2015 Annual Meeting

APPD 2015
Annual Spring Meeting
March 24-28, 2015

Sharing Innovative Strategies for Optimizing Outcomes

MPPDA Annual Meeting
March 24-25, 2015
Orlando, FL

Walt Disney World
Swan and Dolphin Resort

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

**APPD 2015 Annual Spring Meeting**  
**MPPDA Annual Meeting**  
**March 24-28, 2015 – Orlando, FL**

## Tuesday, March 24, 2015

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:30am-6:00pm</td>
<td>APPD LEAD Meeting</td>
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<td>APPD Board of Directors Meeting</td>
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<tr>
<td>8:00am-11:30am</td>
<td>AMPPA TAGME exam (prior appointment necessary)</td>
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<tr>
<td>8:00am-2:30pm</td>
<td>MPPDA Pre-Course (additional fee required)</td>
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<tr>
<td>12:00pm-4:00pm</td>
<td>AMPPA Coordinators’ Meeting</td>
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<tr>
<td>1:00pm-5:00pm</td>
<td>APPD TAGME Exam (prior appointment necessary)</td>
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<td>3:30pm-5:00pm</td>
<td>MPPDA Committee Meetings</td>
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<tr>
<td>5:30pm-7:00pm</td>
<td>MPPDA Reception</td>
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## Wednesday, March 25, 2015

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<tr>
<td>7:30am-11:30am</td>
<td>APPD LEAD Meeting</td>
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<tr>
<td>8:00am-5:30pm</td>
<td>MPPDA General Session and breakout sessions</td>
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<tr>
<td>8:00am-5:30pm</td>
<td>APPD Forum for Chief Residents</td>
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<tr>
<td>9:00am-4:00pm</td>
<td>APPD Coordinators’ Session (lunch on your own)</td>
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<tr>
<td>11:30am-3:30pm</td>
<td>APPD Pre-Conference Workshops (additional fee required; includes lunch)</td>
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<tr>
<td>1:00pm-3:30pm</td>
<td>APPD Forum for Directors of Small Programs and Affiliate Chairs</td>
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<tr>
<td>3:45pm-5:45pm</td>
<td>APPD Grassroots Forum for PDs</td>
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<td>APPD Grassroots Forum for FPDs</td>
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<td>APPD Grassroots Forum for APDs</td>
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<tr>
<td>6:00pm-7:00pm</td>
<td>APPD Networking Reception (open only to APPD registrants)</td>
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<tr>
<td>7:00pm-9:00pm</td>
<td>MPPDA Dinner (additional fee required)</td>
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### Thursday, March 26, 2015

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<th>Time</th>
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<tbody>
<tr>
<td>7:00am-8:30am</td>
<td>Continental Breakfast</td>
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<td>APPD Pediatric Education Group (PEG) Meetings</td>
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<tr>
<td>8:30am-9:30am</td>
<td>APPD Members Meeting: Awards and Annual Reports</td>
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<tr>
<td>9:45am-11:45am</td>
<td>APPD Workshop Session 1</td>
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<tr>
<td>12:00pm-1:45pm</td>
<td>APPD Research Platform Presentations with boxed lunch</td>
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<td>2:00pm-5:30pm</td>
<td>APPD Key Stakeholders Session</td>
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<td>5:30pm-6:30pm</td>
<td>Pediatric Hospital Medicine Fellowship Certification Discussion</td>
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<tr>
<td>6:00pm-7:00pm</td>
<td>APPD LEAD Reception (APPD LEAD Graduates only)</td>
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### Friday, March 27, 2015

