APPD 2020
Annual Spring Meeting
March 30-April 2, 2020
Building Bridges

Sheraton San Diego Hotel & Marina
San Diego, California

This activity has been approved for AMA PRA Category 1 Credit™
Sunday, March 29, 2020
8:00am-5:00pm  APPD LEAD Meeting *(LEAD Cohort Only)*
9:00am-6:00pm  APPD Board of Directors Meeting

Monday, March 30, 2020
7:30am-12:15pm  APPD LEAD Meeting *(LEAD Cohort Only)*
8:00am-12:30pm  APPD Board of Directors Meeting
9:00am-5:00pm  Coordinators’ Session
9:30am-5:00pm  Forum for Chief Residents
12:30pm-3:00pm  APPD LEAD Council Meeting
1:00pm-5:30pm  Pre-Conference Workshops *(choice of 3 - additional fee)*
1:00pm-7:00pm  APPD AIMS *(Advancing Inclusiveness in Medical Education Scholars)* Program *(AIMS Scholars only)*
5:30pm-7:30pm  APPD Leadership Orientation and Reception *(invitation only)*

Tuesday, March 31, 2020
7:00am-8:00am  Wellness Activity
Continentl Breakfast
“Welcome” Session for First-Time Attendees
8:00am-9:00am  Plenary Session *(including APPD Updates, Holm Award & Presidential Address)*
9:00am-10:00am  Platform Presentations in Educational Scholarship *(including Research Awards)*
10:15am-12:15pm  Grassroots Forum for Associate Program Directors
Grassroots Forum for Chief Residents
Grassroots Forum for Coordinators
Grassroots Forum for Fellowship Program Directors
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<th>Time</th>
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<tr>
<td>10:15am-12:15pm</td>
<td>Grassroots Forum for Program Directors</td>
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<tr>
<td>12:30pm-1:45pm</td>
<td>Facilitated Networking Lunch Sessions <em>(listed below):</em></td>
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<td>Facilitated Mentoring Session</td>
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<td>Forum for Directors of Small Programs and Affiliate Chairs</td>
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<td>Coordinators’ Networking Lunch</td>
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<td>Vice Chairs of Education Session</td>
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<td>Council of Regional Chairs Lunch Meeting</td>
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<td>2:00pm-3:30pm</td>
<td>Enhanced Learning Sessions I <em>(choice of 11)</em></td>
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<td>3:45pm-5:15pm</td>
<td>Learning Community Meetings <em>(choice of 11)</em></td>
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<td>5:30pm-6:30pm</td>
<td>Networking Reception</td>
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<td><strong>Wednesday, April 1, 2020</strong></td>
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<td>7:00am-8:00am</td>
<td>Wellness Activity</td>
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<td>OLT Demonstration by the ABP</td>
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<td>Continental Breakfast</td>
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<tr>
<td>8:00am-9:00am</td>
<td>Plenary Session <em>(including Berkowitz Award, LEAD Graduation &amp; ACGME Updates)</em></td>
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<td>9:00am-9:30am</td>
<td>Platform Presentations in Quality Improvement (QI) <em>(including QI Project Award)</em></td>
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<td>9:45am-11:15am</td>
<td>Table to Able Session</td>
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<td>11:30am-12:45pm</td>
<td>Regional Lunch Meetings</td>
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<td>APPD LEARN “10 Year Anniversary Event” <em>(with lunch)</em></td>
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<td>Council of Learning Community Chairs Lunch Meeting</td>
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<tr>
<td>1:00pm-2:30pm</td>
<td>Enhanced Learning Sessions II <em>(choice of 11)</em></td>
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<td>2:45pm-4:15pm</td>
<td>Enhanced Learning Sessions III <em>(choice of 11)</em></td>
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<td>4:30pm-6:00pm</td>
<td>Poster Session - Educational Scholarship and QI Projects <em>(posters will be on display earlier in the day)</em></td>
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<td>6:00pm-7:00pm</td>
<td>APPD LEAD Reunion <em>(LEAD Graduates only)</em></td>
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### Thursday, April 2, 2020

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<tr>
<td>7:00am-7:30am</td>
<td>Continental Breakfast</td>
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<tr>
<td>7:30am-8:30am</td>
<td>Plenary Session (including Tunnessen Award, ABP Update &amp; LEARN Update)</td>
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<td>8:45am-10:15am</td>
<td>Enhanced Learning Sessions IV (choice of 10)</td>
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<td>10:30am-12:00pm</td>
<td>Learning Community Meetings (continued and as needed – see page 29)</td>
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<td>APPD Board Meeting</td>
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APPD Meeting Schedule

Sunday, March 29
8:00am-5:00pm  APPD LEAD Meeting *(LEAD Cohort Only)*
9:00am-6:00pm  APPD Board Meeting

Monday, March 30
7:30am-12:15pm  APPD LEAD Meeting *(LEAD Cohort Only)*
8:00am-12:30pm  APPD Board Meeting
9:00am - 5:00pm  Coordinators’ Session *(lunch included)*

9:00-9:30am  Welcome, the APPD Coordinators’ Executive Committee, and APPD Overview
Amy Gaug, C-TAGME, Coordinators’ Executive Committee Chair

9:30-11:00am  MINDCRAFT: FINDING MEANING IN YOUR WORK THROUGH JOB CRAFTING
Ashley N. Boyington, University of Utah, SLC, UT, AJ Fletcher, BA, Stanford University, Stanford, CA, Pamela Carpenter, MEd, C-TAGME, University of Utah, SLC, UT, Michelle Brooks, C-TAGME, Stanford University, Stanford, CA

The Roman philosopher, Marcus Aurelius, once said “Work itself is but what you deem of it.” In the constant grind of administrative work, program coordinators often forget the impact of their efforts. They might struggle to find the meaning in what they do daily and its importance to the trainees, program, institution, and faculty. This leads to increased burnout, stress, and, ultimately, high job turnover. Many people erroneously believe meaning is found. Contrarily, purpose and meaning are built. Increasing a sense of meaningfulness at work is one of the most powerful ways to increase productivity, engagement, and performance. Employees who derive meaning from their work are more than three times as likely to stay with their organizations, have 1.7 times higher job satisfaction, and are 1.4 times more engaged at work. (Peppercorn) In this interactive workshop, participants will explore the psychology behind meaningfulness and learn the differences between it and happiness. In addition, they will discuss common statistics surrounding building purpose in the workplace. Group activities will teach participants about job crafting techniques that can make their jobs more fulfilling,
worthwhile, engaging, and meaningful. Participants will learn how to redefine, reimagine, and enhance meaning where they spend the majority of their time: the workplace. Martin Seligman, one of the founders of positive psychology, defined meaningfulness as “using your signature strengths and virtues in the service of something much larger than you are” (Seligman, 2004: 294). Program administrators as professionals have curated resources and strengths beyond measure. This workshop will dedicate time to mine those efforts, creating personal virtues and sense of belonging in the program.

11:15am-12:15pm NAVIGATING NARNIA: THE (NOT SO) SECRET PATH TO BUILDING A PROGRAM COORDINATOR COUNCIL

Emily C. Mitchell, MA, Michele R. Bialkowski, University of Colorado, Aurora, CO, Teresa D. Hudson, C-TAGME, St. Louis University School of Medicine, St. Louis, MO

Navigating Narnia: The (Not So) Secret Path to Building a Program Coordinator Council As ACGME continues to update accreditation requirements, the role of the program coordinator also continues to expand. Coordinators are eager to pursue professional development but there is no clear path identifying opportunities for growth. A successful Program Coordinator Council (PCC) helps provide coordinator training and support while raising the value of the coordinator role. Coordinators will be encouraged to “think big!” about their dreams for their career and professional development. Workshop facilitators will outline the steps for drafting a council, as well as provide training in people management and developing the council’s initial goals and objectives. Coordinators will leave this workshop with a PCC structure including timeline, bylaws, team members, and activities. An electronic binder of resources and templates will be given to attendees to carry this new adventure forward at their home institution.

12:15-1:30pm Break for Lunch (provided by APPD)

1:30-3:00pm Content to be planned and provided by Coordinators’ Executive Committee

3:30-5:00pm Workshop - Global Health Educators and Program Coordinators working together advancing the field of global health.

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, Associate Fellowship 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.

12:30pm-3:00pm APPD LEAD Council Meeting
Leverage strengths in choosing and supporting team members

Personal leadership style

Characteristics of effective leaders

Leadership succession planning

Psychological safety in teams

Change management

Leading from the middle

Strategies to lead effective meetings

PC1 - Calling All Global: Anything and Everything you need to know about Global Health Education

Jennifer Watts, MD, MPH, Children’s Mercy Kansas City; Heather Crouse, MD, Baylor College of Medicine; Heather Haq MD, MHS, Baylor College of Medicine; Tania Condurache MD, MSc, University of Louisville; Christiana Russ MD, DTMH, Boston Children’s Hospital; Joanne Mendoza MD, University of Virginia; Adelaide Barnes MD, Children’s Hospital Philadelphia; Elizabeth Keating, MD, University of Utah; Amy Rule, MD, Cincinnati Children’s Medical Center; Lee Morris, MD, MSPH, DTMH, Carolinas Medical Center; Kathy Ferrer Children’s National Medical Center.

Inviting all program directors, program coordinators, chief residents, global health educators, and anyone else who wants to join!! The global health preconference session from 1:30-5 will be packed with updates on resources in global health curriculum, highlights of global health publications, and much more! Opportunities to brainstorm and network in small groups with members of the global health learning community steering committee will be provided to help you navigate global health education, whether you are seeking ideas on how to improve your global health program or looking to start a new program in either residency or fellowship. Program coordinators and global health educators will come together in the last half of the session providing an interactive workshop on advancing the field of global health by working together. We look forward to seeing you there!

PC2 – Professional Development 101: Leading Your Teams

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; Adam Wolfe, MD, Baylor College of Medicine San Antonio; Erika Friehling MD, University of Pittsburgh; Teri Turner, MD, Baylor College of Medicine; Meredith Bone, MD, Northwestern University, Elizabeth Bonachea, MD, Nationwide Children’s Hospital

Developing excellent leadership skills is essential for medical educators to optimize the teams they lead and grow both professionally and personally. This session is for all medical educators including those who recently assumed a new educational role or are simply interested in enhancing their leadership skills. The focus of this interactive, half-day session will be on leading others in your team and organization. Registered participants will have opportunity to complete a leadership inventory prior to the session. Inventory results will be applied in the opening session, which will focus on understanding and effectively applying your own leadership style. During the second section of the workshop, we will concentrate on developing proven strategies for effectively leading groups, including strategically selecting team members, skillfully leading meetings, and preparing for leadership succession. The final portion of this session will delve into skills related to change management applicable for shaping culture and achieving goals for individual, programs and organizations. This pre-conference session is the third of a 3-part annual professional development series. Sessions within this series do not need to be completed in order. Participation in a previous APPD Professional Development 101 workshop is not necessary or required. All are welcome—this is a wonderful opportunity to network and have fun with your APPD colleagues while enhancing your leadership skills!

Session Objectives: Participants will

- Examine their personal leadership styles and understand how to leverage these strengths in communicating with leaders, team members, and trainees
- Collect strategies and tools for building effective teams and skillfully leading groups in meetings
- Prepare to lead new initiatives by utilizing frameworks for organizational change management

Topics:

Leadership styles
- Personal leadership style
- Characteristics of effective leaders
- Leading from the middle
Leading groups
- Leverage strengths in choosing and supporting team members
- Leadership succession planning
- Strategies to lead effective meetings
Creating and leading culture
- Change management
- Psychological safety in teams

PC3 - How to Conduct Your Own Qualitative Medical Education Research ~ from Soup to Nuts!

Presented by the following members of the APPD Research and Scholarship Learning Community: Catherine Michelson, MD, Erika Abramson, MD, Su-Ting Li, MD, Audrea Burns, MD, Ori Kas-Osoka, MD, Hayley Altman Gans, MD, and Bonnie Halpern-Felsher, MD

Medical educators are increasingly looking to qualitative research methods to understand complex educational challenges and address questions not easily studied through traditional quantitative measures. With interest in qualitative research at a tipping point, there is a critical need to build qualitative research skills and elucidate the principles of rigorous study design and analysis. In this highly interactive workshop, participants will participate in brief didactics, expert-facilitated small group work and large group discussion in order to learn about the steps of conducting qualitative research from the beginning to the

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end. The workshop will cover everything from formulation of a research question to the choice of qualitative framework, data collection strategies, writing interview questions, conducting interviews, and analyzing and presenting qualitative findings. By the end of the workshop, participants will have a foundational knowledge of qualitative research principles that can be applied to their own research.

