2008 Annual Meeting

Mentoring: The Development of Others

April 30 – May 3, 2008

Hilton Hawaiian Village Hotel
Honolulu, Hawaii

Final Program
What Is A Mentor? A MENTOR IS A TRUSTED COUNSELOR AND GUIDE.

Program Directors

The APPD Mentoring Program was developed to support new and more junior program directors. Our goal is to pair the new and relatively new program directors with more experienced individuals to serve as mentors. The mentor-mentee pair should establish an on-going relationship with each other.

Once you are paired with a mentor/mentee, we encourage you to make email contact prior to the spring meeting. Although we hope the mentor will make first contact, it is okay if the first contact is made by the mentee. We suggest that the mentor ask the mentee to consider what goals he/she may have for the upcoming year, as well as more long-term goals. These can be used as a starting point for discussion.

Studies have found that finding the time and energy for “mentoring” pairs to meet is a great obstacle. We have therefore scheduled a Mentor/Mentee Reception during our Spring Meeting, scheduled for Wednesday, April 30 from 5:00-6:00 p.m. We hope that each Mentor/Mentee pair will plan to attend this reception, and take advantage of this opportunity to begin this relationship.

Coordinators’ Section

The goal of the APPD Coordinators’ Section Mentoring Program is to provide networking opportunities and promote career development. Program coordination is a very difficult and challenging job. The APPD Coordinators’ Section has created the Mentoring Program for new program coordinators. New coordinators who join the APPD will be assigned a mentor (a coordinator from a program of similar size and type of practice). The mentor’s responsibility would be that of consultant, someone the new coordinator could turn to for advice.

Interaction can take place by attending the APPD Annual Meeting, Fall Meeting or via e-mail and/or telephone.

A mentor’s role varies with each mentee. The mentor will share experience and advice on such topics as recruitment techniques, credentialing, getting ready for an RRC site visit, orientation planning, data base insight, resident guidelines and procedures, coordinator/program director roles, professional development, time management and stress management, etc.

Attending the APPD Annual Meeting provides an ideal time and place for you to interact with the mentor/mentee to whom you have been assigned. In addition to the Mentor/Mentee Reception, scheduled for Wednesday, April 30 from 5:00-6:00 p.m., you may decide to have breakfast, lunch, coffee or dinner with one another, as well as attend sessions together.

APPD MENTOR/MENTEE RECEPTION

(OPEN TO PARTICIPANTS IN MENTORING PROGRAM)

WEDNESDAY, APRIL 30, 5:00-6:00 P.M.
HILTON HAWAIIAN VILLAGE HOTEL
### Schedule-At-A-Glance

#### Wednesday, April 30
- **8:00 am – 12:00 noon**
  - APPD Board Meeting
  - *Ilima Boardroom*
- **9:30 am – 12:00 noon**
  - Midwest Region Meeting
  - *Kahili 1*
- **10:30 am – 12:00 noon**
  - Southeast Region Meeting
  - *Lehua Suite*
- **12:30 pm – 2:30 pm**
  - Grassroots Forum for Program Directors
  - (formerly known as Program Directors SIG)
  - *Coral 4*
- **Special Interest Group (SIG) for Associate Program Directors**
  - *South Pacific 1*
  - *Coordinators’ Assembly*
  - *Coral 5*
- **2:30 pm – 3:00 pm**
  - Break
  - *Coral Lounge*
- **3:00 pm – 4:00 pm**
  - Poster Session with Exhibits
  - *Coral 1 & 2*
- **4:00 pm – 5:00 pm**
  - Keynote Address and Special Entertainment
  - *Coral 3*
- **5:00 pm – 6:00 pm**
  - Mentoring Reception
  - *South Pacific 1*

#### Thursday, May 1
- **8:00 am – 9:30 am**
  - Regional breakfasts
  - (see page 16)
- **9:30 am – 11:30 am**
  - Task Force Meetings
  - (see page 16)
- **Coordinators Task Force Meetings**
  - (see page 16)
- **11:30 am – 1:30 pm**
  - Lunch On Own
  - (Council of Regional Chairs and Council of Task Force Chairs luncheons)
  - (see page 16)
- **1:30 pm – 3:10 pm**
  - Plenary Session
  - *Coral 3*
- **3:10 pm – 4:00 pm**
  - Interactive Panel Discussion (Q&A)
  - *Coral 3*
- **4:00 pm – 5:00 pm**
  - APPD’s L.E.A.R.N. Pilot Project on Procedural Competency
  - *South Pacific 1 & 2*

#### Friday, May 2
- **7:00 am – 8:30 am**
  - Continental Breakfast with Exhibits
  - *Coral 1 & 2*
- **7:15 am – 8:15 am**
  - FOPO Task Force on Women in Medicine
  - *South Pacific 1*
- **APPD/ABP Session: Teaching and Assessing Professionalism**
  - *South Pacific 2*
- **8:30 am – 10:30 am**
  - Workshop Session I
  - (see page 17)
- **10:30 am – 11:00 am**
  - Break and Exhibits
  - *Coral 1 & 2*
- **11:00 am – 1:00 pm**
  - Workshop Session II
  - (see page 20)
- **1:00 pm – 2:30 pm**
  - Lunch on Own
  - (Board Meeting and Lunch)
  - *Ilima Boardroom*
- **2:30 pm – 4:30 pm**
  - Workshop Session III
  - (see page 23)
- **4:30 pm – 5:30 pm**
  - Controversies (Debrief from Grassroots Forum – Next Steps)
  - *Coral 3*

#### Saturday, May 3
- **7:00 am – 8:30 am**
  - Continental Breakfast
  - *Coral Lounge*
- **8:00 am – 1:00 pm**
  - Coordinators’ Session
  - *Coral 1*
- **8:00 am – 5:00 pm**
  - Forum for Chief Residents
  - *South Pacific 2*
  - Forum for Fellowship Directors
  - *South Pacific 3*
- **9:00 am – 12:00 pm**
  - Forum for Directors of Small Programs / Affiliate Chairs
  - *Coral 2*
CONTINUING EDUCATION CREDIT

ACCREDITATION
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Tulane University Health Sciences Center and the Pediatric Academic Societies. Tulane University Health Sciences Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

DESIGNATION
Tulane University Health Sciences Center designates this educational activity for a maximum of 51.5 AMA PRA Category 1 Credits™ (includes 21.25 credits for APPD sessions). Physicians should only claim credit commensurate with the extent of their participation in the activity. Tulane University Health Sciences Center presents this activity for educational purposes only and does not endorse any product, content of presentation, or exhibit. Participants are expected to utilize their own expertise and judgment while engaged in the practice of medicine. The content of the presentations is provided solely by presenters who have been selected because of their recognized expertise.

DISCLOSURE POLICY
It is the policy of the Center for Continuing Education at Tulane University Health Sciences Center to plan and implement all of its educational activities in accordance with the ACCME’s Essential Areas and Policies to ensure balance, independence, objectivity and scientific rigor. In accordance with the ACCME’s Standards for Commercial Support, everyone who is in a position to control the content of an educational activity certified for AMA PRA Category 1 Credit™ is required to disclose all relevant financial relationships with any commercial interests within the past 12 months that creates a real or apparent conflict of interest. Individuals who do not disclose are disqualified from participating in a CME activity. Individuals with potential for influence or control of CME content include planners and planning committee members, authors, teachers, educational activity directors, educational partners, and others who participate, e.g. facilitators and moderators. This disclosure pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. Any real or apparent conflicts of interest related to the content of the presentations must be resolved prior to the educational activity. Disclosure of off-label, experimental or investigational use of drugs or devices must also be made known to the audience.

EDUCATIONAL OBJECTIVES
The purpose of this educational activity is to present current research and state-of-the-art clinical areas of pediatric medicine to academic and practicing physicians and other interested professionals. At the conclusion of this educational activity, the participants should be better able or prepared to:

• Translate new information and findings from basic and clinical pediatric research into professional skills and performance improvement as defined by the Core Competencies for Maintenance of Certification.
• Apply new scientific knowledge gained to identify areas of investigation that will inform pediatric research and to improve patient care and safety.
• Implement new tools for teaching and practicing medicine related to pediatrics.
• Teach and educate pediatric care givers to improve the outcomes for children.

CORE COMPETENCIES
The American Board of Medical Specialties endorses the six General Physician Competencies defined by the ACGME for Maintenance of Certification (MOC) to demonstrate evidence of a physician’s commitment to lifelong learning and practice improvement.
**Patient Care** (gathering information; making informed decisions; managing patient health conditions; performing procedures; educating and counseling patients)

**Medical Knowledge** (applying established and evolving biomedical, clinical and cognate scientific knowledge)

**Practice-Based Learning and Improvement** (investigating and improving patient care; appraising and using scientific evidence; using information technology)

**Interpersonal and Communication Skills** (exchanging information with patients and their families; being a team player)

**Professionalism** (demonstrating accountability to patients and ethical principles and sensitivity to a diverse patient population)

**Systems-Based Practice** (being responsive to system needs; practicing cost-effective care; advocating quality care; partnering with managers to improve patient care.)

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**A special appreciative note of thanks...**

...is extended to the members of the APPD Leadership

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<tr>
<th>Position</th>
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<tr>
<td>President</td>
<td>Robert McGregor, MD</td>
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<td>President-Elect</td>
<td>Susan Guralnick, MD</td>
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<td>Secretary-Treasurer</td>
<td>Joseph Gilhooly, MD</td>
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<td>Past-President</td>
<td>Theodore Sectish, MD</td>
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<td>Executive Director</td>
<td>Laura Degnon, CAE</td>
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**Board of Directors**

Annamaria Church, MD ~ Patricia Hicks, MD ~ Dena Hofkosh, MD
Adam Pallant, MD ~ Monica Sifuentes, MD

**Coordinators’ Executive Committee**

Judy Behnke ~ Valarie Collins, C-TAGME ~ Therese D’Agostino
Lorrayne Garcia, C-TAGME ~ Vanessa Goodwin ~ Marlene Keawe

**Council of Task Force Chairs**

Susan Bostwick, MD ~ John Co, MD, MPH ~ Abhay Dandekar, MD
Susan Guralnick, MD ~ Joseph Marc Majure, MD
Robert McGregor, MD ~ Surendra K. Varma, MD

**Nominating Committee**

George Johnson, MD ~ Theodore Sectish, MD ~ Surendra Varma, MD
WEDNESDAY, APRIL 30

12:30 pm – 2:30 pm  Grassroots Forum for Program Directors (formerly known as Program Directors SIG)  Coral 4
*2 CME Credits Available*

Jerry Rushton, MD, MPH, Indiana University School of Medicine; Rukmani (Roni) Vasan, MD, MSEd, University of Southern California; Brian Youth, MD, Maine Medical Center

Special Interest Group (SIG) for Associate Program Directors  South Pacific 1
*2 CME Credits Available*

Nancy Spector, MD, St. Christopher’s Hospital for Children, Keith J. Mann, MD, Children’s Mercy Hospital

- Highlight progress on issues raised at last year’s meeting including
  - increasing the recognition of the role of Associate Program Directors
  - increasing opportunities for personal and professional growth
- Give updates on ACGME requirements, APPD projects and professional opportunities
- Provide a forum for open discussion
- Brainstorm ideas for future collaborative efforts including
  - Projects related to the role of APDs
  - Workshops to be presented at future meetings

12:30 – 1:00  Welcome/Opening Remarks  Coral 5

**APPD Coordinators Executive Committee Members**

1:00 – 2:30  Follow the Yellow Brick Road to Skill Discovery  Coral Lounge

Aida K. Velez, MEd, University of Connecticut Pediatric Residency Program, East Hartford, CT

This is a one hour motivational workshop guaranteed to renew and invigorate program coordinators as they travel down the yellow brick road with Dorothy and her pals, the Scarecrow, the Lion, and the Tin Man, in the artistry and magical ‘World of Oz’ in search of the Wizard.

The purpose of this workshop is for program coordinators to develop new insights about their abilities and skills, draw out their talents, and realize how they manage and confront challenges. It is a journey of skill self-discovery which will be accomplished through selected vignettes from the movie ‘Wizard of Oz’. Program coordinators will observe how Dorothy successfully negotiates her own journey to reach a goal, in which lessons are learned and messages are revealed about her, including her own perception of herself. There will be short discussions after each vignette.

2:30 pm – 3:00 pm  Break  Coral Lounge

3:00 pm – 4:00 pm  Poster Session with Exhibits  Coral 1&2

1. Residents Evaluating Faculty: The Quest for Excellence in Medical Education Using Competency-Based Evaluations  
   Dennis Basila, MD, The Children’s Hospital at Albany Medical Center, Albany, NY

Historically, the residents have evaluated the faculty using a form at the end of each rotation. The tool that was used
Consisted of different scores on a continuum with an area to add comments if so desired. The forms were reviewed by the program director and filed with departmental chairperson. The evaluations were used as a part of the yearly faculty evaluation by the departmental chairperson.

Our program began an evaluation committee modeled after the evaluation committee that meets multiple times a year to review resident progress. The residents, who have been under the teaching service of a faculty member over a 4 to 6 month period, meet with the chief residents and discuss their experiences. The residents continue to fill out the form evaluations monthly and use them as a guide to their discussion. The faculty member is discussed under the application of the competency guidelines. An outline of a report is created by the chief residents and is agreed upon by the committee. Then a letter is drafted and released to the faculty member along with the packet of evaluation forms from the past 4-6 months. A copy of the report and evaluations is submitted to the department chairperson and the program director.

This format enables the residents to practice professionalism by contributing to the quality improvement processes in medical education and patient care. The residents improve communication with the faculty by modeling the evaluation that the residents desire for feedback and reviewing positive and negative experiences with the faculty in a constructive and anonymous forum. Practice-based learning and improvement is utilized as well. The residents teach the faculty to learn and become more comfortable with the competencies and how they are applied to medicine, specifically medical education. The evaluation report should inform and motivate faculty to strive for excellence in medical education. The hope is that the departmental chairperson will use the information to address problems with faculty and as well as in decisions for future promotions and appointments.

