort to improve resident education and engagement in the areas of quality improvement and patient safety, we began dedicating one morning report session per month to interactive Quality Improvement/Patient Safety (QIPS) education. In conjunction with one of our critical care attendings, who is a QIPS champion in our Children’s Hospital, the PGY3 assigned to our Ambulatory rotation each month is tasked to choose an incident report to review with residents during the morning report session. The incident reports are often filed by residents, but also could be from other medical staff involved in the care of pediatric patients. After reviewing the case in the SBAR (Situation, Background, Assessment, Recommendation) format, the resident, with the help of the chief resident facilitator, leads the group of medical students, residents and faculty to perform a root cause analysis via the Ishikawa or “Fishbone cause and effect” diagram. This strategy helps to identify possible factors leading to the incident discussed in the case. The group then targets potential solutions to prevent similar events from occurring in the future. These solutions are then communicated to our Children’s Hospital Quality and Safety Committee via our QIPS champion. This process teaches residents the basics of QIPS, familiarizes residents, students and faculty with the incident reporting process and contributes to real-time quality improvement in our institution.
Pediatric Resident Experiences at Morning Report

Joshua T.B. Williams, MD; Laura Zastoupil, MD; Melisa Tanverdi, MD
Pediatric Chief Residents (pedschiefs@childrenscolorado.org)
University of Colorado Pediatric Residency Program
L. Barry Seltz, MD – Associate Program Director & Faculty Mentor (leonard.seltz@childrenscolorado.org)

Morning report (MR) is a fixture in pediatric training programs. At our institution, MR occurs on weekdays from 7:30-8:00 AM and accounts for 45% of structured resident education. Generally, a resident presents a single case; a Chief Resident facilitates and transcribes discussion. However, in our experience, resident MR attendance and participation are variable. As in-depth literature describing resident MR experiences is lacking and no prior institutional study of MR exists, we conducted a rigorous qualitative study to better understand residents’ MR experiences and preferences. We gathered data from resident focus groups using a semi-structured interview guide. We are analyzing data using constant comparative methods and developing codes using an iterative approach in accordance with grounded theory methodology. To date, 21 residents (5 PGY-1, 5 PGY-2, 11 PGY-3) have participated in 4 focus groups; most attended MR 2-3 times/week and agreed MR was a valuable component to their education. Preliminary analyses reveal: 1) Early start time/late arrival inhibits attendance/participation; 2) Large group format inhibits participation; 3) Presenter’s teaching ability affects audience interest; 4) Residents desire variation in MR structure/content; 5) Interactive discussion that include attending/fellow input promote learning; 6) Senior residents often feel MR is geared to novice learners; 7) Some residents fear saying something wrong; 8) Residents desire a greater Chief Resident role in MR didactics. Our findings and future analyses will enable us to improve resident educational experiences at MR. We aim to create a MR curriculum, vary MR format, encourage resident presentation skills, and incorporate small group activities.
A spaced-practice mobile platform for Pediatric Resident board review practice
Cameron Escovedo, MD (CEscovedo@mednet.ucla.edu); Suzanne Cambou, MD; Jean Hwang, MD; Jasen Liu, MD
UCLA Pediatrics
PD: Alan Chin, MD (ASChin@mednet.ucla.edu)

Background: Multiple-choice question practice is crucial for resident preparation of both in-training and board examinations. Resident-identified barriers to accessing the free, online PREP question bank via Pedialink include multiple log-in steps and limited mobile accessibility. We found that our residents use these questions for “cramming”, which ultimately causes poor long-term retention. The spacing effect says that despite an equal amount of cumulative study time, distribution of testing sessions over weeks to months results in superior long-term retention and overall knowledge gains. Qstream is a mobile platform that both utilizes the spacing effect and sends questions directly via e-mail, thereby preventing any online access issues.

Objective: We aim to evaluate the effect of delivering Pedialink’s PREP question bank via Qstream’s spaced-practice mobile platform on the rate of PREP usage.

Methods: In October 2016, we implemented a Qstream bank of PREP 2014 questions, with 2 questions sent via e-mail to all UCLA pediatric residents every other day. For each PGY, we compared the rate per month of PREP questions answered before and after Qstream implementation. We used a student’s t-test to compare pre and post-intervention mean rates of each cohort.

Results: The mean rate of questions answered per month increased for PGY1 from 3.5 to 4.9 (p = 0.26), PGY2 from 6.8 to 7.2 (p = 0.79), and PGY3 from 6.5 to 7.8 (p = 0.52).