**Learning Objectives:** At the conclusion of this workshop, participants will be able to:

1. Design a rigorous qualitative study, including selection of a qualitative research question, supportive qualitative framework (ethnography, phenomenology, grounded theory), data collection strategy, and sampling strategy
2. Create a facilitator guide and conduct an interview or focus group
3. Analyze qualitative data using one of the three common analytic approaches (content analysis, thematic analysis, or grounded theory)
4. Present qualitative data for dissemination

- 1:00pm-7:00pm AIMS (Advancing Inclusiveness in Medical Education Scholars) Program (AIMS Scholars only)
- 5:30pm - 7:30pm APPD Leadership Orientation and Reception (invitation only)

**Tuesday, March 31**

- 7:00am-8:00am Wellness Activity (more info coming soon)
- “Welcome” Session for First-Time Attendees (including breakfast)
  The Mentoring Subcommittee for the APPD Faculty and Development Learning Community is pleased to sponsor a new session aimed at welcoming first-time attendees to the APPD Spring Meeting. The goal of this session is to help new attendees connect, meet APPD leaders, and learn how to make the most of the meeting. The session will consist of a brief meet and greet activity, a panel discussion in which key APPD leaders will share insights on how to get the most out of the Spring Meeting and become involved in the organization, and an opportunity for attendees to ask questions. Panelists will include Becky Blankenburg, APPD President-elect, Alan Schwartz, head of APPD LEARN, Pat Poitevien, Chair of the Council of Learning Communities, Ross Myers, Amy Gaug and Kathy Mason (heads of the Associate Program Directors’, Coordinators’, and Fellowship Directors’ Executive Committees, respectively) and Laura Degnon, APPD Executive Director. We hope to see you there!
- Continental Breakfast
- 8:00am-9:00am Plenary Session
  - 8:00-8:10 Welcome
  - 8:10-8:15 Introduction and APPD Update
  - 8:15-8:20 Presentation of Robert S. Holm, MD Leadership Award
  - 8:20-8:50 Presidential Address by Javier Gonzalez del Rey, MD, MEd
  - 8:50-9:00 Orientation to the day
- 9:00am-10:00am Platform Presentations from Top Educational Scholarship Abstracts and presentation of Research Awards
- 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: Ben Miller, MD (University of Pittsburgh School of Medicine), Monique Naifeh, MD, MPH (Oklahoma University School of Medicine), Maren Olson, MD, MPH (University of Minnesota) and James Lee, MD (UCLA).
Grassroots Forum for Chief Residents

Rising and Graduating Chief Residents are invited to attend the second annual Grassroots Session for Chief Residents! The Grassroots session is an opportunity for Chief Residents to engage with their peers from around the country to learn and dialog about hot topics issues for Chief Residents. The session will include selected short research/project presentations by Chiefs, facilitated small and large group discussions, and review of the newly forming Chief Resident Executive Council (including ways to get involved). **Facilitated by Blair Dickinson, MD, MS, Associate Residency Program Director, St. Christopher’s Hospital for Children, Jay Homme, MD, Associate Fellowship Program Director, Mayo Clinic and the Chief Resident Grassroots Planning Committee**

Grassroots Forum for Coordinators

This session will be an interactive session, allowing coordinators to share common challenges, innovative solutions to problems, and best practices. At the conclusion of this session, both seasoned and new fellowship and residency coordinators will gain insightful information from their peers. There will be updates given by the coordinator workgroups as well as those involved in various learning communities. This session is facilitated by the Coordinators’ Executive Committee.

Grassroots Forum for Fellowship Program Directors

This moderated open forum is designed specifically for subspecialty fellowship program directors, associate program directors, and coordinators to discuss a variety of current trends and important updates in fellowship education. We will hear fellowship specific updates from ACGME, ABP, CoPS and SPIN. The interactive session will allow for community building and will augment knowledge and skills related to fellowship focused topics in medical education. The session is facilitated by the Fellowship Directors’ Executive Committee.

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 Suzanne Wright, MD (Marshfield Clinic), Robert Brooker, MD, (St. Louis University School of Medicine) and Keith Ponitz, MD (Rainbow Babies and Children’s Hospital).**

12:30pm-1:45pm Facilitated Networking Lunch (**lunch provided to those attending these 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. This year, topics of discussion will be selected by an ongoing survey of small program directors. Survey topic choices include: how to find the exact applicants we want to interview, recruitment and retention of underrepresented minority individuals (residents and faculty), dealing with depression in a small program, and strategies for improving board pass rates. Format will be group discussion with table to able breakout sessions. Facilitators: Kris Rooney, MD, Lehigh Valley Reilly Children’s Hospital, University of South Florida School of Medicine (Allentown, PA); Joe Zenel, MD, Sanford School of Medicine, University of South Dakota; Rebecca Chasnovits, MD, Kaiser Permanente Medical Group (Northern California); Michelle Escala, MD, University of Oklahoma at Tulsa; Laura Koenigs, MD, University of Massachusetts School of Medicine - Baystate Health (Springfield, MA).
Vice Chairs of Education INAGURAL Small Group Session
Please join us for the very first Vice Chairs of Education Small Group Session at APPD. We will be discussing hot topics across the continuum of training (premed, medical student, resident, fellow, postdocs, other health professional learners, faculty and staff). You won’t want to miss this!

Coordinators’ Networking Lunch
We encourage conference participants to network amongst themselves as they enjoy lunch provided by the conference. There is no official content.

Council of Regional Chairs Lunch Meeting (by invitation only)

2:00pm-3:30pm Enhanced Learning Session I (choice of 11)

1. CHANGING OUR LENS: MITIGATING THE IMPACT OF IMPLICIT BIAS ACROSS THE RECRUITMENT CONTINUUM
Elizabeth R. Hanson, MD, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX, Nalinda Charnsangavej, MD, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Joni Hemond, MD, University of Utah, Salt Lake City, UT, Rupa Kapoor, MD, Eastern Virginia Medical School, Norfolk, VA, Ingrid Walker-Descartes, MD, MPH, MBA, Maimonides Medical Center/ Maimonides Children’s Hospital of Brooklyn, New York, NY, Beth Wueste, MAEd, C-TAGME, LSSBB, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX

Diversity in the pediatric workforce is crucial to the provision of high quality, innovative, and culturally competent care to all children. Unfortunately, large scale efforts to address this issue have thus far resulted in little progress. One barrier to workforce diversity is the impact of implicit bias across the recruitment continuum. Implicit bias, or the influence of unconsciously held stereotypes, has been shown to influence attitudes and decision-making in many aspects of academic medicine from patient care, to teaching, to medical school admissions. Recruitment criteria, even those that appear to be objective at face value (grades, scores, honors), are subject to the implicit biases that informed the attainment of those metrics. Personal interactions with applicants are a crucial part of the holistic review of residency, fellow and faculty candidates. However, each person involved in recruitment brings with them a lens through which they see race, gender, sexual orientation, religion, ethnicity, ability and physical attributes. These lenses can have far-reaching influences on actions and reactions during the recruitment process. These lenses can also change and shift as people are able to recognize the influence of unconsciously held stereotypes on individual and group behaviors. This acknowledgement of implicit bias is a crucial first step toward adopting strategies to mitigate the impact of these biases across the recruitment continuum. In this workshop we will review the definition of implicit bias and provide examples of how it can influence attitudes and decisions with an emphasis on recruitment processes. Participants will have the opportunity to reflect on their own experiences with implicit bias and how it has influenced their attitudes and decision-making in their various roles. Following this, we will present and model several strategies that can mitigate the impact of implicit bias across the recruitment continuum. Participants will then practice these strategies in small groups and plan how they might implement some of the strategies at their home institutions.

2. TRAINING INTERNATIONAL MEDICAL GRADUATES: CHALLENGES, OPPORTUNITIES & TRIUMPHS
Sybil B. Pentsil, MD, MPH, Sinai Hospital of Baltimore, Baltimore, MD, Rana Chakraborty, MD, DPhil, Mayo Clinic College of Medicine and Science (Rochester), Rochester, MN, Andrea Hernandez-Troya, MD, Beaumont Health (Royal Oak), Royal Oak, MI, Eleanor Fitzpatrick, MA, ECFMG, Philadelphia, PA, Javier Gonzalez-del-Rey, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Leslie Doucette, MD, Sinai Hospital of Baltimore, Baltimore, MD

Diversity in the pediatric workforce is crucial to the provision of high quality, innovative, and culturally competent care to all children. Unfortunately, large scale efforts to address this issue have thus far resulted in little progress. One barrier to workforce diversity is the impact of implicit bias across the recruitment continuum. Implicit bias, or the influence of unconsciously held stereotypes, has been shown to influence attitudes and decision-making in many aspects of academic medicine from patient care, to teaching, to medical school admissions. Recruitment criteria, even those that appear to be objective at face value (grades, scores, honors), are subject to the implicit biases that informed the attainment of those metrics. Personal interactions with applicants are a crucial part of the holistic review of residency, fellow and faculty candidates. However, each person involved in recruitment brings with them a lens through which they see race, gender, sexual orientation, religion, ethnicity, ability and physical attributes. These lenses can have far-reaching influences on actions and reactions during the recruitment process. These lenses can also change and shift as people are able to recognize the influence of unconsciously held stereotypes on individual and group behaviors. This acknowledgement of implicit bias is a crucial first step toward adopting strategies to mitigate the impact of these biases across the recruitment continuum. In this workshop we will review the definition of implicit bias and provide examples of how it can influence attitudes and decisions with an emphasis on recruitment processes. Participants will have the opportunity to reflect on their own experiences with implicit bias and how it has influenced their attitudes and decision-making in their various roles. Following this, we will present and model several strategies that can mitigate the impact of implicit bias across the recruitment continuum. Participants will then practice these strategies in small groups and plan how they might implement some of the strategies at their home institutions.

25% of all practicing pediatricians and over 27% of pediatric subspecialists in the United States are International Medical Graduates (IMGs). IMGs contribute significantly to workforce diversity and carefully selected IMGs have an overall performance that mirrors that of US graduates. However, IMGs face unique challenges that can hinder their success in residency training and practice. These challenges can seem daunting to program leaders and can lead to barriers in IMG recruitment, inclusion and retention. In this interactive learning session program directors, associate program directors, chief residents and program coordinators/administrators will learn simple tools and strategies for effective recruitment and training of this important sector of the pediatric workforce. Participants will learn about changes in the IMG & non-US born applicant pool and how it will impact residency training and the pediatric workforce. Session leaders will facilitate table discussions about successful IMG recruitment, overcoming intern year challenges, and senior year opportunities. Participants will share strategies for promoting success and job satisfaction from training into practice. The group will discuss how to adapt IMG strategies for use in other aspects of residency training such as mentorship for underrepresented minorities. The session will end with a review of an upcoming AAP/APPD pilot program for mentoring IMGs.
3. INNOVATIONS AND STRATEGIES FOR SUCCESSFUL RESEARCH MENTORING OF PEDIATRIC TRAINEES
Rasika Behl, MPH, Clea Sarnquist, MPH, DrPH, Carrie E. Rassbach, MD, MA, Bonnie Halpern-Felsher, PhD, Stanford University, Palo Alto, CA, Nndi I. Unaka, MD, MEd, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH

All educators interested in strengthening mentorship skills and incorporating new methods/models of research mentorship for all residents/fellows (not just physician-scientists), either as part of a structured curriculum or in their pediatric residency or fellowship program broadly. Workshop Description: Numerous studies have found mentorship to be important for overall career development and an essential factor for choosing a career in academic medicine (Straus 2009). ACGME requires pediatric trainees to participate in scholarly activities and programs, making residency and fellowship a critical time for trainees to benefit from research mentorship. This workshop will enable participants to reflect on their own individual mentoring styles, discuss challenges that hinder effective mentorship both from the standpoint of the mentor and mentee, and learn tactics to strengthen mentorship and communication skills when mentoring residents and fellows through research projects utilizing various mentorship models. Facilitators will provide a brief review of ACGME requirements, followed by a presentation and discussion of research mentorship for mentors and their medical trainees. Participants will then have the opportunity to reflect on their own individual mentorship style, followed by a guided discussion on how best to capitalize on individual mentorship styles and effective communication. Facilitators will then highlight existing research and scholarship programs at their respective institutions, and lastly, in a highly interactive session, participants will rotate through tables discussing challenging topics in mentorship, including authorship, senior/junior mentor models, peer group mentoring models, and creating a culture of mentorship. Participants will leave the workshop with improved clarity on their own mentoring style, and how to communicate that style, as well as an understanding of different mentorship models and concrete skills to approach a variety of mentoring challenges.

4. PUT ON YOUR OWN OXYGEN MASK FIRST: PROMOTING PROGRAM DIRECTOR RESILIENCE
Elizabeth Nelsen, MD, SUNY Upstate Medical University, Syracuse, NY, Deborah Alliston, MD, University of Kansas (Wichita), Wichita, KS, Claudia Halaby, MD, NYU Winthrop Hospital, Mineola, NY, Ketan Kangra, MD, Newark Beth Israel Medical Center, Newark, NJ, Karen Mangold, MD, MED, McGaw Medical Center of Northwestern University, Nicola Orlow, MD, University of Chicago, Chicago, IL, Lina Patel, MD, Children’s Mercy Hospital, Kansas City, MO, Rebecca Chasnovitz, MD, Kaiser Permanente Medical Group (Northern California), Oakland, CA, Lisa Sieczkowski, MD, University of Nebraska Medical Center College of Medicine, Omaha, NE, Sarada Panchanathan, MD, MS, Phoenix Children’s Hospital, Phoenix, AZ

The final instructions from the flight attendant during the pre-flight safety briefing are how to put on your oxygen mask in the event the cabin loses pressure, and that you should put on your own mask first before helping others. Why is it so hard for program directors to follow these instructions? Program directors are in a unique position in academic medicine; they maintain a clinical practice and manage obligations of a program and of its residents or fellows all while having to answer to department chairs and hospital leadership. There are particular aspects of this position that lend itself to burnout and can chip away at resilience. This session aims to help program directors, associate program directors, and chief residents develop their own flight plans for burnout prevention. This session will allow for brainstorming about factors that contribute specifically to program director burnout and will lead attendees through the development of a toolkit to promote resilience among this exceptional group of physicians.

