APPD 2017
Annual Spring Meeting
April 5-8, 2017

Adventures in Pediatric Medical Education:
Small World, Big Impact

MPPDA Annual Meeting
April 4-5, 2017

Anaheim, California
Hilton Anaheim

*This activity has been approved for AMA PRA Category 1 Credit™
### Schedule-At-A-Glance

**APPD 2017 Annual Spring Meeting**  
**April 5–8, 2017**  
Anaheim, California

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<tr>
<th><strong>Tuesday, April 4, 2017</strong></th>
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<tr>
<td>7:30am-6:00pm</td>
<td>APPD LEAD* Meeting (LEAD Cohort Only)</td>
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<td>APPD Board of Directors Meeting</td>
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<tr>
<td>8:00am-5:30pm</td>
<td>MPPDA Annual Meeting (details on pages 23-25)</td>
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<tr>
<td>6:30pm-9:30pm</td>
<td>MPPDA 50th Anniversary Dinner and Celebration <em>(additional fee required)</em></td>
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<tr>
<td>7:30am-11:30am</td>
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<td>8:00am-4:30pm</td>
<td>MPPDA Annual Meeting (details on pages 23-25)</td>
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<td>8:00am-5:30pm</td>
<td>APPD Forum for Chief Residents</td>
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<td>8:30am-3:00pm</td>
<td>APPD Pre-Meeting Workshop/ “The Mental Health Crisis: Preparing Future Pediatricians to Meet the Challenge” <em>(sponsored / presented by ABP and APPD)</em></td>
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<td>9:00am-5:30pm</td>
<td>APPD Coordinators’ Session</td>
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<td>3:30pm-5:30pm</td>
<td>APPD Grassroots Forum for PDs</td>
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<td>APPD Grassroots Forum for FPDs</td>
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| 5:45pm-6:00pm | APPD Meet and Greet  
*Brief Orientation for Attendees at their first APPD Meeting* |
| 6:00pm-7:00pm | APPD Networking Reception |

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<tr>
<td>7:00am-8:15am</td>
<td>APPD Members Meeting: Awards and Annual Reports with Continental Breakfast</td>
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<td>8:30am-10:00am</td>
<td>Task Force Meetings</td>
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<td>10:15am-11:45am</td>
<td>Workshop Session 1 (choice of 9)</td>
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<td>12:00pm-1:30pm</td>
<td>Lunch On Your Own</td>
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<td>1:40pm-3:00pm</td>
<td>Strategic Plan Project Teams Meeting <em>(Project Team Members Only)</em></td>
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<td>3:15pm-4:45pm</td>
<td>Key Stakeholders Session</td>
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<td>5:00pm-6:30pm</td>
<td>Workshop Session 2 (choice of 9)</td>
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<td>6:30pm-7:30pm</td>
<td>Forum for Directors of Small Programs and Affiliate Chairs</td>
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<td>APPD Speed Mentoring Session for Faculty <em>(pre-registration required / limited number accepted)</em></td>
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<tr>
<td>8:45am-10:15am</td>
<td>Platform Presentations from Top Research/QI Abstracts</td>
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**Friday, April 7, 2017**

- 7:00am-8:30am: Continental Breakfast/Regional Meetings
- 9:15am-11:15am: Workshop Session 3 (choice of 9)
- 11:30am-1:00pm: Lunch On Your Own
- 1:15pm-3:15pm: Workshop Session 4 (choice of 9)
- 3:30pm-5:30pm: Poster Session (posters displayed throughout the day)

**Saturday, April 8, 2017**

- 7:00am-8:30am: Continental Breakfast/PEG Meetings
- 8:45am-10:15am: Platform Presentations from Top Research/QI Abstracts
- 10:30am-12:00pm: Special Interest Symposia *(choice of 9 sessions presented by APPD Task Forces and PEGs)*
APPD Meeting Schedule

Tuesday, April 4

7:30am-6:00pm  APPD LEAD Meeting (LEAD Cohort only)

APPD Board of Directors Meeting

MPPDA Meeting (see page XX for details)

Wednesday, April 5

7:30am-11:30am  APPD LEAD Meeting (LEAD Cohort only)

8:00am-4:30pm  MPPDA Meeting (see page XX for details)

8:00am - 5:30pm  Forum for Chief Residents (Breakfast and Lunch will be included)
Blair Dickinson, MD, MS, Associate Residency Program Director, St. Christopher's Hospital for Children, Jay Homme, MD, Residency Program Director, Mayo Clinic, Edwin Zalneraitis, Residency Program Director, University of Connecticut, and the Chief Resident Forum Planning Committee
Rising Chief Residents and Graduating Chief Residents are invited to attend this forum! Chief Residents face a diverse set of challenges in academic medical centers related to the multiple roles that they assume as leaders, clinicians, educators, administrators, faculty-resident liaisons, and mentors. Chief Residents can position themselves for success by developing leadership and administrative skill sets in advance of the position. The APPD’s Forum for Chief Residents is a series of educational sessions designed to help residents learn key administrative, academic, and leadership skills in order to facilitate a productive and fulfilling year as a Chief Resident, and to be able to use the Chief Resident year for enhancing success in subsequent years. This one-day forum will include a variety of interactive workshops led by experienced program directors and current Chief Residents to address these administrative, academic, and leadership topics relevant to Chief Residents. There will be opportunities to network with current and rising Chief Residents from around the country. Components of the day will be focused to the rising Chief Residents and graduating Chief Residents to acknowledge the differences in their perspectives and needs.

8:30am-3:00pm  Pre-Conference Workshop / The Mental Health Crisis (lunch included)
(sponsored by the American Board of Pediatrics and the APPD)
The Mental Health Crisis: Preparing Future Pediatricians to Meet the Challenge
Because of the magnitude and urgency of the behavioral and mental health needs of America’s children, the ABP and many other stakeholder organizations agree that future candidates for certification in general pediatrics must be prepared to meet those needs. “The Mental Health Crisis: Preparing Future Pediatricians to Meet the Challenge” is intended to help residency and fellowship programs understand what will be needed to provide the faculty and training environment to meet the expectations of EPA #9, “Assess and manage patients with common behavior/mental health problems.” Appropriate and effective care for infants, children, and adolescents includes promotion of behavioral health and competence in preventing behavioral and mental health problems, identifying risk factors, recognizing common mental health problems, and assessing
and managing or co-managing patients with these problems. Many pediatric training programs are not currently equipped to provide the experiences, education, and mentorship needed to achieve this goal.

The meeting day will include information on existing educational resources, panels that will describe methods for integrating behavioral and mental health training into your program, and a special guest speaker, Dr. Larry Wissow, a pediatrician and child psychiatrist who studies and promotes innovative models for integrating mental health into pediatric primary care. Dr. Wissow will discuss common factors, an evidence-based approach to improving mental health care in the primary care setting that has been incorporated into the AAP’s residency curriculum. There will also be time for discussion and for sharing your ideas.

There is no additional registration fee for this workshop, and if there are non-APPD members in your program who would be interested, please extend this invitation to them. All attendees must register to attend by March 15. There will be no breakfast available prior to the meeting, but lunch will be available on site.

9:00am-5:30pm Coordinators’ Session  (lunch included)

9:00-10:00 Welcome and Opening Remarks
10:00-11:30 Workshop CS1: MESSY DESK, CLEAN DESK: A TALE OF TWO TIME MANAGEMENT THEORIES
Carrie M. Johnson, Michelle R. Brooks, Stanford University, Palo Alto, CA
There are numerous time management tools in existence and a hundred ways to organize your office, however no one tool or strategy will work for every person. How do we choose strategies and practices that best complement how we think? How do we use our strengths to guide our daily practices? Through self-assessment, group work and best practice sharing, this workshop will help attendees identify whether or not they are a Judger or Perceiver (according to the Myers-Briggs inventory) and provide skills for both types of organizers to take back to their programs.

11:30-1:00 Mentorship groups/luncheon

1:15-2:05 Workshop CS2: FORGET MENTORSHIP: FIND SPONSORSHIP
Ambrosya Amlong, Janene Bondie, University of Michigan, Ann Arbor, MI
Who’s pulling for you? Who’s got your back? Odds are this person is not a mentor, but a sponsor. Mentors can help build your self-esteem and provide a sounding board, but they’re not your ticket to the top. If you’re interested in fast-tracking your career, you need a sponsor: a senior-level champion who believes in your potential and is willing to advocate for you as you pursue that next raise or promotion. Sponsors are a proven link to success. Sponsorship is a two-way street, creating a strong and mutually beneficial alliance. This session will lay out a seven-step map to chart your course toward your greatest goals and will mix solid data with real-life narratives.

2:05-2:15 Wellness Break

2:15-3:15 Workshop CS3: THRIVE OR SURVIVE? ORGANIZATIONAL TIPS TO ENHANCE RESIDENT WELLNESS
Jean Segall, MA, Corinne O’Day, BA, Stony Brook Medicine/University Hospital, Stony Brook, NY
Coordinators play a pivotal role in the life of a resident and can significantly impact wellness. We are their first contact with the residency program; their “go to” person throughout training; and are often called a “life saver” for providing the information they need to meet certain professional responsibilities. Technically, coordinators don’t influence a resident’s clinical training, but we can help reduce stress and enhance their emotional well-being by bringing organization and structure to their lives. Maintaining resident organization also helps to reduce the coordinator’s stress level. During this session, we will share ways to keep residents informed about the mounting ACGME requirements and remain up-to-date with program and institutional tasks. Participants will discuss the obstacles of keeping up with administrative tasks, learn new ways to track resident’s professional responsibilities and monitor their progress. All attendees will learn
to create a vision board, which can be used to teach residents to set goals that will enhance individual wellness. Through small group activities, participants will complete a needs assessment and begin to develop organizational templates that will meet the needs of their own programs.

3:15-3:30  Wellness Break
3:30-5:30  Table Talks

3:30pm-5:30pm  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: Michelle Barnes (University of Illinois-Chicago), Rhett Lieberman (UPMC Medical Education), Nicola Orlov (University of Chicago Medicine), and Dan Sklansky (University of Wisconsin School of Medicine and Public Health).

Grassroots Forum for Fellowship Program Directors
This moderated open forum is designed specifically for subspecialty fellowship directors and coordinators to discuss a variety of current trends in fellowship education. We anticipate your active participation. Registrants may be surveyed prior to meeting to identify potential topics of interest. Leaders: APPD Fellowship Directors’ Executive Committee / Angela Myers, MD, MPH, Geoffrey Fleming, MD, Kathleen McGann, MD, Pnina Weiss, MD, Kathy Mason, MD, and Jennifer Kesselheim, MD, MEd, MBE.

