

2019 Annual Meeting



APPD 2019 Annual Spring Meeting MPPDA Annual Meeting March 26 - 29, 2019

APPD 2019:
Expanding the Possibilities



New Orleans, Louisiana
New Orleans Marriott

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*This activity has been approved for *AMA PRA Category 1 Credit™*

Schedule-At-A-Glance

APPD 2019 Annual Spring Meeting / MPPDA Annual Meeting March 26 - 29, 2019 ♣ New Orleans, Louisiana

See color coding for the following throughout the program: **Coordinator Focus** **MPPDA Focus**
You may, however, attend any session and are not required to follow a particular track.

Monday, March 25, 2019

8:00am-5:00pm APPD LEAD Meeting (*LEAD Cohort Only*)

10:00am-6:00pm APPD Board of Directors Meeting

Tuesday, March 26, 2019

7:30am-12:15pm APPD LEAD Meeting (*LEAD Cohort Only*)

9:00am-12:30am APPD Board of Directors Meeting

9:30am-4:30pm **Coordinators' Session**

9:30am-5:00pm Forum for Chief Residents

12:15pm-3:00pm APPD LEAD Council Meeting

1:00pm-5:30pm Pre-Conference Workshops (choice of 3 - *additional fee*)

6:30pm-7:30pm APPD Leadership Orientation and Reception (*invitation only*)

Wednesday, March 27, 2019

7:00am-8:00am Wellness Activity

8:00am-9:00am Continental Breakfast

MPPDA Committee Meetings I

AMPPA Meeting

9:00am-10:00am Plenary Session

10:15am-12:15pm Grassroots Forum for APDs

Grassroots Forum for Chief Residents

Grassroots Forum for Coordinators

Grassroots Forum for Fellowship Program Directors

Grassroots Forum for Program Directors

10:15am-1:45pm **MPPDA Plenary and Town Hall with Award Ceremony (Tunnessen and Kelley Awards) and Presidential Address**

12:30pm-1:45pm Facilitated Mentoring Session

Forum for Directors of Small Programs and Affiliate Chairs

Schedule-At-A-Glance

12:30pm-1:45pm	Coordinators' Networking Lunch
	Council of Regional Chairs Lunch Meeting
	Council of Learning Community Chairs Lunch Meeting
2:00pm-3:30pm	Enhanced Learning Sessions I (choice of 11)
3:45pm-5:15pm	Enhanced Learning Sessions II (choice of 11)
5:30pm-6:30pm	Networking Reception
6:00pm-9:00pm	MPPDA Dinner (off-site; additional fee)

Thursday, March 28, 2019

7:00am-8:00am	Wellness Activity
8:00am-9:00am	Continental Breakfast
	MPPDA Committee Meetings II
	AMPPA Meeting
9:00am-10:00am	Plenary Session
10:15am-11:45am	Table to Able Session
12:00pm-1:15pm	Regional Lunch Meetings
	MPPDA Business Meeting (includes AMPPA and Med-Peds Leadership Awards)
1:30pm-3:00pm	Enhanced Learning Sessions III (choice of 11)
3:15pm-4:45pm	Learning Community Meetings
	MPPDA: RRC/ABIM/ABP Panel Discussion
5:00pm-6:00pm	Poster Session - Educational Scholarship and QI Projects (posters will be on display earlier in the day)
6:00pm-7:00pm	APPD LEAD Reunion

Friday, March 29, 2019

7:00am-8:00am	Continental Breakfast
8:00am-9:00am	Plenary Session (<i>Please note earlier start time!</i>)
9:00am-10:30am	Platform Presentations - Top Educational Scholarship/QI Abstracts
	AMPPA Session: My 1st Recruitment Season: Lessons Learned
10:45am-12:15pm	Enhanced Learning Sessions IV (choice of 8)

APPD 2019 Annual Meeting
MPPD Annual Meeting
 March 26-29 ♣ New Orleans, Louisiana
Expanding the Possibilities

Meeting Schedule

Monday, March 25

8:00am - 5:00pm APPD LEAD Meeting (LEAD Cohort Only)

10:00am - 6:00pm APPD Board Meeting

Tuesday, March 26

7:30am - 12:15pm APPD LEAD Meeting (LEAD Cohort Only)

9:00am - 12:30pm APPD Board Meeting

9:30am - 4:30pm Coordinators' Session (lunch included)

9:30-11:00am **OWN IT, EARN IT, AND SPEAK UP AS A LEADER IN GRADUATE MEDICAL EDUCATION**
Pamela Carpenter, MEd, C-TAGME, University of Utah, Salt Lake City, UT, Michelle Brooks, C-TAGME, Stanford University, Palo Alto, CA, Amy Gaug, C-TAGME, University of Minnesota, Minneapolis, MN, Jessie Skrinex, University of Utah, Salt Lake City, UT, Roberta Johnson, Advocate Lutheran General Hospital, Park Ridge, IL
 The role of the program coordinator has evolved over the last two decades from strictly clerical to increasingly more management, development, and leadership responsibilities. Many coordinators aspire to further their careers and pursue leadership opportunities in GME. The first step in this process involves taking ownership and accountability, and often coordinators are not encouraged to do so. In addition, due to the power gradient present between faculty and administration, assertiveness skills are needed to effectively speak out on one's own behalf and participate in leadership activities. This workshop will present the novel Oz Principle method of taking ownership and accountability of an institution's mission in order to accomplish personal/professional and program-wide goals alike. Much like a rising tide lifts all boats, a good leader employs self-awareness, intuitiveness, and follow through to ensure that the goals of all are met. We will discuss common barriers to accomplishing this and assist the audience in developing tools to combat those barriers, such as power imbalances, lack of time, and communication difficulties. We will also discuss in small and large group venues ways to trust your gut, take risks, and gain expertise in aspects that interest each audience member the most.

11:00-12:00pm ERAS PRESENTATION

12:00-12:15pm COORDINATORS' GROUP PHOTO

12:15-1:30pm
1:30-3:00pm

LUNCH (PROVIDED BY APPD)

PUBLIC SPEAKING: FRIEND OR FOE

Anne Broadbent, MM, C-TAGME, Johns Hopkins All Children's Hospital, St Petersburg, FL

Public speaking is one of the top anxiety creating events for most people, regardless of the situation. This anxiety is evident whether the public speaking is planned or spontaneous. Competency in public speaking can have a direct positive correlation to career advancement. With that same viewpoint, poor speaking skills can close doors for advancement. The confidence level of the speaker has a tendency to affect the perceived competency of the speaker. The majority of those in graduate medical education administration will not rise to the skill level or have the required responsibility as that of a professional public speaker. On the flip side, we all will be called on to speak publicly in a meeting or asked to deliver a planned presentation. In fact, everyone is regularly called on in meetings to "speak off the cuff" or provide "on-the-spot" additional information. There are far more regular incidents of spontaneous public speaking vs. planned public speaking. This presentation is NOT about presentation skills in creating better slides. This presentation will NOT detail specific steps in the actual event of the public presentation. This presentation WILL look at the thoughts, emotions and processes in becoming a confident, effective and competent public speaker. This learning session will provide each participant with a self-assessment of thoughts and emotions surrounding public speaking, an opportunity for a non-threatening activity in public speaking and will also leave with a list of resources. Ms. Broadbent is the current President of the Toastmasters International club that meets at Johns Hopkins All Children's Hospital.

3:00-4:30pm

APPLYING THE BASICS OF QUALITY IMPROVEMENT IN YOUR ADMINISTRATIVE ROLE

Lindsey M. Gurganious, BSHA, Baylor College of Medicine (Houston), Houston, TX

Dr. Peter Batalden defined Quality Improvement as "The combined and unceasing efforts of everyone "health care professionals, patients and families, researchers, payers, planners, educators" to make changes that will lead to better outcome, better system performance, and better professional development' 1. QI does not simply aim to improve patient care, but rather can be used by any professional in their role to improve how they function and/or provide a service. A coordinator's role is often inclusive of a long list of tasks that vary greatly, are required by various entities, and serve varying purposes. Coordinators support both a program, sometimes more than one, and people in a very process oriented way. Processes over time, with changes in practice, become cumbersome and less effective. In this session, problems will be developed into a problem statement and opportunities to utilize QI tools in making a change for improvement in the coordinator's daily work life will be explored in small groups. Tools to be reviewed include: 1. Process Mapping 2. Fishbone/Key Driver 3. Kanbans. Large group discussion will then focus on measuring the outcome of the change made and methods of maintaining the change. Groups will discuss in the open forum their identified problems, tools used, and how they plan to measure and maintain the change. Tools to be reviewed will include: 1. PDSA Cycle 2. SWOT analysis. Learners should leave the session with a problem statement, a plan of tools to use in addressing their problem, a plan of how to measure the change they will implement and how they hope to maintain the change. Reference 1Batalden, P. B., & Davidoff, F. (2007). What is "quality improvement" and how can it transform healthcare?. *Quality & safety in health care*, 16(1), 2-3.

- 9:30am - 5:00pm **Forum for Chief Residents (*lunch included*)**
Blair Dickinson, MD, MS, Associate Residency Program Director, St. Christopher's Hospital for Children, Jay Homme, MD, Residency Program Director, Mayo Clinic, Edwin Zalneraitis, Residency Program Director, University of Connecticut, and the Chief Resident Forum Planning Committee
 Rising Chief Residents and Graduating Chief Residents are invited to attend this forum! Chief Residents face a diverse set of challenges in academic medical centers related to the multiple roles that they assume as leaders, clinicians, educators, administrators, faculty-resident liaisons, and mentors. Chief Residents can position themselves for success by developing leadership and administrative skill sets in advance of the position. The APPD's Forum for Chief Residents is a series of educational sessions designed to help residents learn key administrative, academic, and leadership skills in order to facilitate a productive and fulfilling year as a Chief Resident, and to be able to use the Chief Resident year for enhancing success in subsequent years. This one-day forum will include a variety of interactive workshops led by experienced program directors and current Chief Residents to address these administrative, academic, and leadership topics relevant to Chief Residents. There will be opportunities to network with current and rising Chief Residents from around the country. Components of the day will be focused to the rising Chief Residents and graduating Chief Residents to acknowledge the differences in their perspectives and needs.

- 12:15pm - 3:00pm **APPD LEAD Council Meeting**

- 1:00pm - 5:30pm **Pre-Conference Workshops (choice of 3 - *additional fee*)**
- PC1 - The Do's and Don'ts of Survey Development**
 This workshop is designed to provide skills necessary to develop, validate, and administer surveys. The workshop will provide information on: creating valid measures; ensuring that the measures used address and apply to the research questions, design and samples; determining when to use standardized measures or develop new ones; instrument validation techniques; and survey administration, including determining the most effective way of administering measures (e.g., online, paper-and-pencil, Qualtrics) and the best way to design a survey. At the end of the workshop, attendees will be able to:
 - Understand key principles and strategies for survey development;
 - Identify problematic versus good survey questions;
 - Locate and develop reliable and valid measures;
 - Determine measurement reliability and validity

- PC2 – Professional Development 101: Getting to Where You Want to Be**
Jerri Rose, MD, Rainbow Babies and Children's Hospital; Linda Waggoner-Fountain, MD, University of Virginia; Alisa Acosta, MD, Baylor College of Medicine; Elizabeth Chawla, MD, Georgetown University; Mary Beth Wroblewski, MD, University of Toledo; Hayley Altman-Gans, MD, Stanford University; Meg McNamara, MD, University of San Francisco; Maria Ramundo, MD, Akron Children's; Adam Wolfe, MD, Baylor College of Medicine San Antonio; Erika Friebling, MD, University of Pittsburgh; Teri Turner, MD, Baylor College of Medicine; Meredith Bone, MD, Northwestern University, Erin Giudice, MD, University of Maryland; Kim Gifford, MD, Dartmouth University
 Dedicating time to your professional growth and development is a key to reaching your goals and improving the ways you support learners and colleagues. This session is for anyone who has recently joined APPD, assumed a new educational role, or is interested in honing their career planning. The focus of this interactive, half-day session will be on self-management as an element of professional development. The first part of the session will concentrate on skills of Emotional Intelligence, including self-awareness and self-regulation. Then in the second section, participants will explore and define their own core values and professional goals. These goals will be the basis for workshop activities aimed at learning when to say "yes" to professional and personal commitments. The final portion of this session will delve into skills of self-advocacy and creating professional growth opportunities. Participants will have the opportunity to connect with other members and leaders of APPD on the challenges and strategies of their own professional development. This pre-conference session is part 2 of a 3 part annual series, which do not need to be done in order. All are welcome; prior attendance at a Professional Development 101 workshop is not necessary or required.

- PC3 - Expanding the Availability of High Quality Pediatric Global Health Education**
 Whether you are a program director, program coordinator, chief resident, or GH educator, and whether you are seeking guidance for starting a program or for optimizing GH education in your well-established program, join us on Tuesday March 26th from 1:30 to 5:00 PM for the Global Health Learning Community Pre-Conference Session, titled Expanding the Availability of High Quality Pediatric Global Health Education. Participants will also have the opportunity to work with facilitators at navigating available resources to create strategies for expanding available GH resources to smaller programs, from curricula, mentorship, and faculty development, to elective site sharing.