Conclusions: While the increases are not statistically significant, the standard deviations decreased profoundly, suggesting that a greater proportion of residents are answering questions. In fact, 15 of 53 PGY2 and PGY3 (28.3%) only started answering questions after the implementation of Qstream. Another 10 upperclassmen (18.9%) had rates that decreased by >50%, likely because they had already answered >90% of PREP questions via Pedialink prior to the intervention. Lastly, limiting Qstream questions to 2 every other day
effectively caps the rate at ~30 questions per month, which would affect the mean rates. Therefore, the platform technologically simplifies spaced-repetition, encourages usage, and cements long-term retention. Impact: We had extremely positive feedback from our residents, with many of them asking if they could take more questions or if we could create more content. Therefore, we are in the process of releasing PREP 2015-2017 on the Qstream platform, and will give the residents the freedom to select their own spacing interval and quantify of questions with each delivery. They valued how easy it was to use, and that they did not need to manually log-in to answer questions. With their busy schedules, it is much easier to answer questions when they’re prompted via e-mail. We are still in the process of gathering meaningful data for our resident advisors, so that they can give feedback about performance in certain ABP content specification areas.
Getting back to the bedside

Background:
Daily life in residency is rife with administrative tasks including cumbersome medical records (EMR) and redundant documentation demands. Residents have spent increasing time at the computer writing progress notes, updating sign out lists, and pre-rounding. This has taken residents away from direct patient care, reducing meaning in work and inhibiting direct learning opportunities.

Objective:
To use technical solutions to maximize efficiency in administrative and documentation tasks.

Process:
Discussed resident needs for a comprehensive sign-out. Designed a sign-out list with IT, that imports relevant information directly from EMR. Use sign-out list as a basis for starting a progress note.
We worked with IT to import typical pre-rounding data from already documented information. Labs were imported into typical lab skeletons and medications imported from orders. A problem or systems list was then imported with subsections for a to do list and contingency plans. Each part of this list can easily pre-populate a progress note. The overall list follows the iPASS format.

Conclusion:
Technological solutions can be used as elegant fixes to the problem of redundant documentation. This project uses the EMR to reduce the documentation burden on residents. By building this list, we combine updating sign-out lists and writing notes into a single activity. Further condensing pre-rounding data into a single report eliminates the time spent pre-rounding at a computer rather than seeing patients. We are continuing to follow resident efficiency and wellness as we expand this project to add meaning back to our work.
APPD Abstract
Names: Connie Chace, MD, MPH; Christine Rukasin, MD; Lauren Steele, MD
Email address: pedschiefs@ucsd.edu
Institution: University of California, San Diego/Rady Children’s Hospital
Supporting Program Director’s Name and Email: Mark Sawyer, MD; mhsawyer@ucsd.edu

Chief-lead resident conferences are the backbone of didactic education during residency. We focus on enhancing the educational experience of our residents by varying our conference topics and approach. This includes utilization of both new and banked cases during morning report, hybridized teaching with resident-selected cases and associated clinical questions as drivers of evidence-based medicine in parallel with faculty teaching, and integration of professional development topics, such as journal updates and a “residents as teachers” curriculum. Implementing a mixture of fresh cases admitted overnight and older cases with established diagnoses into our morning report encourages active discussion of work-up and differential diagnosis as well as timely feedback for the night team regarding work-up and management, while older cases allow for discussion of disease evolution and management in greater detail. Subspecialty sessions, such as electrocardiogram teaching by a cardiac electrophysiologist and resuscitation teaching with an intensivist, encourage nuanced learning of disease pathophysiology. Our evidence-based medicine curriculum is based on resident-selected case and literature reviews: under the formal guidance of a faculty member trained in EBM techniques, residents collaborate with a subspecialist to discuss a case presentation, critical study review, and introduction to EBM principles alongside focused subspecialty faculty teaching. Finally, we include quarterly reviews of important recent journal articles and explore themes and techniques in medical education to foster long-term professional development. Utilization of multiple didactic formats and topics creates an interactive and dynamic learning environment for our residents.
APPD Abstract
Names: Connie Chace, MD, MPH; Christine Rukasin, MD; Lauren Steele, MD
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In a profession marked by high suicide rates, low career satisfaction scores, and high potential for burnout, it is paramount to actively address and support physician wellness during residency training. We approach resident physical, emotional, professional, and social well-being through a resident-run Wellness Coalition composed of residents from all training years, the Chief Residents, and an Associate Program Director. The Coalition monitors and supports these categories of well-being by crafting interventions to reduce suffering and facilitate resident growth. Examples include providing a list of peer-recommended physicians and dentists who accommodate residents’ erratic schedules, stocking a refrigerator with free healthy snacks and drinks in the resident workroom, teaching cooking classes focused on preparing healthy, fast meals, and hosting quarterly group outings such as rock-climbing and sea kayaking. Emotional resources range from monthly noon conferences addressing compassion fatigue, resident burnout, mindfulness, and recognizing depression and suicidality in peers, to referring residents to a confidential counseling service available to medical professionals at UCSD at hours amenable to their schedules. Professional well-being measures include financial advising for residents, career counseling days, and an annual residency “feedback retreat” where residents bring up issues of concern in the program. Social wellness is fostered through activities such as residency-wide game night, Chief-sponsored class brunches and dinners, a resident-run Facebook group, and annual class retreats. In the future, we plan to enact “Flex Time” to provide residents with one afternoon per rotation to use as needed, such as for doctor’s appointments or to attend interesting talks.
The Housestaff Hunt
A Model for Incorporating Adult Learning Theory
Chase Shutak 1, Dana Irrer 1, Garrett Jones 1, Elizabeth Mann 1