Grassroots Forum for Program Directors
The Grassroots Forum for Program Directors will focus on timely topics of interest to Program Directors. This years' facilitators will be Drs. Kate Perkins (UCLA), Casey Hester (Oklahoma University Health Sciences Center) and Jennifer DiPace (New York Presbyterian Hospital/Cornell Campus).

5:45pm-6:00pm  Meet and Greet – Brief Orientation for Attendees at their first APPD Meeting
6:00pm - 7:00pm  Networking Reception

Thursday, April 6

7:00am-8:30am  APPD Members’ Meeting: Awards and Annual Reports (includes Continental Breakfast)

8:30am-10:00am  Task Force Meetings
(for Task Force descriptions, please visit www.appd.org/activities/taskforce.cfm)
  - Assessment Task Force
  - Curriculum Task Force
  - Faculty and Professional Development Task Force
  - Learning Technology Task Force
  - Research and Scholarship Task Force

10:15am-11:45am  Workshop Session 1 (choice of 9)
WORKSHOP 1. BUILDING RECOGNITION THROUGH ACRONYMS, NETWORKING, AND DESIGN (BRAND): TURNING YOUR IDEAS (AND YOURSELF ) INTO A MOVEMENT THROUGH BRANDING
  - Michael B. Pitt, MD, Emily Borman-Shoap, MD, University of Minnesota, Minneapolis, MN, Nicole St. Clair, MD, Medical College of Wisconsin Affiliated Hospitals, Milwaukee, WI, Su-Ting Li, MD, MPH, University of California, Davis, Glenn Rosenbluth, MD, University of California (San Francisco), San Francisco, CA, Susan C. Pitt, BS, University of Minnesota, Minneapolis, MN
  - Building a brand is Marketing 101. Successful companies know that creating an emotional story around a practical product builds a connection essential to elevating that product from merely a good idea to a hot commodity. Most of the techniques used to create awareness around a brand - notably naming, logo, design, story, and intentional dissemination plan - can be leveraged in academics to help make an idea into a tangible polished product which generates excitement and encourages participation.
I-PASS, CLIPP, PREP, and SUGAR are recent examples of successful multi-institutional medical education projects that have more in common than just having a catchy name (though that’s part of it!); each went beyond the traditional dissemination paradigm, developed their own logos, web presence, and story, and ultimately became recognizable brands. This workshop will help pediatric educators apply the marketing principles of branding to their own scholarly projects AND career advancement by employing the BRAND Concept (Building Recognition through Acronyms, Networking, and Design). Participants will receive an introduction to the core concepts behind branding, facilitated by a marketing executive who has served as Brand Manager and Strategic Consultant for several Fortune 500 companies including General Mills, Coca-Cola, and Procter & Gamble. The facilitators, pediatric educators who have had success with multi-institutional projects employing these techniques, will then discuss the key steps from their processes and share readily available resources educators can begin using to do the same. Participants will work in moderated small groups to apply these techniques to one of their existing projects or ideas by developing a brand strategy, logo, and plan for collaboration and study. Groups will then discuss how applying this paradigm to their academic career as a whole can be a powerful tool in supporting academic advancement by considering, themselves as a brand and approaching projects and undertakings through the lens of building or detracting from that brand.

WORKSHOP 2. THERE IS NO I IN TEAM, BUT THERE IS SUCCESS IN SUCCESSION: MAXIMIZING THE PROGRAM DIRECTOR / ASSOCIATE PROGRAM DIRECTOR RELATIONSHIP
Sydney P. Primis, MD, Carolinas Medical Center, Charlotte, NC, Brian Lurie, MD, MPH, Atlantic Health Program, Morristown, NJ, Casey Hester, MD, University of Oklahoma Health Sciences Center, Oklahoma City, OK, Sara Multerer, MD, University of Louisville, Louisville, KY
As Helen Keller said, “Alone we can do so little, together we can do so much.” The Program Director/Associate Program Director relationship is central to the success of a program and contributes immensely to the personal and professional well-being of each party. On a daily basis, PDs and APDs work together closely to offer leadership, mentorship, education, and conflict resolution. Successfully navigating this relationship, providing a unified front, and ensuring professional growth for each person can sometimes prove challenging and require well-developed skills from all involved parties. Through both large and small group discussion, self-reflection, and role playing, this workshop will explore ways to identify leadership styles, provide mentorship, develop succession plans, and overcome conflict. Participants will be provided with essential tools to bring back to their programs to help maximize the PD/ADP relationship.

WORKSHOP 3. PROMOTING DIVERSITY IN THE PIPELINE OF PHYSICIANS: RECRUITING AND MENTORING OF UNDER-REPRESENTED MINORITY PHYSICIANS
Alda Maria Gonzaga, MD, MS, Stephanie Dewar, MD, UPMC Medical Education, Pittsburgh, PA, Patricia Poitevien, MD, MSc, New York University School of Medicine, New York, NY
In this workshop, the presenters will review strategies for recruiting a group of diverse residents, especially under-represented minority (URM) candidates and for evaluating and rating high quality students’ residency applications. Small and large group discussions and activities, led by the presenters, will engage participants with each other throughout the workshop. Brief didactics will be interspersed to highlight the need for a more diverse physician workforce in all specialties and to describe nationally available resources and tools for holistic application review and mentorship of URM trainees. Through small group case review, participants will learn how to integrate leadership and personal experiences, and unique attributes into existing metrics for application evaluation. We will review mentoring strategies to maximize the success of all your residents, especially those of URM resident physicians. Strategies to ensure all residents thrive with appropriate mentorship will be highlighted through small and large group discussions. We will highlight how residency programs and their directors can peripherally lead institutions to fully realize how a diverse physician workforce will result in excellence in the tri-fold mission of academic institutions, by increasing access to high-quality patient care, shaping the education of all trainees, and broadening the research agenda. Participants will complete a worksheet that allows them to assess current state of training programs with respect to diversity and identify areas for improvement as well as discuss barriers to increasing diversity at their institution. Participants will leave with a detailed toolkit of strategies for attracting URM applicants, appropriately and fairly reviewing their applications materials, and fully supporting their professional development and success through mentorship activities. This toolkit will include a worksheet for evaluating applications and a slide set to be used for faculty development around recruitment of URM candidates.

WORKSHOP 4. TEACHING CONFLICT RESOLUTION ON THE ROAD TO MILESTONE ATTAINMENT: LESSONS FROM BUSINESS, DIPLOMACY, AND THEATRE
Adam D. Wolfe, MD, PhD, Kim B. Hoang, MD, Sarah F. Denniston, MD, Baylor College of Medicine (San Antonio), San Antonio, TX
In his 2016 APPD Annual Spring Meeting address, Dr. David Nichols, President of the American Board of Pediatrics, reported that the parent stakeholders within ABP demand improved communication skills among pediatricians. Likewise, communication skills are prevalent throughout the ACGME pediatric milestones. Conflict resolution offers an opportunity to address many of these subcompetency skills in a single topic. As educators, we recognize that disagreement and conflict are inevitable in the medical setting and among all members of the care team, including physicians, staff, patients, and families. However, the best practices for conflict resolution have not been established in a clinical setting. This workshop is adapted from the Conflict Resolution component of our Advanced Communication Skills longitudinal curriculum at The pediatric resident.
WORKSHOP 7. COACHING STRATEGIES TO HELP TRAINEES' CLINICAL SKILL DEVELOPMENT

Caroline Rassbach, MD, Stanford University, Stanford, CA, Sahar Rooholamini, MD, MPH, University of Washington, Seattle, WA

Coaching provides a unique opportunity to help residents develop their professional skills. This workshop will explore the coaching process through a 2-stage model (R2C2) which focuses on building an effective relationship and coaching for improvement. Participants will learn strategies to build a coaching culture within their institution and to help residents shift from a fixed mindset to a growth mindset. "Growth mindset" refers to the belief that abilities and intelligence can be developed through hard work and dedication. Participants will engage in interactive activities to discover how to support a growth mindset and ways to improve performance feedback phrases. Attendees will leave with tools to incorporate coaching strategies into their practice.

WORKSHOP 6. SOCIAL SCREENING AND BEYOND: HOW TO CREATE A SCREENING PROGRAM THAT EMPOWERS RESIDENTS TO TAKE ACTION

Francis J. Real, MD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Christine Cheston, MD, Children's Hospital/Boston Medical Center, Boston, MA, Meredith Merkley, DO, Nationwide Children's Hospital/Ohio State University, Columbus, OH, Alex Rakowsky, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH, Melissa D. Klein, MD, MEd, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH

Children's Hospital of San Antonio. The content has been refined following feedback from two years of resident training and feedback from educators and fellows at two national meetings in 2016. The workshop utilizes lessons from the business world: understanding team dynamics, establishing priorities at times of disagreement, and employing a structured, hierarchical approach to conflict resolution that preserves interpersonal relationships. We will also use lessons from international diplomacy and improvisational theatre to understand the non-verbal cues that can guide us to communicate most effectively during times of conflict. Using multiple interactive activities and brief didactics, we will demonstrate techniques to teach conflict resolution skills that can be incorporated into curricula at home institutions. We will emphasize how the content of each exercise reflects the language of ACGME milestones in 8 of the 21 subcompetencies: SBP1, SBP3, PBLI4, PROF1, PROF2, PROF3, ICS1, and ICS2. We will conclude with an opportunity for participants to share their own tools and experiences in conflict resolution. Participants will leave the workshop with experience in these exercises and customizable tools to teach conflict resolution skills at their home institutions.

WORKSHOP 5. MIND MAKEOVER: CULTIVATING A GROWTH MINDSET

Teri L. Turner, MD, MPH, MEd, Lauren Hess, MD, Dana Foradori, MD, Baylor College of Medicine (Houston), Houston, TX, Rachel Boykan, MD, Stony Brook Medicine/University Hospital, Stony Brook, NY, Monique Naifeh, MD, University of Oklahoma Health Sciences Center, Oklahoma City, OK

Helping learners become reflective, competent physicians is an enormous and daunting task. As learners progress across the medical education continuum, they should increasingly become more responsible for their own growth as professionals. However, viewing one’s abilities as “fixed” or “innate” limits this potential for growth. The performance target for these trainees is perfection and doing those tasks they already do well. One’s mindset also affects whether we choose to seek feedback and ultimately how we act upon this feedback. The goal of this session is to help program directors and other faculty identify and use techniques which can help facilitate a shift from a fixed to a growth mindset. In essence creating a mind makeover to enable continuous professional development and success in our trainees. This session will use the principles outlined in “Mindset: The New Psychology of Success” by Carol Dweck, PhD. Participants will be challenged to shift their own thinking about intelligence as well as practice using teaching strategies, such as focusing on effort instead of praise to promote success.

During the session, attendees will participate in small and large group activities and will practice coaching for improvement using the R2C2 facilitated reflective performance feedback model. Activities include crafting interview questions to identify a growth mindset and editing feedback phrases to move from praise to growth. The R2C2 model is an evidence-based model developed by Sargeant et al. and is composed of four components: 1) introduction and relationship building, 2) exploring about intelligence as well as practice using teaching strategies, such as focusing on effort instead of praise to promote success.