- 6:30pm - 7:30pm **APPD Leadership Orientation and Reception (*invitation only*)**

Wednesday, March 27

7:00am - 8:00am Wellness Activity (more info coming soon)

8:00am - 9:00am Continental Breakfast

MPPDA Committee Meetings I

AMPPA Meeting: New Common Program Requirements

Kelli DaSilva, C-TAGME – Prisma Health Upstate

9:00am - 10:00am Plenary Session

9:00-9:10am	Welcome
9:10-9:15am	Introduction and APPD Updates
9:15-9:20am	Presentation of Robert S. Holm, MD Leadership Award
9:20-9:50am	The 2020 Census: The Importance of Ensuring All Kids Are Counted
9:50-9:55am	Orientation to the day

10:15am - 12:15pm Grassroots Forum for Associate Program Directors

The Forum for Associate Program Directors will review timely and important topics of interest to the APPD and will discuss organizational and career development needs specific to our group. As in previous years, the highlight of our session will be peer-reviewed presentations from Associate Program Directors around the country on innovative projects that they are working on currently in their programs. We invite you to bring your ideas and questions to this energetic group session to add to our discussion. Leaders: Nicola Orlov, MD (University of Chicago Medicine), Dan Sklansky, MD (University of Wisconsin School of Medicine and Public Health), Ben Miller, MD (University of Pittsburgh School of Medicine), and Monique Naifeh, MD, MPH (Oklahoma University School of Medicine)

Grassroots Forum for Chief Residents

Join your fellow Chief Residents for this time of open discussion on topics of interest to the Rising and Graduating Chief Resident.

Grassroots Forum for Coordinators

This session will address various topics of interest to the APPD Coordinator Membership and will be facilitated by the APPD Coordinators' Executive Committee.

Grassroots Forum for Fellowship Program Directors

This moderated open forum is designed specifically for subspecialty fellowship directors and coordinators to discuss a variety of current trends and important updates in fellowship education. We anticipate your active participation. Registrants may be surveyed prior to meeting to identify potential topics of interest. Leaders: APPD Fellowship Directors' Executive Committee / Kathleen McGann, MD, Kathy Mason, MD, Pnina Weiss, MD, Jennifer Kesselheim, MD, MEd, MBE, Christine Barron, MD, and Jennifer Duncan, MD.

Grassroots Forum for Program Directors

The Grassroots Forum for Program Directors will focus on timely topics of interest to Program Directors. This year's facilitators will be Vasu Bhavaraju, MD (Phoenix Children's Hospital/Maricopa Medical Center), Suzanne Wright, MD (Marshfield Clinic), and Lorna Fitzpatrick, MD (University at Buffalo).

10:15am - 1:45pm MPPDA Plenary and Town Hall with Award Ceremony (Tunnessen and Kelley Awards) and Presidential Address

12:30pm-1:45pm

Facilitated Networking Lunch Sessions

Facilitated Mentoring Session

Please enjoy the company of wonderful APPD members at the Facilitated Mentoring Session. Join colleagues to share experiences and discuss topics specific to your own professional development as educators and program leaders. Open to all APPD attendees. Discussion topics include:

- Professional Development Planning (education scholarship, academic advancement, optimizing mentoring/sponsoring experiences, developing faculty and institutional leaders)
- Leadership Development (balancing decisiveness and inclusivity, managing difficult leaders, programs/ resources for leadership development)
- Personal Wellbeing (work/life balance & time management skills, supporting others while also taking care of self and family, politely setting boundaries, managing workload)

Forum for Directors of Small Programs and Affiliate Chairs

By definition, small programs have 10 residents or less per year. Small programs have unique benefits and challenges that program directors face as they educate and manage trainees who chose to apply to a small program. Over the years, this forum has addressed topics of interest specific to small residency programs such as how to identify and capitalize the advantages of small programs, how to handle a lack of certain subspecialties at the home institution, and how to develop and fulfill a program mission statement. Last year at the end of this forum, participants generated a list of future topics for discussion. This year facilitators will discuss their program's approach to three topics selected by a current ongoing survey of small program directors of last year's suggested list of topics. Survey choices could be: how do you rank your applicants, how to you manage gossip among residents and faculty, and how do you create an environment in which resident can raise concerns without fear. Facilitators: Joe Zenel, MD, Sanford School of Medicine, University of South Dakota; Rebecca Chasnovitz, MD, Kaiser Permanente Medical Group (Northern California); Kris Rooney, MD, Lehigh Valley Reilly Children's Hospital, University of South Florida College of Medicine (Allentown, PA), Brian Youth, MD, Maine Medical Center

Coordinators' Networking Lunch

This session allows conference participants to visit multiple tables of interest and network with their peers. It is a wonderful opportunity for organizations and other program coordinators to share information, including best practices, favorite resources, and answers to questions.

Council of Regional Chairs Lunch Meeting *(by invitation only)*

Council of Learning Community Chairs Lunch Meeting *(by invitation only)*

2:00pm - 3:30pm

Enhanced Learning Session I (choice of 11)

1. A ROADMAP FOR IMPROVING THE EMOTIONAL HEALTH AND RESILIENCE OF CHILDREN WITH CHRONIC CONDITIONS AND THEIR FAMILIES

Carole M. Lannon, MD, MPH, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Kenya McNeal-Trice, MD, University of North Carolina Hospitals, Chapel Hill, NC, Sue E. Poynter, MD, MEd, Jill Plevinsky, PhD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH

Living with a chronic pediatric condition is challenging, and can cause stress, altered coping, and lasting impacts on both child and family emotional health. Despite this, emotional health support often lags physical care. In a survey by the American Academy of Pediatrics, 65% of pediatricians indicated that their training had not prepared them to recognize and treat behavioral and mental health problems. In response to this and parent concerns, the American Board of Pediatrics developed the Roadmap Project, designed to improve support for emotional health and resilience for children with chronic conditions and their families.. (<https://www.abp.org/foundation/roadmap>) Roadmap resources have been co-designed and developed by patients, parents, and clinicians. We will share evidence-informed, practical strategies and resources that trainees, clinicians and care teams can use to build resilience and improve the emotional and mental health of children with chronic conditions and their families. In this interactive session, materials that can be used with trainees and innovative residency and fellowship strategies will be provided, and Q/A ensured. A pediatrician, two program directors, and a young adult patient/pediatric

psychology fellow will lead the audience in considering what tools and materials can be implemented in the training setting. Attendees will leave with a plan for implementing specific strategies and tools for use in their programs.

2. TEACHING RESIDENTS TO MITIGATE PREJUDICE (TRMP): USE OF AN EXPERIENTIAL COMMUNICATIONS COURSE WITH ROLE PLAY TO PREPARE RESIDENTS TO ADDRESS PREJUDICE IN THE WORKPLACE

Sylvia Choi, MD, Stephanie Dewar, MD, UPMC Medical Education, Pittsburgh, PA

The ACGME is committed to the principle that discrimination and harassment is unacceptable and must not be tolerated and that the environment for trainees will discourage discrimination and harassment by colleagues, supervisors, teachers, peers, other staff members, and patients. The AAP supports measures to improve culturally effective health care through training at all levels and increase diversity amongst pediatric providers. Neither organization address how providers can be trained to respond to discrimination from patients as the workforce becomes more heterogeneous. Clinicians may encounter discriminatory comments directed at themselves or others in the workplace and feel ill-equipped to respond. This creates conflict and can negatively impact patient care and resident well being. We have developed a communication course for pediatric residents focused on practicing skills to address expressions of prejudice during Family Centered Rounds. This course uses clinical scenarios and simulated parents for experiential learning. The residents can choose to practice responding to intolerant views directed at themselves or a teammate, using the hospital's Code of Conduct or focusing on shared decision making. The process of learning is experiential and uses guided self-reflection, discussion among peers, and feedback from the simulator and faculty. Following participation in this course, residents felt better prepared to respond to discriminatory comments on rounds. During this interactive workshop we will demonstrate the Primary Teaching Method of guided facilitation and self-reflection, training of faculty facilitators, creating a safe learning environment for role play, and the specifics on essential resources will be reviewed. We will share the specific scenarios for the role plays. Participants will be given the opportunity to practice these scenarios using role plays so they can receive real time feedback from the course directors. Lastly, we will discuss how to create similar courses at other institutions.

3. ADVERSE CHILDHOOD EXPERIENCES: PREVENTION, IDENTIFICATION AND TREATMENT IN AN ACADEMIC PRACTICE

Stephen DiGiovanni, MD, Brian Youth, MD, Pamela M. Dietz, MD, Dory Hacker, LCSW, Maine Medical Center, Portland, ME

Adverse childhood experiences (ACEs) such as exposure to violence, abuse or neglect, parental substance abuse, incarceration, mental illness or separation/divorce significantly impact a child's developing brain-body and affect long-term health. Children with greater than or equal to four ACEs have a 70% chance of developmental delay by age 3, a 50% lifetime risk of depression, a 20% lifetime risk of a suicide attempt, in addition to multiple other negative health outcomes. According to the AAP a pediatrician will see an average of 2 to 4 children a day with 4 or more ACEs. This 90 minute educational session will provide participants with the foundational understanding and tools to start addressing ACEs in a pediatric resident continuity clinic. We will discuss how a trauma informed lens is an essential component to providing pediatric care and to staff/provider/learner well-being. Key pieces of our program including behavioral health collaboration, educational methods, data utilization, and community partnerships will be highlighted. We will focus on methods to engage resident learners and incorporate this education and screening into a resident continuity clinic. Participants will be provided with the MaineHealth ACEs Toolkit which includes screening tools for trauma exposure, ACEs number, food insecurity and PTSD symptoms. For each screener participants will learn how to introduce, score and respond to the answers in a trauma informed manner. Participants will practice the skills and tools that have been presented. Session will end with will questions and the development of action steps one can bring back to their program.

4. PAGE TO STAGE: DELIVERING THE SCIENCE OF EARLY CHILD DEVELOPMENT THROUGH AN ONLINE, ANIMATED RESIDENCY CURRICULUM

Carrie A. Quinn, MD, Icahn School of Medicine at Mount Sinai, New York, NY, Blair S. Hammond, MD, Icahn School of Medicine at Mount Sinai, New York, NY, Gwen Raphan, MD, Icahn School of Medicine at Mount Sinai (Elmhurst), Elmhurst, NY, Joel S. Forman, MD, Icahn School of Medicine at Mount Sinai, New York, NY, Myo Thwin Myint, MD, Tulane University, New Orleans, LA

This workshop will explore a free, online curriculum, Keystones of Development, that trains pediatric residents to promote parent-child relationships and early child development. The curriculum consists of 6 animated modules which teach residents how to weave the promotion of attachment, autonomy, and executive function into well visits and 6 modules which focus on the science behind these concepts. We will begin the workshop by having participants take a "pre-curriculum survey" that is being used to evaluate residents' knowledge, attitudes, and behavior regarding counseling parents on behaviors that promote child development and strong parent-child relationships. We will then review a needs assessment of 173 members of the APPD about current practices, barriers, and desires for training pediatric residents on how to promote positive parenting behaviors that foster optimal development. Participants will break into small groups and discuss current resident education in this area at their institution. We will follow up with each table sharing with the large group the different teaching modalities used in their programs to train learners on promoting development. As a large group, participants will then view a few clips from different modules of the Keystones of Development curriculum which is currently being pilot site tested at 7 residency programs. After viewing some of the modules, participants will again break into small groups to brainstorm possible ways they might implement the curriculum at their program, including identifying where in resident training the curriculum should be

integrated, potential barriers, and solutions. We will ask participants to consider faculty development that might be helpful and other ideas to make the learning most impactful. We will wrap up with a large group share of creative strategies to implement the online curricula into resident training. Pilot site directors from other programs will then discuss with the whole group how they have integrated the curriculum at their institutions and preliminary resident evaluation data looking at the impact the curriculum has had on residents' knowledge, attitudes, and behavior.

5. IMPLEMENTING A SPIRITUAL CARE CURRICULUM INTO PEDIATRIC RESIDENCY TRAINING

Paige Stevens, MD, Travus White, MD, Children's Hospital of Los Angeles, Los Angeles, CA

An important aspect of caring for the biopsychosocial needs of patients is addressing their spirituality and many pediatricians feel that faith plays an important role in healing. Despite this, few curricula have been developed to teach pediatricians how to incorporate spiritual care into their practice. This workshop teaches pediatricians how to implement spiritual care into their clinical practice through showcasing a spiritual care curriculum that was designed and implemented in a pediatric residency training program at a large, urban, academic Children's hospital. Participants will engage in three interactive sessions designed to teach the following: the importance of providing spiritual care for pediatric patients and their families, how to incorporate a spiritual history into the biopsychosocial assessment of a pediatric patient, and how to utilize hospital-wide, interdisciplinary spiritual care resources. In the first session, workshop leaders will provide didactic education about literature supporting the importance of spiritual care in medical practice. Leaders will then facilitate small-group discussions about clinical cases highlighting several world religions frequently encountered in medical care. Discussion will help participants identify how beliefs of patients and family members may affect medical decision-making and how to identify resources available for patients and families in various clinical settings. In the second session, workshop leaders will teach an evidence-based tool, the HOPE model, as a means of obtaining a spiritual history. Participants will then work as dyads to practice utilizing the HOPE model through role-play activities. In the third session, participants will engage in small group discussion of a clinical case that requires expertise from an interdisciplinary spiritual care team. Participants will identify members of the healthcare team capable of providing spiritual care including chaplains, nurses, social workers and physicians and discuss the appropriate roles of each team-member in the provision of spiritual care.