1 Pediatric Chief Resident, University of Minnesota.

Our pediatric residency began a Hospitalist Curriculum morning report series in 2013. The curriculum reviewed guidelines for common causes of pediatric hospitalization. The original sessions consisted of case presentations that led to didactic lectures. This passive means of education resulted in education that was unengaging for our adult learners. In order to better implement adult learning theory within this protected educational time, we modified our prior lecture series into an interactive structure called the “Housestaff Hunt.” Our process for changing this educational material relied upon Kern’s approach to curriculum development and cognitivist educational theory. Through the “Housestaff Hunt” we sought to move learners higher in Miller’s Pyramid from simply knowing about guidelines to showing how they would obtain and use the guidelines themselves. The restructuring of this lecture series resulted in more engagement and established an expectation for more active learning during morning report (eg discussion, seeking out answers from electronic resources, challenging the presenter's knowledge). This expectation, among the chief residents and the trainees, has led to a greater emphasis on chalktalks and a different perspective on morning report that relies more on processing the case as a group and less on prepared or static presentations.
Our program developed and implemented a formal simulation curriculum two years ago after identifying an education gap related to emergency and resuscitation care, but buy-in remained below expectations. Therefore, we established the following goals and objectives: 1) improve resident attendance; 2) increase faculty/fellow teaching involvement; 3) standardize simulation curriculum; and 4) improve resident comfort with emergency resuscitation skills. We increased attendance to 73% by incorporating simulation sessions into our academic half-days, which are mandatory didactics free of clinical duties. We now hold bimonthly scheduled mock codes on the wards, so residents can anticipate them, be prepared with materials (e.g. PALS cards), and plan their day around the thirty-minute mock code session. Set scheduling, increased resident participation, and matching instructor interests to the topics beforehand has led to improved fellow and faculty involvement in teaching. Both mock codes and simulation sessions are predominantly chief driven, but now have significant interprofessional (e.g., technicians, nurses, fellows and faculty) and multi-specialty (e.g., Cardiology, Critical Care, Emergency Department, and Hospitalists) involvement. We emphasize a non-judgmental approach and benefits of simulation learning before every session, and in addition discuss a simulation fiction contract. Pre and mid-way confidence interval surveys evaluated resuscitation skills taught, which overall showed an increased confidence in skills (e.g., chest compression and bag-mask ventilation). After each session, feedback is collected anonymously from the residents stating they enjoy learning from different educators and appreciate the time dedicated to their learning, as well as the realization of their actual competence in resuscitation skills.