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Medical educators are responsible for helping trainees develop their clinical and life-long learning skills. Learners have varying degrees of clinical skill, motivation, and self-direction to reflect and learn from prior experiences, and thus faculty's teaching strategies must adapt to individual learner needs. Specifically, faculty must assess how best to help trainees learn from and process their clinical experiences. This interactive workshop will begin with a think-pair-share discussion and report-out about the characteristics of an effective coach. We will then have a brief introduction to coaching, including when it can be used, its purpose and benefits. Facilitators will then do a skit for the audience with two scenarios: the first in which the faculty Coach gives feedback without asking for the learner's reflection and goals, and the second in which the faculty Coach asks for the learner's reflection and goals, and gives targeted feedback. Following each skit, workshop participants will discuss the role-plays and describe what the faculty Coach did that was effective or ineffective in each case. Facilitators will then introduce tools for coaching including: 1) methods for building a safe learning climate, 2) a coaching framework, 3) tools for direct observation, and 4) scripts and questions for use in coaching. In small groups, participants will practice using these tools in skills practice scenarios that represent a range of common situations. In each scenario, one member from each group will take the role of Trainee or Observer. Coaches will use coaching skills to help the trainee reflect on a clinical encounter, provide feedback, and promote goal-setting. Observers will coach the Coach by providing feedback at the end of each scenario. The large group will then reconvene to debrief the exercises and to discuss common challenges in coaching and their potential solutions. We will briefly introduce two models of coaching in residency education from Stanford and Seattle Children's programs which were created to develop learners' clinical skills through direct observation, facilitated reflection, feedback and goal-setting and participants will have the opportunity to ask questions. At the conclusion of the workshop, the facilitators will share a toolkit of additional strategies that coaches can use to engage trainees in coaching and build upon their strengths.

WORKSHOP 8. INCORPORATING SPIRITUAL HUMILITY IN THE PRACTICE OF MEDICINE: UNDERSTANDING HOW SPIRITUAL PRACTICES OF PATIENTS AND FAMILIES RELATE TO OUR PRACTICE OF MEDICINE

Amanda D. Osta, MD, University of Illinois College of Medicine at Chicago, Chicago, IL, Ann E. Burke, MD, Wright State University, Dayton, OH, Annamaria Church, MD, Naval Medical Center (Portsmouth), Portsmouth, VA, Albina Gogo, MD, University of California (Davis) Health System, Sacramento, CA, Dena Hofkosh, MD, UPMC Medical Education, Pittsburgh, PA, Megan E. McCabe, MD, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, Janet R. Serwint, MD, Johns Hopkins All Children's Hospital, Baltimore, MA

Spiritual beliefs serve as a comfort to many of our patients and their families at the time of serious illness. Up to 90% of the US population practices spiritual or religious traditions. It is impossible to fully understand all there is to know about another individual's beliefs, but it is the role of the healthcare provider to connect with patients to communicate and deliver care effectively. Spiritual humility acknowledges that we do not know everything about another's religious or spiritual life, but we seek to understand. Religion and spirituality are topics that have historically not been well covered in medical education. As a result, physicians often feel uncomfortable discussing spirituality and faith with patients and families. To address this deficiency, members of AAP, APA, APPD, and COMSEP collaboratively developed and published a novel curriculum focused on promoting resilience across the pediatric training continuum. Spiritual humility is part of this larger curriculum. The purpose of this interactive workshop utilizing components of the AAP Resilience curriculum is two-fold: (1) to convey the critical importance of spirituality in comprehensive patient-centered care, and (2) to give the learner the tools to practice spiritual humility and skillfully discuss spirituality with patients and families. We will use journaling, small group exercises and discussion to enhance knowledge and skills in practicing spiritual humility and incorporating patient spiritual beliefs into patient care. In the train the trainer model, participants will be comfortable with obtaining a spiritual history, applying that knowledge to the care of their patients and teaching learned skills to others. We will share links to online resources that will allow workshop participants to disseminate knowledge and skills gained from this workshop within their own training programs.

WORKSHOP 9. WHO ARE YOU? PERSONAL VISION, MISSION AND VALUES

Susan B. Hathaway, PhD, Jill Edwards, MBA, C-TAGME, Children’s Mercy Hospital, Kansas City, MO

Good strategic plans can help organizations prioritize their resources and energy. These processes always start with a vision, mission and values and then lead to action plans with measurable outcomes. The same thought goes into well-conceived curriculum in education. Individuals, however, are not as good at doing the foundational work to identify the core concepts that should drive all their own personal actions, their choices at work and their careers. This workshop is designed for the Program Coordinator who wants to more clearly see how his/her role fits with the overall mission and goals of the institution. This reflective workshop will challenge participants to clarify identity and values and set a direction for where you want to go and what you enjoy doing so you can be a better, more effective leader in medical education.
workshop will equip participants with the tools and knowledge needed to provide meaningful GH educational opportunities at
multi-institution group of GH educators who are participating in designing and coordinating GH opportunities for fellows. This
pathways in both sub-specialty and general pediatric fellowships. This multidisciplinary, interactive workshop will be led by a
faculty careers. Training programs are now responding to the demand for post-residency opportunities by creating GH training
with early interest and exposure to GH bring their passion for improving child health globally with them into their fellowship and
many medical schools and residencies and formal Global Health Tracks are offered by 25% of pediatric residencies. Trainees
Concurrent with a groundswell of political momentum prioritizing child GH, there has been rising interest in GH experiences
Medicine (Houston), Houston, TX, Patricia McQuilkin, MD, University of Massachusetts, Worcester, MA, Hevea L. Crouse, MD, Baylor College of
Medicine (Houston), Houston, TX, Patricia McQuilkin, MD, University of Massachusetts, Worcester, MA

WORKSHOP 10. CODES, CONCEPTS AND CATEGORIES, OH MY! BUILDING YOUR SKILLS IN QUALITATIVE DATA
ANALYSIS
Alyssa L. Bogetz, MSW, Stanford University, Palo Alto, CA, Erika Abramson, MD, MS, New York Presbyterian Hospital
(Cornell Campus), New York, NY, Su-Ting Li, MD, MPH, University of California (Davis) Health System, Sacramento, CA,
Catherine Distler, MD, Children’s Hospital/Boston Medical Center, Arabella Simpkin, MD, MA, Massachusetts General
Hospital, Boston, MA, Hilary Hafeln, MD, MHPE, University of Michigan, Ann Arbor, MI, Melissa Klein, MD, MEd, Cincinnati
Children’s Hospital Medical Center/University of Cincinnati College of Medicine, Cleveland, OH
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 data analysis.
In this highly interactive workshop, participants will be introduced to three approaches to qualitative analysis and will work
in expert-facilitated small groups to practice analyzing data using one of the three approaches. Through brief didactics, small
group activities, and large group discussions, participants will be able to compare the approaches, discuss when to use each,
analyze results, and select the best strategy to display their findings. By the end of the workshop, all participants will have an
introductory knowledge of qualitative analysis principles that can be applied to their own research questions.

WORKSHOP 11. TEACHING RESIDENTS TO MITIGATE PREJUDICE (TRMP): ROLE PLAY WITH SIMULATED
PARENTS TO ADDRESS PREJUDICE IN THE WORKPLACE
Stephanie B. Dewar, MD, Christine A. March, MD, Sylvia Choi, MD, Regina L. Toto, MD, Lorne W. Walker, MD, PhD, UPMC
Medical Education, Pittsburgh, PA
The American Academy of Pediatrics supports culturally effective care, cultivating optimal health outcomes through an
appreciation of diverse backgrounds. An environment that bolsters diversity and inclusion and resists intolerance is vital to
promoting culturally effective care. Clinicians may encounter discriminatory comments or behaviors when caring for patients
and families. Many residents feel ill-equipped to respond in such situations. Conflict between the medical team and the patient
and family may have adverse consequences for patient care and physician well-being. Furthermore, disregard or minimization
of intolerant behavior suggests tacit acceptance. We have developed a course for pediatric residents focused on the skills
needed to address expressions of prejudice. This two-hour session employs scenarios set during Family Centered Rounds
with simulated parents. We teach residents techniques to use when presented with discriminatory statements including how
to practice empathy and redirect the conversation towards shared decision making. Simulated encounters are facilitated
by faculty and incorporate self-reflection, discussion among peers, and feedback from the simulator. Simulated parents are
trained actors who can provide valuable feedback about the residents’ communication skills. We encourage residents to reflect
on their experience and foster awareness of internal obstacles in addressing emotionally-charged scenarios. During this
interactive workshop we will share the details of our TRMP course, present resident survey data, and describe how to create
similar courses at other institutions. We will explain and demonstrate The Primary Teaching Method of guided facilitation
and self-reflection. Training of faculty facilitators, creating a safe learning environment for role play, and acquiring essential
resources will be reviewed. We will share the specific scenarios for TRMP skill practice. Participants will have the opportunity
to practice facilitation of these scenarios using role plays so they can receive real time feedback from the course directors.

WORKSHOP 12. GOING GLOBAL IN FELLOWSHIP - HOW TO INTEGRATE GLOBAL HEALTH (GH) IN POST-
RESIDENCY TRAINING
Jennifer Watts, MD, MPH, Children’s Mercy Hospital, Kansas City, MO, Tania Cundurache, MD, MSc, University of
Louisville, Louisville, KY, Christiana M. Russ, MD, DTMH, Children’s Hospital/Boston Medical Center, Boston, MA,
Maneesh Batra, MD MPH, University of Washington, Seattle, WA, Charles Schubert, MD, Cincinnati Children’s Hospital
Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Heather L. Crouse, MD, Baylor College of
Medicine (Houston), Houston, TX, Patricia McQuilkin, MD, University of Massachusetts, Worcester, MA
Concurrent with a groundswell of political momentum prioritizing child GH, there has been rising interest in GH experiences
among medical trainees in the United States. Responding to the demand by trainees and faculty, GH electives are now offered by
many medical schools and residencies and formal Global Health Tracks are offered by 25% of pediatric residencies. Trainees
with early interest and exposure to GH bring their passion for improving child health globally with them into their fellowship and
faculty careers. Training programs are now responding to the demand for post-residency opportunities by creating GH training
pathways in both sub-specialty and general pediatric fellowships. This multidisciplinary, interactive workshop will be led by a
multi-institution group of GH educators who are participating in designing and coordinating GH opportunities for fellows. This
workshop will equip participants with the tools and knowledge needed to provide meaningful GH educational opportunities at
all different levels during fellowship. Participants will work in small groups depending on the stage of development of their own
However, cultural competency programs may not adequately address implicit bias: the learned stereotypes and prejudices generally focus on caring for patients of diverse backgrounds and understanding the impact of cultural beliefs on patient care.