5. INTRODUCING I-PACK: IMMIGRANT PARTNERSHIPS AND ADVOCACY CURRICULAR KIT
Carmen E. Cobb, MD, University of California (San Francisco), San Francisco, CA, Kathleen Miller, MD, University of Minnesota, Minneapolis, MN, Anisha Rimal, MD, University of Wisconsin, Madison, WI, Adria Jimenez Bacardi, MD, University of California (San Francisco), San Francisco, CA, Laura Houser, MD, University of Wisconsin, Madison, WI, Amy Rule, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Kristen Van Genderen, MD, Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago, IL, Michael Pitt, University of Minnesota, Minneapolis, MN, Sabrina Butteris, MD, University of Wisconsin, Madison, WI

One in four children in the United States is an immigrant or the child of immigrant parents, with the population of first- or second- generation immigrant children increasing by 51% from 1994 to 2017 (1). It has been well-documented that this population faces barriers to accessing health care and has unique health care needs (2, 3). As a result of this growing demographic, there is increasing interest in immigrant health among pediatric educators and trainees; however, many trainees continue to feel ill-equipped in caring for this population (4,5). This topic is especially timely and necessary due to the large influx of unaccompanied minors and simultaneous increase in families who have experienced separation at the border, which has highlighted the importance of this topic in residency programs, medical schools, and the media (6). The Midwest Consortium of Global Child Health Educators is pleased to introduce a modular and modifiable curriculum in immigrant health, Immigrant Partnerships and Advocacy Curricular Kit (I-PACK). I-PACK has been created by the same consortium which has spent the last decade creating free resources for global child health educators, including the development of the SUGARPREP curriculum, currently used by over 150 institutions across the country, and includes educational resources in global health simulation, pre-departure, and procedural training in low-resource settings. I-PACK utilizes a similar model to empower educators to prepare trainees to care and advocate for immigrant families. This workshop will provide attendees with skills that can be used to create curricula in five domains: 1) Practical Clinical Concerns; 2) Medicolegal Considerations;
6. MAKING THE MOST OF YOUR WORK: TRANSFORMING MEDICAL EDUCATION PROGRAM EVALUATION INTO QUALITY IMPROVEMENT AND SCHOLARSHIP

Jennifer DiPace, MD, Erika Abramson, MD, MS, New York Presbyterian Hospital (Cornell Campus), New York, NY, Mackenzie S. Frost, MD, University of Texas Southwestern Medical School, Dallas, TX, Erin Powell, MD, University of Kentucky College of Medicine, Lexington, KY

Administration of an educational program requires routine engagement in program evaluation. Through this process, both program strengths and areas for improvement are identified by stakeholders such as learners and teaching faculty. Improving an educational program can sometimes feel like a daunting task, especially when it is unclear of what is driving the problem and what changes are necessary to implement to achieve improved learner satisfaction. In this learning session, the participants will gain the insight and skills to transform their program into highly-rated activities by the learners using proven QI methodology. First, the facilitators will share samples of program evaluations from GME programs. The participants will also be asked to bring their own evaluations of activities or programs that they lead. Facilitators will engage the participants to identify suitable QI projects from shared program evaluations. Next, through interactive didactics, the participants will hone their skills in high-yield quality improvement methods that can be used to make sustainable changes in a program. These skills include: how to construct a key driver diagram, write an aim statement, use PDSA cycle methodology and basic QI statistics.

Next, working in facilitated small groups, participants will work with evaluations from their own program or from a sample to develop one of the areas for improvement into a feasible quality improvement project. The end-product of the small-group work will be an action plan for a educational QI project to take back to the home program. Program leaders from a variety of programs will share examples of actual educational quality improvement projects that have been successful. To conclude, the group will share how to get credit for the work, both through ABP Part IV Maintenance of Certification and through dissemination of the work in the medical education community.

7. USE OF COACHING TO HELP LEARNERS ENHANCE CLINICAL TEAM PERFORMANCE

Kim Hoang, MD, Jennifer O’Malley, MD, PhD, Stanford University, Stanford, CA, Sahar Rooholamini, MD, MPH, Mollie Grow, MD, MPH, Heather McPhillips, MD, MPH, University of Washington, Seattle, WA, Monique Naifeh, MD, MPH, University of Oklahoma Health Sciences Center, Oklahoma City, OK, Jessica Gold, MD, MS, Lynne Huffman, MD, Sara Kreimer, MD, Carrie Loutit, MD, Caroline Okorie, MD, MPH, Caroline Rassbach, MD, MAEd, Rebecca Blankenburg, MD, MPH, Stanford University, Stanford, CA

Modern medical care increasingly is dependent on high-functioning, interdisciplinary teams. The most effective teams are those with members who have diverse behavior styles and who leverage each other’s strengths. During training, residents and fellows are regular participants in the reconfiguration of clinical groups; it can be challenging for trainees and supervisors in a new group to quickly assimilate into an effective team and understand the different strengths and weaknesses of each member. As medical educators, we have opportunities to coach our trainees on how to successfully address team dynamics so that there are improvements in team communication, team performance, and, ultimately, patient care. This highly interactive workshop will guide participants in developing new coaching strategies to help learners understand their individual behavior style and the complexity of team management based on lessons learned from 3 pediatric residency coaching programs. The session leaders first will highlight team dynamic conflicts that result from behavior style differences and will describe how coaching can be used as a tool to help learners navigate these difficult situations. Participants will complete a brief self-assessment using the established behavior style tool called “DiSC” (Dominance, Influence, Steadiness, Conscientiousness) and will discuss common behaviors associated with each type. In facilitated small and large group discussions, participants will work through common trigger scenarios that represent the four behavior style types in different clinical and professional settings. Participants will practice specific coaching techniques that can help learners increase their awareness of the interplay among team members with different personalities. This workshop will empower participants with new behavior-focused coaching strategies that can be used to help learners improve teamwork as well as a toolkit that can be brought back to their home institutions for learner and faculty development.

8. A WELLNESS BLACK HOLE: RESIDENT/PROGRAM/INSTITUTIONAL APPROACHES TO PARENTING AND CHILDCARE

Susan Guralnick, MD, Maggie Spruce, MD, Alicia Gingrich, MD, Margaret Rea, PhD, University of California (Davis) Health System, Sacramento, CA, Robyn Blair, MD, Stony Brook Medicine/University Hospital, Stony Brook, NY

Well-Being has risen to the forefront in the GME world, finally achieving recognition as a central issue of training. However, a critical aspect of well-being is often left unconsidered. The majority of GME trainees are in that time of life where decisions and actions regarding parenthood, parenting, and childcare must be made. The considerations are enormous, including a variety of personal and professional factors, the impact on a resident’s training and training program, the impact on the resident/fellow’s personal and family life, and resulting stress. Some programs and institutions have made significant efforts to address these issues, such as providing access to a variety of resources and support. Many more have not. The workshop
leaders (2 residents, a PD, a DIO, and a Director of GME Wellness) will present data from their multi-institutional resident and fellow survey regarding parenthood, parenting and childcare, and share activities, resources, and support they have made available at their institutions. Participants will work in small groups to assess and discuss how their programs and institutions have addressed (or plan to) these key domains. Session leaders and participants will share thoughts in the large group regarding barriers, solutions, and resources. Participants will leave with new ideas, resources, and tools they can apply and adapt at their home institutions.

9. INTEGRATING OSTEOPATHIC PRINCIPLES INTO ALLOPATHIC RESIDENCY PROGRAMS: A HANDS-ON APPROACH

John G. Frohna, MD, MPH, University of Wisconsin, Madison, WI, Kris Rooney, MD, Lehigh Valley Health Network/University of South Florida College of Medicine, Allentown, PA, Alex Rakowsky, MD, Nationwide Children’s Hospital/Ohio State University, Columbus, OH, Kimberly Wolf, DO, Vallejo, CA, Helen Waterman, DO, Kristen Marten, DO, University of Wisconsin, Madison, WI

The percentage of applicants matching to a pediatric residency program having a DO degree is currently above 10%, and with the opening of multiple new osteopathic medical schools focused on developing primary care physicians, this percentage is expected to rise significantly. A recent study of DO students showed that the majority would preferentially more highly rank programs that allow them to maintain their Osteopathic Manipulative Medicine (OMM) skills if such programs existed. Also, under the single accreditation pathway for residency programs, the ACGME has emphasized that programs should consider providing some osteopathic training to any interested resident, both DOs and MDs.

So how can programs recruit the top applicants, add value to the training of osteopathic residents, and benefit all residents in our programs? This interactive, hands-on learning session will help you answer this question! We will cover the biggest barriers to providing osteopathic training opportunities in pediatric programs, and we will (1) provide an overview of osteopathic medicine and its unique qualities, (2) discuss outcomes of DO-trained residents, focusing on their performance and career goals, (3) discuss common logistic barriers to providing osteopathic training to residents, such as oversight, billing, time, and credentialing, (4) engage in an active discussion about the range of possible training options and (5) highlight how basic osteopathic training can be provided to MD residents, including positive outcomes from one Osteopathic Recognition Track.

Participants will engage in small and large groups to develop curricular innovations to meet the needs of a variety of programs. We will highlight benefits and discuss strategies to overcoming barriers to the implementation of these strategies. Participants will leave with focused ideas and tools to enhance the education of all residents, both osteopathic and allopathic, in their programs.

10. WHEN THE GOING GETS TOUGH: EDUCATIONAL LEADERSHIP IN A CRISIS

Marsha S. Anderson, MD, University of Colorado, Aurora, CO, Bonnie C. Deselle, MD, Louisiana State University Health Sciences Center, New Orleans, LA, Richard P. Shugerman, MD, University of Washington, Seattle, WA, Robert J. Vinci, MD, Boston Medical Center, Boston, MA

Occasionally and unpredictably, a crisis occurs that profoundly affects a training program. The skills and leadership style a program leader employs determines how well the crisis is managed. While most educational leaders have little formal training in crisis management, skills in crisis management can be learned. Additionally, much can be learned from other leaders who successfully navigated crises within their institutions. These exposures are key to preparing leaders to manage potential future crises. The goal of this session is to provide participants with foundational content and successful crisis management strategies. This innovative session starts with a didactic on crisis management and leadership skills, followed by a moderated panel discussion. The 4 panelists are educational leaders who successfully managed a significant crisis (hospital closing, terrorist attack, hurricane). Each panelist will summarize crisis details and respond to moderator questions. Questions/comments from the audience will open a dialogue between the audience and panel. Moderators will focus the discussion to highlight key crisis management strategies. The audience will be encouraged to begin dialogues around crisis planning and to develop program disaster plans integrated with their institution's plan.

C-11. FINDING YOUR LEADERSHIP STYLE: STRENGTHS, WEAKNESSES, AND A ROADMAP TO IMPROVEMENT

Charlene Larson Rotandi, AB, C-TAGME, Stanford University, Stanford, CA, Leeanna Fox Irwin, MAEd, C-TAGME, University of Tennessee Health Science Center, Memphis, TN, Pamela Carpenter, MED, C-TAGME, University of Utah, Salt Lake City, UT, AJ Fletcher, BA, Meghan Stawitcke, BA, C-TAGME, Gretchen Shawwer, BS, Megan Christofferson, BA, C-TAGME, Stanford University, Stanford, CA

Program coordinators play a critical role in their training programs, needing to effectively manage them in order to meet program requirements and the everyday needs of the faculty and trainees with whom they work. A program's success and accreditation hinge on the coordinator's ability to exemplify effective leadership skills in order to lead changes and initiatives. The responsibilities for managing a training program are wide and varied, and often program coordinators find themselves having to lead without authority in order to accomplish all that is needed. Knowing your leadership style can provide insight into working with others and help you to accomplish your goal of driving change in your program. Using The Five Practices of Exemplary Leadership as a guide, attendees will: 1) identify their strengths and weaknesses as leaders; 2) choose actions to improve their leadership skills; and 3) become more aware of their role as a leader in their program(s). In this workshop,
a team of program coordinator leaders from three institutions will lead participants in identifying their leadership strengths and weakness, and in creating an action plan to improve their leadership skills. Session participants will receive a toolkit that includes leadership resources to take back as they continue to develop in becoming more effective leaders within their programs.