6. DEVELOPING AN INTERACTIVE RESIDENT TRAINING CURRICULUM ON HEALTHCARE TRANSITIONS AND COMPLEX MEDICAL CONDITIONS ARISING OUT OF CHILDHOOD FOR PEDIATRIC AND INTERNAL MEDICINE TRAINEES

Marie A. Pfarr, MD, Heather Burrows, MD, Patricia Keefer, MD, Emily Jacobson, MD, Ryan Cooney, MD, Ashley Cobb, MD, Emily Hautman, MD, Jessica Wummel, MD, University of Michigan, Ann Arbor, MI

More youth with special healthcare needs (YSHCN) are surviving to adulthood due to advancements in detection, treatments and medical services. It is estimated that 750,000 children with special health care needs will transition from pediatric to adult healthcare annually in the US. The importance of a comprehensive healthcare transition for these youth has become apparent. Over the last 10 years, several national efforts have been made to promote high-quality healthcare transition for both healthy youth and YSHCN; however, several barriers have been identified. Published surveys have noted that both pediatricians and internists report a lack of skills and knowledge in healthcare transition process and planning and are often not aware of available community resources that support the YSHCN population during this time of need. Additionally, both pediatricians and internists identify a lack of training and knowledge regarding care for these complex conditions arising from childhood. This interactive workshop will focus on developing a needs assessment identifying knowledge gaps in these targeted areas. Participants will work in small groups discussing how to structure lectures focused on these topics and, most importantly, bring them to life in a fun and interactive manner! By the end of the workshop, participants will have several strategies and tools to implement an interactive curriculum for pediatric and/or internal medicine trainees focused on healthcare transitions and complex medical conditions arising out of childhood. Participants will have access to electronic copies of 2 ready to use lectures on healthcare transitions and long-term cancer survivorship.

7. MAKING THE MOST OF INTERVIEWS WITH THE MMI

Elizabeth R. Hanson, MD, Elizabeth Payne, MEd, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX, Sophia Goslings, MD, University of South Alabama, Mobile, AL, Crystal Cederna-Meko, PsyD, Gwendolyn Reyes, MD, Hurley Medical Center/Michigan State University, Flint, MI, Michelle Arandes, MD, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX

Information gathered on interview day is a crucial part of the holistic review of residency candidates. However, there are several key drawbacks to interviews as well, including their high subjectivity to bias, lack of standardization between interviewers, and high cost for both programs and applicants. The Multiple Mini Interview (MMI) format is an evidence-based structured interview format that offers several advantages in these areas. In MMI, every applicant is asked the same set of standardized questions and scored according to a set rubric. Prompts can be tailored to meet programmatic priorities including target milestones/EPA s. In this way, implementation of the MMI format allows programs to gather a high amount of valuable information during the interview, while at the same time reducing subjectivity and the influence of unconscious bias. During this interactive workshop, we will describe the key components of the MMI process and provide participants with examples on how MMI has been implemented across three programs of varying sizes and levels of experience with the technique. Participants will then work together in facilitated small groups to adapt existing templates in order to develop

their own MMI prompts as well as a scaffold of an implementation plan to bring MMI to their home institutions. We will close with a large group discussion around potential challenges, tips for successful implementation, and how MMI scores can be further incorporated in the rank process. This session is designed around the needs of the interprofessional teams involved in interview season including program directors, associate program directors, program coordinators, and interviewing faculty. Facilitators will meet teams where they are in the MMI process with discussion of intermediate steps to full MMI implementation. Participants are encouraged to bring their experiences with MMI and other forms of structured interviews to share with group.

8. ABC APPROACH TO TRAINEE WELLNESS: ASSESSMENT, BIG-PICTURE, AND CORE SKILLS

Margaret M. McNamara, MD, University of California (San Francisco), San Francisco, CA, Heather McPhillips, MD, MPH, Maneesh Batra, MD, MPH, University of Washington, Seattle, WA, Duncan Henry, MD, University of California (San Francisco), San Francisco, CA, Carrie Rassbach, MD, Stanford University, Palo Alto, CA

Since the Accreditation Council for Graduate Medical Education (ACGME) issued new program requirements in 2017 related to physician wellness, institutions engaged in training residents and fellows are struggling to make meaningful changes to promote well-being and meet this challenge. The session will begin with a panel discussion to provide a framework for developing a program-specific needs assessment, highlight organizational factors that influence well-being, and give a brief overview of evidence-based interventions to improve individual resiliency. Participants will then have the option to rotate through two of three interactive stations to 1) draft questions for their own program-specific needs assessment to inform their systems improvement approach to address wellness, 2) describe and share best practices for organizational factors and systems-level reforms that are known to improve physician well-being, 3) discuss and practice evidence-based interventions targeting work-life balance, goal-setting, mindfulness, stress-reduction, and personal reflection to enhance resiliency. Participants will develop a plan for implementation of a specific well-being initiative for their own program.

9. WITH OR WITHOUT YOU: PROMOTING RESIDENT AND MEDICAL STUDENT AUTONOMY ACROSS CLINICAL SETTINGS

Jessica Moriarty, MD, Lee Trope, MD, Srisindu Vellanki, MD, Sarah Hilgenberg, MD, Stanford University, Palo Alto, CA, Caren Gellin, MD, University of Rochester, Rochester, NY, Michael Weisgerber, MD, Patrick McCarthy, MD, Medical College of Wisconsin Affiliated Hospitals, Milwaukee, WI, Rebecca Blankenburg, MD, Stanford University, Palo Alto, CA

According to the American College of Graduate Medical Education (ACGME), a residency training program must foster in residents the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine. This development is highly dependent on allocation of progressive and graded responsibility. Over the last several decades, the appropriate balance of autonomy and supervision has been questioned, particularly in the light of heightened patient safety concerns, increased complexity of the healthcare system, and 24/7 hospitalist coverage in many teaching hospitals. In this highly interactive workshop, participants will complete a force field analysis to highlight facilitating factors and barriers to promoting autonomy in various clinical settings. Facilitators will then present a brief overview of the theories supporting autonomy, as described in self-determination theory, educational scaffolding, and entrustment decision making. In facilitated small groups, participants will actively apply these concepts to clinical scenarios presented through video clips or clinical skits. Participants will next develop strategies that individuals can employ to optimize the balance between autonomy and supervision at resident and/or fellow levels across clinical settings. Participants will then brainstorm programmatic structural changes and create an action plan that both faculty and trainees can implement to safely promote autonomy in their home institutions. In an interactive Gallery Walk, participants will review each other's action plans and give each other feedback. A final large group discussion will clarify any remaining questions and allow participants to commit to meaningful change.

10. NEW OPPORTUNITIES FOR LEARNING ABOUT ADVOCACY (NOLA)

Julie A. Venci, MD, Anne Frank, MD, Amy Beeson, MD, University of Colorado, Denver, CO, Brian Hilliard, MD, University of Minnesota, Minneapolis, MN, Christopher Bruti, MD, Rush University Medical Center, Chicago, IL

The ACGME program requirements for Internal Medicine-Pediatrics (Med-Peds) residency training includes two educational units of ambulatory experiences which include elements of community pediatrics and child advocacy. At last year's national meeting, the Med-Peds Program Directors Association (MPPDA) identified that residencies want improved resources and information on how to incorporate advocacy into their training programs. Through an online survey conducted by the National Med-Peds Residents Association (NMPRA), Med-Peds programs were asked to describe their advocacy curricula. The survey results identified great variability in how Med-Peds programs are currently meeting the ACGME requirement. This workshop will encourage a collaborative approach to development and enhancement of advocacy curricula. Current state will be described by highlighting the survey results and a gallery walk of program exemplars. Attendees will utilize structured worksheets to reflect on opportunities and barriers to creating or updating an advocacy curriculum at their home institution. These ideas will be further refined through interactive small group sessions. Attendees will leave with 2 SMART goals for development or modification of an advocacy curriculum. Finally, participants will have an opportunity to join a Med-Peds advocacy committee and listserv.

11. WE CAN DO IT! HOW TO EFFECTIVELY MANAGE AN EDUCATIONAL PROGRAM WITHOUT AUTHORITY

Gretchen Shawver, BS, Stanford University, PALO ALTO, CA, Carrie Johnson, MBA, Alexandra "AJ" Fletcher, BA, Megan Christofferson, BA, C-TAGME, Charlene Larson Rotandi, AB, C-TAGME, Stanford University, Stanford, CA

A central portion of the program coordinator role is to ensure that the program requirements are being fulfilled, including soliciting essential documentation from trainees, faculty, and staff. But what is a coordinator to do when they feel as though they do not have the authority to hold others accountable for failing to follow through? Managing without authority is essential to the very practice of a coordinator, and often many are frustrated and struggle with getting other stakeholders to comply, especially in a timely manner, to program requests. Often program coordinators are told to find someone with more authority (e.g., program director, division chief, DIO, etc.) to exert it on their behalf. However, not all program coordinators are fortunate to have an effective ally in their program to whom they can turn. In the absence of support, there are techniques and strategies that can help a program coordinator get the job done. The workshop will include case-based examples of management challenges and solutions program coordinators commonly face. Participants are expected to contribute to the discussions, drawing from their own experiences, and help brainstorm as many potential solutions as possible since no one technique will work for all programs. Following the session, all participants will receive a toolkit that will include a summary of the ideas generated during the session, as well as additional resources compiled by the facilitators.

3:45pm - 5:15pm Enhanced Learning Session II (choice of 11)

12. MEDICAID (AND HOW TO TEACH IT) MADE CLEAR

Cara Lichtenstein, MD, MPH, Children's National Medical Center, Washington, DC, Elizabeth Hanson, MD, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX, Natalie J. Burman, MD, Naval Medical Center (San Diego), San Diego, CA

Did you know that Medicaid provides health insurance coverage to more people in the US than any other single program covering nearly half of all births in a typical state, 76% of poor children, and 48% of children with special health care needs? Medicaid is essential for providing quality care to children in the US and improved understanding of the program allows residents to better advocate for quality patient care and optimal patient care systems as required by the ACGME. Pediatric trainees care for patients with Medicaid daily yet most know little of Medicaid's history, functioning, and crucial role in the pediatric safety net. Additionally, data from 2017 AAP Pediatrician Life and Career Experience Study (PLACES) found that over 30% of early career pediatricians report they are very or moderately stressed by responding to the current debate on health care. To address this educational gap, the APA Taskforce on Child Poverty's Education Subcommittee brought together medical educators from across the US to build a curriculum on Medicaid. The curriculum consists of pre-work, a 3 part PowerPoint with embedded interactive activities, a comprehensive facilitator guide, and additional dig deeper resources. It is available for free on the American Academy of Pediatric website. The goal of this workshop is to provide an interactive education about Medicaid while demonstrating how the curriculum can be used with residents and other learners. Participants will be asked to complete assigned pre-work and then after a brief introduction, facilitators will deliver the Historical Context and Current Role of Medicaid components of the curriculum including the PowerPoint presentation and accompanying interactive activities. The workshop will conclude with a guided reflection on the curriculum including ideas for implementation such as timing and potential partners as well as a discussion of ways to overcome potential barriers. Each participant will leave with information on how to access the full curriculum, a better understanding of Medicaid, as well as the start of a plan for the next steps needed to implement the curriculum at their home institution.

13. LIGHTING THE FIRE: ACTIVATING ADVOCACY SKILLS AND ACTION IN LEARNERS THROUGH AN ADVOCACY ACTION PLAN

Heather Lukolyo, MD, MHS, Baylor College of Medicine (Houston), Houston, TX, Amy Rule, MD, MPH, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Tania Condurache, MD, University of Louisville, Louisville, KY, Michelle Lopez, MD, MPH, Julieanna Nichols, MD, Claire Bocchini, MD, Baylor College of Medicine (Houston), Houston, TX

There is widespread acceptance among physicians organizations and medical educators that advocacy is a core component of medical professionalism. The Accreditation Council for Graduate Medical Education (ACGME) has made advocacy training and experience a requirement for all pediatric residents. Pediatric residency programs have adapted a variety of approaches to integrate advocacy into their formal curricula, including advocacy rotations and electives. The components to effective advocacy are to identify a problem, gather information, commit to action, collaborate with others, mobilize resources, and sustain the effort. In this highly interactive workshop, we will orient participants to a novel Advocacy Action Plan tool, which can be used to prime residents and fellows to develop and meet personalized advocacy goals and delineated steps to meet those goals. Participants will develop their own individualized advocacy action plans to familiarize themselves with the tool. We will present a framework of advocacy at interpersonal, organizational, health system, and policy levels, based on the social-ecological model of public health, to encourage participants to think broadly about advocacy opportunities for learners. Pediatric residents are already familiar with the concept of developing asthma action plans for our patients; in this workshop participants will learn how to guide residents and fellows to develop their own personalized advocacy action plan.