Numerous opportunities exist within medical education to learn about cultural competency. These educational efforts create transformed learners, who can transform the world!

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 will begin with an introduction to cognitive load theory and its current applications in medical education. Applying an interactive presentation model, we will discuss and model case-based learning, concept maps, and think-pair-share as examples of teaching strategies that help optimize cognitive load during a session. Next, participants will work in pairs to modify an existing powerpoint presentation according to evidence-based best practices for decreasing cognitive load in multimedia presentations. We will then shift to demonstrating available and emerging technological tools used to augment learning and lighten cognitive load. Demonstrated tools will include audience response systems, live online discussions, and blogs. After the demonstration, participants will rotate between technology stations for hands-on practices and account creation. Station leaders will share their real-life clinical and teaching experiences with their small groups to foster a discussion of facilitators and barriers to using these tools. At the conclusion of the workshop, participants will have a toolbox of principles and strategies to optimize learner engagement and understanding in their daily clinical and teaching activities.

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 will begin with an introduction to cognitive load theory and its current applications in medical education. Applying an interactive presentation model, we will discuss and model case-based learning, concept maps, and think-pair-share as examples of teaching strategies that help optimize cognitive load during a session. Next, participants will work in pairs to modify an existing powerpoint presentation according to evidence-based best practices for decreasing cognitive load in multimedia presentations. We will then shift to demonstrating available and emerging technological tools used to augment learning and lighten cognitive load. Demonstrated tools will include audience response systems, live online discussions, and blogs. After the demonstration, participants will rotate between technology stations for hands-on practices and account creation. Station leaders will share their real-life clinical and teaching experiences with their small groups to foster a discussion of facilitators and barriers to using these tools. At the conclusion of the workshop, participants will have a toolbox of principles and strategies to optimize learner engagement and understanding in their daily clinical and teaching activities.

WORKSHOP 14. HOW MILESTONES BASED CURRICULA AND ACTIVATED LEARNING CAN TURBOCHARGE CHILD HEALTH AND ADVOCACY TRAINING

Benjamin Hoffman, MD, Oregon Health and Science University, Portland, OR, Denise Warrick, MD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Lisa Vaughn, MD, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Allison Empey, MD, Oregon Health and Science University, Portland, OR, Kristina Gustafson, MD, Medical University of South Carolina, Charleston, SC, Jerri Rose, MD, Case Western Reserve University/University Hospital Case Medical Center/Rainbow Babies, Cleveland, OH

Medical schools and residency programs are adopting structured advocacy and service-learning curricula which vary widely in the duration, educational delivery methods, as well as the breadth and content of the educational experiences. It is challenging to evaluate such curricula which encompass a broad range of complex topics and educational delivery methods. Recently, the Community Health and Advocacy Milestones Profile (CHAMP) was created. This is a novel tool linking community pediatrics and advocacy training to assessment of milestones-based competence in pediatric residency training. A number of programs have aligned their community health and advocacy curricula with the CHAMP milestone-based competencies for pediatric residency. Comprehensive evaluation of these curricula using pre-post survey methodology and qualitative research methods have shown a statistically significant increase in understanding, confidence, and competencies in all course topic areas. Qualitative findings emphasized residents gaining a better understanding of the scope and practice of advocacy at all levels from the individual, to large systems, including policy change. This fun and practical workshop will engage participants in an examination of their own training program, hands-on practice utilizing the CHAMP mapping tool, and effective methods and tools to increase active learning, practical engagement and capacity of residents. By transforming curricula, we can help create transformed learners, who can transform the world!

WORKSHOP 15. MAKING THE IMPLICIT EXPLICIT: DESIGNING AND IMPLEMENTING A CURRICULUM ON IMPLICIT BIAS, CULTURAL HUMILITY AND RACISM FOR PEDIATRIC RESIDENTS, FACULTY AND INTERDISCIPLINARY CARE TEAMS

Heather Hsu, MD, MPH, Children's Hospital/Boston Medical Center, Boston, MA, Kathleen Bartlett, MD, Duke University Hospital, Durham, NC, Stephanie L. Donatelli, MD, Catherine Michelson, MD, MMSc, Katherine A. Nash, MD, Joanna E. Perdolo, MD, Children's Hospital/Boston Medical Center, Boston, MA, Betty Staples, MD, Duke University Hospital, Durham, NC, Robert J. Vinci, MD, Children's Hospital/Boston Medical Center, Boston, MA

Numerous opportunities exist within medical education to learn about cultural competency. These educational efforts generally focus on caring for patients of diverse backgrounds and understanding the impact of cultural beliefs on patient care. However, cultural competency programs may not adequately address implicit bias: the learned stereotypes and prejudices.
that we automatically and unconsciously exercise. Both quantitative and qualitative evidence highlight the profound impact of implicit bias on patient care. Yet the emotionally, socially, and politically charged nature of implicit bias presents a challenge for educational leaders desiring to incorporate implicit bias training into medical education. In this highly interactive workshop, we will discuss implicit bias, its impact on patient care, and the historical underpinnings of racially based implicit bias in the United States. Building upon the expertise and experiences of those in the room, we will explore challenges to incorporating implicit bias training in medical education and appraise existing resources and tools to facilitate training. We will briefly share the experiences of two case-based and patient-centered novel interdisciplinary forums that have been used at our institutions to foster a reflective, blame-free environment and promote change in personal and institutional practices.

Participants in this workshop will have an opportunity to build an action plan for their own curricula and will leave the workshop with materials including slide sets and evaluation forms, as well as tips on how to facilitate and authenticate difficult conversations on implicit bias at their own institutions.

WORKSHOP 16. MAXIMIZING THE VALUE OF THE ACGME SELF-STUDY PROCESS FOR YOUR PROGRAM: CREATING AIMS THAT DRIVE PROGRAM SUCCESS!

Priya S. Garg, MD, Tufts Medical Center, Boston, MA, Kimberly A. Gifford, MD, Dartmouth-Hitchcock Medical Center, Lebanon, NH, John G. Frohna, MD, MPH, University of Wisconsin, Madison, WI, Alexander Rakowski; MD, MPH, Nationwide Children’s Hospital/Ohio State University, Columbus, OH, Susan Guralnick, MD, Winthrop-University Hospital, Mineola, NY

One main component of the Next Accreditation System process is the Self Study (SS). The ACGME began to pilot the program SS, along with optional formative SS Site Visits 2 years ago; yet for many programs these processes remain a mystery. As programs which have each completed the self study pilot, the process of developing AIMS was valuable and continues to play a large role in our programs today. The primary goal of this workshop is to enable participants to see the SS process not as a chore, but as a valuable opportunity. Participants will: (1) develop AIMS and a shared vision for their program, (2) learn how to use AIMS to improve their program and (3) use AIMS to expand the presence of the program, both in enhancing the program’s recruitment process and in discussions with academic and community leaders regarding program support. The session will start with a brief overview of the rationale for the self-study and the basics of the SS process. Facilitators will then share tools they have used to inform their AIMS and identify and engage key stakeholders in the process. In small groups, participants will discuss important themes for their program AIMS and the stakeholders who should be engaged in the process. Next, facilitators will share how they have used program AIMS to inform their curricula, annual program evaluations, and continuous improvement processes in their programs. To better understand the value of AIMS, each group will review their own AIMS and be asked to think about how these could be mapped to a pediatric residency curriculum and provide opportunities for innovative curriculum development. Facilitators will share how they have used their AIMS to enhance their residency recruitment process. Small groups will then revisit their table’s AIMS and brainstorm how these could be utilized during residency recruitment and to engage local institutional and community leaders. Finally, in an interactive large group, participants will discuss other potential opportunities to use AIMS in residency education. Facilitators will share with workshop participants lessons learned from experiences at their diverse institutions and across disciplines and the tools they have created to develop aims, monitor program improvement, improve recruitment and engage local academic and community leaders.

WORKSHOP 17. COMBATING BURNOUT WITH RESILIENCE: DEVELOPING A CULTURE OF FACULTY WELLNESS

Megan E. McCabe, MD, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, Susan Bostwick, MD, MBA, New York Presbyterian Hospital (Cornell Campus), New York, NY, Ann Burke, MD, Wright State University, Dayton, OH, Annamaria Church, MD, Naval Medical Center (Portsmouth), Portsmouth, VA, Albina Gogo, MD, University of California (Davis) Health System, Sacramento, CA, Dena Holkosh, MD, UPMC Medical Education, Pittsburgh, PA, Amanda Osta, MD, University of Illinois College of Medicine at Chicago, Chicago, IL, Janet R. Serwint, MD, Johns Hopkins University, Baltimore, MD

Resilience is crucial in preventing burnout, depersonalization, major depression, medical errors, and dissatisfaction with career choice. Resilience education is especially important for faculty who serve as role models for trainees. However, the topic has historically not been addressed in medical education. To address this deficiency, members of the AAP, APA, APPD, and COMSEP collaboratively developed and published a novel curriculum focused on promoting resilience in the face of grief and loss across the pediatric training continuum. In this interactive workshop we will use a train the trainer model to introduce components of the curriculum focused on in-the-moment, after-the-moment, and long-term wellness strategies. We will discuss work stressors unique to faculty and techniques to recognize and prevent burnout in ourselves, our colleagues, and trainees. Using small and large group discussion we will identify resilience techniques, and participants will then choose an individual technique (meditation, mindfulness, individual wellness plan, office exercise) to practice and enhance their skills. We will then review and discuss the role of peer support in faculty wellness, both how to provide it and how to get it. Participants will leave the workshop ready to implement wellness strategies in their own practice and within their programs and institutions.

WORKSHOP 18. FROM PADAWAN TO JEDI MASTER: CONQUERING THE DARK SIDE OF PROFESSIONALISM

Meghan Stawitcke, BA, Charlene Larson Rotandi, AB, AA, Susan Marie Freeman Ike, BS, Michelle Brooks, Emily Johnson, Carrie M. Johnson, Megan K. Christofferson, BA, Stanford University, Palo Alto, CA

The Pediatric Milestone Project notes in its analysis of the professionalism competency that “there are no well-structured published sequences for the professional development of physicians,” though some components of professionalism are surely
learned throughout childhood and others need to be taught or role modeled during medical education and training. Further, an article introducing the new professionalism section of the Journal of the American Medical Association noted that “there is inherent subjectivity to identifying what is appropriate professional behavior and also what the best approach might be for addressing what is perceived as unprofessional behavior in a specific context or setting.” Professionalism may be context dependent across cultures, generations, institutions, specialties, situations, and individual personal interactions; the differing context can dictate how professionalism is modeled and how lapses in professionalism should be addressed. This session aims to demonstrate the role the coordinator can play in assessment of trainees, particularly with respect to the professional conduct milestone. Coordinators will be led through small and large group discussions on how to address lapses of professionalism amongst trainees. Background will be given in how professionalism can differ across the aforementioned contexts, and coordinators will be presented with ideas on how to set professionalism standards for their trainees.