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<th>Time</th>
<th>Event</th>
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<tr>
<td>6:30am-7:30am</td>
<td>Group Run/Walk (informal gathering)</td>
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<tr>
<td>7:00am-8:30am</td>
<td>Continental Breakfast</td>
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<td>APPD Inaugural Speed Mentoring Session (limited to first 30 Mentees who register)</td>
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<tr>
<td>8:30am-10:30am</td>
<td>APPD Workshop Session 2</td>
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<tr>
<td>10:45am-12:45pm</td>
<td>APPD Task Force Meetings</td>
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<tr>
<td>12:45pm-2:00pm</td>
<td>Lunch On Your Own</td>
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<td>APPD Council of Regional Chairs Lunch Meeting</td>
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<td>APPD Council of Task Force Chairs Lunch Meeting</td>
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<td>2:00pm-4:00pm</td>
<td>APPD Workshop Session 3</td>
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<tr>
<td>4:15pm-5:45pm</td>
<td>APPD Poster Session (posters displayed 10:00am-5:45pm)</td>
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### Saturday, March 28, 2015

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<th>Time</th>
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<tbody>
<tr>
<td>7:00am-8:30am</td>
<td>APPD Regional Breakfast Meetings</td>
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<tr>
<td>8:45am-10:15am</td>
<td>APPD Assessment TF and Curriculum TF Mini-Poster Symposia</td>
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<tr>
<td>10:30am-12:00pm</td>
<td>APPD Workshop Session 4</td>
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APPD 2015 Annual Meeting ~ March 25-28
MPPDA 2015 ~ Annual Meeting ~ March 24-25
Orlando, FL

Sharing Innovative Strategies for Optimizing Outcomes

APPD Meeting Schedule

Tuesday, March 24

7:30am MPPDA Registration Opens
7:30am-6:00pm APPD LEAD Meeting (LEAD Cohort only)
APPD Board of Directors Meeting
8:00am-2:30pm MPPDA Pre-Course (additional fee required)
8:00am-11:30am AMPPA TAGME Exam (prior appointment necessary)
1:00pm - 5:00pm APPD TAGME Exam (prior appointment necessary)
3:30pm-5:00pm MPPDA Committee Meetings
5:30pm-7:00pm MPPDA Reception

Wednesday, March 25

7:30am-11:30am APPD LEAD Meeting (LEAD Cohort only)
8:00am-5:00pm MPPDA General Session and Break-out Sessions (separate registration required, schedule available soon)
8:00am - 5:30pm APPD Forum for Chief Residents (Breakfast and Lunch will be included)

Coordinated by Erin L. Giudice, MD, Pediatric Residency Program Director, University of Maryland, Blair Dickinson, MD, Associate Residency Program Director, St. Christopher’s Hospital for Children, Cynthia Ferrell, MD, MSEd, Pediatric Residency Program Director and Megan Aylor, MD, Associate Program Director, Oregon Health Sciences University, Maria Ramundo, MD, Pediatric Residency Program Director, Akron Children’s Hospital, Kenneth B. Roberts, MD, University of North Carolina School of Medicine, Glenn Rosenbluth, MD, Associate Director, Pediatric Residency Training Programs, University of California, San Francisco, Edwin L. Zalneraitis, MD, Pediatric Residency Program Director, University of Connecticut, Amita DeSouza, MD and Caitlin Zaner, MD, Chief Residents at the University of Maryland, Ilona Kane, MD, Kheyandra Lewis, MD, and Valerie Martin, DO Chief Residents at St. Christopher’s Hospital for Children, Bryan McKee, MD, Chief Resident at Akron Children’s Hospital, and Laura Holzum, MD, Chief Resident at Southern Illinois University. Sponsored by the APPD Faculty and Professional Development Task Force.

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, and mentors. To be effective across these multiple domains, Chief Residents must have a broad skill set and acquire new skills, especially to address the leadership and administrative aspects 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 successful 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. The afternoon session will have two separate tracks: a track for rising Chief Residents will focus on planning the Chief Resident’s academic year and a track for graduating Chiefs will focus on professional development beyond the chief resident year.