14. DEVELOPING PHYSICIAN SCIENTISTS DURING PEDIATRIC RESIDENCY

Caroline Rassbach, MD, Stanford University, Stanford, CA, Debra Boyer, MD, Children's Hospital/Boston Medical Center, Boston, MA, Rebecca Blankenburg, MD, MPH, Stanford University, Palo Alto, CA, Heather McPhillips, MD, Weston Powell, MD, PhD, University of Washington, Seattle, WA, Pnina Weiss, MD, Yale-New Haven Medical Center, New Haven, CT, Steven Levitte, MD, PhD, Stanford University, Palo Alto, CA, Mark Ward, MD, Audrea Burns, PhD, Baylor College of Medicine (Houston), Houston, TX

Physician-scientists dedicate their careers to research advancing our understanding of diseases and developing new therapies and preventative measures to improve health. Physician-scientists areas of research may include basic science, translational research, clinical research, and occasionally other areas. Residency programs have an important mission to train physician scientists who face numerous opportunities, challenges and threats throughout their careers. Pathways to train physician scientists during residency include alternative pathways such as the American Board of Pediatrics Integrated Research Pathway (IRP) and Accelerated Research Pathway (ARP). Developing physician-scientists requires attention to their clinical training, research training, work-life integration and wellness. This workshop seeks to bring together experts and key stakeholders to discuss best practices in residency training for physician-scientists. This highly interactive workshop will begin with a pair-share activity where participants will discuss successes and challenges their own institutions face in supporting physician-scientists-in-training. Facilitators will then present a short didactic on the definition and roles of physician scientists and recent literature on physician scientist training. Next, facilitators will share physician-scientist residency training models from a few of their own institutions, which include Baylor, Stanford, Seattle, Harvard, Yale. Participants will then have the opportunity to rotate through two out of four expert-facilitated tables to discuss the following elements of physician-scientist residency training: 1) mentorship, peer mentorship and personal support, 2) clinical training and the ARP and IRP pathways, 3) goals and objectives for research training in residency, and 4) considerations for small vs large programs with focus on infrastructure and funding. The structure of the small groups will include facilitated discussion and prompting questions around core issues for expert facilitators to address key questions in the topic area followed by a chance for participants to share experiences from their own institutions and to ask additional questions. Small groups will then report-out to the larger group so that all participants hear about all four topic areas. The workshop will conclude with facilitators sharing take-home points and resources followed by participants having the chance to ask questions and share additional insights.

15. SIMMING AFTER SUNDOWN: INTERACTIVE THINK TANK TO LAUNCH THE DEVELOPMENT OF A NIGHTTIME SIMULATION EDUCATION CURRICULUM

Amanda J. Rogers, MD, Medical College of Wisconsin Affiliated Hospitals, Milwaukee, WI, Ariel Frey-Vogel, MD, Massachusetts General Hospital, Boston, MA, Madhuri Dave, DO, Carmen Cobb, MD, Lauren Castaneda, MD, Michael Weisgerber, MD, Medical College of Wisconsin Affiliated Hospitals, Milwaukee, WI

With changes in work hours, night rotations have become a staple in most residency programs. There is valuable learning that occurs at night, but residents often miss formal didactics, rounds, and opportunities to talk in depth about their patients. At the same time, night emergencies are in the hands of residents without their usual daytime support system. Given these realities, a resident-run nighttime simulation curriculum, focusing on night emergencies, could address two issues at once: increasing formal education for residents working at night and increasing resident competency handling emergencies at night. So let's all start simming after sundown! While this idea has a lot of potential, there are challenges to creating, implementing, and sustaining a nighttime simulation curriculum. That's why we need your help - to make this idea a reality! This highly interactive session will allow interested participants to join members of the APPD Healthcare Simulation in Pediatrics Learning Community in a multi-institutional project to develop, implement, and assess a nighttime simulation curriculum. We will begin working through Kern's six steps of curriculum design to develop the proposed curriculum. We will start by conducting a multi-institutional needs assessment regarding high yield content to include and barriers to implementation. Next, we will use Bloom's taxonomy to develop curricular goals and objectives. Participants will then divide into three groups to begin developing 1) session content with case templates, 2) educational strategies and implementation approach, and 3) methods for curriculum evaluation. At the end, participants interested in remaining involved will develop action items and a timeline to continue project development. We welcome residents, chiefs, and faculty in all roles to join us regardless of whether you are able to continue with the project outside the meeting! We hope this will be an opportunity to gather perspectives and lay the groundwork for a meaningful project while also allowing participants who are interested mentorship in scholarship.

16. MANO A MANO: HOT TOPICS IN MEDICAL EDUCATION

Rebecca Wallihan, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH, Emily Borman-Shoap, MD, University of Minnesota, Minneapolis, MN, Ndidi Unaka, MD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, John Mahan, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH, Javier Gonzalez del Rey, MD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Teri Turner, MD, Baylor College of Medicine (Houston), Houston, TX, Heather McPhillips, MD, University of Washington, Seattle, WA, Alan Chin, MD, University of California, Los Angeles, Los Angeles, CA, Sabrina Ben-Zion, MD, Children's Hospital Medical Center of Akron/NEOMED, Akron, OH

In this interactive, debate-style session attendees will hear leaders in the field face off to address emerging issues in medical education. Three hot topics will be discussed with an affirmative and negative speaker for each. After opening remarks and framing by the moderator, each debater will present briefly her/his major points, address follow-up questions from the

moderator, and then respond to audience questions. The debate is then ended by closing remarks by each debater. Audience response will be used to poll attendees on their stance prior to and at the conclusion of each topic. The three proposed topics for 2019 are: 1) Current interview practices: Is it time for a new system? 2) Social media persona: Is it mine or the program's? 3) Trainee wellness: Individual or program responsibility?

17. DO I HAVE TO? EXAMINING THE DEBATE ABOUT MANDATORY SCHOLARLY ACTIVITY DURING RESIDENCY TRAINING.

Mackenzie S. Frost, MD, University of Texas Southwestern Medical School, Dallas, TX, Blair Dickinson, MD, St. Christopher's Hospital for Children, Betsy Maxwell, MD, Children's Hospital of Philadelphia, Philadelphia, PA, Meredith Monaco-Brown, MD, Albany Medical Center, Albany, NY, Andrew Yu, MD, University of Texas Southwestern Medical School, Dallas, TX

Requiring participation in scholarly activity for trainees is a source of debate for many programs. Successful scholarly experiences can improve trainees' critical thinking skills, further their understanding of the medical literature, foster an interest in a sub-specialty area, and help strengthen fellowship and job applications. However, meaningful participation in scholarly activity during residency training can be difficult to achieve. Simply reaching a consensus about which resident activities constitute "scholarship" can be hard. Scheduling challenges, inadequate mentorship, and changing career goals can negatively impact scholarly pursuits. Thus, programs may feel challenged in supporting residents who wish to complete scholarly projects and are then unlikely to mandate it as part of residents' educational experience. This session will focus on the debate of the role of scholarly activity during residency training. The session will be led by a multidisciplinary group of residency and fellowship associate program directors from across the country. First, the panel of session moderators will debate the pros and cons of mandatory scholarly activity for residents. Session participants will have an opportunity to ask the panel questions to further the debate discussion. Then session leaders will present ways that scholarly activity is integrated into their programs: experiences at programs that both require and do not require scholarship will be highlighted. Facilitated small groups will then discuss ways that participants can integrate similar approaches into their home institutions. Finally, the impact of scholarly activity on career choices after residency will be discussed. Small groups will develop strategies to help ensure that trainees appropriately emphasize their residency scholarship on their CVs and applications.

18. MOVING BEYOND MOCK CODES: USE OF SIMULATION BASED EDUCATION TO SUPPORT MULTIPLE AREAS OF PEDIATRIC EDUCATION

Kayla Heller, St. Louis University School of Medicine, St. Louis, MO, Angela Etzenhouser, MD, Charles Spear, MD, Michael Platt, MD, Children's Mercy Hospital, Kansas City, MO, Bobbi Byrne, MD, Elizabeth Wetzel, MD, Indiana University School of Medicine, Indianapolis, IN, Beth Hankamer, MSN, BS, RN, Marya Strand, MD, St. Louis University School of Medicine, St. Louis, MO

Simulation based education (SBE) is an expanding field in medical education. Many consider SBE as it relates to resuscitation training, but SBE extends beyond prepping for emergencies. We aim to provide educators with practical tools they can use to enhance multiple areas of resident and fellow training. Multi-disciplinary and multi-specialty facilitators represent a variety of institutional sizes with a range of simulation experience, equipment and funding. Our goal is to share techniques that may be incorporated easily and quickly in the absence of high technology or budgets. We will provide an overview of SBE and a review of programs at 3 institutions. Majority of time will be in interactive sessions with participants rotating through stations. One of the stations will focus on creative ways to construct procedural models for task training. Participants will interact with several task-training models: from suturing to higher-level procedures like pericardiocentesis. We will review cost effective ways to enhance procedural training by creating models from simple materials. Station 2 will focus on the use of rapid cycle deliberate practice. This technique is an adaptation of SBE where learners practice a specific skill/scenario, quickly debrief, and repeat the process until mastery is achieved. This method allows practice of specific skills, while providing in-the-moment directive feedback. This technique can improve technical skills, leadership, and communication. Station 3 will focus on the use of low-fidelity models to enhance trainee night team education. Many learners have less exposure to formal educational sessions while they are working overnight, yet encounter many high acuity situations. The use of low fidelity simulation can enhance clinical reasoning skills for commonly encountered events and increase exposure to managing critical situations. The conclusion of the workshop will engage participants to reflect on ways to implement strategies at their programs. We will provide materials that help participants apply SBE methodologies reviewed during the workshop.

19. MOLDING THE MILLENNIAL MIND: INSTAGRAM AS A MEDIUM FOR GRADUATE MEDICAL EDUCATION

Stephanie A. Raymundo, MD, University of California (Irvine)/CHOC, Long Beach, CA, Niharika Goparaju, MD, Daniel Kang, MD, Candace Taylor Lucas, MD, MPH, University of California (Irvine)/CHOC, Irvine, CA

The millennial generation has access to an innumerable amount of resources, but is faced with the daunting task of navigating them. In recognition of this, innovative strategies utilizing social media are increasingly common in graduate medical education. Residency programs often capitalize on resident use of common media platforms such as facebook and twitter for resource dissemination, recruitment, and advocacy. Instagram is a smartphone application that focuses on mobile sharing of images and videos and builds on recent trends in mobile photography. It is unique in that it is simple, quick and fun. With more than 500 million active users, Instagram rivals other popular platforms such as facebook and twitter. If your program has ever experienced difficulty connecting with your millennial residents, this session will inspire you to incorporate Instagram in

your residency training program. Instagram offers novel teaching opportunities, can enhance messaging during recruitment, support advocacy efforts, and foster a sense of resilience and belonging by highlighting resident and faculty achievement. During the first part of this session, you will learn about the main features of this social media platform as well as how to utilize them to target specific residency program needs. The second part of the session will involve workshop time to practice these skills with peers...and the presenting millennial herself!

20. JOHN IS CONFIDENT, JANE IS TOO ASSERTIVE: HOW TO RECOGNIZE AND MINIMIZE BIAS IN WRITTEN TRAINEE EVALUATIONS

Hannah Keppler, MD, Kamaal Jones, MD, Maria de Lourdes Eguiguren, MD, Emily Earl-Royal, MD MPH, Jonathan Updike, MD MPH, Xinshu Shi, MD, Quynh Dierickx, MD, Joseph Perales, DrPh LCSW, Lahia Yemane, MD, Stanford University, Palo Alto, CA

Evaluations are an essential part of medical training for all levels of learners, yet numerous studies show that bias is pervasive throughout evaluations of trainees across all specialties and can have longstanding implications. In emergency medicine, the rate of resident milestone evaluation attainment throughout residency was higher for males than females across all sub-competencies despite receiving similar evaluations at the beginning of residency(1). Another study with medical students showed white students were more likely to be described using “standout” words whereas black students were described as “competent”(2). The effects of bias in evaluations can create differences in opportunities for advancement among different groups, such as selection into AOA, residency and fellowship programs, and leadership positions in academics. For these reasons, it is imperative that medical educators have the knowledge and skills to recognize and minimize bias in written evaluations so that we do not continue to perpetuate these disparities. This interactive workshop will teach participants how to identify potential bias in evaluations and practice how to minimize bias in their own written evaluations. The session will begin with a pair-share activity and reflection on a sample trainee evaluation that will be referenced throughout the session as new concepts are introduced. The presenters will then review literature in business and across the medical education continuum to build the case for the enduring negative effects of bias and current best practices to reduce its effects on an individual, programmatic, and institutional level. Participants will then use what they have learned to actively practice analyzing and editing additional sample evaluations as part of a group activity and then large group de-briefing. By the end of the workshop, participants will leave with new knowledge and skills to reduce bias in written evaluations.