5:00pm-6:30pm Forum for Directors of Small Programs and Affiliate Chairs
Keith Mather, MD, University of Oklahoma School of Community Medicine (Tulsa), Joseph Zenel, MD (Sanford School of Medicine) and Brian Youth, MD (Maine Medical Center)
“Small programs” have been traditionally defined as having 10 or less residents per year. However, many programs consider themselves “small” as compared to other larger programs in their vicinity. This forum will highlight the experiences, successes, and challenges facing program directors to effectively educate and manage in these environments. The discussion will aim to stress best practices and cultivate collaboration and group solutions. No numeric cutoff is necessary and any program that feels they may benefit from participating is welcome to attend.

APPD Speed Mentoring Session for Faculty
(Limited to first 30 Mentees who register by March 3rd)
APPD Mentoring Leadership Committee of the Faculty and Professional Development Task Force - Drs. Megan Aylor, Aditee Narayan, Erika Abramson, Michelle Barnes, Kimberly Gifford, Bruce Herman, Lauren Nassetta, and Marsha Anderson
We are excited to offer a speed mentoring session for faculty attendees. Prior to the meeting, mentors and mentees will review each other’s CVs. Mentees are asked to bring specific questions to the session. During the session, participants will be grouped in tables of five mentors and mentees, based on topic of interest. Mentors will spend ten minutes with each of the five various experienced APPD mentors for one-on-one interactions. Due to the highly individualized structure, registration is limited to 30 mentees. Mentors will be solicited separately from the registration process.

Friday, April 7

7:30am - 9:00am Regional Breakfast Meetings
Mid-America: West PA, OH, WV, KY, IN, MI
Mid-Atlantic: Southern NJ, East PA, DE, MD, Washington DC
Midwest: IL, WI, MN, IA, MO, KS, NE, OK, SD
New England: ME, NH, MA, CT, VT, RI
New York: NY, Northern NJ
Southeast: VA, NC, SC, GA, FL, AL, MS, LA, AR, TN
Southwest: TX
Western: CA, NV, OR, WA, AK, CO, NM, UT, AZ, HI

9:15am-11:15am Workshop Session 3 (choice of 9)
WORKSHOP 19. ADDRESSING WHAT’S MISSING FROM OUR CONVERSATIONS ABOUT RESILIENCE: HOW COGNITIVE BIASES INTERFERE WITH OUR ABILITY TO COPE, ADAPT TO STRESSFUL EVENTS, AND ACHIEVE OUR HIGHEST POTENTIAL AS PHYSICIANS AND TRAINEES
Alyssa L. Bogetz, MSW, Stanford University, Palo Alto, CA, Janet Serwint, MD, Johns Hopkins University, Baltimore, MD, Albina Gogo, MD, University of California (Davis) Health System, Sacramento, CA, Caroline Buckway, MD, Stanford University, Stanford, CA, Sarah Hilgenberg, MD, Caroline Rassbach, MD, Stanford University, Palo Alto, CA, Lahia Yemane, MD, Stanford University, Stanford, CA, Whitney Chadwick, MD, Carmin Powell, MD, Walter (Charlie) Wickremasinghe, MD, Rebecca Blankenburg, MD, MPH, Stanford University, Palo Alto, CA
The development of resilience is essential in preventing burnout, depression, career dissatisfaction and medical errors. Despite the attention the topic has received, the specific pathways that lead to resilience and long-term coping strategies
remain difficult to teach and even harder to implement - and our learners continue to struggle. Cognitive biases are automatic, irrational thought patterns that reinforce negative emotions, undermine confidence, and interfere with our ability to cope.

In this highly interactive workshop, participants will be introduced to the concept of cognitive biases and will learn about the critical role they play in the development of resilience. After learning about a range of cognitive biases through real-life examples, participants will use reflection and pair-share to identify the cognitive biases they are most vulnerable to and how they undermine their well-being. Participants will also learn specific strategies to overcome cognitive biases and will work in small groups to apply a series of communication and coaching techniques to address these with trainees. By the end of the workshop, all participants will be able to recognize how cognitive biases operate in their lives - and in the lives of their trainees - and will be able to implement a range of strategies to conquer these, strengthen their coping skills and build resilience.

WORKSHOP 20. LOOK WHO’S CHALKING TOO - PROVEN STRATEGIES TO BRING EFFICIENT AND EFFECTIVE CHALK TALKS TO THE BEDSIDE

Michael B. Pitt, MD, University of Minnesota, Minneapolis, MN, Charles Morrow, MD, Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago, IL, Maren Olson, MD, MPH, Erin King, MD, Sonja Colianni, MD, Emily Borman-Shoap, MD, University of Minnesota, Minneapolis, MN

Chalk talks - where the teacher is equipped solely with a writing utensil and writing surface - have been used for centuries, yet little has been presented regarding strategies for their use in medical education. Structured education proximal to patient encounters (during rounds, at the bedside, or in between patients in clinic) maximizes the opportunities for clinical learning. This workshop presents a strategy to bring 1-3 minute mini-chalk talks (MCTs) to the bedside as a practical way to provide relevant clinical teaching by visually framing teachable moments. Built upon the success of this workshop at last year’s meeting (tinyurl.com/APPDChalk), facilitators will aim to empower educators to revive the art of the chalk talk with practical evidence-based skills to prove the pen (or dry erase marker) can be mightier than the PowerPoint. Participants will learn strategies to build a bank of educational content to draw upon easily as an MCT when an appropriate topic is triggered in any in-patient or out-patient clinical setting. In addition to practical skills including what and where to write, who should do the writing, and what types of figures work well, attendees will learn how to convert existing content into ideal chalk talks as well as create new content in front of learners. Each tip discussed is grounded in adult learning theory, and participants will also receive instruction in such concepts as spaced learning, just-in time teaching, teaching scripts, peer teaching, game-based learning, and more. In this highly interactive workshop participants will learn and demonstrate effective facilitation skills and immediately implement chalk talk best practices in mentored small groups. After learning some basic strategies, participants will implement these techniques honing their skills and receiving immediate feedback. Participants will leave with a tool-kit of chalk talk strategies that they can immediately utilize when the next teachable moment presents itself.

WORKSHOP 21. PREVENTING PROGRAM DIRECTOR NIGHTMARES: HOW TO EFFECTIVELY MANAGE TRAINEES WITH PROFESSIONALISM AND/OR ACADEMIC DIFFICULTIES

Maria Ramundo, MD, Nirali H. Patel, MD, Heather Haverkamp, MD, Children’s Hospital Medical Center of Akron/NEOMED, Akron, OH

“Can you believe what Dr. Trainee said to the patient?” “This is the second time Dr. Trainee’s in-service score is below the national mean.” “I can’t believe that Dr. Trainee wrote for a fluid bolus to run over an hour for the patient in septic shock!” If these phrases sound familiar, chances are you have encountered a trainee with academic or professionalism difficulties. While it is an honor and a privilege to train and mentor future general pediatricians and subspecialty pediatricians, program directors on occasion are faced with trainees that are difficult to manage. These individuals often pose unique challenges for a program due to the time required to develop and implement a remediation plan, monitor a trainee’s progress during remediation, and access appropriate resources in the event of a failed remediation plan. Early identification and intervention of a trainee facing academic and/or professional difficulty can be beneficial to both the program and trainee. This workshop is designed to help participants identify a trainee facing academic or professional difficulties, develop a remediation plan that includes realistic timelines, and create an action plan utilizing evaluation tools based on the pediatric milestones. Participants will be provided with samples of competency based remediation plans and evaluation tools for the trainee with academic or professionalism difficulties. In addition to creating your own remediation plan, participants will have the opportunity to discuss the potential legal implications as well as next steps in the context of a failed remediation plan.

WORKSHOP 22. SILENCE IS NOT THE ANSWER: ADDRESSING MODERN DAY SOCIAL INJUSTICE IN YOUR GRADUATE MEDICAL EDUCATION CURRICULUM.

Brian Lurie, MD, MPH, Atlantic Health Program, Morristown, NJ, Megan Aylor, MD, Oregon Health and Science University, Portland, OR, Patricia Poitevien, MD, MSc, FAAP, New York University School of Medicine, New York, NY, Amanda Osta, MD, University of Illinois College of Medicine at Chicago, Chicago, IL, Michelle Brooks, Stanford University, Palo Alto, CA

As Dr. Martin Luther King Jr. said, “Our lives begin to end the day we become silent about the things that matter.” Recently we have witnessed horrific events on our own soil, clear acts of racism, homophobia, and transphobia. These events raise questions for our trainees, for ourselves, and for our profession. As program directors and advisors, we care for patients and teach trainees who are deeply affected by these horrific events. Despite this, we lack a formal framework and the language to address racism, homophobia and transphobia with our trainees. Structural bias (defined as a confluence of institutions, culture, history, ideology, and codified practices) towards underrepresented populations contribute to and perpetuate health inequities and poorer
health outcomes. The US Department of Health and Human Services has made clear that health equity and addressing social determinants of health is critical in maintaining the overall health of our nation. Healthy People 2020 highlights the importance of this and stresses that we should “create social and physical environments that promote good health for all” as one of the four overarching goals for the decade. Despite this, we continue to train our residents to treat the consequences of the social determinants, rather than address them. Addressing health care disparities is one of the primary reasons for inclusion of structural bias/social justice curricula in pediatric residency programs. In this highly interactive workshop, participants will enhance their own knowledge and develop the necessary tools to enable them to teach pediatric trainees the knowledge, skills, and attitudes needed to provide equitable care. After starting with a group activity to help all understand the impact of racism, homophobia, and transphobia, participants will watch a brief movie and pair share aspects of their identities that define them. Following a brief didactic illustrating the historical roots of contemporary health disparities, leaders will provide overarching goals and objectives for a social justice curricula based on existing medical school curricula. In small groups, participants will then begin to modify medical school curriculum geared to help understand the impact of racism, homophobia, and transphobia on health outcomes for implantation in a pediatric residency. We will wrap up the workshop with a Gallery Walk where participants from all groups will view the “in progress” ideas from other participants and provide feedback and make a commitment to continue their small group work for contribution to a formalized curriculum which can be instituted at their home institution.