2. Directly Observed Patient Encounters as an Evaluation Technique in the Pediatric Emergency Department (ED)

S. Glenn Faries, MD, M. Douglas Jones, MD, Daniel Searing, MD, Christine Jelinek, MD, Adam Rosenberg, MD, University of Colorado Pediatric Residency Program, Aurora, CO

Background: Multi-source feedback is an important component in evaluation of resident competence in professionalism, patient care and interpersonal and communication skills. Problems arise in distribution and collection of family evaluation forms. Objective: Compare the return rate and content of surveys completed by families of hospitalized children.

Design/Methods: Family survey distributed to parents of children cared for by PL1s on the general inpatient ward teams. The survey included 6 items with a 5 point Likert scale from strongly disagree to strongly agree. Questions included: did PL1 address your concerns about your child, listen to you, respect your feelings, involve you in decisions regarding your child’s health, talk so that you could understand them, and provide high quality care to your child. Parents also were asked to comment on things PL1s did well, areas for improvement, and whether they would recommend the PL1 to family or friends. Two teams at an academic medical center and 1 team at a community hospital participated over 4-week rotations. In Phase 1 PL1s were asked to distribute surveys to 5 parents of their choice. In Phase 2, they were asked to place surveys in patient charts at time of admission and nursing staff were to ask parents to complete the survey at discharge. Outcomes include response rate and content of parent feedback. Results: Phase 1 included 30 PL1s. Phase 2 included 18 PL1s. In Phase 1, 1.1 surveys were returned per PL1 (range of 0-4) compared to 2.88 (range of 0-10) in Phase 2. Parents consistently scored PL1s favorably in both phases with 82-94% answering strongly agree to all 6 questions. Thirty-two positive comments were recorded in Phase 1 and 41 in Phase 2. All parents said they would recommend the PL1 to family or friends. Conclusions: Indirect PL1 involvement in Phase 2 led to more effective distribution and higher response rate. Overall, parent responses were quite favorable with a few constructive comments elicited in both phases. Direct distribution of family surveys by PL1s may not be as effective as a more passive distribution strategy.

3. Comparison of Two Distribution Methods for Family Surveys

Kathryn Miller, BS, C-TAGME, Janet Serwint, MD, Julia McMillan, MD, Johns Hopkins University, Baltimore, MD

BACKGROUND: To improve the validity and impact of the evaluation process, the pediatric residency program at the University of Colorado School of Medicine now includes directly observed patient encounters in the ED in its feedback and evaluation process. The purpose of this study is to examine feasibility of and resident satisfaction with this technique.

METHODS: Residents rotating through the ED are directly observed during one patient encounter during his or her month long rotation. The observation and feedback session is performed by one of three chief residents. A standardized mini-clinical evaluation exercise (Mini-CEX) form is used in all cases. Residents are assessed on a nine point scale with respect to their skill level in Medical Interviewing, Physical Examination, Clinical Judgment, Counseling, Humanism and Professionalism, Organization and Efficiency, and overall clinical competence. The evaluator and the resident indicate on a nine point scale their satisfaction with the Mini-CEX. The study will be conducted over the entire 2007-2008 academic year. Informed consent was obtained from each resident prior to the Mini-CEX. This project was approved by the Colorado Multiple Institutional IRB as an exempt study.

PRELIMINARY FINDINGS: Thirteen residents have undergone the Mini-CEX. To date, all residents observed have performed in the superior category in all areas with scores ranging between 7 and 9. Evaluator satisfaction ranged between 5 and 9 and resident satisfaction with the process ranged between 7 and 9. Time required to complete the Mini-CEX (including feedback time) ranged from 20 to 40 minutes. Specific comments and preliminary results will be presented at the meeting.
CONCLUSIONS: Direct observation was ranked by evaluators and residents as both important and beneficial. The time frame required is not excessive, indicating that this method of providing feedback and assessing competencies is feasible. Future endeavors will include comparing information gleaned from this form of evaluation with the global assessment arrived at by consensus discussion amongst the ED faculty.

4. Mentoring Thru Medicine: A Unique, Physician-Based Primary Violence Prevention Program in Inner City New York
   Mary C. Baldauf, MD, FAAP, FCCP, The Brookdale University Hospital Medical Center, Brooklyn, NY
   Brookdale University Hospital Medical Center serves some of the most violent communities in New York City’s Brooklyn Boro. Poverty, domestic turmoil, substance abuse, gang influences and the tremendous presence of illegal weapons make the East New York section of Brooklyn one of the most dangerous in the city. In the past 6 months, 25 children have become the victims of gun or knife attacks. In an effort to reach out to the community and prevent the senseless violence, the Department of Pediatrics spearheaded a mentoring program believed to be the first of its kind. Evidence-based medicine reveals that mentoring reduces the incidence of violence, and the Big Brothers Big Sisters program is at the forefront of mentoring. Based on the General Pediatric principles of PRIMARY PREVENTION and ANTICIPATORY GUIDANCE, the Brookdale Department of Pediatrics established a Physician-Based Primary Violence Prevention Program in collaboration with Big Brothers Big Sisters of East New York. The curriculum matches Pediatric physicians with local High School students identified by Big Brothers Big Sisters to be most in need of individual mentoring. The program pairs 30 Pediatric “BIGS” (4 Attendings-including the Program Director, 22 Residents and 4 non-physicians) with 30 “LITTLES” from the community. The children gain the opportunity to learn about the Health Care field, understand the importance of respecting oneself and others, and interact with professionals who serve their neighborhood. The mentors have a unique opportunity to serve as role models in their community and acquire an understanding of SYSTEMS-BASED PRACTICE. As sensitivity and mutual respect develop, both mentors and children experience significant improvements in INTERPERSONAL AND COMMUNICATION SKILLS. This remarkable program has raised the bar for community-based mentoring programs. The compassion, honesty and understanding that are experienced have clearly elevated the level of PROFESSIONALISM of the mentors, and have served to improve their overall performance as Health-Care providers in this (now less violent) community.

5. Can a PRIME framework improve the written performance evaluations of postgraduate pediatric trainees?
   Joseph Lopreito, MD, MPH, Carolyn Oyster, BS, Janice Hanson, PhD, Kenneth Schor, DO, National Capital Consortium Pediatric Residency Prog, Bethesda, MD
   Most postgraduate training programs depend on written faculty evaluations of trainee performance to document learner progress. We report results on the introduction of a framework called PRIME to assist faculty in writing comments about observed trainee performance. PRIME (Professionalism, Reporter, Interpreter, Manager, and Educator) is an acronym designed to help faculty recall and describe specific aspects of trainee performance. Methods: In AY 2000-2001, our residency program introduced the PRIME framework to faculty. The authors retrospectively reviewed end-of-rotation written faculty comments on trainees in AY 1999-2000 (pre-PRIME data) and after the PRIME framework was incorporated into the evaluation system in AY 2001-2002 (post-PRIME data). Pre-PRIME resident evaluations (n=30 residents) were available for 9 rotation blocks. Post-PRIME resident evaluations (n=33) were available for 11 rotations. Attending physician comments (n=46) were qualitatively analyzed using the constant comparative approach to thematic analysis. Results: The number of words written on end-of-rotation evaluation forms increased from 21 words/trainee pre-PRIME to 126 words/trainee post-PRIME. Qualitative analysis of all comments pre- and post-PRIME found 10 themes: professionalism, reporter, interpreter, manager and educator, interpersonal skills, organizational skills, learning environment, areas of growth and areas for improvement. In all themes, post-PRIME comments were much more detailed and the number of comments related to the trainee’s interpersonal skills, professionalism, and areas of performance needing improvement increased notably compared to pre-PRIME data. Conclusions: Introducing the PRIME framework into our evaluation system demonstrated increased quantity and quality of faculty written comments about the performance of our postgraduate pediatric trainees. Ten distinct themes emerged and post-PRIME comments included more detailed and specific performance information than pre-PRIME comments. This simple framework can provide our educators with better quality performance data on postgraduate pediatric trainees.

6. Genesis and Evolution: Inception and Integration of Evidence Based Medicine into the Pediatrics Curriculum
   Sandra Fowler, MD, MSc, Medical University of South Carolina, Charleston, SC, Gautham Suresh, MD, DM, MS, Dartmouth-Hitchcock Medical Center, Lebanon, NH, Laura Cousineau, MLS, Lyndon Key, MD, Medical University of South Carolina, Charleston, SC
   Over the past three years, our department has implemented an intensive program to teach our pediatric residents the principles and practice of Evidence-Based Medicine (EBM). The genesis and evolution of this program, and our progress in integrating EBM into practice has important lessons for other programs.

Under strong leadership from the Chair, a course director and selected faculty devised a program that included faculty training sessions, and an initial series of core lectures for residents by faculty, followed by weekly presentations by interns.
and residents. In the second year, after redesigning the program using feedback from faculty and residents, we met with greater success and participation. Our current program is structured so that in the first half of the year, each session consists of a second-year resident's brief presentation of a common pediatric problem, followed by an intern's discussion of a structured EBM question linked to that problem. The second half of the year has intern presentations only, with the questions derived from actual clinical settings. Second year residents continue to function as teachers, while third year residents are involved in evidence-based research projects to be presented or published by the end of residency.

Unique features of this program include: additional financial compensation for faculty; a “resident powered” approach, in which upper level residents act as teachers for the interns; hands-on application of EBM skills in real clinical settings; the inclusion of a librarian (who also makes rounds with clinical teams) as a core faculty member; use of WebCT, an online course management software tool to archive presentations and to post additional resources and links; and the requirement for an evidence-based research project.

Residents currently participate enthusiastically in high numbers at the weekly EBM conferences, and perceive these sessions as positive learning experiences.

7. Characteristics of Inpatient Rounds: A National Survey
Priti Bhansali, MD, Christine Skurkis, MD, University of Connecticut School of Medicine, Hartford, CT; Nicole Chandler, MD, University of North Carolina School of Medicine, Chapel Hill, North, Georgine Burke, PhD, University of Connecticut School of Medicine, Hartford, CT

Introduction: Inpatient rounds are a cornerstone of inpatient medical education and patient care. To improve the rounding process at our own facility, we studied characteristics of rounds at other pediatric residency programs.

Methods: A 42 question survey to evaluate aspects of the inpatient service and rounding process was emailed to 198 program directors from accredited residency programs for completion by a single chief resident (CR).

Results: The response rate was 66% (130/198). 89 programs (68%) stated that inpatient pediatric rounds were combined work and teaching rounds (COM), while 41 programs (32%) had separate teaching and work rounds (SEP). In both SEP and COM, the most frequently reported amount of time spent teaching on patient care rounds was 20-30%. Rounds took place at the patient bedside less than 13% of the time in both groups. Nurses and pharmacists were the non-physician multidisciplinary team members to most often participate on rounds. However, 45% of both groups reported that nurses rarely or never participated on rounds. 57% of SEP and 38% of COM reported that a pharmacist rarely or never participated. Rounds are longer in COM than in SEP (P=0.0001): 47% of COM last 2-3 hours, with 9% over 3 hours, while 55% of SEP have work rounds that last 1-2 hours, with none longer than 3 hours. Discussions about patients on rounds are longer in COM than in SEP for both new patients (P=0.02) and pre-existing patients (P=0.006). The majority of COM (44%) spend 10-15 minutes to discuss a new patient compared to 5-10 minutes in SEP (43%). The majority of COM (44%) spend 5-10 minutes to discuss a pre-existing patient compared to 2-5 minutes in SEP (58%). Of note, 28% of COM spend more than 15 minutes to discuss a new patient, and 13% spend 10-15 minutes for a pre-existing patient.

Conclusions: In most institutions, inpatient pediatric rounds are a combination of work rounds and teaching rounds. Inpatient rounds rarely occur at the patient bedside. Multidisciplinary team member participation in inpatient rounds does not regularly occur. More time is spent rounding and discussing patients in COM than in SEP.

8. Successful development of resident mentorship in a large training program
Dorothy Sendelbach, MD, Patricia Hicks, MD, Children’s Medical Center Dallas, Dallas, TX

Background: ACGME requirements for mentorship include documented meetings to provide feedback and guidance, review and documentation of the Individualized Learning Plan (ILP), and review of “critical” incidents with the goal of assisting residents in developing life long self reflection. Expectations for programs to document duty hours, procedural competencies, completion of ILPs, proficiency in core competencies, and completion of required projects place a burden on training programs. Additionally, residents in training desire and benefit from consistent mentorship.

Methods: Children’s Medical Center at Dallas initiated a comprehensive mentorship program in July 2005 with the goals of meeting ACGME requirements while providing for resident development. When starting residency each intern is assigned a faculty mentor for the duration of residency. Barriers and challenges included: 1.Identification of faculty members with personal attributes associated with good mentorship skills, 2.Departmental and university recognition of faculty efforts, 3.Development of goals and objectives for the mentor role, 4.Development of tools for documentation of mentor resident interactions, and 5.Mentor development of necessary skills, eg delivering feedback.

Results: The mentorship program, has accomplished the following:
1. Insuring that each resident is compliant with all program expectations, 2. On-going, individualized opportunities for resident reflection on personal performance and improvement, 3. Timely recognition of, and intervention for, problems trainees may be experiencing, 4. Mechanism for thorough documentation of resident difficulties, which is critical for due process, 5. On-line evaluation tools developed for mentor-resident interactions allow for electronic documentation, and 6. Enhanced resident satisfaction as evidenced by program evaluations.