21. TOGETHER BUT NOT EQUAL: CAN WE MITIGATE THE EFFECTS OF BIAS AND DISCRIMINATION IN THE LEARNING ENVIRONMENT?

Mumtaz Mustapha, MD, University of Minnesota, Minneapolis, MN, Alda M. Gonzaga, MD, UPMC Medical Education, Pittsburgh, PA

Imagine this scenario: you are an intern and about to perform a lumbar puncture. You excelled in the simulation and are feeling confident but anxious. As you're prepping the patient, the nurse says, "women usually have a harder time with this procedure, but you seem to be doing quite well." Could that 'compliment' negatively affect your performance? Research says it could. Stereotype threat, the fear of being evaluated based on stereotype, can lead to under-performance of learners. Though non-white trainees, religious minorities, and women are more prone to stereotype threat, stereotype threat can affect anyone, creating a cognitive burden detrimental to learning in the clinical environment. In this workshop, we explore three examples of the impact of unconscious bias prevalent in academic medicine: stereotype threat, diversity tax, and surplus visibility. We based this workshop on our prior successful work designed to improve the effectiveness and confidence of established educators working in today's increasingly diverse learning climate. We have seen that this thoughtful and deliberate work leads to personal and institutional change. We begin by introducing core topics and vocabulary used throughout the workshop, and the adult learning theory upon which the workshop is based. We invite participants to share personal experience with stereotype and bias. Using interactive cases, participants explore the topics, and learn strategies to mitigate the effect of bias on individual learners and the learning environment. Participants leave with a toolkit including articles, vignettes and a slide set for faculty development.

22. THE SEVEN HABITS OF HIGHLY EFFECTIVE PROGRAM COORDINATORS

Elizabeth Wueste, MAEd, C-TAGME, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX, Charlene Larson Rotandi, AB, C-TAGME, Stanford University, Stanford, CA

The last several years have brought significant change to the ACGME program requirements and how Program Coordinators effectively manage these programs. Broad-based accreditation improvements have allowed for a positive shift in mindset, culture and overall programmatic outcomes. However, change in itself brings unease and discomfort to which implies a need for self-reflection and personal growth to remain effective in attaining both personal and professional goals. The role of program coordinators in graduate medical education embodies that of a community of leaders and learners that personifies a commitment to lifelong learning and improvement. By participating in personal and professional development, program coordinators will be able to create ideas and opportunities to drive innovative learning environments and foster relationships with the broader graduate medical education community. The workshop is based on the well-known text by Stephen Covey, *The Seven Habits of Highly Effective People*, first published in 1989. Participants will be introduced to foundational ideas of these seven habits and apply the concept of a paradigm shift to facilitate change in mindset from the graduate medical education perspective. Session participants will go through a self-reflection exercise and learn to apply techniques and strategies to improve their personal effectiveness. "Habit is the intersection of knowledge (what to do), skill (how to do), and desire (want to do)."

5:30pm - 6:30pm Networking Reception

6:00pm - 9:00pm MPPDA Dinner (*off-site; additional fee required*)

Crescent City Brewhouse

www.crescentcitybrewhouse.com

527 Decatur Street, New Orleans, Louisiana 70130

Thursday, March 28

7:00am - 8:00am Wellness Activity (more info coming soon)

8:00am - 9:00am Continental Breakfast

MPPDA Committee Meetings II

AMPPA Meeting: Professional Development

9:00am - 10:00am Plenary Session

9:00-9:05am Welcome

9:05-9:10am Presentation of Carol Berkowitz Award for Advocacy and Leadership in Pediatric Medical Education

9:10-9:20am APPD LEAD Graduation

9:20-9:50am Update from the Accreditation Council of Graduate Medical Education (ACGME) with Q&A

9:50-9:55am Orientation to the day

10:15am - 11:45am Table to Able Session

This year we are again offering the popular Table to Able session. The theme of this session is Best Practices. The format of the session will consist of tables covering a variety of topics, with one topic and a specific question related to that topic at each table. There will be an expert Table Leader who will address the question and topic and facilitate discussion. Each table session will be 25 minutes in length with the opportunity to participate in three table topics during the session. Those who pre-register for this session will be contacted in early March to select the three table topics they wish to attend. Sample topics include planning a mental health curriculum, wellness for programs, self-study tips and preparation, and individualized curriculum. A complete listing of tables will be available in the final program.

12:00pm - 1:15pm

Regional Lunch Meetings

Mid-America: West PA, OH, WV, KY, IN, MI

Mid-Atlantic: Southern NJ, East PA, DE, MD, Washington DC

Midwest: IL, WI, MN, IA, MO, KS, NE, OK, SD

New England: ME, NH, MA, CT, VT, RI

New York: NY, Northern NJ

Southeast: VA, NC, SC, GA, FL, AL, MS, LA, AR, TN

Southwest: TX

Western: CA, NV, OR, WA, AK, CO, NM, UT, AZ, HI

MPPDA Business Meeting

(includes AMPPA and Med-Peds Leadership Awards)

1:30pm - 3:00pm Enhanced Learning Session III (choice of 11)

23. WAIT, SO WHAT'S YOUR QUESTION? A NOVEL METHOD FOR IMPROVING CONSULTATION REQUESTS

Sara J. Pavitt, MD, Kim Hoang, MD, Stanford University, Palo Alto, CA, Ross Myers, MD, Case Western Reserve University/ University Hospital Case Medical Center/Rainbow Babies, Cleveland, OH, Jessica Moriarty, MD, Lee Trope, MD, Sindu Vellanki, MD, Nivedita Srinivas, MD, Stanford University, Palo Alto, CA

Communication failures are the leading cause of medical errors. Previous studies have shown lack of communication standardization leads to delays and errors in patient care, as well as increased health care costs. For this reason, the Accreditation Council for Graduate Medical Education has identified communication skills as a competency equal in importance to clinical skill and medical knowledge for residents and fellows. Regardless of provider training level, effective consult communication is important to ensure that timely and pertinent recommendations are made. However, most health care providers do not receive formal training on effective consult communication. In an ongoing study at Lucile Packard Children's Hospital at Stanford examining the current state of consult communication, pediatric subspecialty fellows felt that 50% of consult questions posed by residents were either unclear or very unclear. Miscommunication during consults was reported by residents and fellows (98% and 96%, respectively). Furthermore, residents and fellows reported a number of these miscommunications lead to patient safety errors (86% and 88%, respectively). Based on focus groups of residents and fellows, a novel modified SBAR tool was developed to standardize and improve verbal consult communication. SBAR is a communication tool that is currently used in various healthcare settings. A recent systematic review of SBAR demonstrated its overall effectiveness on improving patient outcomes. In this highly interactive workshop, we will help participants learn and apply a modified SBAR as a standardized communication tool to facilitate learners' communication around consult requests that can be applied at their home institutions. Participants will reflect on prior experiences and challenges in facilitated small-group exercises and large group discussions. Participants will then apply the SBAR tool in role-play scenarios. All participants will leave with an implementation plan as well as a practical tool kit to improve their own practice and to teach others how to initiate a standardized consult workflow at their home institutions.

24. THE EDUCATOR PORTFOLIO DEMYSTIFIED: BUILDING A TOOL FOR REFLECTING ON YOUR WORK AND ADVANCING YOUR CAREER

Karen A. Mangold, MD, MEd, Zarina Norton, MD, Michael Spewak, MD, Robyn A. Bockrath, MD, MEd, Priya G. Jain, MD, McGaw Medical Center of Northwestern University, Chicago, IL, Sarada Panchanathan, MD, MS, University of Arizona, Phoenix, AZ, Deborah A. Alliston, MD, MEd, University of Kansas School of Medicine, Wichita, KS, Elizabeth K. Nelsen, MD, SUNY Upstate Medical University, Syracuse, NY, Kevin Kuo, MD, MHPE, Stanford University, Palo Alto, CA

Educator portfolios act as tool for assessment of performance and to stimulate learning from experience. However, the time and effort needed to develop a portfolio can lead to frustration. Promotion of portfolio development and mitigation of negative reactions can be achieved by using a flexible learner-centered format with structure and guidance. Such guidance will be provided in this workshop through a step-wise approach to portfolio development with reflective exercise for learner-centered application. This will be an interactive workshop co-taught with faculty from multiple institutions who have expertise in developing educator portfolios for various purposes. We will first use an audience response system to determine the background and goals of participants. Next, there will be a brief didactic overview of the history of educator portfolios and how they are used today. Participants will be able to explore various portfolio platforms online and determine which formats best fit their individual needs. Using worksheets and feedback from partners and small groups, participants will develop their own goals and an outline for their own portfolio. Faculty will continue to give insight during group discussion on their own experiences with format, content and usefulness of portfolios. Attendees are encouraged to bring their own laptops to allow them to view different sites online.

25. UNDERSTANDING SI2025: PREPARING PROGRAMS AND SPONSORING INSTITUTIONS TO MEET FUTURE CHALLENGES IN HEALTH CARE

Abdulla Ghori, MD, Amy Zack, MD, Mammen Puliyl, MD, Case Western Reserve University (MetroHealth), Cleveland, OH
It is every GME educator's responsibility to understand the future challenges and plan proactive steps possible within their program and institution to modify curriculum and training practices to prepare trainees for a successful future. The presenters are experienced in the model of change, have spent a considerable amount of time understanding the concept of SI2025 and planned strategies feasible even in resource limited institutions. The lessons learnt, and the practice of developing strategies experienced during the workshop session will enable participants to implement innovations within their programs and institutions and mitigate the fear of facing the future challenges in graduate medical education, projected in SI2025. Session Takeaways The presentation will educate the participants on the concept of SI2025 and provide an overview of the 9 thematic categories, 52 findings, and the current view and projected view with concrete examples. Practically feasible number of selected thematic categories and findings will be shared in print on tables for workshop discussion. Following presentation of examples of proactive steps composed by the presenters for select findings, participants will have the opportunity to work on their plans to address the findings shared on their table. The plans proposed by each table will be presented to the audience for discussion, and comments. The final set of plans will be collated and shared with all participants. Post conference the participants will be given the option of future communications among the group to bounce off ideas. Presenters will also be available as advisors.

26. ENHANCING THE EUREKA EFFECT: CREATING A POSITIVE LEARNING CLIMATE ACROSS THE CONTINUUM OF PEDIATRIC RESIDENCY AND SUBSPECIALTY FELLOWSHIPS.

Hayley Gans, MD, Caroline Rassbach, MD, Allison Guerin, MD, Carmin Powell, MD, Lahia Yemane, MD, Michelle Brooks, BA, Carrie Johnson, BA, Charlene Rotandi, BA, Sara Salem, BA, Stanford University, Stanford, CA, Betty Staples, MD, Duke University Hospital, Durham, NC, Pat Poitevien, MD, Brown University, Providence, RI, Jerri Rose, MD, Keith Ponitz, MD, Not Affiliated with Program/Institution listed above, Cleveland, OH, Katherine Mason, MD, Brown University, Providence, RI, Kathleen McGann, MD, Duke University Hospital, Durham, NC, Rebecca Blankenburg, MD, Stanford University, Stanford, CA

The Accreditation Council of Graduate Medical Education (ACGME) has expanded requirements for residencies and fellowships specifying that programs must provide a supportive, educational environment that is free of mistreatment. Faculty must role model humanistic behaviors and promote joy of curiosity, problem-solving, intellectual rigor, and discovery. Despite these goals, recent data show that medical learning environments are not consistently providing optimal learning climates for trainees. In this interactive learning session using collaborative activities, facilitated small groups, and large group discussions, participants will identify the value of a positive learning climate and the impact that suboptimal environments have on trainee well-being, professional satisfaction and development. Working in small groups followed by large group discussions, participants will explore key drivers resulting in substandard environments within their institutions. Presenters represent a diversity of intuitions including both residency and fellowship leadership. Data from the presenting institutions will be shared also highlighting proposed solutions and methods to monitor and enhance the learning climate. Participants will work in pairs to develop plans for ways to measure the learning climates in their institutions and propose solutions to identified issues. Action plans will be shared in a pair-share format to maximize feedback. Participants will leave the workshop understanding the current challenges that exist within their institutional learning climate and with concrete, actionable plans and tools to improve and enhance the learning environment, which will meet the ACGME requirements.