WORKSHOP 23. STRENGTH IN NUMBERS: STATE COLLABORATIVES FOR ADVOCACY EDUCATION
Sarah K. Garwood, MD, Washington University/B-JH/SLCH Consortium, St Louis, MO, Leora Mogilner, MD, Mount Sinai School of Medicine (Jersey City), New York, NY, Sara Bode, MD, Nationwide Children's Hospital/Doctors Hospital, Columbus, OH, Sara del Campo de Gonzalez, MD, University of New Mexico, Albuquerque, NM
Collaboratives are an exciting strategy to strengthen child health advocacy and community pediatric education for pediatric trainees. In addition to enabling member institutions to share curricula and educational resources, collaboratives can facilitate the creation of statewide advocacy networks that work collectively on behalf of child health. By creating a network through the academic institutions in a region, pediatric residents can engage in advocacy on issues in their region as a part of their training. Collaboratives are also a way for faculty leaders to work together on projects and grants that improve child health, academic scholarship and faculty development in a peer-mentoring model. There are many benefits of this emerging model and only a handful of states across the country are in the process of creating collaboratives. This workshop is led by physicians who are Directors of their training program’s Advocacy/Community Pediatrics rotations and each is also the leader of a collaborative in their state/region. Dr. Garwood is an APD. This workshop will explore the participants’ current strengths and difficulties with their advocacy curricula, identifying common challenges. We will discuss the participants’ advocacy work through their state AAP chapters or other outlets. A brief didactic presentation will provide an overview of the benefits of collaboratives. The experience of the California Collaborative as the oldest and most established example will be highlighted. We will then describe the experiences at the diverse programs we represent, including Arizona, Missouri, New Mexico, and New York, acknowledging challenges, key successes, and champions. Participants will then work through a Collaborative Readiness Assessment to help them identify key players and partners for collaborative creation. The participants will also be given a roadmap/guide for creating collaboratives at the end of the session. The roadmap was first presented at AAP Community Pediatrics Training Initiative meeting at PAS in 2015. Other useful resources and planning for future networking among participants will be discussed.

WORKSHOP 24. ENSURING MEANINGFUL FEEDBACK: ‘THAT’S YOUR JOB, NOT MINE!’
Ndidi Unaka, MD, MEd, Sue Poynter Wong, MD, MEd, Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine, Daniel Schumacher, MD, MEd, Javier Gonzalez del Rey, MD, MEd, Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH
The traditional framework for the assessment of trainees in residency and fellowship is based on the observation of performed tasks followed by feedback from peers and supervisors. The feedback literature suggests the frequency and depth of this feedback is often suboptimal. New frameworks for assessment (milestones, EPAs, etc) provide an opportunity to renew efforts of frequent, meaningful, and specific feedback that learners desire. But, whose job is it to ensure this happens? Trainees often place this responsibility on their supervisors and training program. However, should trainees truly be passive recipients of information given by supervisors? Lifelong learning is an important competency for 21st century physicians, and central to this is owning and driving one’s own learning. Thus, should learners own some responsibility for seeking their own feedback? The literature would suggest that perhaps they should, using terms like “self-directed assessment seeking” and “external information seeking”. However, most trainees may be inadequately prepared to do this well. Moreover, learners often train in systems that place the onus of feedback on their supervisors. In this interactive workshop, we will discuss generational differences influencing the feedback process. Participants will develop a systematic educational approach to prepare their trainees to seek and obtain learner-centered feedback that can drive improvement. Important concepts integral to the effective seeking and receiving of feedback including principles of lifelong learning, generational communication, time management, and conflict resolution will be discussed in small and large group formats.

WORKSHOP 25. SAFE ZONE: CREATING A WELCOMING ENVIRONMENT TO IMPROVE CARE FOR PATIENTS IN THE LGBT COMMUNITY
Stephanie Brown, MBBS, Christopher Jones, MD, Marie Clark, MD, MPH, Case Western Reserve University/University Hospital Case Medical Center/Rainbow Babies, Cleveland, OH
The goal of this workshop is to provide participants practical tools to empower trainees and colleagues to create a welcoming
and supportive environment for youth who identify as LGBT. We will review current AAP and GLMA (Health Professionals Advancing LGBT Equality) recommendations for caring for patients who identify as LGBT, as well as relevant current policy issues. Next, we will present an overview of the “Safe Zone” training curriculum designed by The Safe Zone Project, an open-access online curriculum which prepares participants to identify as an “Ally” for the LGBT population. Participants will participate in an example exercise from the curriculum, “Privilege for Sale.” Small group discussions will focus on implementation of the curriculum and solutions to potential barriers. Participants will also consider how to evaluate the curriculum’s efficacy in addressing implicit bias and attitudes related to gender and sexual identity and how to utilize the curriculum to measure traditionally difficult-to-elicit trainee core competencies. The workshop will conclude with guidance and a dialogue on collaboration with potential community partners and outreach to leverage change to support the LGBT community and to move forward LGBT-friendly policies and programming in participants’ local programs and communities. Participants will receive electronic files of the curriculum materials, sample evaluations and guidance for implementation.

WORKSHOP 26. HAVING YOUR CAKE AND EATING IT TOO: SUCCEEDING PROFESSIONALLY AND PERSONALLY IN MEDICINE

Jennifer E. Crotty, MD, Vidant Medical Center/East Carolina University, Greenville, NC, Jennifer K. O'Toole, MD, MEd, Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Sara Multerer, MD, University of Louisville, Louisville, KY, Rachel Boykan, MD, Stony Brook Medicine/University Hospital, Stony Brook, NY

Physicians often struggle with balancing the demands of both their personal and professional lives, feeling they must sacrifice achieving their full potential in one arena in order to succeed in another. This workshop will provide attendees with an opportunity to identify what constitutes “success” in both the professional and personal arenas. An interactive brief didactic will introduce the attendees to the literature around career success and satisfaction in medicine. Attendees will outline an “individualized life plan” that will define not only long and short-term goals in the personal and professional arenas, but also detailed steps on how to achieve those goals. Next, participants will identify their current personal and professional activities and how much time they dedicate to each activity. Attendees will then participate in a critical appraisal activity during which they will examine the alignment of each activity with their individualized life plan. Additionally, they will identify activities and individuals that they must move toward to improve attainment of success. Attendees will acquire techniques for asserting and defending their key interests, even if it means saying “no,” and will work through scenarios to practice these new skills. Finally, attendees will work in small groups to identify additional strategies around the topics of work, home, and personal success and wellness. These strategies will be shared with the group and then collated by the presenters into a “success strategy toolbox” to be shared with attendees upon their return home.

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9:15am-10:15am

WORKSHOP 27A. HOW TO ADD A LITTLE FRIENDLY COMPETITION INTO YOUR PROGRAM TO GET THINGS DONE!

Amy Gaug, University of Minnesota, Minneapolis, MN

We’d like to address one area that can be connected to coordinator burnout - necessary administrative tasks that feel uninspiring and what we did about it! Why not add a little fun into the day to day operations of your program? This can make both your time and the trainees’ time feel more engaging and inspiring. We took a few initiatives this academic year in our residency program to add some levity into areas that we wanted to improve. We have worked on increasing resident engagement in the program with some friendly competition that has led to an increase in the completion of certain administrative tasks by our trainees. We have also delivered content in a game based format to increase the retention of information. We’ll show you what we focused on, how we did it and prove that it worked! You should come away from this presentation inspired and with ideas that you can bring to your own program.

10:15am-11:15am

WORKSHOP 27B. QUALITY IMPROVEMENT: NO MORE “BRICK & MORTAR”...HELLO TECHNOLOGY

Donna J. Williams, MA, University of Texas Southwestern Medical School, Dallas, TX

Program coordinators are crucial players in reviewing and updating educational curriculum for the program. They are involved with every step in the entire process and, as a result, can identify opportunities to ease the burden for all those involved. The key focus areas where coordinators have immediate impact are resident learning process, data collection and faculty development. By addressing these areas, coordinators reduce the number of issues leading to fewer meetings and provide a meaningful education experience for residents. This session will illustrate how transitioning to a LMS system will allow new and experienced coordinators to become leaders in identifying curriculum issues and refine processes, thus feeling comfortable knowing that trainees are receiving a meaningful educational experience. Additionally, this process creates opportunities for faculty development and buy-in, an improved tracking system and, finally, help coordinators to gain a better understanding of how to help trainees in their professional development.
TOOLKIT FOR PEDIATRICIANS

WORKSHOP 30. DE-ESCALATING ANGRY CAREGIVERS: A NOVEL COMMUNICATION FRAMEWORK AND TOOLKIT FOR PEDIATRICIANS
Sarah L. Hilgenberg, MD, Stanford University, Stanford, CA, Alyssa Bogetz, MSW, Rebecca Blankenburg, MD, MPH, Stanford University, Palo Alto, CA
A practitioner’s ability to communicate successfully with patients and families is of utmost importance, particularly in difficult encounters. For this reason, the Accreditation Council for Graduate Medical Education has identified interpersonal and communication skills as a competency equal in importance to clinical skill and medical knowledge for pediatric residents. Physicians identify 1 in 6 outpatient encounters, including those involving angry patients and caregivers* (*defined as a parent, guardian, or other adult in a similar role), as difficult. As such, communication with angry caregivers has emerged nationally as an area of need for trainee and faculty development. In this highly interactive workshop, we will discuss both evidence-based fundamental communication skills for caregiver interactions and our novel nine-step communication framework and associated skills for de-escalating angry caregivers. Participants will reflect on prior experiences and challenges in facilitated small-group exercises and large group discussions. Participants will then apply the framework in three role-play scenarios. All participants will leave the session with practical tools and curricular materials to improve their own practice and to teach trainees and faculty how to work with angry caregivers.
WORKSHOP 31. REVISITING GUN VIOLENCE PREVENTION: MOBILIZING PEDIATRICIANS TO REDUCE GUN INJURY AND DEATH
Lauren E. Brown, MD, MPH, Jennifer Fiore, MD, Lauren Veit, MD, Elyse Portillo, MD, MPH, Katherine Nash, MD, Eric Fleegler, MD, MPH, Children’s Hospital/Boston Medical Center, Boston, MA
The BCRP (Boston Combined Residency Program) Response to Gun Violence is a group of pediatricians from both Boston Children’s Hospital and Boston Medical Center, who have felt an urgent need to respond to the gun violence that affects children in our communities. As a group we have lost our primary care patients to gun violence, and see the impact of this violence daily in our clinics and emergency departments. As pediatricians, we believe that we have an important role in curbing this public and pediatric health crisis. This workshop will focus on building skills around gun safety education and advocacy among pediatric residents. The workshop will consist of a brief overview of the current state of gun violence in the United States, followed by a brief review of a series of interventions enacted by the BCRP to enhance resident education around gun violence prevention and advocacy. The remainder of the workshop will consist of highly interactive break-out sessions focused on three aspects of gun safety advocacy which are particularly relevant to residency programs: resident education on gun safety screening and counseling, interventions to create a culture of safety in resident clinics, and legislative advocacy. Each workshop will be lead by a BCRP resident or chief resident, and will focus on encouraging a dialogue around gun safety advocacy, while also building tangible skills related to gun violence prevention. The overarching goal of this workshop is to mobilize pediatric residents across the nation around gun safety.