9:00am-4:00pm  APPD COORDINATORS’ SESSION (LUNCH ON YOUR OWN)
9:00-9:30am  WELCOME AND INTRODUCTIONS OF THE COORDINATORS EXECUTIVE COMMITTEE
9:30-11:00am  COORDINATOR WORKSHOP: FOSTERING EMOTIONAL INTELLIGENCE IN YOURSELF AND THOSE YOU WORK WITH: RESIDENTS, FACULTY AND OTHER STAFF
Pamela Carpenter, C-TAGME, Amy Kearns, Jamie Bruse, C-TAGME; University of Utah; Pediatric Residency Program, Salt Lake City, Utah; Charlene Rotandi, Stanford University, School of Medicine, Palo Alto, CA; Teresa Flournoy, MBA, C-TAGME, Children’s Mercy Hospital, Kansas City, MO
Emotional Intelligence (EI) is the ability to manage one’s emotions and the emotions of others. This is a vital key to guiding communication and professional relationships. As coordinators, our job can be seriously complicated by emotional relationships with our peers, leaders, and trainees. Studies have linked EI scores to strong or poor MD-RN and MD-patient relationships. Therefore, as coordinators, skills in assessing not only our response to interpersonal obstacles but coaching others to similarly react are invaluable. This workshop will consist of a didactic portion, explaining the tenets of EI and how it applies to our workplace. Coordinators will receive results of a previously emailed assessment of their EI scores and results will be explained. Next, an interactive portion will include small breakout groups where participants will receive direction to help coach themselves and their colleagues through a difficult scenario. Attendees will be able to effectively apply the skills learned to difficult situation and/or conversations.
11:15-12:30pm  ERAS DEMO AND UPDATE
This presentation will include an update on changes being made to the web-based PDWS, a live demo of the PDWS, and an opportunity for questions and answers.
12:30-2:00pm  LUNCH ON YOUR OWN
2:00-4:00pm  COORDINATOR TABLE TALKS
This forum, introduced last year, will again be an opportunity for coordinators to hear information on topics of interest based on recent feedback. Participants will move from table to table in a “speed dating” format in this highly interactive format. Topics will include: best practices; TAGME; Use of technology, etc.

11:30am-3:45pm  APPD Pre-Conference Workshops
(pre-Conference Workshop 1
INCREASING THE VALUE OF THE INDIVIDUALIZED CURRICULUM/EXPERIENCES BY CREATING OPPORTUNITIES FOR TRAINEES TO DEVELOP SELF-REGULATED LEARNING SKILLS
Kimberly A. Gifford MD, Children’s Hospital at Dartmouth, Lebanon, NH, John D. Mahan MD, Nationwide Children’s Hospital/OSU, Columbus, OH, Patricia J. Hicks MD, MHPE, Children’s Hospital of Philadelphia; Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA, Franklin Trimm MD, University of South Alabama College of Medicine, Mobile, AL, Tai M. Lockspeiser MD, MHPE, University of Colorado, School of Medicine, Aurora, CO, Ann Burke MD, Wright State University, Dayton, OH
Rapid changes in health care delivery and expansion of medical science require graduate medical education programs to develop pediatricians who are self-motivated and have the ability to acquire new knowledge and skills throughout their career. In contrast to the standard curriculum offered to all residents, the individualized curriculum allows residents to focus their learning
on individual career goals and develop the skills needed to be lifelong learners. Similarly, fellows have electives or other individualized experiences. The self-regulated learning (SRL) model provides a conceptual framework for physician lifelong learning (Artino 2003). In this model, learning occurs in three phases: self-reflection, forethought, and performance. Programs can provide opportunities for trainees to practice SRL with guidance through the process of planning individualized experiences and by engaging in certain curricular choices. During this workshop participants will explore opportunities for residents or fellows to practice SRL and create a plan to enhance the existing approach to the individualized experiences at their own institutions. In small groups, participants will develop a plan in the format of Kern’s Six Steps for program directors to effectively educate and manage in these environments. The discussion will aim to "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 focus on the "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 focus on the "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 focus on the "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.