27. HELPING OUR TRAINEES BECOME THE PEDIATRICIANS THEY ALWAYS WANTED TO BE: CAREER DEVELOPMENT AND CARING FOR UNDERSERVED AND GLOBAL POPULATIONS

Amy R. Rule, MD MPH, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Heather Lukoylo, MD MHS, Baylor College of Medicine (Houston), Houston, TX, Meghan Hofto, MD MPH, University of Alabama Medical Center, Birmingham, AL, Joanne Mendoza, MD, University of Virginia, Charlottesville, VA, Tania Condurache, MD MSc, University of Louisville, Louisville, KY, Chuck Schubert, MD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Heather Crouse, MD, Baylor College of Medicine (Houston), Houston, TX

Remember when you decided to become a pediatrician and educator because you wanted to make a difference and help your trainees do the same? Studies show that increasing numbers of medical students, pediatrics residents and fellows are passionate about Global Health and caring for the underserved, but far fewer are successful at incorporating that into their careers. Common barriers include time and financial constraints, family and personal obligations, lack of institutional or administrative buy-in, lack of mentorship, medical education requirements, and lack of protected time to be away. In this interactive workshop, you will learn about five global health/underserved medicine-pediatrics career pathways that incorporate international or domestic global health care and education with underserved populations. Building on the five pathways and using the new ABP guide, Global Health in Pediatric Education: An Implementation Guide for Program Directors, small groups of educators will work collaboratively with successful global health pediatricians as facilitators, to work through simulated cases of mentoring residents with global health interest. Cases will discuss the residents' underserved medicine passion, talents, values and available resources. Each case will involve discussion of advising the learner to choose a specific goal and action steps to work toward incorporating international or domestic global health into their career using ISMART goal framework¹, and create a career map and milestones.

28. TAKING DIAGNOSTIC REASONING TO VEGAS: APPLICATION AND EVALUATION OF PROBABILISTIC THINKING USING A NOVEL EDUCATIONAL GAME

Nathan R. Stehouwer, MD, Lukasz Weiner, MD, Collin Swafford, MD, Michael Dell, MD, Case Western Reserve University/University Hospital Case Medical Center/Rainbow Babies, Cleveland, OH

Diagnostic reasoning exercises requiring learners to describe their degree of confidence in their differential diagnosis have many potential benefits, including (1) encouraging meta-cognition ("how well do I know what I know?"); (2) correcting overconfident or under-confident learners; (3) developing the ability to more accurately apply likelihood ratios to select and interpret diagnostic testing; (4) assessing learners' readiness for increased independence. In this session, we will discuss benefits of probabilistic thinking and explore methodologies for teaching and assessing probabilistic thinking. The key innovation we will apply to diagnostic reasoning is the use of Brier scores to evaluate participants' differential diagnoses. Brier scores evaluate forecasts compared with actual outcomes. A maximum score is obtained by accurately describing degree of uncertainty, and overconfidence is strongly penalized. Applied to differential diagnoses, this score rewards both naming the correct diagnosis and accurately appraising one's level of confidence. To gain familiarity with the scoring methodology, attendees will participate in a short exercise in which they predict a series of 10 events based on card drawing. For example, "what is the probability that you will draw 4 black cards in this hand of 5 cards?" Each participant will predict scores, and then we will conduct actual scoring together. This exercise will demonstrate how accurate assessment of likelihood, not just

prediction of the actual outcome, results in the highest score. Approximately half of our session will consist of attendees participating in a diagnostic reasoning game which they can later choose to adapt and apply at their own institutions. In this session participants will be given a series of 10 brief cases with a similar chief complaint, such as child with fever for 5 days. For each case, the participants will list the top 3 diagnoses on the differential, and assign a numerical probability to each diagnosis. These cases will then be scored relative to real-life outcomes using Brier scores, giving participants immediate feedback on their ability to accurately describe their level of confidence in their diagnoses. After this exercise we will discuss didactic and bedside applications for teaching probabilistic diagnosis, and participants will plan uses for probabilistic reasoning in teaching sessions at their home institutions.

29. NOT YOUR TYPICAL REMEDIATION WORKSHOP: LEVERAGING THE PYGMALION EFFECT TO SET LEARNERS UP FOR SUCCESS

Andria Tatem, MD, Baylor College of Medicine (Houston), Houston, TX, Rupa Kapoor, MD, Phillip Thomas, MD, Eastern Virginia Medical School, Norfolk, VA, Teri Turner, MD, MPH, MEd, Baylor College of Medicine (Houston), Houston, TX
Title: Not Your Typical Remediation Workshop: Leveraging the Pygmalion Effect to set learners up for success
Description: The difference between a flower girl and a lady is not in the way she acts, but in the way she is treated Eliza Doolittle, My Fair Lady (also called The Pygmalion Effect). What if the difference between a successful and an unsuccessful trainee in remediation was more about whether or not the teacher(s) believed the trainee would be successful? We have all dealt with learners in difficulty and multiple workshops, articles and books which focus on the mechanics of remediation. In a landmark educational article from the 1960 s, researchers demonstrated that teacher attitudes and behaviors have a significant impact on student outcomes. They called this the Pygmalion effect. This workshop will highlight the importance of faculty attitudes and behaviors in remediation planning. It will also challenge the current model of remediation planning by using literature from the fields of business, K-12 education, and psychology to put a greater emphasis on the biopsychosocial aspects of remediation within the clinical training environment. Participants will be actively engaged in large group discussions, role-playing exercises, and small group activities which focus on both the mechanics and the emotions of remediation. Topics covered will include the impact of (1) labeling; (2) self-fulfilling prophecies; (3) group think; (4) implicit bias; (5) mindset; and (6) unrealistic expectations. In small groups, attendees will review real-life cases and remediation plans and identify psychological strategies that could be employed by front-line faculty, supervising residents, and program leadership to enhance the likelihood of success. Participants will then practice delivering information to a learner-in-difficulty, using verbal and non-verbal communication strategies that facilitate both positive expectations in the learner and clearly articulate appropriate learner actions. Attendees will leave with a toolkit of both the mechanics of common remediation plans and a repertoire of scripted responses to be used in difficult conversations with learners. Target Audience Chief residents, residency program directors, fellowship program directors, individuals involved in faculty development and program coordinators

30. I'VE GOT YOUR BACK: WHAT CAN WE DO WHEN WE WITNESS PATIENTS, FAMILIES OR STAFF DISCRIMINATE OR HARASS RESIDENTS?

Mumtaz Mustapha, MD, University of Minnesota, Minneapolis, MN, Alda M. Gonzaga, MD, UPMC Medical Education, Pittsburgh, PA
I've Got Your Back: What can we do when we witness patients, families or staff discriminate or harass residents? Every day, a small but significant proportion of patients implicitly or explicitly express their preference for a physician who looks like their ideal of a physician a white physician, a non-Muslim, a man or woman. Many attendings do not know how to support residents who are belittled, out rightly discriminated against, or have inappropriately sexual comments directed toward them. Oftentimes, these slights or microaggressions happen in the presence of the entire medical team. However, the team, led by the attending, often to not discuss the incident either to check in with the emotional wellbeing of the resident or to discuss how to handle such situations in the future. Rather, the team disperses from the bedside to do the day's work, and the resident who was subjected to discrimination or harassment is left feeling isolated, not knowing if their attending and team realized how hurtful it was to them. Perhaps the most common form of discrimination for physicians of color and for female physicians is being mistaken for a nonphysician; residents of diverse backgrounds report being mistaken for the nurse, food service workers, or housekeepers. Participants will develop skills to support residents experiencing race, religious, or gender discrimination in the clinical environment. Through small group case discussion, participants will learn strategies to create a safe environment in clinical educational settings to openly discuss discrimination and harassment with the resident team. Participants will leave with a detailed toolkit of strategies to accomplish these goals including articles, case vignettes, and a slide set to be used for faculty development around supporting residents of diverse backgrounds.

31. NOW YOU'RE SPEAKING MY LANGUAGE! A WORKSHOP ON HEALTH LITERACY INFORMED ORAL COMMUNICATION

Joy L. Solano, MD, Kathleen Berg, MD, Kadriye O. Lewis, Ed D, Jacqueline M. Walker, MD, Children's Mercy Hospital, Kansas City, MO
This interactive workshop will provide participants with strategies on how to use plain language when speaking with patients and caregivers. Learning will be augmented further when participants take on a teaching role and practice giving peer/learner feedback. With this, participants will be equipped to further address the following competencies set by the Accreditation Council for Graduate Medical Education: "communicate effectively with patients, families, and the public,

as appropriate, across a broad range of socioeconomic and culture backgrounds” and “demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and management human interactions.” The overall goals of the workshop are: 1) To instill new knowledge, skills and attitudes about health literacy informed oral communication into the attendees of the workshop. 2) To provide a replicable sample of instructional activities that each attendee can put into action in their own workplace with medical students, residents and faculty educators as well as nursing staff. To achieve this, the educational activities in this workshop are specifically designed to promote a learner-centered experience. We will employ a variety of educational strategies using elements of game-based learning theory to enhance learner motivation and interactivity. Participants will practice skills through role play, reinforce new knowledge through small group reflection and discussion and serve as educators by providing peer feedback. Ideally, the new knowledge, skills and attitudes adapted by learners at this workshop will be taken back to home institutions for integration into patient care and educational dissemination.

32. KNOW THYSELF: BRANDING YOUR PROGRAM TO GET THE TRAINEES YOU ARE LOOKING FOR!

Sharon Wretzel, MD, Stewart Mackie, MD, UMMS-Baystate, Springfield, MA, Ronald Magliola, MD, Case Western Reserve University (MetroHealth), Cleveland, OH, Emily Borman-Shoap, MD, University of Minnesota, Minneapolis, MN

Branding is a well-known tactic used by many Fortune 500 companies to enhance their product, promote a sense of high quality and value and influence an individual's perception and behavior. The application of branding to a training program is important in allowing prospective trainees to understand what differentiates your training program from others and ultimately can help to recruit the trainees who are the best fit for your program. Adapting the branding conceptual framework of Botti, this interactive workshop will use facilitated small group work, collaborative activities, and large group discussions to help identify a program's identity, develop a clear message, and ensure alignment of identity with messaging in creating experiences that promote the brand throughout the program's department. Participants will develop their brand identity by reflecting on their program's purpose, values and strengths - topics often developed in the ACGME self-study process. Participants will then develop a clear message with the goal of learning how to use this to facilitate aligning your brand image (how others view you) with your identity. The workshop will conclude with discussing the importance of continuous reflection on a program's brand and a discussion on how to facilitate culture change to create your desired brand image. A program leadership toolkit to help identify key components of your training program's brand will be distributed and started during the session to bring back to participant's home institution.

33. THE AUTHENTIC YOU: CREATIVE WAYS TO OVERCOME IMPOSTOR SYNDROME

Alexandra J. Fletcher, BA, Stanford University, Stanford, CA, Megan K. Christofferson, BA, C-TAGME, Meghan Stawitcke, BA, Stanford University, Palo Alto, CA

Much scholarly work has been dedicated to the concept of impostor syndrome, and the variety of professionals for whom this takes a toll. However, it continues to be a source of anxiety and stress for many, including graduate medical education professionals. As medical professionals and academics, it has taken countless hours filled with trials, frustrations, tireless work, and dedication to get to where we are. So why do many high achievers (such as yourself) struggle to take credit for that? How is it possible that we still feel like frauds after all we've accomplished? As educators and learners in our pediatric subspecialties, we are no doubt achieving wonderful feats in childcare. This is why we are likely targets of Impostor Syndrome. In The Authentic You: Creative ways to overcome impostor syndrome, we plan to open a dialogue that takes a deeper look into what impostor syndrome is and how it manifests in our daily professional lives. More importantly with this workshop, we will walk away with fun and creative steps to reduce the feelings of impostor syndrome in ourselves and learn to identify symptoms in others so that we can all learn to acknowledge the work we put into our programs.

3:15pm - 4:45pm Learning Community Meetings (*choose one*)

ASSESSMENT LEARNING COMMUNITY

The Assessment Learning Community is a group of program directors, associate program directors, coordinators, and other educational leaders seeking to improve assessment practices for trainees, faculty and programs. Areas of focus include improving or standardizing current assessment methods and developing novel assessment methods that meet the goals of outcomes-based evaluation. We welcome newcomers and returning members alike. During our Learning Communities session at APPD Spring 2019, we will break into our four working groups to continue current projects and brainstorm new/additional directions. The four working groups include: Assessment of Learners focusing on Learner Communication, Assessment of Learners focusing on Peer Assessment, Assessment of Faculty, and Evaluation of Programs. These groups are working to meet our Learning Community's three main goals for 2017-2019: 1) To engage and develop members through project-based working groups. 2) To promote research and scholarship through the study of processes and procedures in the project-based working groups. 3) To foster leadership and collaboration through partnerships with other Learning Communities.