WORKSHOP 32. NOT JUST AT THE BEDSIDE: HARNESSING THE POWER OF THE PATIENT AND FAMILY VOICE IN PEDIATRIC EDUCATIONAL ACTIVITIES OUTSIDE OF THE CLINICAL CARE ENVIRONMENT
Shannon E. Scott-Vernaglia, MD, Massachusetts General Hospital, Boston, MA, Blyth T. Lord, EdM, Courageous Parents Network, Newton, MA, Sandra Clancy, PhD, Susan R. Hata, MD, Patricia J. O’Malley, MD, Mary P. Alexander, MD, Massachusetts General Hospital, Boston, MA
Understanding the patient and family perspective and communicating effectively with families underlie many of the pediatric milestones and sub-competencies within interpersonal and communication skills, professionalism and systems-based practice, and are integral to the practice of pediatrics. Training programs are, in fact, tasked by the ACGME with ensuring that trainees “communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds” and “demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.” With a growing national focus on Patient-Centered Care and the Patient-Centered Medical Home, residents and fellows are actively engaged in communicating and partnering with patients and families. A golden opportunity for trainees to learn from patient families outside of the clinical care delivery system exists that is often underutilized. Utilizing the voices, stories and experiences of patients and families as catalysts for learning can be incredibly powerful for adult learners. Telling their stories also allows families to create meaning of the child’s illness, since, as Charon writes, “much of the telling of self is critical, formative and transformative”. In this workshop, participants will first identify barriers to involving patient families as educators, and then work to identify ways to overcome those barriers. There are many ways that patients can be involved in educational experiences, and examples of using the patient family voice through written narrative, formal presentations, shared patient-caregiver events, patient-provider co-facilitation and videos will be discussed. We will then work in small groups to create outlines for implementing patient family educational opportunities in your home institutions.

WORKSHOP 33. TURNING YOUR EDUCATIONAL INNOVATION INTO SCHOLARSHIP
Melissa Klein, MD, MEd, Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, OH, Su-Ting Li, MD, MPH, University of California (Davis) Health System, Sacramento, CA, Robert Vinci, MD, Children’s Hospital/Boston Medical Center, Boston, MA
Have you ever had trouble converting your educational innovation into scholarship? If you are interested in learning what is needed from Academic Pediatrics’ education editors, this is the workshop to attend. During this highly interactive workshop, participants will learn how to develop educational projects using a scholarly approach. First, in small groups, utilizing case scenarios, participants will discover the importance of the “so wht?” in making the case for the importance of their scholarship. Next, participants will discuss the importance of using conceptual frameworks to develop research questions in medical education. Participants will then practice developing research questions through the lens of one conceptual framework. Then, small groups will develop evaluation metrics and corresponding activities for the research question identified in the prior activity. Finally, dissemination options including journals with an interest in educational innovation and MedEdPortal will be introduced. By the conclusion of this workshop participants will leave with a toolkit to assist them in turning their educational innovation into scholarship.

WORKSHOP 34. MEDICINE AND THE SEMICOLON PROJECT: MENTAL ILLNESS AS A PAUSE, NOT AN ENDING
Sydney P. Primis, MD, Carolinas Medical Center, Charlotte, NC, Michelle Brooks, Stanford University, Palo Alto, CA, Adam Hill, MD, Indiana University School of Medicine, Indianapolis, IN
As physicians and medical educators we care for the sick and support the well. We care for patients with mental health and substance abuse conditions with empathy and without judgment. Yet, medical conditions, such as depression, anxiety, substance abuse, and suicidal ideation often are not met with the same compassion and empathy when it affects our colleagues.

2017 Annual Meeting  April 5-8  Anaheim, California  www.APPD.org
and/or us personally. This failure is multifactorial in nature, ranging from poor self-awareness or self-preservation to a culture of shame/stigmatization and a fear of repercussions. Over the last few years, great strides have been made in the arenas of physician wellness and self-care, however more dramatic steps must be taken to ensure the creation of cultures of acceptance. A culture change movement is underway utilizing the power of human connection, human empathy and professional unity. This movement relies on the grassroots voices of those willing to be vulnerable and self-compassionate. These voices serve as a catalyst for the conversations of destigmatization and acceptance of individuals living with these conditions in our profession. This workshop uses first person story-telling narratives of professionals working successfully in our profession with their own stories of mental health and substance abuse conditions. Additionally, we will attempt to open up spaces for processing and self-reflection, in both large and small group discussions. The overall goal is to create a spark of vulnerability. With this spark, we hope to create spaces for individuals to share their own experiences and foster environments, in their own institutions, accepting of individuals who share their own journeys with mental health conditions. In the true essence of a grassroots movement, person by person, we aim to spark a change that will spread across institutions and our profession as a whole.

**WORKSHOP 35. HELPING THE EAGLET TO SOAR: HOW TO PREPARE YOUR TRAINEES FOR LIFE AFTER RESIDENCY**

*Meredith Monaco-Brown, MD, Kelley Pike, BA, Albany Medical Center, Albany, NY, Mackenzie Frost, MD, University of Texas Southwestern Medical School, Dallas, TX, Blair Dickenson, MD, Sharon Calaman, MD, St. Christopher’s Hospital for Children, Philadelphia, PA*

Residents often muddle through their transition to the next step after residency, whether they are entering practice or fellowship. Often times this transition relies on word of mouth and the resident's luck in finding an effective mentor rather than any formal education. Residents are often unaware of how to successfully interview, negotiate, or deal with financial planning, among other decisions. In this workshop, we will guide participants through the development of a curriculum geared at helping residents make this transition. We will utilize small group activities, role play, and individual planning time to achieve this. A curriculum designed to launch our residents successfully should include: “Guiding residents through the nitty gritty of license applications, contract negotiations, malpractice insurance, maintenance of certification, etc.”; incorporating mock interviews into your program; and “helping residents structure their research/ extracurriculars to align with future goals.” With some basic education and guidance, as well as an up to date and accurate set of resources, program directors can equip residents with a set of practical skills to use moving forward, and also improve alumni success and potentially career satisfaction.

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1:15pm-2:15pm

**WORKSHOP 36A. CCC-CCC: COORDINATOR CLAIMING CONTROL - CLINICAL COMPETENCY COMMITTEE**

*Ambrosya Amlong, Janene Bondie, University of Michigan, Ann Arbor, MI*

To ensure the most efficient and effective execution of the clinical competency committee the program coordinator must assume a leadership role. The program coordinator serves a vital role in development of innovative tracking systems, thorough and accurate data mining, and clearly identifying current milestones attainment. This session will help attendees identify how to execute an efficient clinical competency committee, allowing efficient review of multiple data points; milestones, contract negotiations, procedure, duty hours, timely documentation.

2:15pm-3:15pm

**WORKSHOP 36B. JUGGLING ALL ASPECTS OF A COORDINATOR’S DAY!!!**

*Cassandra D. Shorter, BS, Baylor College of Medicine (San Antonio), San Antonio, TX*

As Coordinators we have to juggle many tasks and, as a new coordinator, sometimes it is difficult to find where to place things on your to-do-list. Often times we tend to put off those things that challenge us the most and work on the simple things. When doing this we get into a time crunch because we take more time to do the challenging things and we are constantly being interrupted by Residents, PDs, Faculty, urgent emails, and phone calls. Depending on the season, we are constantly interrupted with Applicants calling, etc. Prioritizing your day doesn’t start the day before, it starts when you step in the office and what you planned to work on yesterday may not be what you have the opportunity to work on today. There will be an unavoidable situation that will take you off task. How will you handle that and still get the important priorities completed in a timely manner? The goal of this workshop is to give some helpful tools to new coordinators on prioritizing their day. New Coordinators tend to get overwhelmed with all of the items that are placed before them. These tools can help them to organize their day and assist them with what's important. This session will also provide techniques to help them to communicate with Faculty, Residents and PDs. For the Seasoned Coordinators, it will allow them to refocus and help to relieve the stress level. We will discuss the common problems that every coordinator faces, such as not knowing how to say “I am unable to do that at this time” for fear of feeling like we are inadequate, or that we have failed as a coordinator if we can’t “do it all”.

3:30pm-5:30pm

Poster Session (posters displayed throughout the day)
Saturday, April 8

7:00am - 8:30am  Continental Breakfast

Pediatric Education Group (PEG) Meetings
(for PEG descriptions, please visit visit www.appd.org/activities/PEGs.cfm)

Pediatric Global Health Educators
Healthcare Simulation in Pediatrics
LGBTQA
Under Represented Minorities in Pediatric GME

8:45am-10:15am  Platform Presentations from Top Research/QI Abstracts

10:30am-12:00pm  Special Interest Symposia (choice of 9 sessions)

1. Assessment Task Force Mini-Posts
The APPD Assessment Task Force will host a 3rd Annual Mini Poster Symposium. We hope to build on the success of our similar session last spring, where program assessment innovations ranging from direct observation, CCC efficiency, web-based milestone mapping, evaluation of faculty, and simulation evaluation are among the diverse topics presented. The format of the session will be as roundtable discussions to allow for demonstration of specific, unique assessment tools or practices.

2. Curriculum Task Force Mini-Posts
The APPD Curriculum Task Force, hosting a mini poster symposium for the fourth year, will focus on curricular needs identified by the membership, specifically (1) advocacy; (2) patient safety and interprofessional teamwork; or (3) value-based care. Presentations will include a description of the curriculum, including goals and objectives, educational activities, assessment and evaluation.

3. Faculty & Professional Development Task Force Professional Development Symposium
The Faculty & Professional Development Task Force will hold a professional development symposium during this time slot entitled “Reframing Careers for Academic Success: Aligning Identity and Scholarly Activity”. This symposium will be of value to APDs/FDs/PDs/Chief residents who are trying to formulate a more intentional professional development pathway towards their career goals. Space will be limited to those persons that register. At the end of this session, learners will be able to:
1. Describe a variety of identities of scholars, and identity-related tasks and scholarly activities.
2. Identify a range of scholarly activities, across broad categories of scholarship, in which individuals might engage as part of their academic career development.
3. Develop a personal action plan for scholarly pursuit and academic success.

4. Global Health PEG Abstract Symposium
The APPD Pediatric Global Health Educators Group (GH PEG) invites you to the 3rd Annual APPD GH PEG Abstract Symposium. The theme for this session is Global Pediatric Education: Innovations, Partnerships & Exchanges and include global health education research, quality improvement, or descriptive reports of curricula in global health. Top submissions will be invited to provide brief oral podium presentations during the GH PEG meeting (Saturday 4/8/17, 7-8:30 am). Additional submissions will be presented during this mini-poster session and compiled into an abstract pamphlet, to allow for sharing of global health educational innovations via other global health educator networks.