3:45pm-5:45pm        APPD Grassroots Forum for Program Directors
The Grassroots Forum for Program Directors will focus on timely topics of interest to Program Directors. This year’s facilitators will be Drs. Betty Staples (Duke University), Kate Perkins (UCLA), and Casey Hester (Oklahoma University Health Sciences Center).

APPD 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: Drs. Lynn Gardner (Emory University), Sue Poynter (University of Cincinnati), and Michelle Barnes (University of Illinois-Chicago).
APPD Grassroots Forum for Fellowship Directors

This moderated open forum is designed specifically for subspecialty fellowship directors and coordinators to discuss a variety of current trends in fellowship education. There will be open discussion of fellowship training length and hospital medicine certification, next steps for EPAs, Milestone reporting, CCCs, and PD FTE needs. Representatives from the American Board of Pediatrics, CoPS, and the ACGME will be present to engage in dialogue related to these and other topics. Your active participation and sharing of possible solutions is important and will be facilitated by the APPD Fellowship Directors Executive Committee. We anticipate your active participation. There will also be representatives from the American Board of Pediatrics and the ACGME to engage in dialogue related to such potential topics as EPAs and Milestones, MOC, and new NAS requirements (CCC, PEC, reporting of Milestones). Registrants may be surveyed prior to meeting to identify other potential topics of interest. Leaders: APPD Fellowship Directors’ Executive Committee / Bruce Herman, MD, Michael Brook, MD, Geoffrey Fleming, MD, Kathleen McGann, MD, Angela Myers, MD, MPH, Pnina Weiss, MD

6:00pm - 7:00pm  APPD Networking Reception (open only to APPD registrants)

7:00pm-9:00pm  MPPDA Dinner (separate fee required)

THURSDAY, MARCH 26

7:00am-8:30am  APPD Continental Breakfast

APPD Pediatric Education Group (PEG) Meetings
(visit www.appd.org/activities/PEGs.cfm for PEG descriptions)
- Global Health
- LGBTQA
- Simulation
- Under Represented Minorities in Pediatric GME

8:30am-9:35am  APPD Members’ Meeting: Awards and Annual Reports

8:30-8:34  Welcome – Dena Hofkosh, MD, MEd, APPD President
8:34-8:35  APPD View Pages – Robert Vinci, MD, Associate Editor, APPD
8:35-8:38  Treasurer’s Report – Javier Gonzalez del Rey, MD, MEd, APPD Secretary/Treasurer
8:38-8:40  Special Projects Announced – Javier Gonzalez Del Rey, MD, MEd
8:40-8:44  Election Results – Patricia Hicks, MD, MHPE, APPD Past President
8:44-8:48  Farewell to exiting leaders – Dena Hofkosh, MD, MEd
8:48-8:50  Thank you to Program Chair – Dena Hofkosh, MD, MEd
8:50-9:00  Research/QI/Trainee Awards – Debra Boyer, MD
9:00-9:03  Holm Award and acceptance – Patricia Hicks, MD, MHPE
9:03-9:06  Tunnessen Award and acceptance – Patricia Hicks, MD, MHPE
9:06-9:10  Berkowitz Award and acceptance – Patricia Hicks, MD, MHPE
9:10-9:22  Executive Committee Chairs, Task Force Chairs and Regional/CORC update
Executive Committee Chairs (Aditee Narayan, MD, MPH, Kelley Pike, Bruce Herman, MD); Task Force Chairs (Assessment Task Force: Kathleen Bartlett MD, Chair, Mark Vining, MD, Vice Chair; Curriculum Task Force: Becky Blankenburg, MD, Chair, Helen Barrett Fromme, MD, MHPE, Vice Chair; Faculty and Professional Development Task Force: Nancy Spector, MD, Chair, Marsha Anderson, MD, Vice Chair; Learning Technology Task Force: Mark Hormann MD, Co-Chair, Emily Borman-Shoap MD, Co-Chair; Research and Scholarship Task Force: Heather McPhillips, MD, MPH, Chair, Su-Ting T Li MD, MPH, Vice Chair; J. Auxford Burks, MD, Chair of the Council of Regional Chairs
9:22-9:27  APPD LEARN – Alan Schwartz, PhD, APPD LEARN Director
9:27-9:35  APPD LEAD Graduation – Susan Bostwick, MD, APPD LEAD Council Chair
WORKSHOP 1: HABITS OF HIGHLY SUCCESSFUL ACADEMICIANS: MAKING YOUR GRANDMOTHER (AND YOUR DEPARTMENT CHAIR) PROUD
Scott C. Borinestein MD, PhD, Vanderbilt University, Department of Pediatrics, Division of Pediatric Hematology/Oncology, Geoffrey M. Fleming MD, Vanderbilt University, Department of Pediatrics, Division of Pediatric Critical Care, Nashville, TN