Conclusions: A structured mentorship process within pediatric training programs is essential to meeting and documenting ACGME requirements. Residents benefit from personalized faculty mentorship and support, especially in a large training program.
9. An Objective, Structured Clinical Examination (OSCE) for Pediatric Emergency Medicine Fellows Used to Evaluate the Six ACGME Core Competencies

Tonya Thompson, MD, MA, Henry Farrar, MD, Mary Cantrell, MA, James Graham, MD, University of Arkansas for Medical Sciences, Little Rock, AR

Purpose: Residency programs have recently begun using objective, structured clinical exams (OSCE) to document performance in the 6 competencies of the Accreditation Council on Graduate Medical Education (ACGME). No published works exist documenting the use of OSCEs in sub-specialty resident education.

Methods: An OSCE was developed for use in a pediatric emergency medicine (PEM) fellowship program to demonstrate mastery of certain tasks in all 6 ACGME competency domains. The exam was administered to the 3 upper level PEM fellows in the program at UAMS as a normal part of their training program in the fall of 2007. The exam consisted of 4 stations combining both high fidelity simulation mannequins and standardized patients/parents (SPs). Tasks evaluated included: choosing appropriate medication and obtaining informed consent for sedation; correctly identifying a fracture, speaking with a consultant, splinting an anxious child; arranging transport for a critically ill patient; leading a pediatric trauma code and relaying bad news to a parent. The scenarios were video taped and graded by 3 emergency medicine faculty using standardized checklists.

Results: All fellows scored highly on interpersonal skills and professionalism tasks but there was a great deal of variability in the SPs feedback of giving bad news. Fellows appeared hesitant or uncomfortable in relaying the news of a child’s death to a parent as reflected in the SPs score. While all three placed the correct splint, only one rechecked the neurovascular status post application. All fellows discussed the possible side effects of sedation with the SP, but none asked the nurse to witness that discussion before signing the consent paperwork. Patient Care, Medical Knowledge, and documentation OSCE scores correlated with performance on the ABP in-service exam.

Conclusions: This pilot study demonstrates that an OSCE can provide a standardized method for evaluating ACGME Core Competencies in PEM. Correlations between the OSCE and in-service exam scores may identify fellows in need of remediation.

10. The Round Peg in the Square Hole: The hazards of implementing duty hours and the new common program requirements without reshaping the clinical environment

Anne Mortensen, MD, Kate Sheppard, MPH, MSW, Srinivasan Suresh, MD, MBA, Children’s Hospital of Michigan/ Wayne State University, Detroit, MI

Background: The implementation of the ACGME common program requirements and duty hour standards has resulted in several positive changes. Without a corresponding restructuring of the clinical setting, these changes are increasingly viewed as a hindrance. A recent annual evaluation in a large urban pediatric training program raised concern about the level of discontent amongst faculty and trainees, struggling to teach and learn in an environment of high patient volumes, increased documentation, duty hours and other competing priorities. In order to best restructure our training environment, the program conducted a needs assessment of the residents, fellows and faculty to identify the intended versus actual impact of the recent programmatic changes.

Methods: the needs assessment included an evaluation of recent performance on the In-Training and Certifying examinations of the ABP; annual program evaluations by faculty and trainees, and a follow-up assessment to identify specific issues and potential remedies. The assessment looked at objective data and the perspectives of a large group of teachers and learners (residents >110; fellows >40, faculty >120) as to the intended and unintended consequences of restructuring the educational programs to accommodate the ACGME common program requirements. Ideas were solicited from all groups. Results: Preliminary data indicate that the faculty and trainees had concerns on decreased educational value. Subspecialty faculty were more likely to attribute their concerns to the impact of duty hours and the perception that they negatively impact the development of clinical skills. Both faculty and trainees identified duty hour guidelines as a barrier to continuity of care and patient safety. Trainee performance on In-Training and Certifying Examinations was generally inconclusive but not improved as had been anticipated by both faculty and trainees. Specific areas of concern and interventions were identified and will be implemented. Final results will be available at the time of presentation at the APPD meeting.

11. PBLi: Lessons Learned in Quality Improvement

Renuka Verma, MD, Olga Fraga, MD, Joseph Jaeger, MPH, Children’s Hospital at Monmouth Medical Center, Long Branch, NJ

Purpose: To identify prescribing errors made by residents in the in-patient setting and to prevent and thereby reduce the risk of harm to children resulting from medication errors.

Methods: Prescribing errors were collected between January 2006 and June 2007. All order sheets were reviewed by the pharmacy department. To improve pediatric resident’s proper order writing and charting skills, a focused educational intervention was designed, and implemented at the beginning of the 2006-2007 academic year. All residents received regular reminders, as well as notification and counseling on individual errors. Medication errors and rates (# errors / patient days)*100 were compared pre- and post-intervention.

Results: A total of 149 medication errors were identified during the eighteen-month study period. Total errors were 83 and 66 (p <0.001) for Period 1 (pre-intervention: 01/01/06 06/30/06) and Period 2 (post-intervention: 07/01/06 06/30/07), respectively. The mean error rate for Period 1 was 4.0 errors per 100 patient days, compared to 1.7 in Period
Conclusions/Discussion: Continuous monitoring and ongoing educational efforts reduce the rate of prescribing errors in the in-patient setting. Interestingly, no increase in the number of errors was noted in month of July when new residents begin. Usually more errors are associated with increase in patient census, however in this study even with increase in census; numbers of errors were kept in check by ongoing audits. Intense review of medication orders, ongoing counseling of residents and specifically, no tolerance policy for incomplete or incorrect orders were recognized as most effective ways in decreasing prescribing errors.


Matt Schwartz, MD, Sarah Germana, MD, Betty Staples, MD, Duke Pediatric Residency Program, Durham, NC

The parental leave policy for pediatric residents at Duke offers new mothers or fathers 4 weeks of paid leave following the birth of a child. After the 4 weeks of paid leave, residents have several options to extend their leave including a 4 week elective during which they transition back to residency free of call or weekend duties. New parenthood offers a unique opportunity for pediatric residents to learn about newborn care and normal infant behavior. The Pediatric Residency Program at Duke is creating a new transitional rotation that will focus on caring for a newborn infant. It offers the residents a unique opportunity to be immersed in the setting of a newborn’s care, while the attending supervision is strong and residents receive one-on-one mentoring in the care of the acutely ill child. However, in the acute care setting, residents are often disconnected from the ultimate patient outcome. Therefore, it is a key component of the competency of practice-based learning and improvement to have residents reflect on the care that they provide in light of the patient’s eventual course.

To facilitate the resident's transition into parenthood, the rotation will foster bonding between the resident and other new parents through exercise classes for new parents and their babies. The rotation will be 4 weeks in length and will be call-free and weekend-free; this structure will maximize the resident's ability to spend time with his or her new child while transitioning back into residency.

A transitional elective focusing on newborn care would serve as a unique bridge between parental leave and residency. We believe that residents would benefit from this rotation as both learners and new parents.

13. Virtual Mentorship: Maximizing Feedback for Residents During Urgent Care Experiences

Sarah Germana, MD, Matt Schwartz, MD, Joseph Majure, MD, Duke University Pediatric Residency Program, Durham, NC

Duke Pediatric Residents participate in urgent care experiences in the Emergency Department and in an acute care clinic called “Same Day Clinic.” In these settings, attending supervision is strong and residents receive one-on-one mentoring in the care of the acutely ill child. However, in the acute care setting, residents are often disconnected from the ultimate patient outcome. Therefore, it is a key component of the competency of practice-based learning and improvement to have residents reflect on the care that they provide in light of the patient's eventual course.

We describe a system that allows residents to have a documented discussion with faculty about the results of their initial management in the acute care setting. These “virtual mentors” not only provide feedback to residents regarding patient management, but also allow residents to interact with a broad range of faculty members.

Residents on rotations with an urgent care focus will log one patient encounter per week in an online system for review by a virtual mentor. The patient log will reflect the patient's presentation, the resident's assessment, the resident's management, and the patient disposition. After the initial encounter, the resident will follow-up on the outcome of the visit through review of computerized chart notes or telephone call. The resident will reflect on the patient's course and decide whether or not they would have changed their approach now that they know the outcome. The resident will then assign the case to a virtual mentor.

The mentors are notified via email of an assigned case. The mentor then reviews the online patient encounter and enters feedback in the online format. Once feedback is entered by attending, the resident will be notified via email for further reflection and comment. The review is then returned to the mentor for subsequent commentary.

Urgent care settings expose trainees to a diverse group of diseases. Through an online system, an expanded faculty group can provide documented mentorship to residents as a part of teaching the competency of practice-based learning and improvement.

Amy Patishall, MD, Katherine Gargiulo, MD, Andrew McInnes, MD, Robert McGregor, MD, Nancy Spector, MD, St. Christopher’s Hospital for Children, Philadelphia, PA

Objective: Evaluation of residents solely by attendings may not adequately identify residents who display shortcomings in their clinical and professional competence. Peer evaluation may provide an invaluable component in the formation of a full 360 degree assessment, however, its usefulness is limited by the extent to which residents are willing to truthfully evaluate each other. The objective of this study was to determine residents' attitudes toward peer evaluation and to incorporate this information into the development of an effective peer evaluation system.

Method: The authors performed an extensive review of the peer evaluation literature. An anonymous survey was created and distributed to all levels of pediatric residents including recently graduated PL3s. The survey asked residents to rank the extent to which they agreed with the use of peer evaluation in different areas of competency. Further input was obtained through resident focus groups.

Results: The survey was completed by 46% of graduates, 62% of PL3s, 58% of PL2s and 54% of PL1s. Most residents agreed that peer evaluation should be used routinely, especially to evaluate interpersonal skills and professionalism. Residents were hesitant to evaluate members of their own class, but were more positive about evaluating members of other residency classes. Most residents believe the process should be anonymous. Focus groups with residents revealed differed opinions on how they should receive this information. Clear distinctions were noted between resident classes regarding how information should be used and if it should be shared with program directors.

Conclusions: Because of the amount of time they spend together, residents are in a unique position to make observations about their peers that are not apparent to attendings. However, this same cohesiveness may be the greatest barrier to effective peer evaluation. Successful development of a peer evaluation tool includes resident input on the specific areas of evaluation as well as process implementation.


Elisabeth Stafford, MD, Adolescent Medicine fellowship, San Antonio Uniformed Services Health Education Consortium, Fort Sam Houston, TX, Dale Ahrendt, MD, SAUSHEC Adolescent Medicine fellowship, Lackland AFB, TX

Background: Within the context of Graduate Medical Education, specific training to develop medical advocacy and leadership skills enhances training for all the ACGME core competencies.

Hypothesis: Young military medical officers in adolescent medicine training can gain advocacy and leadership skill set through structured training.

Program Components:
*Public speaking skills development: fellows provide lectures within the institution, give workshops at regional conferences, provide lectures within the community.
*Leadership skills development: participation in medical outreach mission to Honduras as the executive officer in managing and mentoring the medical team. Didactics on leadership, advocacy, and professionalism. Participation in professional organizations and fellowship service projects.
*Process improvement knowledge base and skills development: Didactics on process improvement. Clinic process improvement meetings, inpatient morbidity & mortality conferences, process improvement project, working groups that target health optimization.
*Research and knowledge dissemination skills development: Encourage research on critical adolescent health threats. Learn to view conduct of research within an advocacy framework.

Outcomes: Our fellows have thrived on such advocacy related activities and demonstrated their abilities to synthesize and apply adolescent medicine knowledge content and individual patient care experiences to population health optimization.

Post graduation, our new adolescent medicine subspecialists have continued to seek out leadership opportunities and engage in advocacy initiatives to further promote adolescent and young adult health optimization.

16. Resident Continuity Clinic as a Site for a Quality Improvement Project

Arthur Jaffe, MD, Elizabeth Super, MD, Oregon Health and Sciences University, Portland, OR

Introduction: According to the AAP Policy Statement Identifying Infants and Young Children With Developmental Disorders (July 2006), the literature suggests that asking simple questions to parents about their child's development can elicit relevant information. OHSU residents in a weekly continuity clinic (Medical Home) had consensus opinion that there was inadequate screening for developmental problems. Under the umbrella of quality improvement, residents began with the quality improvement notion of: “What can we do today?” Residents asked one simple question with each well child visit: “Do you have any developmental concerns about your child?”

Method: All visits listed on Epic (an electronic medical record) as well child checkw were evaluated, regardless of the patient's age. One reviewer read all charts and tallied results after four weeks. Developmental concerns were discerned from behavioral issues which were excluded. The question must have been documented as being asked in Epic for inclusion in the study. A run chart was constructed to demonstrate results to residents.

Results: No. of patients 43; Specific developmental question asked: 18 (41.9%); Surveillance done: 42 (97.7%); Parents with concerns: 7 (16.2%); Residents with concerns: 8 (18.6%); Watchful waiting: 4 (9.3%); Referral made: 4 (9.3%)
Conclusions: This is an ongoing quality improvement study with four week data accrual demonstrating low percentage of a targeted developmental screening question being asked. Decision was made to repeat the process for another four week cycle, with a target of 80% of well child visits having developmental questions documented. If this data is validated through larger number of well child visits, OHSU residents will include this specific developmental question to well child check templates for all providers to include in their well child visits.

17. Facilitating the Mentorship Process—An Approach to Faculty Development and Documentation utilizing an innovative and comprehensive tool

Lee Miller, MD, Kathy Perkins, MD, PhD, UCLA Tri-Campus Pediatric Residency Training Program, Los Angeles, CA, Abhay Dandekar, MD, UCLA Pediatric Residency Training Program, Oakland, CA, M. Virginia Barrow, MD, Alice Kuo, MD, PhD, MEd, Angelika Rampal, MD, Arthur Cho, MD, UCLA Pediatric Residency Training Program, Los Angeles, CA

The Pediatric Residency Review Committee (RRC) requires each program to describe its process of mentoring residents. This includes summarizing the program’s guidelines for the topics that are addressed during meetings between mentors and mentees. In addition, the Pediatric RRC also requires that programs provide faculty development activities on developing and refining mentoring skills in faculty who serve as mentors.