BEHAVIORAL & MENTAL HEALTH LEARNING COMMUNITY

The Behavioral and Mental Health Learning Community is excited to welcome anyone interested in improving pediatric training experiences in the areas of mental/behavioral health to join us at the 2019 APPD Annual Spring Meeting in New Orleans. We are planning an interactive session where participants and attendees will become familiar with the needs assessment and background supporting the original creation of this community. This session will include presentations and a panel discussion by members of the learning community who are currently working on developing best practices for building new curricula in this area. In addition, program directors will provide insight on the successes and challenges with assessment of resident competency in behavioral and mental health. The ABP Roadmap Project, a piece of the ABP mental health initiative that illustrates supporting the mental health of patients and families along a continuum, will also be highlighted and discussed with the group. Attendees will then work in facilitated small groups focused on identifying the needs of Behavioral and Mental Health training and plans for implementation to share with the larger group. Please join us!

COMMUNITY HEALTH & ADVOCACY TRAINING LEARNING COMMUNITY

The Community Health & Advocacy Learning Community is open to program directors, associate program directors, chief residents, coordinators and other educational leaders seeking to share ideas and resources with the goal of strengthening community health and advocacy education in their programs. Through this LC, we aim to foster collaboration among leaders in community health and advocacy education within pediatric residency and fellowship programs. The session will include presentations by leaders in community pediatrics education from around the country who will discuss curricular strategies and innovations that they have implemented in their own programs. LC leaders will solicit input from participants to better understand how the LC can support their needs and goals for their programs. Participants will leave with new resources and ideas to enhance their community pediatrics curricula, and they will make connections with other leaders around the country to facilitate collaboration in the educational work that we do. We hope you can join us to help us plan for the upcoming year!

CURRICULUM LEARNING COMMUNITY

The Curriculum Learning Community is a group of program directors, associate program directors, residents and other educational leaders that seek to improve the development, sharing and collaboration of curriculum development across programs. We encourage all those with an interest in curricula (i.e., development, research, revision, innovation, collaboration), regardless of level of experience, to join us. During our session at the APPD annual meeting, we will briefly review our past accomplishments and then set to work on our future directions. We will be hosting small break out session and table talks to provide advisement and collaboration on key ACGME 2019 Program Requirements. We will be utilizing abstract submission from the general submission for potential table talk experts who can share their knowledge and experience. We encourage members to submit curricula in progress.

EDUCATIONAL TECHNOLOGY LEARNING COMMUNITY

The APPD Educational Technology Learning Community will host an interactive table talk session, describing best practices and showcasing the latest technology used by program leadership. Participants will rotate from table to table as hosts demonstrate various tech or programs they have implemented or found useful in program administration or medical education. We hope to provide an opportunity for APPD members to share best practices and to create new applications for technology to enhance trainee learning, while responding to the needs, challenges and opportunities of the digital age.

FACULTY & PROFESSIONAL DEVELOPMENT LEARNING COMMUNITY

The Faculty and Professional Development Learning Community provides opportunities for collaboration among APPD members interested in faculty development. To meet these goals, our learning community has four subsections, each with a focal project.

- The Educator Development subgroup manages the production and publication of “Nuts and Bolts” publications-- short tip sheets on common education topics to be used as a resource for faculty development at the home programs of APPD members.
- The Chief Resident Forum subgroup plans and runs the APPD Forum for Chief Residents at the APPD annual spring meeting, designed to support and develop the Chief Resident roles at member programs.
- The Mentoring subgroup organizes mentoring activities for APPD members.
- The Professional Development subgroup plans the longitudinal pre-conference workshop series Professional Development 101 for APPD members.

Our leadership structure, with chairs of each subgroup, creates many opportunities for leadership roles within APPD. We encourage participation by any new APPD members in the subgroups to bring innovative ideas toward the aim of meeting the professional development needs of APPD and our home programs.

HEALTHCARE SIMULATION IN PEDIATRICS LEARNING COMMUNITY

The Healthcare Simulation in Pediatrics Learning Community welcomes you to join us in a discussion of the use of simulation in pediatric education. We will begin by providing an update on projects our Learning Community has been working on since the last national APPD meeting including an Enhanced Learning Session about a nighttime simulation curriculum that we are presenting at this meeting and a survey of the APPD community to determine what programs are currently doing in simulation and how we can provide simulation resources and mentorship for the APPD community at large. We will then have people present their work in simulation to both offer ideas to and get feedback from members of the learning community. Following those presentations we will have time for small group discussions for attendees to talk about work they are doing, brainstorm ideas for future projects, and ask questions of other members. We hope you will join us in learning about what others are doing in simulation, networking with colleagues involved in simulation education, and helping us to plan our next series of projects for the coming year!

LGBTQA+ LEARNING COMMUNITY

The LGBTQA+ Learning Community will hold its annual spring meeting in New Orleans, and we are excited to meet those of you who are new and reconnect with old friends! We plan to discuss with the group relevant topics in medical education, including on the national level, as well as have a guest speaker from the NOLA area. In addition, we will report out on the realignment of our three subgroups: curriculum, recruitment, and advocacy as well as our combined goals with the Underrepresented Minorities in Pediatric GME LC as we begin to work in tandem with the APPD Vision 2020 plans to better serve our members and APPD. Please join us if you are a member of the LGBTQA+ community or have a passion for serving marginalized communities - we hope to see you there!

PEDIATRIC GLOBAL HEALTH EDUCATORS LEARNING COMMUNITY

The APPD Global Health Learning Community's mission is to work collaboratively with pediatric faculty in the US and abroad to advance the science and implementation of global health education for pediatric trainees, to prepare them to better serve children in resource-limited settings locally and globally. Come join us for our annual meeting during which we will welcome our global health education scholarship recipients (this year joining us from Malawi and Mozambique), share abstract presentations about global health education, and discuss ways to get involved in the group's efforts.

RESEARCH & SCHOLARSHIP LEARNING COMMUNITY

Come join us for the APPD Research & Scholarship Learning Community session! At this session, we will review accomplishments of our learning community over the past year, including surveys reviewed, workshops submitted, and scholarship from members of the group. Next, we will brainstorm as a large group how our learning community can continue to best support scholarship for all APPD members. The majority of our session will be spent in small working groups that mix experienced and new learning community members based on individual areas of interest. These working groups typically focus on topics such as workshop submissions for future meetings and policies and processes to support scholarship. Members often collaborate with each other on great projects throughout the year following this session. We welcome all APPD members, regardless of whether you are a novice or expert at educational research scholarship.

UNDERREPRESENTED MINORITIES IN PEDIATRIC GRADUATE MEDICAL EDUCATION LEARNING COMMUNITY

The Underrepresented Minorities in Pediatric GME Learning Community was created in response to a lack of representation in academic pediatrics. The goal of the learning community is to improve diversity, inclusion, and equity practices within pediatric GME. The overarching goals of the learning community are addressed through four sub-committees: recruitment, retention and support, curriculum, and mentorship. During our session at the APPD Spring Meeting, we will review our learning community structure, updates on our goals and objectives related to Vision 2020, and breakout in our sub-committees to continue current projects and brainstorm further ideas for the upcoming year. Additionally, to share and learn from each other, we will have selected peer-reviewed oral presentations by members of our learning community related to innovative work they are doing within diversity and inclusion. We welcome anyone with a passion for this topic to join us.

MPPDA: RRC/ABIM/ABP Panel Discussion

5:00pm - 6:00pm Poster Session – Educational Scholarship and QI Projects
(posters will be on display earlier in the day)

6:00pm - 7:00pm APPD LEAD Reunion *(LEAD Graduates only)*

Friday, March 29

7:00am - 8:00am Continental Breakfast

8:00am - 9:00am Plenary Session (*Please note earlier start time!*)

8:00-8:05am Welcome

8:05-8:10am Special Project Awards

8:10-8:15am Presentation of Walter W. Tunnessen, Jr. MD Award for the Advancement of Pediatric Resident Education

8:15-8:45am Update from the American Board of Pediatrics (ABP) with Q&A

8:45-8:55am APPD LEARN Update (Longitudinal Educational Assessment Research Network)

8:55-9:00am Orientation to the day

9:00am - 10:30am Platform Presentations from Top Educational Scholarship/QI Abstracts

AMPPA Session: My 1st Recruitment Season: Lessons Learned

Erica King, University of Minnesota

Includes Recruitment Roundtable: Best Practices

10:45am - 12:15pm Enhanced Learning Session IV (choice of 8)

34. "WE CAN HELP YOU WITH THAT!" BUILDING A CASE FOR A RESIDENT ASSISTANT PROGRAM

Heather Burrows, MD PhD, University of Michigan, Ann Arbor, MI, John D. Mahan, MD, Michael A. Perry, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH, David A. Stewart, MD, University of Michigan, Ann Arbor, MI, Roy Takei, MD, Nicole R. Washington, MD, Children's Hospital of Philadelphia, Philadelphia, PA

Residency training requires juggling of a multitude of tasks including direct patient care, documentation, didactic activities, and teaching of peers and other learners. Finding an appropriate balance between service and education can be a challenge. Identifying tasks of lower learning potential that can be allocated to someone else within the health care team is important for resident wellbeing, work hour requirements, and efficiency of practice. The University of Michigan, Nationwide Children's Hospital, and Children's Hospital of Philadelphia pediatric residencies have each implemented a Resident Assistant (RA) program for inpatient teaching services. Once incorporated on teams, RAs become experts in facilitating patient care coordination within the hospital, creating more time at the bedside for providers, ensuring proper patient follow-up, allowing more education time for learners, and so much more! RAs can also serve as an additional support network, identifying residents who are struggling or otherwise suffering burnout symptoms. This workshop will review our experiences with RAs, discuss applicable ways they can be utilized at your institution, and then assist as you create an elevator pitch to request similar support for your program.

35. IMAGINARY BOUNDARIES: BRINGING THE SUBCONSCIOUS TO THE CONSCIOUS

Linessa M. Zuniga, MD, Baylor College of Medicine (Houston), Houston, TX, Adam Wolfe, MD, Baylor College of Medicine (San Antonio), San Antonio, TX, Teri L. Turner, MD, MEd, MPH, Baylor College of Medicine (Houston), Houston, TX

This innovative workshop will explore the novel concept of imaginary boundaries, defined as perceived obstacles to success. The workshop will first introduce the concept of imaginary boundaries and then encourage reflection about one's own imaginary boundaries and strategies to mitigate them. While these boundaries may be personal, we anticipate commonality of some boundaries amongst participants. One well-known example is imposter syndrome, which has been known to affect individuals in the health care field. Utilizing concepts such as grit, growth mindset, desirable difficulty and emotional intelligence, we will explore recommendations from the literature, which will be heavily drawn from outside of medicine. First, we will encourage participants to identify their own boundaries and then provide them with tools to overcome these boundaries. We anticipate that by bringing the subconscious to the conscious and inspiring participants to be aware of their own imaginary boundaries, they can then help to identify these barriers in their trainees and devise plans to support their trainees to lead them to success and fulfillment in their work. Through unique workshop activities and small group work, the workshop will be interactive and fast-paced. By the end of the workshop, participants will have outlined strategies to take this concept back to their institutions.

36. INNOVATIVE CURRICULA FOR TEACHING PEDIATRIC RESIDENTS/FELLOWS BEHAVIORAL AND MENTAL HEALTH

Kenya McNeal-Trice, MD, University of North Carolina Hospitals, Chapel Hill, NC, Sue Poynter, MD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Keith Ponitz, MD, Case Western Reserve University/University Hospital Case Medical Center/Rainbow Babies, Cleveland, OH, Elizabeth

Chawla, MD, Georgetown University Hospital, Washington, DC, Jennifer DiPace, MD, New York Presbyterian Hospital (Cornell Campus), New York, NY, Heather McPhillips, MD, University of Washington, Seattle, WA, Ann E. Burke, MD, Wright State University, Dayton, OH, Joseph Zenel, MD, University of South Dakota, Sioux Falls, SD

The prevalence of behavioral and mental health issues in our pediatric population is currently at an all-time high. In 2013, 65% of pediatricians surveyed by the AAP reported that they lacked training in recognizing and treating basic mental health problems. A national pediatric resident survey in 2010 reported that less than half of residents rated their competence in this area as good to excellent. The American Board of Pediatrics (ABP), along with the Association of Pediatric Program Directors (APPD), have deemed improving mental and behavioral health curricula for pediatric trainees as one of the most pressing issues facing training programs to ensure that patients have access to providers who are competent in the diagnosis and treatment of the most common disorders. A survey of Pediatric Program Directors at the 2018 Annual Meeting identified that preparing residents to treat mental health conditions as one of the most pressing issues facing program directors. Of 130 program directors surveyed, only 7% identified their graduates were very well prepared to diagnose and manage mental health issues; while 93% responded their graduates were only somewhat or not at all prepared. Recognition of pediatric patients at greater risk of developing mental health problems is also lacking. Although great progress has been made in the medical care of children with chronic illness, there has been slower recognition of the need to build resilience and address mental health and emotional well-being in this patient group. During this highly interactive workshop, a multi-institutional group of medical educators will share their experience in innovative implementation of the learning concepts outlined in EPA #9 focused on behavioral and mental health issues. Presenters will highlight successes and challenges encountered during the implementation process of their behavioral and mental health curricula in a variety of inpatient and ambulatory rotations. In small groups, participants will complete a blueprint outlining educational strategies for establishing a comprehensive mental and behavioral health curriculum at their home institutions, including generating buy-in, identifying essential content, designing assessment platforms to ascertain resident competency.