Physician training in medical school and residency focuses on professionalism with patients, however little time is spent preparing trainees for career success in academic medicine. The goals of this workshop are to help workshop participants identify the key qualities of successful academic physician leaders and develop techniques to improve professional image. Using a combination of didactic, guided, and small group learning techniques, important concepts of professionalism and communication will be introduced. The workshop will be broken into two thematic sections. The first will address common practices of successful physician self-management as a key to success using the acronym CREDO (Communicator, Reliable, Energistic, Doer, Organized) as a tool for practice. The second focus of the workshop will be relationship management, including navigating political scenarios as well as networking. Using case-based small group discussion, participants will create generalizable rules for navigating charged political scenarios in academic medicine with report out to the whole group. The final session will begin with a brief discussion of effective networking in medicine. This will include a demonstration of a focused overview of current activities (the Elevator Speech). Participants will then divide into dyads to practice developing and delivering their Elevator Speech in a pair-share design. The workshop will conclude with take home points and a brief question/answer period. By the end of the workshop, participants will be able to use the CREDO acronym to identify and manage professional image and relationships, use tips for navigating academic politics and deliver an Elevator Speech to briefly summarize their current academic activities to others.

WORKSHOP 2: MINDFUL MEDICINE- AN APPROACH TO ACKNOWLEDGING AND AVOIDING COGNITIVE BIAS
Angela L. Myers MD, MPH, Children’s Mercy, Kansas City, Missouri, Bruce Herman MD, University of Utah, Salt Lake City, Utah, Kathleen McGann MD, Duke University, Durham, North Carolina, Chris Kennedy MD, Children’s Mercy, Kansas City, Missouri, Michael Brook MD, University of California San Francisco, San Francisco, CA

Missed diagnoses and subsequent treatment failures are common in medical practice. The goal of this workshop is to develop a better understanding of common cognitive pitfalls in the diagnostic process in the context of human clinical reasoning patterns. The workshop will begin with an introduction to typical clinical reasoning styles and different types of cognitive bias with specific examples from everyday practice in a facilitated large group discussion. We will then work on recognizing cognitive bias in the case-based scenarios in small groups. Each small group will review a case scenario and identify where cognitive bias(es) occurred. Based on these thoughts and input from the facilitators, the next segment will discuss the concept of mindful practice along with strategies to mitigate cognitive bias in the example case scenarios. Finally, each individual will reflect on instances in which cognitive bias occurred with a trainee or in a patient they were directly involved in, factors that promoted cognitive bias in that setting, and possible ways to mitigate cognitive bias in future encounters, by using a checklist for medical decision making. We will then come back together in a large group to discuss ways in which these concepts might be included into trainee evaluations.