3:45pm-5:15pm  Learning Community Meetings (choice of 11)

ASSESSMENT
The Assessment Learning Community is a group of program directors, associate program directors, coordinators, chief residents 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. Our Learning Community session at APPD Spring 2020 will be divided into two parts. For the first half of the session, we will explore the “hot topics” in assessment from the past year through an interactive review of the med ed literature. For the second half of the session, we will break into our four working groups to outline the status of our current projects and plan future directions. The four working groups include: Assessment of Learners focusing on Learner Communication, Multi-source Assessment, Assessment of Faculty, and Program Evaluation. These groups have been working throughout the year to meet our Learning Community’s three main goals for 2019-20: 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 AND MENTAL HEALTH
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 2020 APPD Annual Spring Meeting in San Diego. This year, we are building upon the work of previous meetings and multiple collaborative initiatives that are advancing the training needs of residents and fellows. This session will include updates from groups representing the American Board of Pediatrics and the American Academy of Pediatrics. In addition, this session will review the recently published collaboration evaluating the longitudinal assessment of residents using Entrustable Professional Activities (EPAs), specifically EPA 9 – Assess and Manage Patients with Common Behavior/Mental Health Problems. Attendees will 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. This learning community is also identifying those interested in leadership positions within the Community related to Curriculum, Scholarship, Advocacy and Faculty Development. Finally, our learning community has been asked by the APPD leadership to begin building an educational curriculum in this area that would be available to all APPD members. We need your input to make this happen, so please come join us!

COMMUNITY HEALTH AND ADVOCACY TRAINING
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
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 our current projects. We encourage members to submit curricula in progress or projects that have opportunities for collaboration.

EDUCATIONAL TECHNOLOGY
The APPD Educational Technology Learning Community will host an interactive session, describing best practices and showcasing the latest technology used by program leadership. 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 AND PROFESSIONAL DEVELOPMENT**
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**
The overarching goal of this Learning Community is to serve as a resource in simulation for residency and fellowship programs. We seek to help advance members’ work in simulation, regardless of level of expertise. Objectives are 1) Development of a Learning Community structure and members by offering opportunities for leadership, mentorship and collaboration and maintaining engagement between APPD meetings, 2) Promote research and scholarship in simulation, and 3) Increase awareness of currently available simulation resources and collaboration with other simulation organizations. We welcome all interested members to join the Healthcare Simulation in Pediatrics Learning Community.

**LGBTQA+**
The LGBTQA+ Learning Community will hold its annual spring meeting in San Diego, and we are excited to meet those of you who are new and to reconnect with old friends! We plan to discuss relevant topics in medical education during our first meeting and then report out on the realignment of our three subgroups: curriculum, recruitment, and advocacy during our second session. In addition, as a large group, we will discuss the progression and next steps for our combined goals with the Underrepresented Minorities LC as we begin to work in tandem with the APPD Vision 2020 plans to better serve our members and the 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**
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 both sessions during which we will welcome our global health education scholarship recipients (this year joining us from Guatemala and Botswana), share abstract presentations about global health education, and discuss ways to get involved in the group’s efforts.

**RESEARCH AND SCHOLARSHIP**
Come get involved with the APPD Research and Scholarship Learning Community! The goals of the APPD RSLC are to:

- a) understand the needs of APPD membership in the domains of research and scholarship; and b) support the APPD’s organizational processes and procedures that promote research and scholarship by APPD members. To meet these goals, the RSLC engages in a variety of activities, including, developing and leading workshops focused on medical education research topics at the APPD Spring meeting, connecting learning community members with common scholarly interests, reviewing Spring meeting abstract and workshop proposal submissions, reviewing research surveys intended for APPD membership, and choosing research prize winners. We welcome all APPD members, regardless of experience with medical education research. This community is a great way to be connected with other APPD members with a particular interest in educational research and scholarship and take advantage of opportunities to improve your own research, appraisal, and mentoring skills.

This year, we will be holding two sessions at the spring meeting. During the first meeting, we will review our accomplishments over the past year, then brainstorm as a large group how we 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. We will continue that work by holding a second session where individuals may continue to connect and advance their work and goals for the upcoming year.

**UNDERREPRESENTED MINORITIES IN PEDIATRIC GME**
The Underrepresented Minorities in Pediatric GME Learning Community was created in response to a lack of representation of URM trainees and medical education leadership 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, 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!

5:30pm-6:30pm Networking Reception

Wednesday, April 1

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

OLT Demo by ABP

Continental Breakfast

8:00am-9:00am Plenary Session

8:00-8:05 Welcome
8:05-8:10 Presentation of Carol Berkowitz Award for Advocacy and Leadership in Pediatric Medical Education
8:10-8:20 APPD LEAD Graduation
8:20-8:50 Update from the Accreditation Council of Graduate Medical Education (ACGME) with Q&A
8:50-8:55 Orientation to the day

9:00am-9:30am Platform Presentations from Top QI Abstracts and Presentation of QI Award

9:45am-11:15am 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.

11:30am-12:45pm 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
Northeast: 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

APPD LEARN “10 Year Anniversary Event”

Council of Learning Community Chairs Lunch Meeting (invitation only)
workshop, participants will (a) review ACGME requirements and ADA employment standards and responsibilities; (b) review and understand the accommodations process and legal responsibilities, including ADA employment standards. In this practices to support GME programs. Programs need to develop inclusive practices and policies for trainees with disabilities assist in the recruitment and retention of students with disabilities to medical schools, there are relatively few resources or best practices to support GME programs and the number of accommodations requests will increase. While a significant amount of resources exist to newly acquired skills through facilitated role play, utilizing a scholarly approach to advocacy curriculum development. The interactive session not only addresses a current and relevant topic in child safety advocacy, but also incorporates community health and advocacy milestones into resident education.

13. A LITTLE LESS CONVERSATION, A LOT MORE ASSESSMENT: APPLYING COMMUNICATION ASSESSMENT TOOLS WITH VALIDITY EVIDENCE FOR USE IN YOUR TRAINING PROGRAM
Suzanne Reed, MD, Nationwide Children’s Hospital/Ohio State University, Columbus, OH, Ariel Frey-Vogel, MD, Massachusetts General Hospital, Boston, MA, Mackenzie Frost, MD, MEd, University of Texas Southwestern Medical School, Dallas, TX
Communication skills assessment in residency is challenging. There has been increasing emphasis on teaching communication skills, but how do we know our residents actually ARE competent communicators? As part of the APPD’s Assessment Learning Community, we recently completed a national survey as a needs assessment regarding communication skills curricula and assessment in pediatric residency programs, and YOU—pediatric educators of the APPD—identified a practical, easy-to-use assessment tool as your greatest need in the assessment of communication skills within your programs. We heard you! We scoured the literature, and we found that while most communication assessment tools have limited validity data and/or have limited versatility, two well-known tools, The Kalamazoo Essential Elements Checklist and the Communication Assessment Tool (CAT), hold a lot of potential to meet the needs of pediatric residency program leadership. In this enhanced learning session, facilitators will put a fresh spin on these two widely studied communication assessment tools. Participants will be updated on the most current literature related to these tools, including a discussion of the validity evidence supporting each tool. Participants will then practice using these tools for different communication scenarios, first with individual work, followed by work in small groups to discuss and troubleshoot practical uses of these tools in a busy residency program and potential barriers to implementation. Through small group work and large group discussion, participants will learn how to utilize these tools both for direct feedback to residents and for use in Clinical Competency Committees. Participants will then generate an individualized plan for implementing communication skills assessment using these tools within their programs so they can leave with a path forward to tackle communication assessment at their institutions.

14. TO DIVERSITY AND BEYOND: ENHANCING ACCESS AND INCLUSION OF TRAINEES WITH DISABILITIES IN YOUR PROGRAM
Nalinda Charnsangavej, MD, Mary Matus, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Emma Omoruyi, MD, MPH, University of Texas Health Science Center at Houston, Houston, TX, Daniel Richards, MD, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Beth Wueste, MAEd, C-TAGME, LSSBB, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX, Lahia Yemane, MD, Stanford University, Palo Alto, CA
Increasing diversity is a core value of the ACGME and programs are now asked to annually assess their efforts to recruit and retain a diverse and inclusive workforce. A diverse physician workforce positively impacts patient care and relationships of marginalized groups, such as racial and ethnic minorities. Our hope is that similar benefits will result from educating and employing physicians with disabilities. While there is a growing number of medical students who disclose a disability, the proportion of those students who seek accommodations remains small at 2.7%. However, these students will seek training in GME programs and the number of accommodations requests will increase. While a significant amount of resources exist to assist in the recruitment and retention of students with disabilities to medical schools, there are relatively few resources or best practices to support GME programs. Programs need to develop inclusive practices and policies for trainees with disabilities and understand the accommodations process and legal responsibilities, including ADA employment standards. In this workshop, participants will (a) review ACGME requirements and ADA employment standards and responsibilities; (b) review the current state of trainees with disabilities in medical education, including unique sets of barriers and concerns; (c) discuss
how to leverage support from their institution; and (d) create action plans to enhance the inclusion of trainees with disabilities. They will reflect on their institution’s practices and policies and engage in small group mentored discussion to identify approaches to potential scenarios in working with trainees with disabilities. Finally, participants will create action plans around topics of (1) structures (i.e.- identifying or creating institutional policies and procedures, reviewing technical standards, accommodations) or (2) culture and climate (i.e.- developing peer support networks, promoting top-down commitment to diversity). The session will end with a report out of action plans to receive feedback and discuss next steps to ensure success in implementation.

15. EVIDENCE-BASED EDUCATION (EBE): SETTING THE SAME STANDARDS FOR OUR LEARNERS AS WE DO FOR OUR PATIENTS

Adin M. Nelson, MD, Rutgers New Jersey Medical School, Jennifer DiPace, MD, Erika Abramson, MD, New York Presbyterian Hospital (Cornell Campus), New York, NY, Christin M. Traba, MD, Rutgers New Jersey Medical School, Newark, NJ, Molly C. Broder, MD, Montefiore Medical Center/Albert Einstein College of Medicine, New York, NY, Robyn J. Blair, MD, Stony Brook Medicine/University Hospital, Stony Brook, NY, Matthew J. Kapklein, MD, Westchester Medical Center, Valhalla, NY

It’s the 21st century. We’re all committed to practicing evidence-based medicine. At its core, that means that it doesn’t really matter what we were taught works; it doesn’t really matter what we think ought to work; all that really matters is what has been proven to work in well-executed clinical studies. When it comes to teaching and learning though, most of us still teach the way we were taught - or maybe according to what we think are logical theories of education - but we do not apply the same rigorous evidence-based standards to our teaching and learning that we do to our clinical work. This interactive, eye-opening workshop will introduce participants to the evidence behind several current proven techniques for effective teaching and learning so that they can become practitioners of Evidence-Based Education (EBE). Specifically, we will discuss the overarching theory of desirable difficulty and three individual evidence-based educational techniques that fall under that theory: retrieval practice, spaced learning, and interleaving. We will define these techniques, delve into the evidence behind them, and discuss how they can be applied in medical education. These theories and techniques can be applied throughout the medical education continuum: with students, residents, fellows, and continuing professional development for faculty, and they may be particularly valuable for advanced learners such as senior residents and fellows who must move back and forth between the learner and educator roles. The workshop will include breakout sessions for participants to brainstorm and develop concrete ways that they can use these evidence-based techniques in their own roles as learners, didactic teachers, clinical teachers, and curriculum designers. Participants will leave with an initial plan for implementing EBE in their home programs.

16. PASSPORTS AND GOALS: TWO READY TO IMPLEMENT MODELS FOR TAILORED SELF-DIRECTED GLOBAL HEALTH EDUCATION

Rachel S. Bensman, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Risha L. Moskalewicz, MD, University of Minnesota, Minneapolis, MN, Megan S. McHenry, MD, MS, Indiana University School of Medicine, Indianapolis, IN, Laura Houser, MD, University of Wisconsin, Madison, WI, Michael B. Pitt, MD, University of Minnesota, Minneapolis, MN, Amy Rule, MD, MPH, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH

Pediatric residents continue to have increasing interest in global health experiences during residency and integrated into their careers. Global Health pathways and curricula now exist across US residency programs with varying degrees of best practices, supervision, and content. However, many residents interested in Global Health find themselves at programs without formalized Global Health curricula or mentorship. Regardless of program offerings, as adult learners with busy and complex schedules, self-directed learning provides a robust opportunity to both achieve personal goals in education and meet program requirements in content completion. This ELS will present two complementary models of self-directed learning tools developed by the Midwest Consortium of Global Child Health Educators for pediatric resident global health education. First, Global Health Objectives for Stateside Learning (GOALS) is a module-based curriculum which pairs Global Health learning objectives directly with educational resources (literature, guidelines, etc.) for self-directed learning matched to resident rotations (e.g., completing GOALS Pediatric Cardiology while on Cardiology rotation). Second, the Global Health Passport is a tracking tool which organizes learning opportunities, allowing residents to meet content goals in Global Health at their own pace and schedule with a mix of internal and externally available resources. These innovative self-directed learning tools can supplement Global Health learning for residents in large programs with well-established Global Health pathways or provide structure for residents in smaller programs without pathways. Both tools can be tailored to align with individual learner or program needs. This workshop will provide attendees an interactive introduction to both tools, with small group discussion of implementation strategies, guidance and time to begin customizing tools for individual programs, and the opportunity to network and collaborate with other programs interested in improving their global health education curriculum.
The prevalence of mental health (MH) issues in our pediatric population is currently at an all-time high, with suicide as the second leading cause of death among young people aged 10-24 years. Although great progress has been made in the medical care of children with chronic medical illness, there has been slower recognition of the need for pediatricians to address mental health and emotional well-being in this patient group. A national pediatric resident survey in 2010 reported that less than half of residents rated their competence in this area as good to excellent. In 2013, 65% of pediatricians surveyed by the AAP reported that they lacked training in recognizing and treating basic mental health problems. The American Board of Pediatrics (ABP), along with the Association of Pediatric Program Directors (APPD), have deemed improving MH 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. Indeed, a survey of Pediatric Program Directors at the 2018 Annual Meeting identified preparing residents to treat mental health conditions as a priority. During this interactive workshop, a group of experienced pediatric training directors and leaders in the field will present current recommendations for mental health competencies and discuss these competencies in the context of addressing the spectrum of mental health needs of pediatric patients. Presenters will review several resources currently available for programs to enhance MH training. Participants will then engage in small group discussions with colleagues and workshop facilitators to identify resources they are currently using, and to develop recommendations on curricular tools and other resources that would be most helpful to their training programs. The workshop will conclude with a large group discussion and Q&A with the expert panel to build a consensus on needed next steps. This workshop will complement a curricular discussion at the Mental and Behavioral Health Learning Community meeting.