In order to meet both of these requirements and to ensure consistency in the approach that mentors take, we have created a formalized “Checklist of Suggested Guidelines for Mentor-Mentee Feedback Sessions” tool that includes a template of topics to be covered at each mentor-mentee meeting. More specifically, this includes a review of all competency-based evaluations, Individualized Learning Plans (with a discussion of both programmatic assessment and self-assessment, with plans for self-directed learning), strategies to meet the educational goals and objectives of each rotation, a review of In-Training Examination scores, subspecialty training requirements, and a discussion of career development. The Checklist also guides mentors to review resident procedure logs, attendance at didactic teaching sessions, compliance with work-hours regulations, and the program’s Policies and Procedures. Use of the Checklist facilitates documentation, while at the same time demonstrates compliance with multiple RRC requirements.

Faculty development workshops are held with all faculty members involved in the mentoring process to provide structure for these mentor-mentee sessions with the use of this tool. In a large program with multiple faculty mentors, this tool facilitates uniformity in the content that all mentors cover during their twice annual individual resident feedback sessions and ensures that every resident has the required topics discussed.

This poster will introduce the audience to the specific tool outlined above and will provide very practical suggestions for how this tool may be adapted easily to other programs.

18. Pediatric Resident and Faculty Attitudes Toward Self-Assessment and Self-Directed Learning

Su-Ting Li, MD, MPH, Michele Haight, PhD, UC Davis, Sacramento, CA

Objective: Compare attitudes, knowledge, and skills about self-assessment, self-directed learning and ILPs among pediatric residents and faculty.

Method: Survey of pediatric residents and faculty at a single U.S. institution, using a 6-point Likert scale, with 1 indicating strongly disagree and 6 indicating strongly agree.

Results: Survey response rate was 81% (79/98). Residents and faculty agreed that lifelong learning is necessary to being a physician. Most were comfortable assessing their own strengths and weaknesses and developing specific goals to improve their own performance. However, faculty were less comfortable helping their resident write goals (3.9 vs 4.6; p<0.01; 63% vs 92%). Faculty were less likely to feel that residents should be primarily responsible for directing their own learning (3.6 vs 4.8; p<0.01; 51% vs 92%). Faculty were less likely to believe that assigned clinical experiences (rotations, clinics) (2.3 vs 3.9; p<0.01; 12% vs 64%) or assigned curricular experiences (lectures, didactics, readings) (1.9 vs 3.6; p<0.01; 2% vs 56%) were sufficient to make residents competent physicians.

Compared to senior residents, interns were less confident in their ability to assess their own performance (3.9 vs 4.6; p=0.04) or write specific goals to improve their performance (4.1 vs 4.9; p=0.01).

Conclusions: Both pediatric residents and faculty agree that life-long learning is necessary to being a physician. First-year residents were less confident of their ability to self-assess and self-direct their learning, indicating that residents sharpen these skills during residency. While faculty were less comfortable with helping residents write goals and less likely to believe that assigned clinical and curricular experiences during residency were sufficient to make residents competent physicians, they were also less likely to believe that residents should be primarily responsible for directing their own learning. If residency programs are to foster self-directed learning skills, faculty development may be needed on how best to develop self-directed learning in residents.
Clinical expertise is a perfect blend of intuition and metacognition. Intuition is defined as an immediate experience of recognition of object by the mind without intervention of any reasoning process. Metacognition is the process of deliberate, conscious thinking to solve a wide variety of clinical problems. POSE involves 4 modeling steps: (1) modeling the expert's thought process, (2) generating questions to regulate the thought during thinking episode, (3) reflecting on the thought process to revise and plan future practices, and (4) repeating the POSE modeling method. Using POSE modeling method, we teach our residents to exercise their intuition (rapid, unconscious thinking) and adding conscious, deliberate thought to form intuitive solutions for various clinical problems. They use metacognition by planning before the thinking episode, monitoring and managing one's own thinking, and regulating the thought during thinking episode, and reflecting on the thought process to revise and plan future practices. Experts analyze prior experience/knowledge unconsciously and appropriately when solving problems. Although pediatric dentists focus primarily on children's oral health, they also are well positioned to identify other medical problems. Thus, a complementary oral health curriculum for both pediatric dental and medical residents fulfills 2 objectives: to train medical residents about oral health and to educate dental residents about common childhood medical issues.

We describe a program where pediatric dental residents obtain, in addition to didactic sessions in pediatric medicine, bedside exposure to pediatric medical practice in both inpatient and outpatient environments. Pediatric dental residents consult for the pediatric medical residents in the NICU, PICU, general ward and clinical settings, and give noon conference presentations on oral pathology. They also rotate through the medical residents’ continuity and urgent care clinics, promoting exchange of specific knowledge.

This partnership between the pediatric medical and dental residency programs has resulted in comprehensive, experiential, and longitudinal curricula, improving interactions between pediatric medical and dental residents toward better patient care. Residency program directors planning to implement dental health curricula should consider associations with schools of dentistry and reciprocal educational experiences of this sort.

Children typically visit physicians for some 2-3 years before their first encounter with a dentist. Pediatricians are thus uniquely positioned to recognize early signs of oral pathology. Accordingly, a 2003 American Academy of Pediatrics (AAP) policy statement recommends that pediatric health care professionals conduct oral health assessments of infants by 6 months of age, and that children at high risk for dental caries be referred to a dentist no later than 6 months after the eruption of the first tooth or by 12 months of age, whichever comes first. Similarly, the Ambulatory Pediatric Association (APA) issued residency guidelines that pediatric dental health curricula should include prevention, recognition of caries, and management of oral trauma.

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21. Teaching Clinical Expertise to Pediatric Residents: Transforming Novice Residents to Expert Learners

Satid Thammasitboon, MD, MHPE, West Virginia University, Morgantown, WV

Background: Researchers have shown that takes more than ten years to develop expertise in any of a wide variety of areas. “Excellence in any department can be attained only by the labor of a lifetime; it is not to be purchased at a lesser price.” (Samuel Johnson - 1709-1784). Today trainees do not have that luxury. It is crucial that trainees acquire necessary cognitive skills for deliberate practice to expedite their expertise development.

Objectives: To incorporate basic palliative care principles into the pediatric residency curriculum, addressing needs during residency and in future practice. Methods: Based on a review of the pediatric palliative care literature, a sixteen-question survey was created and distributed to the pediatric residents (n=36), NICU and PICU fellows (n=8) and general pediatricians (n=130). The survey allowed participants to rate their level of comfort on various aspects of palliative care. The survey was anonymous and voluntary. The results were analyzed using descriptive statistics.

Results: The survey was completed by 125 participants. Most participants rated their level of comfort on various aspects of palliative care as good or excellent. The areas rated as needing improvement included communication, pain management, and decision-making.

Conclusions: It is important to utilize core competencies, community and multi-disciplinary resources, and data on physicians’ baseline knowledge and comfort, in order to develop a quality resident curriculum in pediatric palliative care.
steps during a patient encounter; Preview, Outline Share and Evaluation. This teaching strategy provides novice learners with the life-long learning skills to become expert clinicians on their own in the future. A clinician who conducts this deliberate practice by thinking like an expert would actually be a competent clinician in all six core competencies. Conclusion: Clinical expertise is not a product. It is a cognitive process that can be taught. Thinking like an expert using intuition and metacognition is the key to developing expertise.

22. Parenting and Discipline Skills: A Family Friendly Elective Opportunity
Dawn Kallio, MD, Brian Youth, MD, Rosemary Munson, C-TAGME, Maine Medical Center, Portland, ME
Family friendly work environments are of interest to Pediatric Residency Program Directors (Pediatrics 2007; 119: e586-e602). The Report of the Task Force on Women in Pediatrics outlines the importance of supporting family balance among faculty, residents, and medical students. One of the reports’ goals reads as follows: “Understanding the parenting experience... are critical to the education of residents and the provision of quality health care....residency programs should be designed to incorporate...relevant educational experiences related to parenting into the training of residents.”

Little has been written about for-credit experiences training programs offer residents when taking time off to care for their own newborn.

We have developed an elective entitled, “Discipline and Parenting Skills.” The curriculum emphasizes normal developmental processes that are perceived by parents to be problems, rather than on children with abnormal development. A primary goal is for the resident to gain increased comfort and competency in the field of common childrearing expectations.

Over the last four years, 11 residents (6 men, 5 women) have taken this elective, during a time period soon after the birth of a newborn.

Required readings include selections from books in the popular press and AAP-recommended reading lists, references that are frequently read by new parents. Residents complete a review of three of the texts, and a series of open-book questions based on the other readings. A scholarly project of their choosing is also required. Example projects have included creating patient handouts on common discipline issues, and communicating with the child with autism, and for families rearing multiples. Other projects included editorial reviews of parenting websites on childrearing, and lecture-based presentations on breastfeeding education and support.

This elective supports a number of the measures and steps identified by the FOPO Report on Women in Pediatrics. It is a unique experience, distinct from a block research month, in a setting away from clinical duties, while caring for a newborn of one’s own.

23. Expanding Horizons: International Clinical Experiences in Pediatric Residency Training
Kathryn Lowe, MD, Eric Lowe, MD, Wendy Smith, MD, Maine Medical Center, Portland, ME
Background: Over the past several years, residents at our institution and throughout the country have demonstrated increased interest in pursuing international clinical experiences; however, the educational benefits of these experiences have not been well documented in the literature. We examined the clinical exposure provided during a one month elective in Ethiopia in an effort to define the educational benefits and highlight unique educational opportunities available in an international setting.

Methods: Demographic (gender, age) and clinical data (presenting issue, diagnosis, treatment) was recorded by a PGY2 resident during one month spent in out-patient general pediatrics clinics based at a government hospital and at a smaller, private hospital in Dire Dawa, Ethiopia.

Results: 178 patients ranging in age from 2 days to 18 years were evaluated; 43% female and 57% male. Infectious disease diagnoses accounted for 72% of the patient visits. The remaining clinical diagnoses included musculoskeletal disorders (8%), gastrointestinal disorders (5.6%) and respiratory disorders (5.6%). Healthcare supervision and anticipatory care accounted for only 4% of visits. In contrast to clinical experiences at the home institution, notable educational experience was gained in the recognition and management of late symptomatic bacterial meningitis, clinical skills in the setting of a high prevalence of HIV and tuberculosis, and experience with diagnosing tropical diseases. Less quantifiable benefits to resident education included an increased opportunity for autonomous practice, increased cultural awareness, and improved skills in effectively working with interpreters.

Discussion: An international elective during residency provides exposure to both disease processes and cultures with which residents may not be familiar. Although these experiences may differ from current or future practice plans, the unique medical, intellectual, and intercultural skills gained from such exposures should enable pediatricians to better interact with and care for their patients and families.
• 24. Teaching Ethics to Residents and Fellows in Pediatrics: The Development of Curriculum Resources for Competency-based Education
  Caroline Jones, MD, MA, University of Texas Health Science Center, San Antonio, TX, Mark Fox, MD, PhD, MPH, Oklahoma Bioethics Center, University of Oklahoma, Tulsa, OK
Residents and fellows in pediatric training programs routinely encounter moral dilemmas in the context of patient care, research, and education. Acquiring the knowledge and skills to effectively manage ethical dilemmas is an important step in graduate medical education. The ACGME requires all accredited pediatric training programs to offer a curriculum in ethics. However, an informal survey of pediatric residency and fellowship program directors revealed that many programs do not have a formal ethics curriculum. The most significant barrier to training residents and fellows in ethics is the time and effort required to develop a new curriculum. While many institutions have faculty members with experience in ethics, these individuals often lack the time to devote to curriculum development. This difficulty is compounded by the lack of unified curriculum resources that address ethical issues specific to pediatrics.

To assist pediatric programs with training residents and fellows in ethics, we developed a curriculum utilizing educational tools that other institutions can easily implement. The curriculum employs a case-study approach to address issues specifically relevant to trainees in pediatrics. The curriculum is built on a flexible, modular structure, so that sessions can fit easily into existing time slots. This curriculum provides sufficient background material and resources, as well as questions and case analyses to facilitate discussion. These resources enable faculty members with a broad range of ethics background (including no formal ethics training) to facilitate ethics education. These curriculum materials provide program directors and educators with the resources needed not only to fulfill ACGME requirements, but also to help trainees develop the knowledge, skills, and attitudes to manage ethical issues they encounter as professionals.

25. Creating a Resident-Powered EBM Training Program
  Laura Cousineau, MLS, Gautham Suresh, MD, Ronald Teufel, MD, James McElligott, MD, Sandra Fowler, MD, Lyndon Key, MD, Medical University of South Carolina, Charleston, SC
Background: Over the past three years, our institution has successfully implemented an intensive program to train pediatric residents in the practice of Evidence-Based Medicine (EBM). This unique “resident-powered” program includes hands-on weekly sessions to answer clinical questions using EBM, formulating and answering EBM questions with a librarian during rounds, and a dedicated group of faculty that serve as team leaders and mentors. In their last years, residents create their own evidence by doing a capstone research project.

The goal of this poster is to help program directors and administrators set up a “resident-driven” EBM program that integrates evidence-based medicine into daily clinical practice. In this teach-the-teachers poster, we will cover:
• selecting and training faculty
• involving a librarian in the program
• formulating and answering EBM questions during rounds
• motivating residents to participate
• using effective teaching techniques
• improving the program with resident feedback
• learning the effective use of information and pedagogic resources
• avoiding pitfalls
• using WebCT and clinical portals

We will share the Assess-Ask-Acquire-Appraise-Apply sequence used in our program. Important learning points will be emphasized at each of these steps. Appropriate EBM learning activities will be suggested for all years of the residency.