WORKSHOP 3: A ROADMAP TO TEACH SENIOR RESIDENTS TO FACILITATE DEBRIEFINGS AFTER CRITICAL INCIDENTS
Amanda D. Osta MD, University of Illinois, Chicago, IL, Janet R. Serwint MD, Johns Hopkins University, Baltimore, MD, Megan E. McCabe MD, The Children’s Hospital at Montefiore, Bronx, NY, Annamaria T. Church MD, U of TN COM-Chattanooga, Chattanooga, TN, Albina S. Gogo MD, U C Davis, Sacramento, CA, Ann Burke MD, Wright State University, Dayton, OH

The practice of pediatrics is both incredibly rewarding and incredibly demanding. Identifying and addressing critical incidents is necessary to promote resident well-being, self-reflection and successful integration of these experiences. Lack of attention to the impact of these experiences can lead to burnout, depersonalization and distancing from families. This workshop uses the train-the-trainer model to teach the use of debriefings for residents after critical incidents. Members of the AAP, APA and APPD collaboratively developed a curriculum focused on promoting resilience in the face of grief and loss, and the use of debriefing is one of the key components of this curriculum. Debriefings allow time for individuals to reflect on the critical incident, understand the emotional impact of the experience on themselves, and better understand the perspectives of other providers who were involved. In this highly interactive workshop, we will use individual work, pair-share, small group, and large group work to highlight the curriculum that has been developed to teach senior residents to facilitate a debriefing session. At the end of the workshop, participants will leave with the tools, including journaling worksheets, mock resident debriefing cases, and the facilitator’s guide to teach senior residents how to do debriefings.

WORKSHOP 4: CLINICAL LEARNING EXPERIENCES THAT PREPARE RESIDENTS FOR PRACTICE, THE FUTURE OF HEALTH CARE AND CLER!
Priya S. Garg MD, Snehal Shah MD, Jamie Fey MD, Kelly Wills MD, Judi Cullinane RN,MSN, Megan Cardoso MD, Tufts Medical Center, Boston, MA

The AMA and ACGME have stated that addressing issues of patient safety and health care quality are an essential component
of modern medical practice. Many program directors have struggled to successfully implement meaningful experiences around safety and quality and have chosen to focus solely on the quality improvement (QI) project and its implementation. However, the practicing physician of the future will need many skills beyond just that of QI. At our institution we noted residents struggling with discharge summary communication, patient safety event analysis and interprofessional teamwork. This workshop will share the curriculum we created to enhance those areas. Our workshop will begin by briefly reviewing the literature related to discharge communication and results from a national survey that led to the Tufts Discharge Summary Template currently given to our residents. We will then focus on developing best practices related to improving the quality of information that should be included in the discharge summary. Working in pairs, all participants will review and critique a brief hospital course of a discharge summary written by a resident. The pairs will share the feedback they would provide within their small group. We will then share the Evaluation Rubric we created as tools to improve the quality of discharge summaries at our institution. The second half of the workshop will focus on an interprofessional patient safety curriculum created at our institution. We will create multiple small groups that will function as simulated interprofessional teams participating in the patient safety training. These teams will analyze a real safety event and engage in the same activities our learners complete in their patient safety training. We will present the 5 step process we use in our longitudinal patient safety training. At the end of workshop, participants will complete an implementation sheet for home and we will share tools form our training curriculum.