18. SCHEDULE REBOOT: IS X+Y A GOOD FIT FOR YOUR PROGRAM?
Joanna U. Lewis, MD, Advocate Health Care ( Advocate Children’s Hospital/Park Ridge), Park Ridge, IL, Ross Myers, MD, Case Western Reserve University/University Hospitals Cleveland Medical Center/Rainbow Babies and Children’s Hospital, Cleveland, OH, Lynn Thoreson, MD, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Heather Howell, MD, New York University School of Medicine, New York, NY, Rebecca Chasnovitz, MD, Kaiser Permanente Medical Group (Northern California), Oakland, CA

Residency scheduling is a complex topic that affects education, wellness and patient continuity. The recent changes in pediatric graduate medical education requirements, including duty hour restrictions, individualized training, and a renewed focus on the learning and work environment as it relates to patient safety and quality improvement skills have created innovative curricula focused on adult-learning theory and resident individualized training. However, widespread innovation has yet to include changes in overall block structure and continuity clinic scheduling. In the current pediatric residency training model, continuity clinic experiences are embedded within other rotations, often as one half-day per week session. Although this schedule provides assurance of clinic sessions, it creates a fragmented experience by requiring clinical work in multiple settings in one day, increasing task interruption and patient handoffs, and limiting the continuity in patient care in the outpatient and inpatient setting. Through the Advancing Innovation in Residency Education (AIRE) pilot of the ACGME, a cohort of programs from around the country have implemented X+Y scheduling in pediatrics. In this workshop, pilot programs in both their first and second year of implementation will introduce the concept of X+Y scheduling and its history in resident education. They will then describe implementation methods and barriers to change for programs involved in the study. Finally, current outcomes data will be shared with the group to allow analysis of benefits and challenges to this innovative model. Participants will have the opportunity to focus on either the outpatient, inpatient or longitudinal curricular aspects of X+Y scheduling and return to their programs with templates for consideration of adopting a new scheduling model. The presenters are program leaders from around the country that can guide faculty and trainees from all types of programs, large to small and community-based to academic, to understand how X+Y scheduling may work for their programs.

19. WHAT’S THAT DEAR? APPROACHES AND TECHNIQUES TO ADDRESS MICROAGGRESSIONS AND WHITE FRAGILITY IN THE WORKPLACE
Paul Homer, MD, Sahar N. Rooholamini, MD MPH, Mollie Grow, MD MPH, Courtney Gilliam, MD, Jessica McDade, MD, Aleksandra Olszewski, MD, Maneesh Batra, MD MPH, Celeste Quitiquit, MD, Maya Jones, MD MPH, Heather McPhillips, MD MPH, Tara Wenger, MD PhD, Roberto Montenegro, MD PhD, University of Washington, Seattle, WA

Microaggressions are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults towards people of color” (1, 2). Members of marginalized or minority groups, including trainees, staff, patients, and families, experience daily microaggressions. There is increasing evidence of the short- and long-term impacts on those who experience microaggressions, including increased stress response, depression, and poorer health (3,4). Often, the person committing a microaggression lacks awareness and bears no ill intent. However, it is imperative to dissociate intent from impact and develop skills to address microaggressions. Intertwined with racial microaggressions is the concept of white fragility, defined as “a...
20. FROM ADDIE TO Z: USING INSTRUCTIONAL DESIGN AND MULTIMEDIA LEARNING THEORY TO TEACH GENERATION Z
Charlene Larson Rotandi, AB, C-TAGME, Stanford University, Stanford, CA, Pamela Carpenter, MEd, C-TAGME, Reena P Tam, MD, University of Utah, Salt Lake City, UT

Generation Z is about to enter the workforce and it is important to recognize their unique needs and learning styles. Programs need to be ready to adapt to a generation that is digitally native whose learning background has been immersed in technology. Many educators may not be prepared to meet the educational needs of Generation Z. Learning theories and design models are methods and tools that can assist educators in creating effective medical education. The ADDIE (Analysis, Design, Development, Implementation, and Evaluation) method of instructional design is centered on meeting the needs of the learner. ADDIE applies similar principles to those used in continuous improvement to curriculum design. Medical educators in GME will need to adapt to future trainees, recognizing that the use of multimedia will make learning more personal, interactive, and efficacious. Additionally, participants will learn about Mayer’s Multimedia Learning Theory and its application to traditional teaching methods. The utilization of this theory prepares medical educators to meet the needs of the upcoming Generation Z. Session participants will apply modifications to traditional teaching using ADDIE methodology and Multimedia Learning Theory and leave with a framework for creating more effective curriculum for the next generation of learners.

21. TOGETHER WE RISE - IMPROVING THE PATIENT-DOCTOR RELATIONSHIP BY FOSTERING HUMANISM THROUGH DEVELOPING A SOCIAL JUSTICE CURRICULA ROOTED IN CRITICAL CONSCIOUSNESS
Audrea Burns, PhD, Julieana Nichols, MD, Susan Gillespie, MD, Baylor College of Medicine (Houston), Houston, TX, Patricia Poitevien, MD, Brown University, Providence, RI, Andria Tatem, MD, Baylor College of Medicine (Houston), Houston, TX, Candice Taylor, MD, University of California (Irvine)/CHOC, Irvine, CA, Laura Kester, MD, University of California (Davis) Health System, Davis, CA, Gia Merlo, MD, New York University School of Medicine, New York City, NY, Elaine Fielder, MD, Alisa Acosta, MD, Baylor College of Medicine (Houston), Houston, TX, Jyothi Marbin, MD, University of California (San Francisco)

It has been noted that although there is increased teaching of social determinants of health, during medical training, this has not led to a concomitant increase in physicians taking on professional roles as health advocates (Sharma, 2018). It is thought that in addition to understanding cultural differences and the complexities of health disparities or social determinants, it is critical to train future health care professionals in social justice. This workshop unites facilitators diverse institutions each actively engaged in social justice curricula to share their experiences and provide a platform to discuss published frameworks and teaching tools to guide participants in building or refining a social justice curricula. In this highly interactive workshop, participants will engage in role play (in pairs) to simulate a complex patient-trainee interaction with provided scripts to contextualize complexities of marginalization and health disparities. Facilitators will share concrete examples of dialogue techniques that have been productive in coaching learners in learning new communication strategies. A brief didactic will follow to highlight the difference between cultural competency and critical consciousness. Subsequently participants will brainstorm about next steps for further faculty development on critical consciousness. Following, participants will develop a model of how to use critical consciousness framework to foster skills in social justice and advocacy. A brief discussion will highlight how to use a social justice/critical consciousness approach (as opposed to a cultural competency approach) in addressing patient challenges. A brief didactic will highlight three published and accepted established theoretical frameworks for teaching social justice - critical consciousness, structural competency, and antiracist pedagogy. Using one of these theoretical models, facilitators will briefly highlight current tools (i.e., narrative medicine) used at their home institutions. Finally, facilitators will highlight examples of implementing social justice curricula at their institution. Using a needs assessment handout, participants in small groups will have the opportunity to select one of three theoretical frameworks and example teaching tools that would be useful to their learner populations. Facilitators will assist participants with questions to help guide process and provide a resource handbook for a combined curriculum using narrative writing to foster both the humanism and social justice at the conclusion.
C-22. THE GOLDILOCKS MANAGEMENT STYLE: GETTING IT JUUUST RIGHT - FINDING THE BALANCE BETWEEN MICROMANAGING AND UNDERMANAGING YOUR TEAM

Carrie Johnson, MBA, Stanford University, Palo Alto, CA, Jessica Williger, BA, Case Western Reserve University/University Hospitals Cleveland Medical Center/Rainbow Babies and Children's Hospital, Cleveland, OH

Just as Goldilocks had the right idea when she tasted each bowl of porridge, sat in each chair, and laid in each bed to find the ones that were just right for her, program managers and coordinators need to learn about and practice different management skills so that they can develop their own style of situational management that is both balanced and flexible. More often, however, they find themselves thrown into management roles in which they are not fully equipped to handle. Program manager and coordinator training is typically focused on increasing their knowledge base in graduate medical education, program requirements, and policies and procedures, as expected by the ACGME. Thus, they often do not receive professional development on the people management aspects that they inherit with their roles. Rarely do they know how to manage in a balanced way as reported in a 2016 survey of 500 managers in which 87% wished they had received more training when they first took on the role (“Good Manager, Bad Manager,” 2016). Without sufficient development of management skills, program managers and coordinators can easily fall into the habit of either micromanaging or undermanaging their teams. These bad habits can lead to poor work performance, disengaged staff, high turnover, and low morale (Forbes Coaches Council, 2018).

In this interactive workshop, participants will explore the differences between micromanaging, undermanaging, and balanced managing and their effects on staff and the workplace. In addition, group activities will allow them to experience the three management concepts as well as discuss and share strategies on how to temper micromanagement and undermanagement styles. Participants will learn new people management skills and practical tips to discover the balanced “Goldilocks” management style that is just the right fit for themselves. As a culmination of these new skills, participants will use an in-session tool to address a current work situation with actionable next steps to take.

3:15pm-4:45pm Enhanced Learning Session III (choice of 11)

23. LET’S GET READY TO RUMBLE! THE MILESTONES VS. EPAS DEBATE
Daniel J. Schumacher, MD, MEd, Benjamin Kinnear, MD, MEd, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Alan Schwartz, PhD, University of Illinois College of Medicine at Chicago, Chicago, IL, Abigail Martini, BS, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Carol Carraccio, MD, MA, American Board of Pediatrics, Chapel Hill, NC

This engaging, hilarious debate promises to be raucous at points. Our debaters will pit milestones and entrustable professional activities (EPAs) against one another. The former are gaining validity evidence with widespread use in the United States, while the latter are the most popular approach internationally. In brief opening statements, the debaters will highlight what they believe to be the quintessential strengths of their chosen assessment framework. Following this, they will be posed prepared questions from the skilled moderator followed by questions solicited from the audience (and screened for the best questions given time limits). Prepared moderator questions will allow each debater to make his case for which framework is better for learners, which is better for programs, and which is better for patients. Confessions involving the sins of both milestones and EPAs will also be probed. Following brief (2 minutes max!) closing statements, you will then vote for the winning side. Who will win your vote? Have you already chosen a side? Will the skilled debaters lead you to change your mind? Following the announcement of the winner, we will engage participants in a meaningful conversation about the co-existence of these two assessment frameworks. Should we assess only milestones or milestones and EPAs? We will explore audience responses to this question as well as how we can potentially capitalize on the strengths of both milestones AND EPAs.