26. Get out and grow: Designing experiential resident retreats for leadership and professional development
  Maureen Leffler, MD, Michael Cellucci, MD, Glenn Stryjewski, MD, Steve Selbst, MD, Jefferson Medical College/Al duPont Hospital, Wilmington, DE, Robert Doughty, MD, Nemours/Al duPont Hospital, Wilmington, DE
In an effort to meet the evolving needs of pediatric residents during training and for their post-residency career path, we believe that leadership training must be incorporated into the residency curriculum. However, in the setting of work hour restrictions, educators are faced with the conflicting challenge of providing an expanded and complex curriculum, in a reduced amount of time. Resident retreats offer time away from patient care in which residents can explore more unique learning experiences and foster team building and interpersonal skills. This poster will introduce the value and utility of resident retreats as an adjunct to their existing curriculum. Specifically, we will focus on retreat experiences for resident leadership development.

Objectives:
1- Present a model for incorporating retreats into a residency curriculum
2- Demonstrate exercises utilized to foster resident leadership and professional development
3- Introduce the works of Kouzes and Posner: The Leadership Practices Inventory and the Practices of Exemplary Leadership.

With the assistance of nationally recognized educators this poster will demonstrate a variety of methods to assist others in realizing the stated objectives. Examples will be used to highlight various retreat strategies and their use in...
complementing a residency curriculum, including recognized development tools. Finally, the presenters will review the 5 practices of exemplary leadership and the use of the Leadership Practices Inventory. This poster will provide knowledge of models of incorporating retreats into a residency curriculum, specific tools to assist in the leadership and professional development of residents, and the understanding that residents can learn how to be leaders and that leadership is a measurable, learnable, and teachable set of behaviors.

27. Integration of Mental Health into the Academic Primary Care Setting: Attitudes, Skill, Knowledge and Support
   Maya Bunik, MD, MSPH, Brian Stafford, MD, MPH, Ayelet Talmi, PhD, Adam Rosenberg, MD, University of Colorado Denver Health Sciences, Pediatrics, Aurora, CO
   This poster will present new models of education and service delivery of mental health and developmental services to children and their families in the pediatric residency training clinic that can be generalized to any primary care pediatric clinic. Project CLIMB (Consultation Liaison in Mental Health and Behavior) has been piloted in the continuity clinics at The Children’s Hospital in Denver and involves on-site collaboration with psychiatry and psychology with regards to issues of post-partum depression, developmental delay, school and behavioral issues among other common issues that arise in the busy teaching and continuity clinic setting. Strategies for implementation and funding such a collaborative effort will also be included, as well as screening and teaching tools.
   Participant will be provided a manual of materials to be used in the workshop and to assist with implementing in their home institution.

28. Development and Implementation of an Acute Care Curriculum for Pediatric Residents in a Simulation Center
   Mark S. Mannenbach, MD, Grace Arteaga, MD, Christopher E. Colby, MD, Co-burn J. Porter, MD, Peter R. Smith, MD, Nathaniel W. Taggart, MD, Robert G. Voigt, MD, Mayo Clinic Rochester, Rochester, MN
   The ACGME states that the goal of residency training in pediatrics is to provide educational experiences that prepare residents to be competent general pediatricians. More specifically, every training program is required to provide learning activities through which residents achieve competence in patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice. The training of residents in caring for the acutely ill or injured pediatric patient is challenging due to the relative infrequency of these types of patient encounters in the context of pediatric residency training. The use of a simulation center for an acute care curriculum creates an opportunity for a true learning environment for the pediatric resident. We have designed a multidisciplinary simulation center curriculum in acute care management to allow our residents to gain knowledge and clinical skills in a safe environment with no risk to patients. This experiential learning activity provides an ideal opportunity to teach and evaluate pediatric residents across all six ACGME core competencies as it relates to the care of acutely ill and injured children. There are several important components necessary to create an effective acute care curriculum for pediatric residents. The following four aspects of the development of such a learning experience for pediatric residents in a simulation center are felt to be essential: 1) selection of acute care simulation scenarios from the critical care, emergency medicine, and neonatal settings 2) selection of vital team members for implementation of the curriculum 3) identification of the key elements necessary for selection of a pediatric simulator 4) development of an evaluation process for the effectiveness of this learning experience for pediatric residents as well as faculty members. These components have been used by the authors as they have developed a pediatric acute care simulation curriculum within the context of a larger simulation center.

4:00 pm – 5:00 pm

Keynote Address

*1 CME Credit Available*

Kohoia – Choice, Fate and Destiny—Using Native Hawaiian Culture to Develop Physicians and Academic Leaders for the 21st Century

Naleen N. Andrade, MD, Professor and Chair, Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii

21st Century American Medicine is being shaped most significantly by forces spawned out of private and public healthcare insurance reimbursements where physician excellence is defined by billing compliance and professional success as a measure of collection rates and clinical practice profit margins. This business model of the physician-economic-driver framed by high patient volume, low lengths of treatment stays, and maximum revenue generation is replacing the non-moneyed Hippocratic tradition of astute diagnosis and compassionate ethical care. Flexner sharpened the aims of Hippocrates in 20th Century America by establishing an apprenticeship model of education/training for medical students and resident physicians within centers of learning where physician-mentors and role models nurtured lifelong clinical/scientific curiosity, a moral and ethical core, and civic virtue and action for the communities they served. How will medical educators educate/train the next generation of physicians to bridge the realities of these opposing models? A Native Hawaiian culture model is proposed for medical students and trainees within America’s diverse, multi-cultural communities.

APPD 2008 Annual Meeting April 30 - May 3 Honolulu, HI
At the end of this presentation participants will achieve the following learning objectives:
1. Gain an awareness/understanding of the Native Hawaiian cultural concept of kohoia in which choice, fate and destiny are elucidated for the individual whose profession requires that he/she walk a path of the servant-leader.
2. Learn about how a model of Kohoia is applied to shape the medical education/training of medical students and resident physicians.
3. Learn how mentors can integrate the tradition of previous generations of leaders within Medicine to inspire and shape the behaviors of leaders in American Medicine.

Special Entertainmnet: Four generations of the family of Auntie Genoa Keawe perform for us.

5:00 pm – 6:00 pm Mentoring Reception (open to participants in Mentoring Program)

THURSDAY, MAY 1
8:00 am – 9:30 am Regional breakfasts
*1.5 CME Credits Available*
- New England: New England Sea Pearl 1&2
- New York: Sea Pearl 3&4
- NY, Northern NJ: Sea Pearl 5&6
- Mid-Atlantic: Iolani Suite 1-4
- South NJ, East PA, DE, MD, Wash DC: Iolani Suite 1-4
- Southeast: Iolani Suite 1-4
- VA, NC, SC, GA, FL, AL, MS, LA, AR, TN: Iolani Suite 5-7
- Mid-America: Iolani Suite 5-7
- West PA, OH, WV, KY, IN, MI: Honolulu 1
- Midwest: Honolulu 1
- IL, WI, MN, IA, MO, KS, NE, OK: Honolulu 2
- Southwest: Honolulu 2
- TX, AZ: Honolulu 3
- Western: Honolulu 3
- CA, NV, OR, WA, HI, CO, NM, UT: Honolulu 3

9:30 am – 11:30 am Task Force Meetings
*2 CME Credits Available*
- Curriculum Task Force: Iolani Suite 1-4
- Evaluation Task Force: Iolani Suite 5-7
- Faculty Development Task Force: Honolulu 1
- Learning Technology Task Force: Honolulu 2
- Research Task Force: Honolulu 3
- Coordinators’ Task Force Meetings: Honolulu 3
- Professional Development, Tools, Management/Supervision: South Pacific 1

11:30 am – 1:30 pm Lunch On Own
- Council of Regional Chairs (CORC) Luncheon: Sea Pearl 1
- Council of Task Force Chairs (COTFC) Luncheon: Sea Pearl 2

1:30 pm – 3:10 pm Plenary Session
- 1:30 - 1:40: Association of Pediatric Program Directors - Robert McGregor, MD
- 1:40 - 1:50: APPD Share Warehouse/LEARN - Ann Burke, MD
- 1:50 - 1:55: APPD Coordinators Section - Therese D’Agostino and Vanessa Goodwin
- 1:55 - 2:00: APPD Coordinators TAGME - Jeri Whitten, C-TAGME
2:00 - 2:10  Residency Review Committee - Marcia Hutchinson, MD
2:10 - 2:20  American Board of Pediatrics - Gail McGuinness, MD
2:20 - 2:25  Future of Pediatric Organizations (FOPO) - Theodore C. Sectish, MD
2:25 - 2:30  American Academy of Pediatrics - Robert Perelman, MD
2:30 - 2:35  AAP Resident Section - Amy Jost, MD, Vice-Chair
2:35 - 2:40  Council on Medical Student Education in Pediatrics (COMSEP) - William V. Raszka, MD
2:40 - 2:45  Council of Pediatric Subspecialties - Victoria Norwood, MD
2:45 - 2:50  APPD Financial Update - Joe Gilhooly, MD
2:50 - 3:00  APPD Awards - Robert McGregor, MD and Carol D. Berkowitz, MD
3:00 - 3:05  Recognize Outgoing Leaders - Susan Guralnick, MD
3:05 - 3:10  APPD Election Results - Theodore C. Sectish, MD

3:10 pm – 4:00 pm  Interactive Panel Discussion (Q&A)  
Dena Hofkosh, MD, Moderator

4:00 pm – 5:00 pm  APPD’s L.E.A.R.N. Pilot Project on Procedural Competency  
*1 CME Credit Available*  
Patricia Hicks, MD, Moderator
This session will begin with a short panel discussion, followed by break-outs into small, interactive groups.
Topics include:
1. sharing of strategies for instruction and assessment of pediatric procedures
2. results of APPD survey
3. pilot project opportunities for procedure competency instruction and assessment.

FRIDAY, MAY 2
7:00 am – 8:30 am  Continental Breakfast

7:15 am – 8:15 am  FOPO Task Force on Women in Medicine:  
Flexible/Part-time Training...The Devil is in the Details  
Facilitators:  Ann Burke MD, Theodore Sectish MD, Robert Vinci, MD
APPD/ABP Session:
Teaching and Assessing Professionalism -- A Program Director’s Guide  
Facilitators:  Ann Guillot MD, Joe Gilhooly MD, Robert McGregor MD, Edwin Zalneraitis MD

8:30 am – 10:30 am  Workshop Session I  
*2 CME Credits Available*  
1. Teaching Teachers to Teach  
Keith J. Mann, MD, Jason G. Newland, MD, Children’s Mercy Hospitals and Clinics, Kansas City, MO
Resident physicians are expected to teach medical students, their peers, and the patients they care for, but little time is spent working with residents to improve their teaching skills. Literature suggests that workshops to improve resident teaching skills can improve attitudes towards teaching as well as teaching proficiency. This workshop will introduce the participant to several teaching techniques and the learning theories that make the techniques successful, and provide the basic knowledge needed to develop similar workshops in the future.

We will discuss priming, and how this technique leads to improved performance through enhancing self-efficacy. We will also discuss modeling, and how cognitive apprenticeship can improve learning through generative strategies. We will review the microskills that encompass the One Minute Preceptor, and discuss how accurately assessing the learner can enhance their motivation to learn. We will address transformative learning and the educators’ role in promoting critical reflection. Lastly, we will discuss the importance of feedback, ways to use feedback to enhance internal motivation, and the link between feedback and effective teaching.
To accomplish our objectives, we will utilize didactic sessions, large group discussion, small group role play, and movie/television clips to reinforce learning. We will provide models of feedback and rubrics for scoring teaching encounters that participants can adapt to their own institutions.

In summary, we hope to provide skills that will improve teaching and knowledge of learning theory to encourage future workshop development long after the Annual APPD meeting has concluded.

2. Mentoring Across the Spectrum of Training

Ann P. Guillot, MD, Jillian S. Sullivan, MD, Vanessa Goodwin, Patty W. Rissacher, MD, University of Vermont/Vermont Children’s Hospital, Burlington, VT

Mentoring is an important skill that is often difficult to teach, yet it is an essential part of being a well-rounded pediatrician. How does a residency or fellowship program foster a culture that promotes mentoring? How does a program maintain the culture of mentoring and how can a program motivate faculty to continue their roles as mentors? At the University of Vermont, we have developed a model for mentoring students, residents, and faculty by involving everyone from the floor nurses to the community pediatricians to the most senior faculty. From the day the intern matches, they begin preparing for their role as a mentee and mentor. We provide tools to develop skills in effective listening, giving constructive and positive feedback, and learning to provide support to residents and faculty both during and after critical events. Our faculty are encouraged and rewarded for their efforts in mentoring, education, and leadership. Many of us know that mentoring is occurring with residents and faculty; the key to making this more successful is defining it. The workshop will involve role-plays, discussion of formal retreats to enhance the mentoring model, and will recruit audience participation for sample retreat activity. The session will also provide a survey, which was one of the tools we used to formally develop our model.

3. Spinning Your Web: Creating a Web Site as an Effective Educational Tool

Paul S. Matz, MD, Andrew McInnes, MD, Amy Pattishall, MD, Nancy D. Spector, MD, St. Christopher’s Hospital for Children, Philadelphia, PA

Background: Residency and fellowship programs are faced with the challenge of creating new educational programs and evaluation tools. The task of disseminating background information and resources to develop these new tools can be a daunting task for faculty and program directors. Creating a web site can be a useful way for faculty and trainees to access clinical information, research data, and administrative policies, as well as an effective way to develop innovative educational programs. Graduate medical trainees are familiar with using these electronic resources in their educational and clinical endeavors, yet faculty members and residency and fellowship program directors feel unprepared to develop and implement these resources.

Objectives: This workshop will be a hands-on, interactive presentation that will provide participants with a framework to:

1) Identify specific curricular objectives that may be enhanced by innovative web-based tools;
2) Research and select a location to house web-based educational programs (including purchasing a domain name and hosting services);
3) Design and build an effective web site using commonly available software;
4) Understand the structure and use of Microsoft Sharepoint;
5) Secure electronic data; and
6) Develop an academic portfolio for internet projects.