WORKSHOP 5: FINDING THE GLOBAL HEALTH PREPARATION SWEET SPOT WITH SUGAR (SIMULATION USE FOR GLOBAL AWAY ROTATIONS)
Sabrina M. Butteris MD, University of Wisconsin School of Medicine & Public Health, Madison, WI, Mike B. Pitt MD, University of Minnesota Masonic Children’s Hospital, Minneapolis, MN, Nicole St. Clair MD, Medical College of Wisconsin, Milwaukee, WI, Stephen Warrick MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Sarah Webber MD, University of Wisconsin School of Medicine & Public Health, Madison, WI, Jacquelyn Kuzminski MD, Medical College of Wisconsin, Milwaukee, WI, Grace M. Arteaga MD, Mayo Clinic, Rochester, MN, Charles Schubert MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Amer Al-Nimr MD, Rainbow Babies & Children’s Hospital, Cleveland, OH
As the number of residents participating in global health (GH) rotations continues to rise, educators strive to prepare residents to embark on these rewarding but challenging situations. Preparation for GH rotations has generally involved self-study on the part of the resident (reading about the country, culture & diseases), discussion sessions with faculty and other residents, and didactic sessions about health and safety and disease specific lectures. While these elements are important, they fall short when it comes to emotionally preparing residents for the day-to-day emotional obstacles that they will encounter. Given this preparatory gap, we have developed and evaluated a standardized, simulation-based curriculum (Simulation Use for Global Away Rotations, SUGAR) aimed at evoking the difficult emotions experienced by residents participating in GH rotations. SUGAR allows residents to experience challenging scenarios and emotions before they embark on their rotations. Structured debriefing allows them to process their emotions and problem solve as a group about how to approach similar scenarios during their rotation. We have piloted this curriculum at 7 sites and had overwhelmingly positive feedback about its content, structure and impact. We have since rolled out to nearly 40 institutions and begun publishing the results. SUGAR uses a novel, easy to follow case format that has been successfully used by both novice and expert simulation educators following a brief facilitator training session. In this workshop, we will train residency program educators to facilitate these standardized simulation sessions through a combination of debriefing training, case familiarization and interactive practice. Anyone who is involved in GH education is welcome to attend. No prior simulation experience is needed to attend the workshop and facilitate the sessions. As the cases can be run with a doll or inanimate object, participants do not need to have access to any simulation equipment at their home institutions. Programs of all sizes and stages of GH infrastructure are strongly encouraged to attend.

WORKSHOP 6: A TASTE OF BALINT: INTRODUCTORY EXPERIENCE WITH THE BALINT GROUP MODEL TO ENHANCE EMPATHY AND PROFESSIONAL DEVELOPMENT AMONG PEDIATRIC RESIDENTS
(Registration limited for this workshop to first 30 registrants)
Evelyn C. Reis MD, Children’s Hospital of Pittsburgh of UPMC, Phillip Phelps LCSW, BCD, UPMC Shadyside Family Medicine, Dena Hofkosh MD, Stephanie Dewar MD, Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, PA
Pediatric residents may feel frustrated or unsettled following interactions with some patients or their families. One way to better understand and learn from these challenging situations is to participate in a Balint group. A Balint group is a small group of physicians who meet regularly and participate in a supportive facilitated case discussion. In contrast to traditional case discussions which focus on problem solving, Balint groups focus on enhancing the physician’s ability to connect with and care for the patient and family. Following a case presentation, the members explore different perceptions about the physician’s and patient’s thoughts and actions, and consider what is needed for the physician to build an empathetic, fulfilling and effective relationship with the patient. Typically, Balint groups are held longitudinally over years. The challenge for pediatric programs is finding time in the curriculum to add another longitudinal experience. To address this logistical challenge, we have implemented a weekly Balint experience for PL-2 residents during three of their 1 month-long block rotations. Residents have shared that they appreciate the Balint experience as it provides an opportunity to reflect on challenging cases and gain insights into their own and their patients’ perspectives. Results of an anonymous survey of all PL-2 residents revealed that participation in Balint group fosters skills in: self-reflection, ability to tolerate uncertainty, empathy, increased flexibility when responding to challenging...
Coordinators Workshop 9: Enhancing Teamwork in Your GME Office: A Workshop for Program Directors and Coordinators

Heather A. McPhillips, MD, MPH; Drake Kendermore; Maneesh Batra, MD, MPH; Scott Olson; Lauren Wilson, MD; Kashena Konecki; Mollie Grow, MD, MPH; Celeste Quitiquit, MD; Jennie Wild, MD; Carolyn Schook, MD; Sarah Dixon, MD; University of Washington, Seattle, WA