24. TIPS FOR TEACHING TOUGH TALKS AND OTHER HARD THINGS TO SAY: NAVIGATING AND ROLE MODELING DIFFICULT PATIENT CONVERSATIONS
Rachel E M. Cramton, MD, University of Arizona College of Medicine–Tucson, Tucson, AZ, Eric K. Zwemer, MD, University of North Carolina Hospitals, Chapel Hill, NC, Hadi Anwar, MD, Virginia Commonwealth University Health System, Richmond, VA, Kamakshya Patra, MD, West Virginia University, Morgantown, WV, Lisa Pomeroys, MD, Texas Tech University Health Sciences Center at Lubbock, Lubbock, TX

There are few situations that cause more anxiety/stress among physicians than difficult family conversations. Whether the information to be presented is a new diagnosis, a disclosure of medical error or discussion of treatment failure, many physicians feel uncomfortable with the emotional tenor of these conversations. This discomfort is compounded because the sensitive nature of these conversations often leads attending physicians to “go it alone” rather than include an audience of trainees, leaving physician trainees at all levels without opportunities to observe or practice this vital skill. In this interactive workshop, participants will use a roadmap to plot components of difficult conversations, identify common hazard points, and develop plans to role model these conversations for trainees. Patient, family, healthcare team, situational, and emotional factors that influence the conversation will also be explored. Case scenarios will be presented to engage the audience in small group discussion and large group sharing. Participants will leave the workshop with a tool kit containing a difficult conversation roadmap, case scenarios, and more to allow them to apply this training at home institutions.
Significant health disparities exist for the lesbian, bisexual, gay, and transgender (LGBT) population in the United States. Within the pediatric population, these disparities are particularly disturbing, with close to a third of LGBT youth reporting having attempted suicide, 84% reporting verbal harassment, 30% being physically harassed, and increasing rates of STIs. In recognition of these disparities, there has been a trend over the past few decades to increase cultural competency education around LGBT health in undergraduate medical education. Fewer interventions have focused on graduate medical education training programs. This workshop will start with Learner Activation, using an online poll and a reflection exercise to explore participant’s perceptions and experiences of this topic. A developed video clip will be shown to promote the value of parent and patient perspectives and to reinforce to participants the underpinning nature of sex and gender content in clinical teaching. The workshop will then review key concepts of sex and gender and how they impact pediatric care. Interactive case-based discussions will be used to discuss how to apply these concepts in a variety of clinical settings, such as the Continuity Clinic, Emergency Department, Adolescent Medicine and subspecialty Pediatrics. This exercise aims to open further participants’ awareness of their role as clinical teachers. Participants will then engage in role-playing scenarios developed for clinical teaching settings. Following a think-pair-share exercise to deliberate on challenges and opportunities for teaching sex and gender in their own clinical settings, participants will receive a variety of resources and strategies to bring back to their home institutions. The workshop will conclude with a large group call-out activity to summarize lessons learned.

26. IT’S TIME FOR FACETIME: BRINGING THE FOUR HABITS MODEL OF COMMUNICATION TO TRAINEES

Miranda Kane, DO, MPH, Ritu Patel, MD, Kaiser Permanente Medical Group (Northern California), Brian Linde, MD, Kaiser Permanente Southern California (Los Angeles), Amelia Castro, MD, Lea Bornstein, MD, Kaiser Permanente Medical Group (Northern California), Oakland, CA, Heather Caputo, MD, Kaiser Permanente Medical Group (Northern California), Oakland, CA, Rina Shah, MD, Kaiser Permanente Medical Group (Northern California), Oakland, CA

Communication with patients is a vital part of quality patient care and trainee education. Communication tools have been shown to facilitate the physician and patient interaction and can improve quality of care. The Four Habits Model of communication combines several effective communication strategies in an organized, concise, and simple model with the goal of establishing trust rapidly, aligning goals of care, and ultimately, improving patient adherence. Recent literature has also shown a benefit of using this model to promote physician wellness. This highly interactive workshop will begin with a think-pair-share discussion about difficult situations involving communication with a patient and/or family. We will then introduce the Four Habits Model of communication, the evidence for this model, and how and how it can be used. Facilitators will illustrate how this model aligns with and can be used alongside other tools for medical interviewing such as shared-decision making and relationship-centered care. Facilitators will then model the Four Habits Model with a role play followed by an opportunity for participants to ask questions. Facilitators will then teach more deeply about each of the four steps of the model: 1) invest in the beginning, 2) elicit the patient’s perspective, 3) demonstrate empathy, and 4) invest in the end. The participants will engage in facilitated small group discussions to examine common communication challenges and practice using the Four Habits Model of communication in these scenarios. The large group will then reconvene to debrief and to discuss these scenarios. Facilitators will then teach participants about how one can teach this tool within one’s home institution. The workshop will conclude with an opportunity for participants to ask questions.

27. CATCHING RESIDENTS BEFORE THEY FALL: PRE-REMEDIATION STRATEGIES FOR INDIVIDUALIZED COACHING FOR YOUR RESIDENTS

Lisa McQueen, MD, University of Chicago, Michelle Barnes, MD, University of Illinois College of Medicine at Chicago, Chicago, IL, Heather Burrows, MD, PhD, University of Michigan, Ann Arbor, MI, Reem Itani, MD, Children’s Hospital of Los Angeles, Los Angeles, CA, Misun Jung, MD, University of Chicago, Amanda Osta, MD, University of Illinois College of Medicine at Chicago, Chicago, IL

Every year pediatric residency programs identify residents who struggle with elements of professionalism, interpersonal and communication skills, and patient care, but not to the degree to which they require a formal remediation plan. The issues are rarely a matter of knowledge acquisition, but of knowledge application, and the reasons can be complex. Some of these residents have come from nontraditional paths, including residents who transfer programs, those in expedited training pathways (physician scientists, those who qualify for ABP waivers, child neurology preliminary trainees), those who take time off for medical or personal needs, and international medical graduates who may be less acculturated to the US healthcare system. Others simply haven’t had extensive clinical experience and struggle with the high-level of time management and organization required as an intern. Program leaders face challenges in identifying and implementing strategies to assist these residents in a timely manner to help them successfully complete their residency training. In this interactive session, we present a framework for identifying residents at risk and strategies for developing group and individualized coaching.
28. MOTIVATION THROUGH POSITIVE PEER PRESSURE: NOVEL APPROACHES TO ENCOURAGING PRODUCTIVITY BY LEVERAGING NEAR PEERS AND TRANSPARENCY

Michael B. Pitt, MD, University of Minnesota, Plymouth, MN

Peer pressure is given a bad rap. Most use the phrase when discussing resisting bad decision making. “If Jason jumped off a bridge, would you?” But motivation theory also shows peer pressure can be a powerful force for good. “If Jason recycled, would you?” It turns out, the answer depends on if Jason can see if you’ve put your recycling bin out. Transparency matters.

The same is true in academics - if we aren’t aware of the work our peers are engaged in, we can’t be motivated by it. In this session, participants will discuss how, in order for positive peer pressure to work three things are necessary: 1) Respected Peers; 2) Transparency; and 3) Psychological Safety. Having any two without the third is problematic. Without respected peers, we lack inspiration to motivate us. Without transparency, we fall into the trap of silos. If we have everything but psychological safety, the peer pressure becomes a stressful competition. The University of Minnesota’s Department of Pediatrics has applied this framework of finding this positive peer pressure sweet-spot across its residency, fellowships, and faculty development initiatives over the last five years. Examples include incorporating gamification into morning report and the tracking of mundane tasks; incentivizing scholarship through a weighted lottery where raffle tickets are earned at escalating degrees of productivity; or demystifying of the academic process through a novel posters-to-papers writing group where participants work to elevate an old abstract from their CV to a manuscript submission in 3 months flat. We will even discuss how incorporating this framework led to a 53% reduction in food costs! After hearing about a variety of successful initiatives, participants will walk through a step-by-step process to craft their own initiative to tackle a need at their institutions.

29. TABLETOP SIMULATION: A TOOL FOR EVALUATION OF THE STRUGGLING LEARNER

Rachel Osborn, MD, Adam Berkowitz, MD, Yale-New Haven Medical Center, New Haven, CT

After the transition to milestone evaluations, the struggle to obtain equal quality and quantity of information for different competencies became quite apparent. There is minimal variation between residents in certain categories when looking at both faculty and peer evaluations. At times this difficulty is exposed when individual residents seem behind in their expected trajectories, but their formal evaluations lack insight into either the severity or root cause of their deficiencies. Residents who struggle to perform clinically during times of high census or acuity are often identified through information communicated to leadership, most commonly the chief residents, but without supportive data it is hard to decide on a course of formal remediation. Tabletop simulation is an underutilized tool which can generate both performance data to inform milestone placement, as well as formative suggestions to improve deficits. Simulation has often been focused on team dynamics and high-acuity single patient encounters. We employ simulation to focus instead on individual performance in the setting of stressful competing patient priorities. This can both better define resident deficiencies in milestones not frequently observed by faculty, such as task prioritization, as well as to provide concrete skills for residents who lack competency as team leaders. Our workshop focuses on using simulation to improve performance of residents as team leaders in busy, high-acuity clinical settings. This can either be a tool to prepare all rising supervisory seniors for their role, or to improve those residents at risk of remediation. We will also briefly discuss and demonstrate the importance of repetition in the form of rapid cycle simulation when solidifying new skills. During our session participants will watch a tabletop simulation and use it to plot a resident on specific pediatric milestones. Participants will then identify 1-2 milestones in their own program which a tabletop simulation approach might help generate additional data and create a tabletop simulation targeted at that competency in guided groups.

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28. MANO A MANO: HOT TOPICS IN MEDICAL EDUCATION

Rebecca Walilah, MD, Nationwide Children’s Hospital/Ohio State University, Columbus, OH, Ndidi Unaka, MD, MEd, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Michael Bolton, MD, Our Lady of the Lake, Baton Rouge, LA, Alan Chin, MD, UCLA David Geffen School of Medicine/UCLA Medical Center, Los Angeles, CA, John D. Mahan, MD, Nationwide Children’s Hospital/Ohio State University, Columbus, OH, Heather McPhillips, MD, University of Washington, Seattle, WA, Suzanne Reed, MD, Nationwide Children’s Hospital/Ohio State University, Columbus, OH, Teri Turner, MD, MPH, MEd, Baylor College of Medicine (Houston), Houston, TX

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 and closing remarks and address follow-up questions from the moderator. Each debate is then ended with time for audience small group discussion and questions from the audience. 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 2020 are: 1. Resident teaching services: Faculty right or privilege? 2. Fellowship training: One length fits all or time for flexibility? 3. Standardized tests: Necessary tools or incomplete measures of competence?

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31. MOMENTS IN MEDICINE: A BRIDGE TO FINDING MEANING AT WORK
Jessica H. Goldstein, MD, Ross Myers, MD, Keith Ponitz, MD, Case Western Reserve University/University Hospitals
Cleveland Medical Center/Rainbow Babies and Children’s Hospital, Cleveland, OH
Burnout among pediatric residents and early career pediatricians continues to be prevalent. As healthcare has evolved the physician’s daily work has changed from hands-on bedside care to more administrative tasks. This evolution in healthcare has pulled trainees and faculty away from the elements of medicine that bring meaning and joy to our profession. Empiric data suggests that wellness programs such as yoga, running clubs, and mindfulness sessions have little impact on the well-being of residents. In contrast, curricula designed to foster a growth mindset, promote individuality and build resilience can be effective to mitigate burnout and bring meaning back to our work. This interactive workshop presents an approach to identify aspects of work that are meaningful for each resident and foster these into daily workflow. After an introduction exploring challenges of addressing resident burnout through wellness activities, attendees will identify key moments in medicine that fuel their individual professional passions, create a visual representation of their ideal professional identity, and discuss these through pair-share activities. Attendees will work in small groups to explore three types of moments in medicine that bring their job meaning: mindset, defining, and meaningful moments. Groups will come together to share their “moments” and explore how mentors can show how they find meaning at work with trainees. The large group will discuss best practices of how to implement similar curricula at their home institution and help residents connect their daily work to their individual moments. The workshop concludes with each attendee writing a letter to themselves to identify the most meaningful aspects of their work and how to continue to recognize those important moments. The letter will be mailed to participants after the conference as a personal check in and to ensure the program met its objectives. Attendees will leave the conference having experienced an educational approach to help trainees find meaning at work and with strategies to implement the concepts at their home institution.

32. THEY SAY, THEREFORE, I AM: THE IMPACT OF STEREOTYPE THREAT ON TRAINEES AND HOW TO ADDRESS IT
Jeffrey K. Yang, MD, Brandii C. Criss, MD, Katarzyna Zabrocka, MD, Vania J. Singleterry, MD, Matthew L. Edwards, MD, Daniel O. Hernandez, MD, Meera N. Sankar, MD, Belinda Bandstra, MD, Charlene L. Rotandi, AB, C-TAGME, Carmin M. Powell, MD, Stanford University, Palo Alto, CA
Having a diverse medical workforce increases patient access to care, patient satisfaction, and cultural competence in providers. As such, one of the major revisions of the ACGME Common Program Requirements for residency and fellowship in 2019 was “ongoing, systematic recruitment and retention of a diverse and inclusive workforce”. As institutions make efforts to attain this diversity, a slowly increasing number of individuals are undergoing training for which they have historically not been perceived as having adequate skill. A phenomenon that can arise in this setting is stereotype threat, described as the increased risk of confirming a negative stereotype about a group with which one identifies (Steele and Aronson 1995). Physiological and psychological processes that occur under often unrecognized duress can adversely impact performance. Dependent on the extent of this impact, retention rates of minority trainees may also suffer. It is vital that not only minority trainees and perhaps more essentially, medical educators, be aware of this predicament, and equipped with evidence-based interventions as new evidence emerges of its impact in medical education. In this workshop, a team of trainees, educational administrators, and faculty from psychiatry, pediatrics, and emergency medicine will provide an overview of stereotype threat with a focus on the impact it has on the performance and well-being of medical trainees. Participants will be asked to identify occurrences in hypothetical situations as well as in personal experiences. Next, direct interventions for individual trainees and more general environmental strategies to address this impact will be reviewed. Participants will identify the ways in which interventions could mitigate the effect of stereotype threat in examples, and brainstorm implementation strategies for their individual institutions.