Description: The workshop will begin with a short didactic presentation that will review the facilitators’ experience in developing and implementing web-based resources encompassing clinical care, faculty development, and graduate trainee education. The large group will work through a systematic approach to create an effective web-based educational resource. Small groups will have the opportunity to use software to create a mock educational web site. Participants will leave with resources that will assist them in developing web sites at their own institution.

4. Six Months Ago I Couldn’t Even Spell Portfolio, Now I Need One

Fred A. McCurdy, MD, PhD, MBA, Texas Tech Pediatrics (Amarillo), Amarillo, TX, Clifton E. Yu, MD, National Capital Consortium Pediatric Residency, Washington, DC, Rashmi Srivastava, MD, University of Missouri-Columbia, Columbia, MO

Architects, artists, writers: they all know about portfolios; there was no course in medical/graduate school that taught any of us about the why, what, and how of building a professional portfolio. If you are struggling with creating your own professional portfolio, then this is your workshop! Portfolios serve to demonstrate achievement to another who is in a position to make a judgment on its contents. A professional development portfolio is a collection of material, made by a professional that records and reflects on key events and processes in his/her professional career. The APA Scholars Program, COMSEP, and other professional organizations have worked to create a better understanding of academic portfolios specifically as they pertain to medical education as a life’s work. However, there are other kinds of portfolios to consider. Regardless of the intended purpose, a portfolio should be clear to both the person creating the portfolio as well as the person(s) making judgments about the portfolio. The Faculty Development SIG of the APPD convenes this workshop...
to assist the APPD membership in becoming more competitive when it comes time for promotion and to make it possible for educator faculty to be more recognized within their organizations for all of the important things that they do beyond taking excellent care of patients. The workshop leaders, from very different institutions, are experienced in helping faculty create a professional portfolio. They will guide each attendee through individual brainstorming and group work leading to the completion of a workbook that each attendee can take back to their own institution and adapt to the format required at their own institution for promotion and tenure.

Objectives: At the end of this workshop, attendees will be able to:
1. Describe the elements of an academic portfolio.
2. List the reasons a portfolio is important in effectively managing their career.
3. Complete a workbook designed to assist the participant in assembling their own portfolio using the format of their own institution.

5. CURRICULUM TASK FORCE: Interactive Symposium of Curricular Tools for Professionalism

Sea Pearl 1&2
Ann Burke, MD, Wright State University, Boonshoft School of Medicine, Dayton, OH, Susan Bostwick, MD, New York Presbyterian - Weill Cornell, New York, NY

BACKGROUND: Curricula in pediatric graduate medical education cover a wide range of material in the traditional competencies of medical knowledge and patient care areas. There are additional competencies that need to be taught to pediatric residents. These additional competencies are possibly more difficult to define, and therefore increasingly time consuming to develop curriculum around. One of the more difficult to teach competencies is Professionalism. The Curriculum Task Force has addressed Practice Based Learning and Improvement for the past 3 years in this symposium. However, given input from members, we feel that more information about Professionalism curriculum is needed. Additionally, outcome measures regarding professionalism curriculum are starting to be identified. There continues to be a need for disseminating ideas and strategies about curricula in Professionalism. OBJECTIVE: To share and disseminate curricular ideas and methods utilized in various programs to teach Professionalism. These ideas and methods will be conveyed to participants via practical examples of curricular practices in real programs. DESCRIPTION: The first ten minutes will be an overview of a number of unique issues pertaining to professionalism in medical education. The additional time will consist of 5 program directors presenting 10-15 minute condensed explanations of their curricula to teach the domain of Professionalism. These will be solicited prior to the meeting from the program directors on the curriculum task force and poster proposals received by the APPD pertaining to Professionalism. This will be similar to a platform session with two moderators. After each presentation there will a 5-10 minute question and answer session. Each participant will leave the workshop with new ideas for Professionalism that can be practically and easily implemented into their own local program curricula.

6. Outcomes Project Phase 3: What’s Toyota Got to do with It? Honolulu 2

Richard Shugerman, MD, Heather McPhillips, MD, MPH, Kelly Evans, MD, Eric Gustafson, MD, Erica Michiels, MD, University of Washington/Seattle Children’s Hospital, Seattle, WA

Phase 3 of the ACGME outcomes project requires residency programs to develop methods to measure and improve the results of the educational process. We propose a workshop that will demonstrate how to use quality improvement (QI) strategies to improve resident education and engage participants in the development of a QI project for their own residency program. Seattle Children’s Hospital has been engaged in Lean Processing as a QI methodology to increase quality, reduce cost and eliminate waste and errors throughout the hospital over the past 5 years. These projects, like most hospital-driven QI initiatives, have focused on the patient and family as the customer. Through these projects, our residents and the educational leadership have gained an appreciation for the tools used in lean processing but until recently have not had the opportunity to apply these tools directly to the educational mission. In May 2007, we held a 5 day rapid process improvement workshop using lean methods focused specifically on the senior resident on the inpatient medicine service as the customer.

In this workshop, we will briefly describe lean methodology as one QI strategy to measure and improve the results of the educational process (20 minutes). In an interactive session with participants, we will demonstrate several of the core principles used in lean processing (30 minutes). We will then break out into four small facilitated groups to work on how residency programs might plan a QI project around one educational mission of their program. Potential areas of focus include general inpatient services, the emergency department rotation, continuity clinic or other programs. Each workshop participant will develop an individualized charter with specific information on the scope of the problem to be addressed, who in the organization needs to be involved in change, baseline data to collect to guide the improvement work, a list of target improvements, and ideas for measuring the change (50 minutes). We will conclude the workshop with reports on proposed projects from each group (10 minutes).
7. How Do You Evaluate ACGME Competencies? You Find a Valid, Reliable Instrument  
Su-Ting T. Li, MD, MPH, Daniel C. West, MD, UC Davis, Sacramento, CA
In graduate medical education, program directors are increasingly asked to provide objective evidence that learners have mastered the six ACGME competencies. Unfortunately, valid and reliable instruments to accurately assess learner performance are limited. This limitation is particularly problematic when high stakes decisions regarding resident performance need to be made. The purpose of this workshop is to give participants the basic tools necessary to evaluate whether a published assessment tool is valid and reliable. The workshop will begin with a general review of the basic features of measurement theory (classical test theory, item response theory, and generalizability theory). The basic statistical methods that support measurement theory will also be reviewed with a focus on practical application. The characteristics of validity and reliability and important study design strategies to assess them will be reviewed. In the second half of the workshop, participants will break out into small groups to practice applying these skills to rate several commonly used evaluation tools on their validity and reliability based on evidence published in the literature. Participants will leave the workshop with a clearly defined strategy that they can use to identify valid and reliable instruments to evaluate residents in their training program.

8. Pediatric Standardized Patients & Simulation  
Mary J. Cantrell, MA, Grace Gephardt, MEd, Travis B. Hill, BA, Christopher E. Smith, MD, The PULSE Center at Arkansas Children’s Hospital, Little Rock, AR
Led by the staff of the Pediatric Understanding and Learning in Simulation Education (PULSE) Center, the workshop will allow those currently working in pediatric education to understand basic SP methodology and simulation techniques. SP programs and simulation programs are typically separated within universities and often not on common ground, although many commonalities exist. In pediatric education settings, there is a need to address the patient and the family member(s) that are involved. Using SPs along with simulation enhances the experience for residents and students in pediatric education. The PULSE Center Team has been able to successfully establish a learning center that serves the residents and students along with a wide variety of healthcare professionals at a stand alone pediatric hospital.

Learning Objective 1: Recognize the importance of standardized patients methodology
Learning Objective 2: Recognize pediatric simulation methodology
Learning Objective 3: Understand the process of designing a comprehensive simulation course for pediatric medical education

Full Workshop Proposal and Rational
This workshop will increase understanding of how to train real people in a standardized way for use in pediatric medical education simulations, thereby creating a more real and measurable experience for the learners. Adding SPs allows us to better capture the before and after of what happens in high fidelity simulation, crisis resource management, or mock codes, etc. and incorporating real people can make or break the reality of the simulation as a whole, and further suspend disbelief.

2 hour workshop schedule
0-15 - Introduction
15-45 - Basics in pediatric SP methodology
45-1:15 - Pediatric Simulation
1:15 - 1:45 - Course Creation
1:45 - 2:00 - Wrap-up and Q & A

10:30 am – 11:00 am Break
11:00 am – 1:00 pm Workshop Session II
*2 CME Credits Available*

9. The Leader in You  
Aida K. Velez, MEd, University of Connecticut Pediatric Residency Program, Hartford, CT
This two-hour workshop is for today's program coordinator leaders who are pulled in a million different directions, expected to get more done with few resources, work long hours, and forced to cope with tight budgets, yearly increase in employee benefits, hiring and salary freezes, and much more. These constant challenges call for creativity and innovation in leadership, and the best method to manage these workplace challenges is by knowing who you are as a Leader.

This is an interactive, self-awareness workshop designed for program coordinators who want to grow and achieve leadership success. The participants will have the opportunity to think about and explore their own personal values and leadership styles in order to set goals for a journey in leadership development.
During the two-hour session, participants:
1. will participate in a Leadership Self-Assessment
2. define and clarify the meaning of “Leadership”
3. know the differences between being the leader and “being the boss”
4. identify leaders
5. identify the 10 competencies of leadership
6. explore the diversity in personal values and leadership styles
7. create an individual goal for leveraging individual leadership strengths
8. build on their unique leadership strengths to develop a confident, professional leadership style

10. Education Mentors - Empowering Your Faculty to Teach the Competencies

**Honolulu 1**

**Aditee P. Narayan, MD, MPH, Kathleen McGann, MD, Joseph M. Majure, MD, Duke University Department of Pediatrics, Durham, NC**

Background: Our residency program has developed and implemented an innovative curriculum model that creates educational mentors, disseminates educational training to faculty, and improves the ability of faculty to effectively teach the competencies to residents. This model, called the Education Mentor (EM) System, was based on needs identified in residency education taskforces, addresses the expectations of the ACGME Outcome Project, and allows for the execution and evaluation of education based on goals and objectives. The EM System is led by the Curriculum Committee and Program Directors for the pediatric residency training program.

Description:
1. Participants will first identify their own institutional barriers that prevent their faculty from teaching the competencies. This large group discussion will facilitate exchange and comparison of issues in the delivery of education across institutions.
2. We will then describe the EM System Model, including how this was developed, how to achieve institutional support, how to create buy-in, how to disseminate the training of faculty in education, and how to evaluate the work. Participants will be given samples of job descriptions, training materials for faculty in the EM System Workshop, samples of letters of support, and other support materials.
3. Participants will then break into small groups to identify solutions to the previously identified barriers, incorporating ideas from the EM System. This will allow collaboration and sharing of ideas between programs, including development of support networks for post-workshop needs.

11. Public Speaking Advanced Life Support (PAL-S): Resuscitating the Art of Effective Public Speaking for Pediatric Trainees

**South Pacific 2**

**Jason (Jay) H. Homme, MD, Nathan Taggart, MD, Christine Sabapathy, MD, Vibha Singhal, MD, Robert Voigt, MD, Mayo Clinic, Rochester, MN**

Interpersonal and Communication Skills are considered Core ACGME Competencies for all pediatricians. Nearly all pediatricians will give formal presentations yet very few receive specific training.

Effective public speaking addresses audience needs, defines learning objectives, is organized around those objectives, and engages the audience. This leads to improved retention of information and changes in behavior.

It’s a misconception that great speakers are born...they’re made. The skills critical to effective public speaking can, and should, be taught.

During this interactive workshop participants will learn about the concepts of effective public speaking and will practice skills to enhance their own public speaking. A description of a longitudinal curriculum currently in use within a pediatrics residency (Mayo Clinic) will be covered and participants will be provided with a tool-kit that could facilitate implementing a similar curriculum within their own unique work environments.

Small and large group activities will focus on exercises in writing learning objectives, slide formatting, developing titles, presentation skills, and providing (and receiving) feedback. Participants will view video clips, slide examples, and apply feedback tools during much of this interactive workshop.

M. Virginia Barrow, MD, Lee T. Miller, MD, Kate L. Perkins, MD, PhD, Arthur Cho, MD, Angelika Rampal, MD, Alice Kuo, MD, PhD, UCLA Tricampus Pediatric Residency Program, Los Angeles, CA, Rona Molodow, MD JD, UCLA Tricampus Pediatric Residency Program, Sylmar, CA

This workshop will include a brief review of the principles of feedback and evaluation, followed by a brief summary of the ACGME requirements for documentation of resident performance. The focus of the Workshop will then be on the introduction of creative evaluation tools that may be modified by each program to facilitate formative, summative and longitudinal evaluations. Four breakout sessions will focus upon the following:

1. Formative Feedback: Attendees will be guided through the implementation of an evaluation tool for faculty members and supervisory residents to provide formative feedback in multiple settings. Specifically, this tool facilitates the learner’s mid-rotation reflection on learning goals and strategies. As importantly, this tool also facilitates the subsequent joint development of a learning plan by resident and preceptor for the second half of the rotation. This will not only nurture the resident’s self-directed educational experience, but will ultimately also facilitate the provision of more meaningful summative feedback by the supervisor at the end of each rotation.

2. Summative, Longitudinal Feedback: Attendees will be introduced to a summative tool that facilitates the longitudinal evaluation of each competency over time, rather than just the evaluation of each competency on specific rotations. This tool also facilitates comparison amongst peers, and helps identify and document outliers in performance.

3. Documentation and Review: Attendees will be introduced to a formal tool, the “Checklist of Suggested Guidelines for Mentor-Mentee Feedback Sessions,” that includes a template of topics to be covered at each mentor-mentee meeting. The checklist facilitates documentation, while at the same time demonstrates compliance with multiple RRC requirements. Workshop attendees will also learn how faculty development workshops may be held to provide consistency and structure for these mentor-mentee sessions.