Laura Schoeneberg and Irina Prelipcean
lschoen16@ufl.edu and Irina@ufl.edu
University of Florida - Gainesville
Program Director: Nicole Paradise-Black
blacknm@peds.ufl.edu
RESIDENT APPRECIATION WEEK AS A COMPONENT OF A WELLNESS CURRICULUM Jennifer Ezirike, MD, Taumoha Ghosh, MD, Patti Jo Jaiyeola, MD, Nicole Mallory, MD, Leah S. Millstein, MD, Jason W. Custer, MD, Susan Feigelman, MD, Ronald San Juan, MD, Erin L. Giudice, MD, University of Maryland, Baltimore, MD

In 2015, the ACGME conducted a national survey evaluating the well-being of resident physicians. Residents reported lower rates of physical and emotional well-being compared to the general population. New proposed ACGME guidelines for 2017 now specifically require an increased focus on resident wellness. Our program implemented a Resident Appreciation Week to encourage personal wellness, improve morale, reinvigorate and reenergize pediatric housestaff. The week was timed for mid-winter, a time when resident morale is historically low. The week was comprised of various activities and acts of gratitude toward residents. A survey was distributed to residents after the week, to assess attitudes regarding its value in improving their well-being. Residents most enjoyed receiving thank-you cards from faculty and the opportunity to socialize with faculty in a relaxed environment. Suggestions for changes included: 1) a desire to have patients, families, nursing, and child life staff participate in activities and 2) extending the activities to residents working overnight, working at our community affiliate hospital, or working in the emergency department. Residents additionally desired personalization of some activities (i.e. class-specific activities and personalized thank-you cards). These recommendations were integrated into the second annual Resident Appreciation Week and, overall, activities were well-received, evidenced by improved resident well-being and morale.
According to the 2015 Williams Institute report, among its top eight organizational barriers to serving LGBTQ youth are lack of information and training on how to address their needs. The AAP, AAFP and GLMA already have guidelines for best practices in serving LGBTQ youth. This has yet to translate to widespread curricular change in medical education. Fewer than 50% of medical schools address LGB issues. At UM Holtz Children’s Pediatric Residency Program, a resident's advocacy project produced a needs assessment of LGBTQ issues in medical education. This assessment outlined our residents’ desire to obtain instruction on skills for navigating same visit family counseling. We designed a 3 hour session dedicated to addressing resident discomfort with navigating conversations about sexual health, coming out, and Transitioning. The three hours are divided into one hour of lecture to develop the language appropriate for holding a conversation regarding these topics, followed by a two hour simulation session, where residents work through six different patient cases. Each case was developed in conjunction with the Alliance for LGBTQ youth. Other topic areas that rely on the ability of the practitioner to navigate a conversation with a family, for example vaccine hesitancy, have been instructed using a similar activity format at our program however never with such a complex topic. Simulation is known to engage the learner and allow them to work through learner specific difficulties whether in situational setting or language utilization. This session improved the confidence of our residents in facilitating conversations with LGBTQ patients.
The American Academy of Pediatrics emphasizes empathy as an essential physician characteristic leading to better patient outcomes. The well-documented decline in empathy, increase in burnout, and rise in depression during training is alarming and must be addressed. Interventions involving mindfulness, stress management, and small group discussions have been shown to reduce burnout. After noting that our intern burnout rates in an ongoing APPD study were above the national average, we created a novel curriculum to normalize the intern experience and provide debriefing opportunities to improve resilience. Each intern met monthly with the same Chief Resident to discuss personal, professional, and emotional well-being and complete resilience exercises. Interns were surveyed after six months and focus groups were performed to understand the impact of these meetings. Respondents felt supported by the residency program in the areas of stress management (93%), mental health and wellness (87%), and career development (67%). Interns cited the meetings as an important source of support, specifically in normalizing the intern experience (92%), obtaining wellness resources (92%), and feeling connected (69%). Interns felt that the discussion topics provided tools to process intern year. Preliminary analysis of the focus groups yielded similar results and found that interns felt well cared for by the program as a result of these meetings. Many interns expressed that they were more open about their struggles because of this personal connection with “their chief”. Additionally, these monthly meetings were found to have a positive impact on intern satisfaction with programmatic support for well-being.