C-33. WON’T YOU BE MY MENTOR? A PRACTICAL GUIDE TO ESTABLISHING A PEER MENTOR RELATIONSHIP TO ENHANCE PERSONAL AND PROFESSIONAL GROWTH
Jill Edwards, MBA, C-TAGME, Children’s Mercy Hospital, Kansas City, MO, Jessica Williger, Case Western Reserve University/University Hospitals Cleveland Medical Center/Rainbow Babies and Children’s Hospital, Cleveland, OH, Donna Melero, Advocate Health Care (Advocate Children’s Hospital/Oak Lawn), Oak Lawn, IL, Teresa Hudson, C-TAGME, St. Louis University School of Medicine, St. Louis, MO
Mentoring is woven into the fabric of graduate medical education to the point that ACGME stipulates the necessity of mentorship for residents and faculty, but what about coordinators? As professionals in the field, coordinators look for opportunities to advance and grow, which ultimately necessitates some form of mentorship. In this interactive workshop, we discuss the benefits of peer mentoring which aligns well with the coordinator dynamic where we are all peers usually adapting to changes at the same time. In addition, participants will complete an individual assessment to evaluate what type of mentorship relationship they really need or want and what barriers they may need to overcome to establish that relationship. Within groups, participants will practice difficult conversations as we work through the pitfalls of mentoring. The workshop will allow for individual reflection as well as group conversation with the hope of establishing some future steps to accomplish after the workshop has concluded.
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)

Thursday, April 2

7:00am - 7:30am Continental Breakfast

7:30am-8:30am Plenary Session (note earlier start time)
   7:30-7:35 Welcome
   7:35-7:40 Special Project Awards
   7:40-7:45 Presentation of Walter W. Tunnessen, Jr. MD Award for the
         Advancement of Pediatric Resident Education
   7:45-8:15 Update from the American Board of Pediatrics (ABP) with Q&A
   8:15-8:25 APPD LEARN Update (Longitudinal Educational Assessment
         Research Network)
   8:25-8:20 Orientation to the day

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

34. PUTTING OUR HEADS TOGETHER: A BRAINSTORMING WORKSHOP ON THE CREATION OF EFFECTIVE
   INTERN ORIENTATION EXPERIENCES
   Kimberley G. Jacobs, MD, Luisa Valenzuela Riveros, MD, Stanford University, Palo Alto, CA, Ariel Winn, MD, Children’s
   Hospital/Boston Medical Center, Boston, MA, Rebecca Tenney-Soeiro, MD, Children’s Hospital of Philadelphia,
   Philadelphia, PA, Minnie Dasgupta, MD, Jacob A. Weatherly, MD, Danielle Kirkey, MD, Carrie Rassbach, MD, Stanford
   University, Palo Alto, CA
   The goal of medical school is to prepare students for the new responsibilities and independence of intern year, a transition
   often marked by self-doubt and uncertainty. Residency programs recruit new interns with varying medical school experiences
   and must orient them to practice pediatrics in a new clinical environment. Orientations range from on-boarding procedures to
   interactive bootcamps to prepare interns, but a gap exists in the literature surrounding the knowledge, skills, and attitudes that
   should be addressed during intern orientation. Thus, the question remains: what curricular elements from intern orientations
   are important to help interns be successful? This highly interactive workshop will provide an overview of cognitive frameworks
   related to preparing new interns for success including cognitive load theory and self-efficacy. Presenters will share current
   and novel research on the development of orientation curricula as well as student’s perspectives on the orientation experience
   to provide a framework of educational themes for new interns. These themes include wellness, intern survival skills, and
   communication skills. A series of facilitated small group activities will follow wherein participants will brainstorm ideas
   for sessions within each theme followed by a large-group discussion of participants’ ideas and institutional experiences.
   Facilitators will lead a discussion related to resource and time constraints and will highlight approaches at various institutions
   to advocate for maximizing time for orientation. Facilitators of this workshop represent a group of educators from different
   levels of experience, institutions, and perspectives with experience in orientation development and evaluation through
   cognitive frameworks. Participants will receive a compilation of resources to apply to their home institution’s orientation.

35. BEYOND PRONOUNS: PILOT FOR A COMPREHENSIVE PEDIATRIC LGBTQ+ CURRICULUM
   Kevin T. Nguyen, MD, Nicole Webb, MD, Valley Children’s Healthcare Program-Pediatrics, Madera, CA
   The AAP first released an official statement encouraging a supportive and accepting environment for youth of diverse gender
   and sexual identities in 1983. There have been multiple reaffirmations and clarification statements since. As knowledge
   has grown of the many health disparities faced by trans and LGB youth, there have been increased calls for pediatricians to
   champion initiatives to address these disparities. To date, there has been minimal formalized education for pediatric providers
   and interprofessionals on how to create affirming spaces for children and adolescents who are on the gender or sexual identity
   spectrum. While many pediatric residents have treated LGBTQ+ patients in various contexts, knowledge of national guidelines
   regarding the clinical care of these patients, particularly for gender diverse or gender non-conforming youth, remains varied
   and understudied in the graduate medical education setting. Currently, there are no standardized requirements in GME or
CME (aside from Washington DC) to incorporate a comprehensive or integrated curriculum. One 2018 study suggested that almost 80% of graduating medical students did not feel competent in treating gender and sexual minority patients and another 30% of medical schools report not formally addressing this topic at all (with another 50% report having 3 or less dedicated activities throughout all four years). Of the contemporary clinical training regarding this population, most are cursory and primarily address basic terminology and health disparities. The largest survey ever conducted of transgender people in America, published in 2015, affirms the inherent deficit in education: over 50% of transgender patients report having to teach their medical clinician about their care. We hope that participants in our session will be able to identify national resources and guidelines for the care of LGBTQ+ youth, to participate in interactive examples of LGBTQ+ clinical learning from our pilot curriculum, and to inspire incorporation of LGBTQ+ topics in pediatric trainee learning environments.

36. ADVOCACY ACTIVATION: AN ACTIVE LEARNING CURRICULUM FOR LEGISLATIVE ADVOCACY SKILLS
Benjamin Hoffman, MD, Oregon Health and Science University, Portland, OR, Catherine D. Shubkin, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital, Lebanon, NH, Jessica Truelove, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital, Hanover, NH, Natalie Lanocha, MD, Mina Tahai, MD, Christina Ramo, MD, Megan Aylor, MD, Oregon Health and Science University, Portland, OR

“Pediatricians are the ultimate witnesses to failed social policy” (Paul Wise MD). It is both our nature and our responsibility to be effective advocates for our patients and communities. As we become more cognizant of the impacts of social determinants of health, we must transform training to produce the pediatricians who have knowledge and skill at all levels of advocacy, from individual, to community and policy levels. The ability to develop and implement policy change has the greatest potential impact of child and community health. Given the complexity of pediatric residency training, and multiple competing requirements, how can we effectively teach learners the knowledge, skills and attitudes necessary to be effective advocates? This workshop will employ hands-on, individual, small group, and large group work to empower attendees to develop and teach what residents need to learn about legislative and policy advocacy. We will first engage in small-group discussions of learner centered training objectives in policy advocacy. We will then introduce our legislative advocacy curriculum, which not only fits within our noon conference schedule, but also fully activate residents to demonstrate the core skills necessary for legislative advocacy. We will then use a nationally recognized tool (the American Academy of Pediatrics Community Pediatrics Training Initiative Project Planning Tool) to walk through the curriculum using a law to ban infant crib bumpers as an example. Participants will be guided in small groups to work through an exploration of the curriculum, culminating in hands-on practice of some of the skills expected of our resident learners. Including identifying potential sponsors, coalition development, the basics of the legislative process and how to prepare and deliver effective messages to legislators, the media and in testimony. This workshop will be fun, fast, active, collaborative, and practical! You will leave both energized and prepared to be a more effective teacher and advocate for kids in your community!

37. TEAM GLOBAL: ROLES AND RESOURCES FOR EVERYONE (PROGRAM DIRECTORS, COORDINATORS, CHIEF RESIDENTS) IN NEW AND ESTABLISHED GLOBAL HEALTH RESIDENCY AND FELLOWSHIP PROGRAMS
Lee E. Morris, MD, MSPH, DTMH, Carolinas Medical Center, Charlotte, NC, Tania Condurache, MD, University of Louisville, Louisville, KY, Jennifer Watts, MD, Children’s Mercy Hospital, Kansas City, MO, Elizabeth Keating, MD, University of Utah, Salt Lake City, UT, Heather Crouse, Baylor College of Medicine (Houston), Houston, TX, Kathy Ferrer, MD, Children’s National Medical Center, Washington, DC, Sheridan Langford, MD, University of Louisville, Louisville, KY

The demand for GH educational opportunities among pediatric residents and fellows continues to be reflected in trainee choice of residency and fellowship programs based at least partially on the availability of GH educational offerings. Many residency and fellowship programs have responded to this demand by offering international electives, GH tracks, and some additional time for training focused on GH. In recent years, published literature around GH education has put forth “calls for action” established minimum standards, and provided snapshots into how programs are meeting this demand while trying to provide high quality offerings. (1-9) Recognizing the challenges many pediatric training programs face in developing and maintaining GH offerings, it is important that program coordinators, chief residents, GH faculty, and program directors are aware of their potential roles in GH offerings as well as available resources and support needed to enhance GH education for their trainees. This highly interactive Enhanced Learning Session (ELS) will be facilitated by a multidisciplinary group of GH educators and coordinators. After an introduction, participants will have an opportunity to participate in a “speed mentoring” session. More than one facilitator will be present at each topic group to facilitate smaller mentoring conversations around the topic. Participants will rotate through each of the following topics:

- Role and importance of coordinators in GH educational opportunities: discuss resources available, challenges and successes
- Considerations and approach to finding GH elective sites: discuss existing resources, ethical considerations, issues with sustainability, challenges and successes
- Resources in GH education from GH boot camp offerings to online curriculum and other educational tools: discuss existing resources and provide a brief summary of each
- Pre-travel and post-travel preparation for GH electives - discuss existing resources
- Role of Chief Residents in GH educational opportunities: discuss resources available, creative opportunities for involvement, challenges and successes in implementation
- GH educational opportunities in Fellowship: discuss existing programs, resources available, challenges and successes in implementation
The ELS will then transition to a large group discussion led by the facilitators from each small group topic, who will briefly present highlights, successes, challenges, and solutions identified from their sessions. Facilitators will then review the available resources for developing and/or improving GH educational offerings at participants’ own institutions, based on their respective roles in the residency or fellowship program. The ELS will conclude with a brief review of on-going mentorship opportunities for programs looking to improve and enhance the GH educational offerings for their trainees. Participants will be provided a toolkit of resources to bring back to their home institutions to aid in developing or improving their GH program.

38. MISSION POSSIBLE: CREATING YOUTH HEALTH CHANGE AGENTS THROUGH INTER-PROFESSIONAL COMMUNITY COLLABORATIONS AND A YOUTH AS PARTNER APPROACH

Renee Kinman, MD, PhD, MA Ed, Kelly Colwell-Walker, MA Special Education, Serena Yang, MD, MPH, Erica Gastelum, MD, University of California (San Francisco)/Fresno, Fresno, CA

Impoverished minority youth are routinely exposed to a variety of adverse childhood experiences that can unfavorably affect their physical, mental, and social well-being. Although medical efforts have traditionally concentrated on downstream interventions to improve individual health, there has been increased awareness of the benefits of addressing the upstream social determinants of health, including providing impoverished minority youth with positive life experiences and opportunities to assist them in reaching their full potential. Recognizing that the health of a child depends in large part on the family and local community, pediatricians and medical education training programs have a unique opportunity to step out of the clinical practice setting and operate at the intersection of child health, education, and public health through the development of grassroots inter-professional community partnerships. By collaborating with school systems, public health departments, and other community partners, physicians can thus increase their ability to effectively impact child health on a larger scale within their own community. Youth participation occurs when young people are involved in the planning of programs of their own choosing, working as change agents through inter-generational partnerships with adults to achieve community change. The use of a constructivist approach can be especially relevant when working with adolescents to develop peer-to-peer education programs that promote healthier behaviors and youth decision-making. By linking medical students and pediatricians in training with extremely high risk minority high school students, our learners have been able to cultivate meaningful personal relationships while working together on topics of concern to adolescents while simultaneously introducing students to careers in the medical field. These high school students have in turn learned how to amplify their voices to become leaders within their communities, presenting the results of their community action research projects both regionally and nationally.

39. BRIDGING THE BEHAVIORAL AND MENTAL HEALTH CARE GAP: PEDIATRIC SUBSPECIALTIES AND THE COMMON PROGRAM REQUIREMENTS

Megan Christofferson, BA, C-TAGME, Stanford University, Palo Alto, CA, Charlene L. Rotandi, AB, C-TAGME, Nancy Ruddy, PhD, Stanford University, Stanford, CA

ACGME recently released new common program requirements for pediatric subspecialties. Programs must teach residents and fellows to provide patient care with a focus on common behavioral and mental health issues. While some programs have already prioritized a focus in this area, for others this new requirement poses challenges. In this presentation, we will review the new requirements and explore the implementation challenges they pose. The presenters will review implementation strategies to integrate behavioral health aspects of care into didactics, patient care, research and evaluation. In addition to helping faculty expand their own expertise, we will highlight how to leverage community and larger system resources. We will review primary care behavioral health integration strategies that can be adapted to pediatric subspecialty care. One of the presenters will share her decades of experiences as a psychologist in graduate medical education collaboratively developing behavioral health competencies in faculty, staff and trainees. Finally, strategies to enhance existing wellness initiatives will be discussed. Participants will be invited to complete an action planning exercise to organize an implementation strategy and to share best practices. The session will allow ample time for questions and discussion.