5. Healthcare Simulation in Pediatrics PEG Mini-Posts
The Simulation PEG will host a Mini-Poster Symposium, “Innovative Work in Simulation.” Invited abstracts will highlight an innovative and unique way in which simulation is being used to uniquely solve a problem that a residency or fellowship program has faced. Each presenter will have 6 minutes to present their mini poster to the larger group and then will have 5 minutes for questions. We will reserve time at the end of the session for networking and further discussion of ideas amongst the participants.

The APPD Learning Technology Task Force will host a highly interactive table talk session, describing best practices and showcasing the latest technology used by program leadership. Participants will rotate from table to table as hosts demonstrate various tech or programs they have implemented or found useful in program administration or medical education. We hope to provide an opportunity for APPD members to share best practices and to create new applications for technology to enhance trainee learning, while responding to the needs, challenges and opportunities of the digital age.
7. LGBTQA+ PEG Best Practices
The APPD LGBTQA+ Pediatric Education Group will host its first annual highly interactive table talk session. Presentations will describe best practice at home institutions, addressing one of the following four focus areas:

- Recruitment of LGBTQA+ residents and faculty
- Support of LGBTQA+ trainees
- LGBTQA+ Advocacy/Community Partnerships
- LGBTQA+ Curriculum

Participants will rotate from table to table as hosts describe their submission and receive feedback from participants. We hope to provide an opportunity for APPD members to share best practices and bring successful programs back to their home institutions.

8. Research & Scholarship Task Force Works-in-Progress Symposium
There are times for every educational researcher when their project just gets ‘stuck.’ We run into issues with project design, implementation, data analysis, dissemination and many other road blocks along the way. Successful researchers have learned to reach out and collaborate when these obstacles arise. The APPD Research and Scholarship Task Force has designed a resource for those who are facing those dead-ends with our Works-In-Progress Symposium.

Participants will join in an active step-back peer mentoring process to help overcome the barriers which are preventing research from being brought to fruition. Each accepted project will benefit from individual discussion and collaboration to help it advance to the next phase of development. Presenters will hone their presentation skills and their ability to accept and incorporate feedback as well. Attendees will learn strategies which can be applied to their own research questions, current or future, improve their mentoring skills, and learn about some of the exciting educational research being undertaken by our APPD membership.

At the wrap up to the symposium, the entire group will then examine and synthesize recurrent themes in research difficulty and the tactics which teams used to overcome them. Our task force believes that this will be a unique and powerful directed mentorship opportunity to help guide the advancement of APPD educational research as a whole.

9. Under-Represented Minorities in Pediatric GME PEG Mini-Posters
The Underrepresented Minorities (URM) in Pediatric Graduate Medical Education PEG is excited to host a 2nd annual Mini Poster Symposium. Invited presenters will share curricular and program enhancements targeting four areas: (1) unique recruiting practices to enhance diversity; (2) innovative approaches to support inclusion and mentorship of URMM residents, (3) curricula or faculty development focused on bias; or (4) curricula focused on health equity and social justice for historically disadvantaged groups. Each presenter will have 15 minutes to present their poster and field questions/ foster discussion regarding their project from all perspectives.

Cancelled
MPPDA Meeting Schedule

Tuesday, April 4, 2017

6:30am - 10:00am    Registration
6:30am - 8:00am     Continental Breakfast
8:00am - 8:30am     Welcome and Introductions
8:30am - 9:30am     Plenary Session I: MedPeds 50 Years – Looking Back
9:30am - 9:40am     Break
9:40am - 10:40am    Workshop Session I: Leadership and MedPeds (pick one of three)
                    1. Steering from the Sidecar: Cultivating your Leadership Skills as an APD
                    2. MPPDA Regional Meetings: Supporting and Innovating Together
                    3. Cultivating Med-Peds Interest: Interest Group Development, Expansion and Innovation
10:40am-10:50am    Break
10:50am-11:50am    Plenary Session II: Looking within: Loss & Wellness
11:50am-12:50pm    Group activity: Reflective exercise/Gaudeamus Igitur
12:50pm-1:50pm     MPPDA Awards Lunch
2:00pm-3:30pm      Committee Meetings
                    Accreditation
                    Curriculum
                    Recruitment
                    Research
                    Transition
1:30pm-2:30pm      AMPPA (Breakout session)
2:30pm-4:00pm      AMPPA (Breakout session)
4:00pm-5:30pm      Poster Session/Welcome Reception
6:30pm-9:30pm      50th Anniversary Dinner & Celebration at outside venue
                   (additional fee required)
Wednesday, April 5, 2017

7:00am-8:00am  Continental Breakfast

8:00am-8:30am  Presidential Address

8:30am-9:30am  Plenary Session III (Looking forward): GME Finance reform, the IOM and the future of GME Funding: How to avoid a hunger games for MedPeds Training

9:30am-9:45am  Break

9:45am-10:45am  Breakout Sessions: Nuts & Bolts/How do they do that? (choose one of five)
1. Integrating an inter-professional primary care-based substance use disorder curriculum into a (jam packed) MedPeds residency program
2. Teaching stress reduction techniques to physicians
3. Reducing unconscious bias in medical decision making
4. Developing MedPeds milestones
5. Implementing health care transition in your practice setting

9:45am-10:45am  AMPPA Panel Discussion: CLER visits

10:45am-11:00am  Break

11:00am-12:15pm  Keynote Address (Looking Forward)
MedPeds: A Catalyst for Addressing Disparities and Diversity

12:15pm-12:30pm  Break

12:30pm-1:30pm  Lunch and Business Meeting: Committee reports, member representation updates (e.g. SHM)

1:30pm-1:45pm  Break

1:45pm-3:00pm  Plenary Session IV: Regulatory Updates (Peds RRC; IM RRC; ABIM; ABP)

3:00pm-3:15pm  Break

3:15pm-4:15pm  Membership Networking Session

3:15pm-4:15pm  AMPPA Small Group Breakouts

4:15pm-4:30pm  Looking Forward to 2017-2018
Beyond the Meeting

VisitAnaheim.org
http://visitanaheim.org/explore

Trip Advisor, Things to do in Anaheim
https://www.tripadvisor.com/Attractions-g29092-Activities-Anaheim_California.html

Fun, free things to do in Anaheim, CA, beyond Disney:
**Meeting Information**

**Meeting Headquarters:**

**Hilton Anaheim**

777 W Convention Way, Anaheim, CA 92802

Phone: 1-714-750-4321

Hotel reservations are open through March 10 or until the room block has filled!

- Or you may call the hotel directly and mention the APPD Meeting room block – 877-776-4932. Group Name: APPD Annual Spring Meeting 2017, Group Code: APP

**APPD special sleeping room rates at Hilton Anaheim**
- Standard King: $199
- Standard Queen (2 beds): $199

**Location**

This family-friendly hotel in the heart of sunny Orange County, California is located just one mile from Disneyland® Resort and close to world-class shopping, dining and entertainment. Comfortable rooms and suites, fantastic dining and first-class facilities for business and recreation all combine to ensure you have an unforgettable stay in Anaheim, California. In addition to fine dining, you’ll also find a lobby Starbucks®, bars, lounges, and a food court for those times when you have no time! The Hilton Anaheim includes a first-class health club and spa and is one of a few hotels in the Anaheim Resort District that offers a Disney Desk where cast members will offer expert advice, provide tickets, and organize a shuttle service to the world-class attractions.

**Travel**

[Click here](#) for Maps and Directions

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<th>Los Angeles International Airport</th>
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* Typical Minimum Charge

**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 15, 2017. A $50 administrative fee will be assessed for all cancellation requests received between March 15, 2017 and March 29, 2017. Cancellations received after March 29, 2017 will not be eligible for a refund. All reimbursements will be processed following the meeting.

Session 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 or receive a refund.

CME
CME credit for physicians for the APPD program is included in your registration fee.
## Meeting Registration Information

### APPD/MPPDA 2017 Registration Fees

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<tr>
<th>Description</th>
<th>Early (by March 15th)</th>
<th>Onsite (after March 15th)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPD Member Registration</td>
<td>$580</td>
<td>$630</td>
</tr>
<tr>
<td>Non-Member Registration</td>
<td>$680</td>
<td>$730</td>
</tr>
<tr>
<td>Resident/Fellow Registration (includes meals)</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Presenting Only (does not include meals)</td>
<td>$250*</td>
<td>$250*</td>
</tr>
<tr>
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</tr>
<tr>
<td>APPD LEAD Cohort Member</td>
<td>-0-</td>
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</tr>
<tr>
<td>MPPDA Registration</td>
<td>$499</td>
<td>$525</td>
</tr>
<tr>
<td>MPPDA 50th Anniversary Dinner / off-site</td>
<td>$90</td>
<td>$90</td>
</tr>
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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.

*For non-members presenting a workshop, but not attending other sessions at the APPD Annual Meeting, the presenting-only fee is $250.00 per person.*
APPD 2017 Annual Meeting  □ April 5–8 □ Anaheim, California
PRE-REGISTRATION FORM

Name: ___________________________________________________ Degree: _______

First name for Badge: __________________________________ Subspecialty (if applicable): __________________

First time at APPD meeting? □ Yes □ No How long at your current position? ___________ years _______ months

How long at a Peds Residency/Fellowship Program? ___________ years _______ months ________

Program Name: __________________________________________ Number of residents/fellows at your program per year: _______

Address: ____________________________________________________________________________________________

Phone: ______________________ Fax: ___________________________ Email: __________________________

Emergency Contact Name: ___________________________ Phone: ___________________________

Dietary Restrictions: □ None □ Gluten Free □ Peanut Allergy □ Vegetarian □ Other (please describe): ______________

Please check all sessions you plan to attend

Please review program for all workshop and special interest session descriptions. Space is limited. Choices will be assigned on a first come basis.
**APPD 2017 Registration Fees**

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**TOTAL AMOUNT ENCLOSED $_________**

☐ Please check here to confirm you have read and understand the APPD Cancellation Policy and fees.

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*Payment by CHECK is preferred. APPD must pay a fee to process each credit card charge.*

☐ Check or Money Order (made payable to APPD)

☐ Credit Card (Visa/Mastercard only)

*Credit Card Number: ________________________________  Expiration Date: ______  CVV/CID: ______

*Signature: ________________________________

---

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

Only one registrant per form. APPD Tax ID#: 54-2015821.

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

---

**Association of Pediatric Program Directors**

6728 Old McLean Village Drive  
McLean, VA 22101  
703-556-9222 ~ Fax: 703-556-8729  
www.appd.org ~ info@appd.org
MPPDA 2017 Registration Fees

- **Early Onsite** (by March 15th)
  - MPPDA Registration: $499
  - MPPDA 50th Anniversary Dinner / off-site: $90

- **Onsite** (after March 15th)
  - MPPDA Registration: $525
  - MPPDA 50th Anniversary Dinner / off-site: $90

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