4. Remediation: Attendees will review strategies for evaluating and documenting resident performance during periods of required remediation or probation.

13. Teaching Residents Behavior Change Counseling to Enhance Patient-Centered Communication Skills

Heather McPhillips, MD, MPH, Paula Lozano, MD, MPH, University of Washington, Seattle, WA

Pediatricians are increasingly being asked to provide family-centered care for children with chronic illnesses including asthma, obesity, mental health conditions, and diabetes, among many others. The pediatrician must be able to counsel families in ways that maximize health but at the same time support families’ preferences. This may include helping families adhere to medication regimens, maintain or adopt healthy eating habits, increase physical activity and eliminate tobacco exposure all within the context of the families’ interest in and/or readiness for change. Over the past three years, we have developed and piloted a behavior change counseling training program for residents called Collaborative Management in Pediatrics (CMP), based on the principles of motivational interviewing. We have also developed an Objective Standardized Clinical Evaluation (OSCE) for the assessment of trainee skill using standardized patients and a self-directed evaluation form for residents. Participants in our trainings have found the skills learned useful in a wide range of clinical settings and evaluation of post-training OSCEs have shown improvement in behavior change counseling skills (see companion abstract for research results).

During this two hour workshop, we will disseminate the CMP curriculum and evaluation tools to other residency programs. We will begin with a brief introduction of the core concepts (20 minutes) and will then engage participants in an interactive exercise that is part of the curriculum (20 minutes). Next, we will provide a brief overview of the evaluation component of the curriculum and work together in small groups to observe behaviors in videotaped examples of OSCEs, both pre and post training (45 minutes). Finally, we will discuss strategies for implementing this curriculum in participants’ institutions, including ideas for faculty development, training times and evaluation.

14. Beyond the Mock Code: Development and Implementation of Simulation in a Competency Based Curriculum

Glenn Stryjewski, MD, Jefferson Medical College/Al duPont Hospital for Children, Wilmington, DE, Sharon Calaman, MD, Andrew McInnes, MD, Drexel/St. Christopher’s Hospital for Children, Philadelphia, PA, Clifton E. Yu, MD, National Capital Consortium, Bethesda, MD

The ACGME competency based education initiatives demand learning opportunities in each of six, core competency domains with evidence of multiple assessment methods to demonstrate achievement. Medical simulation provides opportunities for learners to reason through real life situations in an autonomous manner without the concern of harm,
and exposes them to otherwise infrequent scenarios. Simulation in a variety of formats is useful in assessing these core competencies, particularly patient care (decision making, physical exam, procedures), practice based learning and improvement (review of critical incidents, reflective practice, error reduction), interpersonal skills (team communication, history taking, teaching), and systems based practice (team structure and utilization, resource use).

This workshop is designed for pediatric educators that either have no experience with simulation or are in the early stages of developing a simulation curriculum for their residency program. The objectives for participants in this workshop are: 1) Recognize the variety of simulation program models. 2) Identify methods of obtaining institutional support for program development. 3) Realize novel uses of simulation in documenting core competencies, direct observation, and 360 degree evaluations. 4) Share individual program experiences and investigate areas of future collaboration.

This workshop will utilize a variety of formats, including brief didactic lecture, video demonstrations, small group discussions, and hands on demonstrations. It is anticipated that upon completion of this workshop the attendee will identify methods of developing their own simulation program, realize the value of simulation in documenting competency and develop networking opportunities for future investigation.

15. Developing a Comprehensive Research and Education Program
Sea Pearl 1&2
Targeting all Pediatric Subspecialties
Robert Ross, MD, Srinivasan Suresh, MD, MBA, Prashant Mahajan, MD, MPH, MBA, Deepak Kamat, MD, PhD, Children’s Hospital of Michigan/Wayne State University, Detroit, MI
The workshop leaders have developed a program to enhance research and education for pediatric fellows that transcends departmental boundaries, at a large children's hospital. The workshop will highlight a 7-year experience in initiating, maintaining and growing such a program. An interactive format will enable participants to share their experiences, including barriers to implementation, monitoring and engagement of fellows' participation, and evaluation of programmatic success. The focus of the workshop will be to address research issues common to all pediatric fellowships. Novel educational approaches will be introduced where participants will be presented with scenarios of potential impediments to the success of such a program and will brainstorm to find solutions to common hindrances. Examples of effective techniques include the use of cross subspecialty critiques of fellow research by peers and faculty early in the project's development to allow for incorporation of ideas into the methodology, and the utilization of fellow camaraderie to foster research collaboration. Positive outcomes are an improvement in the quality and quantity of fellow research, optimal training in the evaluation of methodology and statistics, and collaboration between all pediatric subspecialty fellows.

Aimed at fellowship program directors, fellowship coordinators and fellows, this workshop will enable participants to develop a comprehensive research and education program. Means of satisfying the fellow training requirements of the ABP will be demonstrated, enabling participants to customize their curriculum to meet their needs. Additional workshop objectives are to demonstrate: (1) strategies to get fellows and their directors to "buy in" to this program, (2) methods of incorporating continual feedback, (3) adherence to ACGME requirements, and (4) resource utilization techniques.

Honolulu 2
Ann E. Burke, MD, Wright State University Boonshoft School of Medicine, Dayton, OH, John CO, MD, Mass General Hospital, Boston, MA, John Mahan, MD, Ohio State University/Columbus Childrens Hospital, Columbus, OH, Amy Jost, MD, Boston Children’s Hospital, Ann Guillot, MD, University of Vermont
BACKGROUND: There is increasing emphasis on self-directed learning (SDL) in graduate medical education. Individualized learning plans (ILPs) are a tool reported to have theoretic educational benefits. Educators in pediatrics are now mandated to have trainees construct an ILP annually. Many faculty, including program directors, who are newly responsible for facilitating development of resident ILPs may feel unprepared for the task. While the definition of an ILP is provided in the RRC Companion Document, this aspect of practice based learning and improvement is a challenge for many. Program directors have found many barriers to successful implementation of ILPs, including lack of faculty familiarity with the process, lack of faculty buy-in, waning enthusiasm by resident learners, difficulties of time constraints and misunderstanding about the goals of ILPs. Some programs are utilizing Pedialink, while others have developed various written formats for ILPs. Despite these barriers, there are many examples of programs that have successful ILP processes. DESCRIPTION: This workshop will begin with a 15 minute introduction and delineation of what an ILP actually is as defined by the Pediatric RRC and the medical education literature. The theoretic need and purpose for an ILP in a resident's training experience will also be discussed. Participants will subsequently be divided into small groups to discuss misconceptions about, barriers to and questions regarding ILPs. The groups will report back to the whole group and invigorating, interactive group discussion will follow. The format of the remainder of the workshop will be a showcase of a number of "Best Practices" to implementing useful learning experiences for residents via the ILP. Three successful, but varied, approaches to the ILP will be presented by three different program directors. Each presentation will be 10 minutes long with an additional 10 minutes for questions and discussion of the presentation. Material, examples of learning strategies, and an ILP reference list will be distributed to all participants.
1:00 pm – 2:30 pm  
Lunch on Own  
Board Meeting Lunch  
Ilima Boardroom

2:30 pm – 4:30 pm  
Workshop Session III  
*2 CME Credits Available*

17. Family-Centered Rounds (FCRs): Building Systems and Skills for Success  
at the Bedside of the Hospitalized Child in a Teaching Hospital  

*Javier A. Gonzalez del Rey, MD, MEd, Jeffrey M. Simmons, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH*

FCRs refer to the conduct of patient presentations and discussions by residents and medical students in the presence of the patient and family to facilitate information sharing and active family involvement in decision-making. Experience with FCRs has revealed barriers that must be overcome to maximize effectiveness. This workshop will utilize a variety of interactive techniques to engage the audience, drawing on their collective experience and expertise. After a short introduction, participants will break into small groups to list perceived system-based barriers to consistently round at the bedside while maintaining educational goals for trainees. Video vignettes and group discussion will be used to develop context-specific strategies to overcome barriers. Next, participants will focus on skills needed for success at the bedside. Video vignettes, role play, and group discussion will be used to build practical skills to meet educational goals on rounds while delivering care that is family-centered.

18. Faculty Learning Community (FLC) - An Innovative Approach to Faculty Development  

*Ryan Bode, MD, Grace Caputo, MD, MPH, Phoenix Children's Hospital/ Maricopa Medical Center, Phoenix, AZ*

Faculty development is not only an RRC requirement but is paramount to the vitality of academic faculty and pediatric departments. We will facilitate an open discussion, including a review of pertinent and current literature, identifying successful components of faculty development programs. The concept of a Faculty Learning Community (FLC), first introduced by Dr. Milton Cox at Miami University, is an effective model of faculty development in multiple institutions of higher learning. An FLC is a multi-disciplinary group that engages in an active, collaborative program with a flexible curriculum. We propose using an FLC as an innovative model of faculty development within medical education. We will define the characteristics of an FLC and review both national and our local FLC experiences including outcome data demonstrating increased faculty interest in teaching and learning as well as increased academic productivity. We will then conduct an interactive and case-based FLC session on “Motivating Learners” in which we highlight self-determination theory. As a group, we will identify educational techniques that help to promote learners’ autonomous motivation.

19. Leadership is Everyone’s Business  

*Pat F. Bass, MD, Paul Cooper, MD, Connie Arnold, PhD, LSUHSC-Shreveport, Shreveport, LA*

Brief Overview: Educational institutions need effective leaders at every level, but often do little to enhance the leadership skills of students, residents, or faculty. This workshop introduces Kouzes’ and Posner’s (K&P) leadership model, allows self-assessment of strengths and weaknesses within the model, and helps participants create a plan for self-development in leadership. Synopsis of Content: Educational institutions need leaders at all levels given the many challenges facing our education, research, and clinical missions. However, institutions often do not overtly teach leadership as we teach other clinical skills. This workshop will introduce participants to K&P’s teachable model of leadership and demonstrate: 1) Leadership is a relationship; 2) Leadership is everyone’s business; and 3) Leadership development is self-development. Participants will leave the workshop understanding how personally developing K&P's 5 Practices (Model the Way; Inspire a Shared Vision; Challenge the Process; Enable others to Act; and Encourage the Heart) will make them a better educator, clinician, administrator, or researcher. Participants will have the opportunity to take K&P’s Leadership Practice Inventory, learn about the 5 Practices, and develop a plan for their self-development as a leader. The workshop will proceed according to the following timeline:05: Introductions10: Leadership is a relationship exercise. Exercise designed to demonstrate to participants that:1) leadership deals with relationships; 2) everyone needs to lead for organizations to be successful (not just those with titles); 3) Leadership development is self-development. 20: Group will take Leadership Practices Inventory (LPI) 30: Explanation of LPI and introduction of K&P’s 5 Practices. 50: How do we learn about leadership? Needs assessment exercise where participants identify opportunities for their own leadership development.65: Making a commitment to personal leadership development. Exercise where participants go through a process of making a commitment to developing their own leadership skills after participation in the workshop. 75: Ten tips for becoming a better leader 85: Conclusion
20. Curriculum Development for Dummies or How to Develop a Robust Curriculum in Five Easy Steps

Susan Guralnick, MD, Robyn Blair, MD, Stony Brook University Medical Center, Stony Brook, NY

In 2001 the ACGME began the Outcomes Project and presented residency programs with The Competencies. Residencies were required to develop competency-based educational programs. Since that time residency programs have created competency-based goals and objectives, a variety of evaluation forms and have developed a litany of evaluation methods including direct observation, reflection and multi-observer evaluation among others. Much of what has been developed has been haphazard and piecemeal. At Stony Brook University Medical Center we decided that it was time to step back and develop a rich competency-based Curriculum with a step-wise and prospective approach. This workshop will begin with a short overview of our curriculum development process from conception (programmatic needs assessment), to birth (simple goals and objectives) through infancy (advanced goals and objectives) into its childhood (teaching methods) and adolescence (evaluation methods). Each milestone built upon the previous stage. Attendees will then work in small groups to develop mini-curricula for various resident rotations. The large group will reform to present their curricular products and to discuss barriers to success. Participants will come away from this workshop with a framework for success in curriculum development and, hopefully, with a bit of our enthusiasm for the process.

21. Crossing the Quality Chasm - Curriculum and Projects in Pediatric Training

Lynn C. Garfunkel, MD, Suzanne Mullin, MD, Steve Scofield, MD, University of Rochester, Rochester, NY

The Institute of Medicine (IOM) publication, Crossing the Quality Chasm, outlines the importance of improving medical care in a system fraught with fragmentation and disintegration. In order to improve children's outcomes, pediatricians must learn how to 1) assess the quality of patient care; 2) design improvement projects; 3) implement changes that help repair pieces of the health care system that impede best practice. Understanding health care systems, as part of Systems Based Practice, is a primary ACGME residency training competency. In light of the above, the pediatric RRC now mandates that residents participate in a quality improvement (QI) project to learn how to “systematically analyze practice using QI methods and implement changes with the goal of practice improvement.” The fundamentals of quality assessment (QA) and QI can be taught and practical experiences garnered throughout residency. This workshop will explore the definitions of quality and assist participants in development of QI programs for their residents. After reviewing the IOM’s health care quality domains and patient and family aspects of quality most pertinent to children, leaders will highlight examples of how this has been conceptualized in pediatrics. Workshop participants will be invited to share their QA and QI endeavors. Common QI language will be defined and the process of QA/QI and the development of a QI project will be outlined. After feeling comfortable with QA and QI, the next step for program directors is engaging residents (and faculty!) in the process of meaningful QA and reviewing methods to entice resident's active participation in QI. Leaders and participants will share ongoing successes, frustrations, and barriers and then consider solutions. In small groups, participants will discuss potential activities suitable for their program. Individuals will begin to plan curriculum or expand upon QA/QI programs already in place at their institutions. The leaders will follow-up with handouts for the didactic presentations and round table discussions as well as record and distribute QI ideas generated during this workshop.