40. RECONNECTION RESIDENTS TO PURPOSE AND PASSION: HARNESING THE POWER OF PERSONAL DEVELOPMENT PLANS FOR CAREER AND WELL-BEING

Mollie Grow, MD, MPH, Maneesh Batra, MD, MPH, Maya Jones, MD, MPH, Celeste Quitiquit, MD, Sahar Rooholamini, MD, MPH, Courtney Gilliam, MD, Paul Homer, MD, Jessi McDade, MD, Aleks Olszewski, MD, Heather A. McPhillips, MD, MPH, University of Washington, Seattle, WA

Background: The ACGME includes professionalism as a core competency; residents are expected to demonstrate engagement in personal and professional development that will sustain them in balancing commitment to the profession with a healthy and productive personal life. Individualized Learning Plans (ILPs) are also required for residency training yet may be underutilized for more comprehensive career and personal development. As recent data on resident burnout suggest, balancing personal and professional goals may be especially difficult to achieve in residency. Our program created a 2-week personal development rotation (paired with 2 weeks of jeopardy) enabling categorical pediatric R2 residents to connect with mentors, reflect on passions and strengths, and develop tools for continued personal and professional growth. A key outcome of this month is a Personal Development Plan (PDP), which integrates the concepts of an ILP with more broad reflection on personal and professional goals, strengths, and short and long-term objectives and outcomes, formatted into a powerpoint presentation for colleagues and residency leadership. Residents present their PDP to the program directors and chief residents at the end of
their rotation. In the past 2 years, residents in our large, urban residency program have universally valued this opportunity to pursue personal and professional passions and regain touch with their purpose. We believe it is among the most important innovations in our program and will be excited to share the reasons why it is effective and how other programs could adapt this approach. Session Description: In this interactive and collaborative workshop, we will share strategies for developing and using a Personal Development Plan (PDP), an enhanced form of an ILP. Participants will learn about the key components of the PDP and implementation options. They will share ideas for developing and implementing within their programs, and leave with a plan for tailoring and incorporating the PDP concept within their programs. Whether embedded within an existing rotation, or developing a specific rotation to provide protected time for residents, a PDP can be an effective way to augment the ILP requirement. Participants will leave feeling inspired about opportunities to facilitate residents reflecting on their purpose, identifying their strengths, making specific plans to achieve goals, developing their mentorship network, and promoting well-being.

41. CAPTIVATING AUDIENCES BIG AND SMALL: HARNESSING COGNITIVE LOAD THEORY AND TECHNOLOGICAL TOOLS TO ENHANCE LEARNING
Rachel S. Poeppelman, MD, Nationwide Children’s Hospital/Ohio State University, Columbus, OH, Anna Voelterman, MD, University of Chicago, Chicago, IL, Justin Triemstra, MD, Michigan State University, Grand Rapids, MI, Ian Chua, MD, Children’s National Medical Center, Washington, DC, Amanda Emke, MD, Washington University/B-JH/SLCH Consortium, St. Louis, MO
Pediatricians routinely teach trainees and colleagues in clinical and non-clinical settings. To be most effective, they must understand how to optimize learning and what techniques can be applied to improve engagement and understanding of learners in one-on-one, small group, and large group settings. This workshop reviews principles of effective instructional design using cognitive load theory, a framework that has emerged in medical and non-medical fields for educators to optimize the attention and performance of learners. This framework provides the foundation to discuss practical approaches to enhance the design of instructional sessions, allowing clinical-educators to move beyond facilitating knowledge gains and toward promoting knowledge retention and application. The workshop had a series of four short lectures interspersed with small group activities and discussion. It begins with an introduction to cognitive load theory and its current applications in medical education, followed by a review of best practices for applying cognitive load theory to instruction. Concepts are illustrated using the example of learning to cook. We will then shift to demonstrating available and emerging technological tools used to augment learning and optimize cognitive load. Demonstrated tools will include audience response systems, live online discussions, and social media tools. Facilitators will share their real-life clinical and teaching experiences with small groups during small group activities and discussion. At the conclusion of the workshop, participants will have a toolbox of principles and strategies to optimize leaner engagement and understanding in their daily clinical and teaching activities. Improvements to the workshop curriculum since its first presentation include: a Terminology Cheat Sheet to be distributed at the start of the workshop for participants to reference and annotate as needed and the addition of real world examples illustrating each instructional design principle, using the theme of learning how to cook. At the conclusion of the workshop, participants will have a toolbox of principles and strategies to optimize leaner engagement and understanding in their daily clinical and teaching activities.

42. “YOU CAN’T BE WHAT YOU CAN’T SEE” - THE RESIDENTS’ GUIDE TO IMPROVING WORKFORCE DIVERSITY
Monica L. Hoff, MD, Claudia A. Mosquera, MD, O.N. Ray Bignall, II, MD, Nancy N. Liao, MD, Rebecca Scherzer, MD, Olivia Thomas, MD, Rebecca G. Wallihan, MD, Elizabeth Bonachea, MD, Nationwide Children’s Hospital/Ohio State University, Columbus, OH
Evidence shows that a physician workforce that reflects the patient population improves outcomes (1). As part of the 2019 American Academy of Pediatrics policy statement on racism and child health, pediatricians have been charged to diversify the pediatric workforce (2). One key step is improving the diversity of residency programs. While many are motivated to answer this call to action, there are real and perceived obstacles to doing so. Our aim was to increase the percentage of Underrepresented Minorities (URMs) in our incoming Categorical Pediatric Residency class to be reflective of our patient population. Despite significant leadership interest and support, our own training programs’ demographics fell short of reflecting the patients we serve. A number of strategies were employed, but our greatest impact was the development of an impassioned Resident Diversity and Inclusion Coalition (RDIC) comprised of pediatric residents from diverse backgrounds. The RDIC focused on increasing the visibility of URM trainees and faculty. They organized gatherings with URM applicants before or during their interview dinners. In the first year, URM residents attended 88% of the interview dinners with URM applicants. After these changes, the percentage of URM residents successfully recruited into the program increased from 16.2% in 2018 to 36.6% in 2019, which is reflective of our patient population. In this ELS, we present strategies to leverage the energy and enthusiasm of trainees as leaders in improving diversity in our training programs. Workshop attendees will gain knowledge pertaining to the impact of a diverse provider workforce on patient outcomes, as well as the institutional factors that impact recruitment of diverse candidates. Participants will critically appraise their own institutional efforts and consider how practice gaps may be filled via tactics described in the workshop. We aim to motivate attendees to be champions of diversity and inclusive excellence in their training programs. Finally, participants will appreciate the value of small, minimally resource-intensive strategies with large cumulative impact.
C-43. MYTHBUSTERS: LEADING FROM THE MIDDLE OF YOUR INTERPROFESSIONAL TEAM

Pamela Carpenter, MEd, C-TAGME, University of Utah, Salt Lake City, UT, Beth Wueste, MAEd, C-TAGME, LSSBB, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX

Traditionally, graduate medical education teams have contained a broad spectrum of members such as physicians, coordinators, educators, and trainees; all with attributes of leadership and a sense of teamwork. However, over the course of the last decade, these teams have begun to diversify, evolve, and broaden leadership opportunities to non-physicians in an effort to not only improve patient care but also to advance educational efforts.5,2 This new leadership model can present both a challenge and opportunity for administrators. It is, without question, an opportunity to maximize the use of interprofessional (IP) teams with varying management styles and expertise to allow increased goal setting and achievement rates, provide multiple perspectives to add depth to projects, include diverse experiences, and provide a rich think tank dynamic that allows programs to reach excellence through inclusion. Every team member brings with them the ability to influence others and lead major efforts inside of a program and organization. This interactive workshop will teach core knowledge and skills surrounding administrative roles in middle management to include effectiveness based on the concepts of John Maxwell’s, The 360-degree Leader, with the aim of positively influencing current attitudes on interprofessional education.3 Through positive role modeling, pediatric educational specialists can provide their colleagues and learners with a solid foundation in effective interprofessional communication techniques, understanding of roles/responsibilities, build teamwork principles, and create a climate of mutual respect based in values and the ethics of interprofessional practice using competency based leadership skills.

10:30am-12:00pm  Learning Community Meetings (continued)

ASSESSMENT
Meeting for existing sub-groups only; not open to other registrants

EDUCATIONAL TECHNOLOGY
Meeting for existing leadership and any others interested in strategizing about future activities throughout the year.

FACULTY AND PROFESSIONAL DEVELOPMENT
Special Workshop:  Open to all attendees
Faculty Development in a Flash!  Leveraging small amounts of time to build faculty teaching skills
Have you ever attended a Flash Class, watched a TED talk, or delivered content using Snippets, Pecha Kucha or Ignite as a methodology? As time pressures continue to build on clinician-educators, training program leaders look for new ways to deliver content and build one's skills in teaching. There has been a move nationally and internationally towards “faculty development on the go” – brief but frequent sessions focused on one educational skill. One of the first articles in the literature leveraging brief teaching sessions was Snippets: An Innovative Method for Efficient, Effective Faculty Development by Bar-on and Konopasek in 2014. In our experience, the future of educator development will focus on brief, longitudinal interventions with materials to support active learning of the faculty. Three years ago the Educator Professional Development task force started building “Faculty Development Nuts and Bolts.” These were one-page overviews of important topics in education. These were developed based on the APPD's members stated needs to deliver faculty development in short bursts. The aim of this workshop is 1) to describe a toolbox of methods that can be used to deliver educational training to the faculty at one’s home institution, 2) to develop a 15 minute outline for a faculty development session of one's choosing using one of the toolbox methods, 3) to give and receive feedback on one's mini-session to enhance learning and 4) to discuss how one could use Faculty Development Nuts and Bolts or similar written materials as a part of one's home institutions faculty development program. The session will start with a think-pair-share of key principles for learning in short bursts. Participants will rotate through two stations during the session to practice developing a 15 minute active learning educator development session for their faculty. These ideas will be shared within small groups with peer feedback and reflection. Individuals will leave with a toolkit of methodologies and Faculty Development Nuts and Bolts handouts for use at their home institution.

Chief Resident Executive Committee Members  (invitation only)
Members of the inaugural Chief Resident Executive Committee (CREC) are invited to join us at our first annual group meeting, during which we will begin planning for our year's activities and further meetings. Please contact Blair Dickinson or Jay Homme with any questions.

HEALTHCARE SIMULATION IN PEDIATRICS
Meeting for existing sub-groups only; not open to other registrants

LGBTQA+
Meeting for existing sub-groups only; not open to other registrants
PEDIATRIC GLOBAL HEALTH EDUCATORS
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 both sessions during which we will welcome our global health education scholarship recipients (this year joining us from Guatemala and Botswana), share abstract presentations about global health education, and discuss ways to get involved in the group’s efforts.

RESEARCH AND SCHOLARSHIP
This year, we will be holding two sessions at the spring meeting. During the first meeting (on Tuesday, March 31), we will review our accomplishments over the past year, then brainstorm as a large group how we 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. We will continue that work during this second session where individuals may continue to connect and advance their work and goals for the upcoming year.

UNDERREPRESENTED MINORITIES IN PEDIATRIC GME
Meeting for existing sub-groups only; not open to other registrants.
Meeting Information
Meeting Headquarters:
Sheraton San Diego Hotel & Marina
1380 Harbor Island Drive
San Diego, California 92101
Phone: 1-619-291-2900

Please click here to make hotel reservations.

Travel to San Diego

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 2, 2020. A $50 administration fee will be assessed for all cancellation requests received between March 2, 2020 and March 13, 2020. Cancellations received after March 13, 2020 will not be eligible for a refund. All reimbursements will be processed following the meeting.
Physicians
In support of improving patient care, this activity has been planned and implemented by Amedco LLC and 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.

Credit Designation Statement – Amedco LLC designates this live activity for a maximum of 21.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
### Meeting Registration Information

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<th>APPD 2020 Registration Fees</th>
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<th>Onsite (after March 1st)</th>
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<td><em>(does not include scheduled meals)</em></td>
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<tr>
<td>Resident/Fellow/Student/Chief Resident Presenting Only</td>
<td>-0-</td>
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<td><em>(does not include scheduled meals)</em></td>
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<tr>
<td>APPD LEAD Cohort Member</td>
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</tr>
</tbody>
</table>

**Important:**

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

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**To register, please visit [www.appd.org/mtg/](http://www.appd.org/mtg/)**

You may complete your registration online or print your registration information and mail to our office with payment.

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*For non-members presenting a workshop, but not attending other sessions at the APPD Annual Meeting, the presenting-only fee is $275.00 per person.*