37. BLUEPRINT FOR EQUITY: NAVIGATING THE NEW ACGME REQUIREMENT FOR RECRUITMENT AND RETENTION OF A DIVERSE AND INCLUSIVE WORKFORCE IN RESIDENCIES AND FELLOWSHIPS

Lahia Yemane, MD, Carmin Powell, MD, Michelle Brooks, C-TAGME, Carrie Johnson, MBA, Stanford University, Palo Alto, CA, Sahar Rooholamini, MD, MPH, Maya Jones, MD, MPH, Mollie Grow, MD, MPH, Heather McPhillips, MD, MPH, University of Washington, Seattle, WA, Patricia Poitevien, MD, MSc, Brown University, Providence, RI, Brian Lurie, MD, MPH, Carolinas Medical Center, Charlotte, NC, Rebecca Blankenburg, MD, MPH, Stanford University, Palo Alto, CA

The pediatric patient population in the United States is rapidly becoming more diverse. However, the pediatric workforce, more specifically within academic medicine, does not reflect those we care for. Effective July 2019, ACGME common program requirements will ask programs to include an annual assessment of their efforts to recruit and retain a diverse and inclusive workforce. It is critical that programs begin to plan strategically to meet these requirements. In this highly interactive workshop, participants will review the new ACGME requirements, discuss ways to leverage support from their institutions, and create action plans to improve efforts to recruit and retain a diverse and inclusive workforce. Participants will perform a SWOT analysis of their own program to assess their abilities to meet the ACGME requirements. Four institutions will present their current efforts, successes, and lessons learned. Afterwards, participants will work in small groups to create action plans around topics of (1) recruitment practices, (2) building community, (3) learning environment. The session will conclude with a small group report out of action plans to receive feedback from participants and discussion of next steps to ensure success in implementation.

38. WTF (WHAT'S THEIR FRAME)?: CHANGING FEEDBACK CULTURE AT YOUR INSTITUTION

Ariel S. Frey-Vogel, MD, MAT, Massachusetts General Hospital, Boston, MA, Amanda Rogers, MD, Medical College of Wisconsin Affiliated Hospitals, Milwaukee, WI, Katherine A. Sparger, MD, Daniel Hall, MD, Shannon E. Scott-Vernaglia, MD, Massachusetts General Hospital, Boston, MA

We have all sat through multiple workshops about feedback in the hopes that this will be the one to allow for ground-breaking change at our institutions. And yet, time and again we have faced the same challenges--our faculty don't feel comfortable giving honest feedback to trainees, our trainees don't feel comfortable giving feedback to each other (never mind faculty), everyone wants more actionable feedback, and problems we thought we addressed with feedback persist. How do we break out of this cycle?? In this workshop we will explore how to approach feedback in a novel way to allow for real change utilizing the "good judgment" model developed by Dr. Jenny Rudolph of the Center for Medical Simulation. Much of the problem with the feedback culture within which we currently operate is that as feedback providers, we start from a place of believing we know what the "lesion" in performance is and that our role is to partner with the feedback recipient to figure out ways to "fix the lesion." We contend that the premise of this argument--that we know the "lesion"--is all wrong. The "good judgment" model was initially designed to help faculty debrief simulation participants; here, we will apply it to feedback more broadly. We will discuss the importance of using curiosity to understand the frame, or mindset, of the feedback recipient so that we can truly understand the underlying "lesion" and figure out ways to address it. We will actively practice this technique and apply it to feedback scenarios generated by workshop participants. We realize that a new feedback model needs to fit with the culture and workflow at your institution in order to effect real change. Workshop leaders and participants will discuss barriers to implementation and brainstorm strategies to overcome them together, as well as outline a plan for how to introduce this model to trainees and faculty. You will leave with resources about the "good judgement" model and its efficacy, a plan for how to share this model at your institution, and educational materials that will help you teach this model. We promise that by the end, like us, you too will be asking "WTF?"

39. FACILITATING ASSESSMENT FOR LEARNING: PRACTICAL AND EVIDENCE-BASED STRATEGIES FOR LEARNERS, FACULTY AND PROGRAMS

Duncan Henry, MD, University of California (San Francisco), San Francisco, CA, Erin McGonagle, University of Colorado, Denver, CO, Meghan O'Connor, MD, University of Utah, Salt Lake City, UT, Emily Borman-Shoap, MD, University of Minnesota, Minneapolis, MN, Bruce Herman, MD, University of Utah, Salt Lake City, UT, Daniel West, MD, University of California (San Francisco), San Francisco, CA

Current assessment strategies, even with the implementation of competency-based medical education principles, promote assessment of learning rather than assessment for learning. For learners, this process drives a performance oriented mindset rather than promoting a growth mindset. Entrustable Professional Activities in Pediatrics provide a common language for trainees, supervisors and programs to re-engineer assessment strategies that will promote growth and lifelong, self-regulated learning. Drawing on the experiences learned from the Education Across Pediatrics Consortium (EPAC) programs, this workshop, through interactive exercises and discussions, will provide practical and evidence-based suggestions for promoting assessment for learning. This 90 minute workshop begins with an introduction to key concepts in assessment and competency-based medical education, after which participants will engage in three micro-sessions focused on different stakeholders within a residency program: trainees, supervisors, and the program itself. Utilizing role play, pair sharing, group brainstorming, and large group discussions participants will identify and practice evidence-based approaches to foster mastery-oriented learning in their institutions. Participants will leave with a set of strategies they can use in their own training programs to promote a growth mindset, enhance faculty feedback contextualization and development of trust, and identify challenges and solutions to programmatic aspects of assessment.

40. LAUNCHING INTO THE OP-ED SPACE: AN ADVOCACY CURRICULUM FOR HOUSE STAFF

Hannah G. Rosenblum, MD, Emily Pinto Taylor, MD, Christine Ngaruiya, MD, MSc, DTMH, Jaideep Talwalkar, MD, Yale-New Haven Medical Center, New Haven, CT

Public advocacy by physicians is a core component of medical professionalism, and is among the top competencies for which Med/Peds Program Directors request assistance in curriculum development. Writing and publishing Op-Ed pieces is an achievable and impactful advocacy modality for physicians. To equip resident physicians with both writing and advocacy skills, we developed an evening series teaching Op-Ed writing to house staff. The course debuted in fall 2017, was popular again in spring 2018, and is in the works for 2019. Each of four evening sessions consisted of a one-hour interactive didactic with an expert Yale scholar-writer, followed by an hour of small group workshop time, in which participants brought their own pieces. Thirty-five residents have participated in the course, and preliminary survey data shows an increase in self-rated confidence in Op-Ed writing abilities, and understanding of publication logistics. So far, over 30 Op-Eds have been drafted; seven have been published in local and state media. This Enhanced Learning Session will provide attendees with an interactive overview of this innovative curricular program geared towards trainees. During the workshop, attendees will explore our curriculum by participating in an abbreviated version of the didactic sessions. Concepts that will be highlighted are: anatomy of an Op-Ed, choosing topics and identifying expertise, logistics of pitching, and troubleshooting. At the start of the session, attendees will select an issue to use as a focus for interactive writing exercises. Participants will leave with a skeleton version of their own Op-Ed and with tools to deploy similar workshops at their own institutions. Faculty and chief residents interested in creating an advocacy curriculum or enhancing an existing curriculum may find this workshop to be particularly helpful. With the increasing politicization of healthcare, physician advocacy writing skills are a vital part of trainee education. Our Op-Ed course arms attendees with tools to influence public debate on important topics in an innovative curriculum that could be tailored to fit the needs at participants' home institutions

41. MEANINGFUL DATA TRACKING FOR PEDIATRIC PROGRAMS, A SELF DEVELOPED METHODOLOGY: DONE RIGHT AND DONE WITH DELIGHT

Abdulla Ghori, MD, Nancy Phuong, BA, Case Western Reserve University (MetroHealth), Cleveland, OH

The program coordinator can greatly influence the success of the program by tracking performance data of the program and the residents. Fully understanding the Collecting meaningful and accurate data is one of the most daunting tasks for a program coordinator. The program coordinator is a one stop inquiry station when any data for residency administration is required for Residents, Program Directors and even graduates. The inquiry not uncommonly occurs at the last minute. Consider a program administration with a living document of Master Data Tracking that includes a complete predetermined list of data that needs to be tracked for compliance, accreditation, performance, assessment, and evaluation. The program coordinator can greatly influence the success of the program by maintaining the data up to date and making it accessible to the program director or designee in the event of the coordinator being away for any reason. This workshop session will walk participants through the steps involved in preparing a transparent and customized list of data required for program requirements, webADS reporting, clinical competency committee, annual program evaluation, and some of the program specific needs to build the Master Data Tracking document. Time saving technology based, practically tested strategies, will be shared to reduce redundancy and improve efficiency in how to collect the data and how to tabulate and track. Participants will learn to develop a color coded electronic dashboard customized to program needs for Program Evaluation and CCC reporting. A tracking method minimizing redundancy will be demonstrated that will assist in analysis as well as preparation of graphs for reporting. A sample electronic document containing all the common requirements applicable to any pediatric program will be shared as deliverable for the participants to further build upon to their local needs.

Meeting Information

Meeting Headquarters:

New Orleans Marriott

555 Canal Street ~ New Orleans, LA 70130

Phone: 1-504-581-1000

Please [click here](#) to make hotel reservations.



Travel to New Orleans Marriott

From Louis Armstrong New Orleans International Airport:

Turn left onto US-61 S/Airline Dr. Take the I-10 E

ramp to US-90 BUS/Westbank. Keep left at the fork

and merge onto I-10 E. Continue onto US-90 BUS W.

Take the exit toward Superdome. Turn right onto

Dave Dixon Dr. Slight right onto Girod St. Take the 1st left onto Loyola Ave. Continue onto Elk Pl. Turn right onto Canal St. Make a U-turn. Destination will be on the right.

The New Orleans Marriott hotel does not provide shuttle service to and from the airport.

Alternate transportation: Airport Shuttle; fee: \$24 USD (one way); reservation required

Estimated taxi fare: \$36 USD (one way)

From New Orleans Union Terminal:

Turn left at the 1st cross street onto Loyola Ave. Turn right onto Poydras St. Turn left onto Camp St.

Turn right onto Canal St. Make a U-turn. Destination will be on the right.



Photo Release

By registering for the APPD Annual Meeting, attendees consent to be photographed during the course of the meeting, with the understanding that these images will be used in APPD documents and publications only. If anyone prefers to not have their photo used by APPD, please contact info@appd.org. We also request that you notify the photographer at the time a photo is being taken in which you may be included.

Live-Streaming / Recording Prohibited

The use of live-streaming devices and other recording devices during the APPD Meeting is prohibited.

Insurance

APPD cannot accept responsibility for personal losses, accidents, or damages to participants and/or accompanying persons. Participants are therefore strongly advised to obtain personal insurance to cover any eventuality that may occur during the Conference.

Cancellation Policy and Fees

Cancellation Policy: APPD reserves the right to cancel any sessions due to lack of enrollment or other factors. In the event of a cancellation, registered participants will be notified by e-mail and will have the option to choose an available alternative.

Cancellation Fees: All registration cancellations by participants must be received in writing. A \$25 administrative fee will be assessed for all cancellation requests received prior to March 1, 2019. A \$50 administration fee will be assessed for all cancellation requests received between March 1, 2019 and March 12, 2019. Cancellations received after March 12, 2019 will not be eligible for a refund. All reimbursements will be processed following the meeting.

CME

CME credit for physicians for the APPD program is included in your registration fee.

Satisfactory Completion: Learners must complete an evaluation form to receive a certificate of completion. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Physicians: In support of improving patient care, this activity has been planned and implemented by Amedco LLC and the Association of Pediatric Program Directors. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Meeting Registration Information

APPD 2019 Registration Fees

	Early (by March 1st)	Onsite (after March 1st)
APPD Member Registration / MPPDA Member Registration	\$580	\$630
Non-Member Registration	\$680	\$730
Pre-Conference Workshop Registration.....	\$90	\$110
Resident/Fellow/Student/Chief Resident Registration	\$250	\$250
(includes scheduled meals)		
Presenting Only	\$250*	\$250*
(does not include scheduled meals)		
Resident/Fellow Presenting Only	-0-	-0-
(does not include meals)		
APPD LEAD Member.....	-0-	-0-
MPPDA Dinner (Off-Site on Wednesday, March 27)	\$85 per person	

Important:

Please note that ALL presenters are required to register and pay for the meeting.

**To register, please visit www.appd.org/mtg/
You may complete your registration online or
print your registration information
and mail to our office with payment.**

*** For non-members presenting a workshop, but not attending other sessions at the APPD Annual Meeting, the presenting-only fee is \$250.00 per person.*