Aviva Alpert MD halperia@med.umich.edu
Jason Fischer MD MSEd jafi@med.umich.edu
Priyanka Rao MD priyankr@med.umich.edu

Heather Burrows MD PhD armadill@med.umich.edu
CULTURE SHIFT: CHANGES IN METHODOLOGY AND ACCOUNTABILITY TO INSPIRE GREATER ACADEMIC INVESTMENT AMONG PEDIATRIC RESIDENTS

Kaitlin Isley, DO (Co-Chief Resident, kaitlin-isley@ouhsc.edu); Jessee Bustinza, DO (Co-Chief Resident, jessee-bustinza@ouhsc.edu); Keith Mather, MD (Program Director, keith-mather@ouhsc.edu); University of Oklahoma-Tulsa School of Community Medicine, Tulsa, OK

Does this sound too familiar? You look around the dimly lit room during academic afternoon. One resident is nodding off, another updating her Facebook status, yet another completing patient charts. A few stalwart medical students scratch notes on the margins of their patient lists as the lecturer bravely plods through her slides, painfully aware of the inattention of most present. At the end of the year, the third year residents approach you in a panic, admitting they feel completely unprepared for boards. You scratch your head, wondering why your efforts in coordinating academic afternoon have fallen flat.

Frustrated with our own experience, we set out to change our weekly academic afternoon to incorporate adult learning methods, creating an innovative board focused curriculum. This included a variety of educational activities, such as interactive presentations, group based case scenarios, games, skits, and hands-on learning stations. We enhanced resident participation by providing paper worksheets, establishing a digital free zone, and instituting a formal reading program. To ensure maximum learning and retention over time, we worked as a leadership team to develop a system of accountability. We required residents to take weekly quizzes, enabling us to track their progress over time. Our new Harry Potter inspired House Cup promoted collaboration and friendly competition among the residents. Although shifting our residency academic culture was not without growing pains, after nine months the residents are more invested, engaged, and satisfied with their learning experience than in previous years.
CR Abstract University of Tennessee Health Science Center A Multidisciplinary Communication Bootcamp
Nicole De Jesus-Brugman ndejesus@uthsc.edu University Health Science Center Dr. Mark Bugnitz mbugnitz@uthsc.edu

In 1999 the Institute of Medicine reported that 60% of medical errors were related to communication difficulties among doctors, patients and nurses. In 2004 Sutcliffe et al found that 91% of medical “mishaps” reported by medical residents were associated with communication difficulties. They found that communication failures are not simply a result of poor transmission or exchange of information, but were far more complex. They were related to “hierarchical differences”, concerns with upwards influence, conflicting role, and interpersonal power and conflict. One of the most common hierarchical differences is the one between physicians and nurses. First year residents and inpatient nurses from Le Bonheur Children’s Hospital are required to attend one of three eight hour sessions. The individual sessions are led by Dr. Haavi Morreim, a lawyer associated with our hospital, and Dr. Mark Bugnitz, our program director. Using didactics and videos, unique communication skills are presented to the group. After each set of skills is presented the intern/nurse dyads practice the skills using real hospital cases. Each participant plays the role of nurse, resident, parent, and attending physician. A survey of the residents six months after the sessions found that more than 60% were using multiple communication tools learned that day. We believe that as a result of these sessions we’ve had better resident and nurse interactions as well as improved our communications with the patients and their families. Most importantly we hope that as a result of the improved communication we have potentially decreased medical errors that would have otherwise resulted from miscommunication.
Changes in the clinical training environment have led to a necessary focus on resident wellbeing for residency programs. Within the next year, ACMGE will focus on resident wellbeing and study the topic through its Clinical Learning Environmental Review. More importantly, as a former resident and a current chief resident, I have become abundantly aware of the multitude of forces that can disrupt resident wellbeing. Therefore, I have created a resident wellbeing curriculum and resource guide. In addition, our program has implemented a weekly resident wellbeing fuel gage, created by our colleagues in internal medicine, which is a weekly assessment that helps identify resident burnout. The goal of the curriculum, the resources guide, and the fuel gage is early identification of residents in distress, prevention of resident burnout, and provision of resources to residents to both prevent and combat disruptions in resident wellbeing. While our program has been supportive of resident well-being in the past, there has never been a sustainable curriculum or an ongoing series that addresses resident wellbeing.

The curriculum is four-fold including 1) noon-conference well-being series, 2) weekly wellbeing updates via email, 3) implementation of a resident wellbeing fuel gage, and 4) personalized resident mentoring/resource allocation based on well-being fuel gage notifications and residents who identify themselves as having burn-out or near burn out. Examples of each of these can be seen below.

The primary data to assess impact will be through ACGME survey results (i.e. questions about managing fatigue, transition of care when fatigued, how to deal with concerns). Secondary data will be derived from a recently survey regarding the impact of the resident wellbeing curriculum and resources. Anecdotally, residents continue express appreciation for the programs improvement in access to wellbeing resources and education.