22. Changing the Culture: Using Interactive Small Groups to Teach Professionalism

Cynthia K. Schenauer, MD, Caroline Barangan, MD, University of Nevada School of Medicine, Las Vegas, NV

Professionalism may be one of the more difficult core competencies to objectively teach and measure. This workshop will focus on the use of interactive sessions to teach residents about professional behaviors and encourage their incorporation into daily activities. This method, using small group reflection on specific scenarios, was implemented to help residents better recognize unprofessional behavior and intervene with each other when these behaviors were observed. This workshop will be divided into three sections. The first section will focus on definitions of the components of professionalism. The presenters will take the terms described in the literature such as honesty, reliability, integrity, etc. and provide examples of how they translate these terms into real world, meaningful language for residents. Early results of employing this method in the UNSOM program will be discussed demonstrating a cultural shift in professional behavior. In the second section of this session, descriptions of the interactive specific teaching activities will be provided. Attendees will then have the opportunity to participate in such a session. The large group will break out into small groups and each will be given a scenario to work through using this interactive methodology. The leaders will help facilitate the sessions, allowing the participants to engage in the activity. At the completion of the breakout, the group will have the opportunity to debrief their experience. In the final section of this workshop, participants will remain in their small groups for a final discussion about the difficulties of teaching professionalism, the obstacles to training professionals, and the challenges of remediating an unprofessional resident. At the end of the discussion, the small groups will share their thoughts with the whole group.
Lessons learned, examples of remediation strategies, and take home points will be discussed by the presenters. References and handouts including the tools used in the program will be provided.

23. To Be or Not to Be: Faculty Development for Individualized Learning Plan Advisors

Keith J. Mann, MD, Denise Bratcher, DO, Jane Knapp, MD, Lorraine Brewer, DO, Children’s Mercy Hospitals and Clinics, Kansas City, MO

Personal or Individualized Learning Plans (ILP) are being utilized from undergraduate education through continuous professional development as a tool to identify learning needs, document those needs, and promote self-directed education. As a component of Practice Based Learning and Improvement, the Accreditation Council for Graduate Medical Education (ACGME) and Pediatric Residency Review Committee (RRC) expect that pediatric residents will complete an ILP during their intern year and annually update their plan throughout their residency. A study done by Stuart, Sectish, and Huffman in Ambulatory Pediatrics (2005) suggests that residents are not prepared for this degree of self-directed learning. Pediatric Residency Programs have addressed this concern by providing residents with structure (i.e. Pedialink) and guidance (i.e. ILP advisor).

The goal of this workshop is to provide a thoughtful approach to guidance, by discussing faculty development for those brave enough to be Individualized Learning Plan Advisors. We will begin by reviewing the educational reasoning behind ILP’s. We will then discuss several models of Self-Directed Learning and how they apply specifically to ILP’s. We will focus on the importance of ‘diagnosing’ the learner’s level of achievement and providing guidance that matches their level of self-direction. Lastly, we will provide practical, constructive guidance for faculty advisors that will allow them to better serve the residents that have entrusted them with their ILP’s.

We will utilize traditional didactic education to introduce our model of faculty development and discuss models of self-directed learning. We will then utilize large group discussion to share thoughts and ideas about applying these models to pediatric resident ILP’s. We will use a combination of didactic education and group participation to discuss practical application and share ideas. Lastly, we will break up into small groups and role play resident-advisor session in hopes of solidifying the important take home messages.

24. NRMP Session for Fellowship Directors

Mona Signer, NRMP Executive Director

The National Resident Matching Program’s Specialties Matching Service manages nearly 40 fellowship matches, including 7 for Pediatric subspecialties. In this workshop NRMP staff will explain how a match eliminates pressure and optimizes the preferences of applicants and training program directors, fosters a spirit of fairness by ensuring all participants adhere to the policies governing the matching process, and provides feedback to the profession by means of detailed data reports.

4:30 pm – 5:30 pm Controversies (Debrief from Wednesday’s Grassroots Forum for Program Directors and SIG for Associate Directors – Next Steps) *1 CME Credit Available*

SATURDAY, MAY 3

7:00 am – 8:30 am Continental Breakfast

8:00 am – 1:00 pm Coordinators Session

8:00 – 8:20 APPD Coordinators Executive Committee Update: Recent Changes

8:20 – 8:40 Electronic Residency Application System

8:40 – 9:00 American Board of Pediatrics

9:00 – 9:40 Accreditation Council on Graduate Medical Education-

9:40 – 10:00 Certification for Training Administrators of Graduate Medical Education

*1 CME Credit Available*
Student Education West Virginia University, Charleston Division; and Executive Director, WV Chapter, American Academy of Pediatrics

10:00 – 10:20  American Academy of Pediatrics
   Terri Howard, Director, Division of Member Services and Relations; and Charlette Nunnery, MS, Manager, E-Learning Content

10:20 – 10:30  Break

10:30 – 11:30  Task Force “Report Out” Sessions
   APPD Coordinators Executive Committee Members

11:30 – 12:00  JEOPARDY Coordinators Presentation and *PRIZES*
   APPD Coordinators Executive Committee Members

12:00 – 1:00  Q & A Panel/ Debrief from Meeting

8:00 am – 5:00 pm  Forum for Chief Residents
   South Pacific 2
   Planning the year to come, while making sense of the year that is passing
   Edwin Zalneraitis, MD, Program Director, University of Connecticut; Monica Sifuentes, MD, Associate Program Director, Los Angeles County-Harbor UCLA Medical Center; Priti Bhansali, MD, Associate Program Director, University of Connecticut and John Mahan, MD, Program Director, Children’s Hospital/Ohio State University
   This will be an interactive forum bringing together rising Chief Residents to plan their coming year, finishing Chief Residents to consider how to use their experience as Chief Residents going forward and program directors to facilitate the activities and consider the position of Chief Resident in their own programs. It will be in a workshop format, with introductory didactic material applied in work groups. Selected activities will be determined by an attendee survey. Offerings include: planning of the Chief Resident year, leadership skills, teaching a skill or a group or on the fly, evaluation, feedback, the problem resident and conflict resolution. (Box lunch provided.)

8:00 – 9:15  American Board of Pediatrics (ABP)
   Gail McGuiness, MD Senior Vice President, American Board of Pediatrics
   This session will present an update on the American Board of Pediatrics training requirements for subspecialty certification. There will be ample opportunity for questions from participants.

9:15-10:30  Accreditation Council for Graduate Medical Education (ACGME)
   Jerry Vasilias, PhD Executive Director, Review Committee for Pediatrics, ACGME
   This session will present an update on the ACGME requirements for training in Pediatric Subspecialties. There will be ample opportunity for questions from participants.

10:30-10:45  Break

10:45-11:45  ERAS
   Renee Overton, Director ERAS
   The electronic resident application system is a service that transmits applications, letters of recommendation, medical school transcripts, USMLE transcripts, and other supporting credentials to program directors using the Internet. Find out how this service can ease the application process for fellow applicants and program directors.

11:45 -12:00  Break

12:00-1:00  Lunch Workshop (box lunch provided): Lessons learned from recent ACGME site visits: A panel discussion
   John Mahan, MD, Pediatric and Pediatric Nephrology Residency Program Director, Ohio State University; Patrick Leavey, MD, Director Pediatric Hematology/Oncology Fellowship, UT Southwestern; Susan Guttentag, MD, Neonatal-Perinatal Medicine Fellowship Director, Children’s Hospital Philadelphia

*6.75 CME Credits Available*
1:00-1:15  Break

1:15-1:30  APPD Share-Warehouse: Tools you can use!
   Ann Burke, MD, Pediatric Residency Program Director, Wright State University; Patty Hicks, MD, Pediatric Residency Program Director, UT Southwestern

   Learn about this virtual, web-based, collaborative project that will provide a place for pediatric graduate medical educators to find and share resources, including curricula and evaluation tools.

1:30-5:00  Program Evaluation and Improvement: What the ACGME is looking for
   Patrick Leavey, MD, Director Pediatric Hematology/Oncology Fellowship, UT Southwestern; John Mahan, MD Pediatric and Pediatric Nephrology Residency Program Director, Ohio State University; Cindy Ferrell, MD, MSEd, Associate Residency Program Director, Oregon Health & Science University; Joseph Gilhooly, MD, Pediatric Residency Program Director, Oregon Health & Science University

   This workshop will assist program directors in meeting requirement VII.C. of the General Program Requirements for the Subspecialties of Pediatrics. How the programs in a department are organized is critical for success. Participants will review evaluation tools needed to assess fellow education. Outcomes data from these evaluations are reviewed and aggregated to develop an action plan for making improvements in fellow education. Methods learned will be applicable to all educational arenas: clinical, core curriculum, and scholarly activities. Information will be included on individualized learning plans, semi-annual reviews between the fellow and program directors, and role of the scholarship oversight committee.

9:00 am – 12:00pm  Forum for Directors of Small Programs / Affiliate Chairs
   Coral 2
   Steven P. Shelov, MD, MS, Department Chair, Maimonides Medical Center; Surendra Varma, MD, Program Director, Texas Tech University (Lubbock)

   1) Residency Review Committee Update
   2) New Curriculum Ideas
   3) Sustainable Children’s Hospital Architecture
   4) R3P -- Where does it now stand?
Exhibitors

APPD Would Like To Thank The Following Companies For Their Participation As Exhibitors At This Year’s Meeting

Be sure to visit them in Coral Ballrooms 1 & 2 throughout the meeting

My Evaluations.com (Table 1)

My Evaluations.com is the ultimate on-line medical training management solution. From CME & IRIS reporting to Portfolios & evaluations.

My Evaluations.com, Inc.
1275 1st Avenue, #234, New York, NY 10021
Tel: 1-866-422-0554; Fax: 1-800-865-7753
Email: David@MyEvaluations.com ~ Web address: www.MyEvaluations.com

Booth Personnel: David P. Melamed, MD and Sasha Snyder

MedStudy Corporation (Table 2)

Publishers of Peds & IM board review Core Curriculums, board-style Q&As, video board reviews on DVD, and board prep conferences (Peds conference September 6-13, 2008 in Aspen/Snowmass, CO). AMA PRA Category 1 CreditsTM available on all.

MedStudy Corporation
1761 S. 8th Street, Suite H Colorado Springs, CO 80906
Tel: 1-800-841-0547; Fax: 810-963-8264
Email: mferguson@medstudy.com ~ Web address: www.medstudy.com

Booth Personnel: J. Thomas Cross, Jr., MD, MPH and Marla Ferguson

Bright Futures/American Academy of Pediatrics (Table 3)

The American Academy of Pediatrics is pleased to present Bright Futures – valuable resources and tools that offer guidelines and proven best practices for a wide range of childhood health issues. Check out all the most current editions of Bright Futures publications.

Bright Futures/American Academy of Pediatrics
141 Northwest Point Blvd. Elk Grove Village, IL 60007
Tel: 847-434-7146; Fax: 847-434-8780
Email: mreynolds@aap.org ~ Web address: http://brightfutures.aap.org

Booth Personnel: Jane Bassewitz, MA
**EXHIBITORS, continued**

**PediaLink Online/American Academy of Pediatrics (Table 4)**

Come visit the PediaLink Resident and Program Director Center.

PediaLink Online/American Academy of Pediatrics
141 Northwest Point Blvd. Elk Grove Village, IL 60007  
Tel: 847-434-4981; Fax: 847-434-8000  
Email: sbradbury@aap.org ~ Web address: www.pedialink.org

Booth Personnel: Scott Bradbury and Charlette Nunnery

**American Academy of Pediatrics Publications (Table 5)**

The AAP, an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists, is the leading publisher in the field of Pediatrics, providing both professional and patient education materials.

American Academy of Pediatrics  
141 Northwest Point Blvd. Elk Grove Village, IL 60007  
Tel: 847-434-7928; Fax: 847-434-8780  
Email: sevett@aap.org ~ Web Address: www.aap.org

Booth Personnel: Jean Wesloski and Maureen DeRosa

**Challenger Corporation (Table 6)**

Challenger provides learning and testing tools for program directors and institutions to quantify the skill sets of residents and PAs in training. Challenger’s reporting system yields compliance, performance and remediation data on individual users, program years, and for your entire program. These statistical outputs permit client institutions to prove compliance and effectiveness to certifying organizations.

Challenger Corporation  
5100 Poplar Avenue, Suite 310 Memphis, TN 38137  
Tel: 1-901-762-8424 Fax: 1-901-767-7019  
Email: anitra.arcenaux@chall.com ~ Web Address: www.chall.com

Booth Personnel: Becca Metzger
APPD Share Warehouse (Table 7)

The APPD Share Warehouse is designed to provide resources to pediatric residency training programs. Please come ~SURF~ the APPD Share Warehouse at one of two demo computers – one in the Exhibit Area and the other by the Registration Desk. We will provide assistance to help you explore and learn how to find the resources you and your program need, as well as instruct you on how to share document of your own.

Malihini Card

Visit all the islands and enter the drawing for a makana (gift) from APPD!

Visit each exhibitor’s booth to receive a sticker for your Malihini (“visitor”) Card, place the stickers on the islands, then return your completed card to the registration desk by Friday, May 2 at 5:00 p.m. (local time) to be eligible for the prize drawing. Pomaika’i! (Good luck!)

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ORIENTATION AND TRAINING FOR NEW PROGRAM DIRECTORS AND COORDINATORS

PREPARATION FOR A SUCCESSFUL SITE VISIT

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- New Program Directors and New Coordinators
- Fellowship Directors
- Associate Program Directors
- Individuals Considering Becoming a Program Director
- Individuals Interested In a Comprehensive Update
- Individuals Preparing For an RRC Site Visit
- Individuals Assisting Program Directors

Keynote Speaker & Dinner: Date
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