1) Example Noon-Conference Well-being Series Schedule
2) Example Weekly Wellbeing Update
3) Example Resident Fuel Gage
4) Example Individual Resident Mentoring
Objective Structured Clinical Examination (OSCE) is an educational tool used to assess clinical competencies on simulated clinical scenarios. It may also provide an ideal opportunity for practicing feedback which has proven to be an invaluable adjunct in medical education. Indeed, scenarios have been developed to assess how residents provide feedback in a simulated setting. However, few studies have examined the impact of ‘peer to peer’ feedback on residents OSCEs’ performance.

We developed an educational strategy in which ‘peer to peer’ feedback is used as part of the evaluation of the residents’ performance in their yearly OSCEs. Under the guidance of the chief residents, residents are paired with a peer resident to assess each other’s station recordings. They are provided with a debriefing guide for the feedback process focusing on identifying areas of strengths and opportunities for improvement. Each of them evaluates their own performance, followed by their peer’s feedback on their performance. Specific recommendations are provided by the peer resident and documented in an evaluation form which is then discussed with the Program Directors and included in the Individualized Learning Plan. This process allows residents to evaluate their peer’s styles and clinical competencies with the ultimate goal of learning from each other and applying that knowledge in future clinical encounters.

Chief Residents 2016-2017
Department of Pediatrics
School of Medicine
University of Puerto Rico
Email: pedschiefresidents.rcm@upr.edu
Program Director: Nilka de Jesús-González, MD, MSc, FAAP
Email: nilka.dejesus@upr.edu
Associate Program Director: Ana García-Puebla, MD, FAAP
Email: ana.garcia9@upr.edu
Title: Improving Pediatric Noon Conference Education
Author: Athra Kaviani, M.D. <Athra.Kaviani@Childrens.com>
Institution: University of Texas Southwestern Medical Center
Program Director: Jeffrey McKinney, M.D., Ph.D. 
<Jeffrey.McKinney@UTSouthwestern.edu>

The University of Texas Southwestern Pediatrics Residency Program has been built to serve the educational mission of the department through educating pediatric residents. At our institution, formal noon conference lectures are used to supplement high volume clinical service and to cover the broad educational content necessary to train superb pediatricians. This project aims to improve the quality of the Pediatric Noon Conference lecture series for UT Southwestern pediatric residents. With this aim in mind, I theorized that more engaged faculty members will give presentations of higher educational quality as measured by subjective and objective scoring methods. Faculty members were classified as engaged in resident education if they had voluntarily participated in resident mentorship roles during the previous 18 months. Noon conference lectures were rated subjectively based on observer feedback and objectively based on audience participation.

I found that objective scores were higher for lectures given by faculty members classified as engaged; however, subjective scores were nearly identical between the two groups of faculty presenters. In addition, surveys of pediatric residents demonstrated that 88% of responders considered that the quality of Pediatric noon conferences were either higher quality or much higher quality as compared to the previous academic year.
Abstract for the Graduating Chief Resident Platform Presentations – Longitudinal Poverty Curriculum for Pediatric Residents
Catherine Park, MD. cpark12@uthsc.edu
Chief Resident
University of Tennessee Health Sciences Center in Memphis, TN
Program Director: Mark Bugnitz, MD. mbugnitz@uthsc.edu
Our residency previously incorporated a month long community pediatrics rotation into the third year of training. However, given AAP’s emphasis on child poverty and our unique location in Memphis, which ranked 2nd in child poverty among cities with populations greater than 500,000 in 2015, we suspected that a longitudinal experience might be more valuable. On surveying the residents, including the 2016 graduating class, most expressed that this would be beneficial for their training. Therefore, we created a longitudinal curriculum addressing this need, which we incorporated into the residents’ continuity clinic (RCC). We identified the three most impoverished zip codes with the intent of focusing on one per year so that residents could be exposed to all three during residency. Each month, starting in August 2016, we focused on a different social determinant of health. This self-paced electronic curriculum is composed of Prezi presentations along with handouts, interviews with key community members, group discussions in RCC, and identification of assets available in the particular zip code. Residents were also provided with resources that could be shared with their patients. Our novel curriculum has led to an increase in the residents’ awareness about poverty and social determinants of health, both locally and nationally, and an increased confidence in caring for patients from impoverished families. While creating this curriculum, we realized that the best way to improve our understanding of community resources is by immersion. This involvement has subsequently led to an increase in residents’ presence and impact in the community.