This workshop is an opportunity for residency and fellowship program leadership (PDs, APDs, Chief Residents and Coordinators) to understand more about their individual work styles and communication preferences, and how to adapt their preferences to work more effectively together as a team. Participants in this workshop will take the self-scored Myers Briggs Type Indicator. This instrument identifies individuals by 16 different personality styles in 4 letter combinations: Extroversion (E) vs. Introversion (I), Intuition (N) vs. Sensation (S), Thinking (T) vs. Feeling (F), Judging (J) vs. Perceiving (P). After completion, the large group will work through interactive exercises to discuss how different types prefer to communicate, interact and work. We will then break into smaller groups in different work style combinations (NT, NF, ST, SF) to discuss strengths and opportunities for improving interactions based on individual styles. As a large group, we will learn from each other about how our opposite type prefers to work. Next we will break into 4 different groups based on communication preferences (EN, IN, ES, IS) and again work through questions to learn about each other’s communication preferences. Finally, we will break into groups of PDs and Coordinators to discuss practical strategies to use this learning in our every day work to enhance teamwork and office efficiency. Participants will leave with an action plan to use at home and a toolkit to run a similar workshop with their entire GME team.
CORRELATION OF OSCE AND CLINICAL ROTATION MILESTONE RATINGS

Aisha B. Davis MD, Children’s National Medical Center, Washington, DC, Joseph O. Lopreiato MD, MPH, Uniformed Services University, Bethesda, MD, Dewesh Agrawal MD, Program Director, Children’s National Medical Center, Ashraf Harahsheh MD, FAAP, FACC, Children’s National Health System/George Washington University, Mary C. Ottolini MD MPH, Cara Lichtenstein MD MPH, Children’s National Medical Center, Washington, DC, Kathleen Wortmann, Uniformed Services University of the Health Sciences, Jerri Curtis MD, National Capital Consortium, Bethesda, MD

Background: The ACGME requires semiannual documentation of residents’ milestone attainment. OSCE data has correlated with other performance measures in some cases but it is unclear whether OSCE and clinical rotation evaluations correlate when assessing milestones. We compared milestone attainment measured by OSCE to those measured by rotation evaluations.

Methods: An OSCE was designed to assess select pediatric milestones. 8 standardized patient scenarios were created and tailored for observation of 8 of the subcompetencies required for semiannual reporting. Faculty observers were trained in the use of the milestones. Faculty used half-point increments to denote milestone levels. Milestone assessments from the OSCE were compared with the average milestone ratings from resident rotation evaluations for each intern in the preceding 6 months. Correlation was assessed with the Pearson correlation coefficient and significance was set at \( p < 0.05 \). Results: 36 interns participated. The correlation of OSCE ratings and rotation evaluation ratings was not statistically significant, although the correlation for ICS-2 approached significance (\( R = 0.28 \), \( p = 0.057 \)). Mean milestone scores and range of scores were notably higher for rotation evaluations than OSCE ratings. Conclusions: Milestone scores assigned in rotation evaluations did not correlate well with those assigned during direct observation of OSCE stations specifically designed to measure those subcompetencies. The range of scores assigned for each competency was higher for rotation evaluations. It is unclear whether rotation evaluation or OSCE scores best assess actual clinical performance. Clinical rotations offer the opportunity to observe the resident longitudinally; however, there are limitations to observing in a busy and unpredictable clinical setting. OSCEs offer the opportunity for faculty development regarding assigning milestones, focused faculty time for assessment, and controlled stations designed to assess specific competencies. Our results add data to the discussion regarding validity and reliability of using rotation evaluations to assess milestone achievement.
Platform Presentation 4

ASSESSMENT OF RESIDENT PATIENT HANDOFF SKILLS: VALIDITY EVIDENCE FOR THE USE OF A STRUCTURED CLINICAL OBSERVATION TOOL TO MAKE COMPETENCY AND ENTRUSTMENT DECISIONS

Daniel C. West MD, University of California, San Francisco, San Francisco, CA, I-PASS Study Group, Boston Children’s Hospital, Boston, MA

Background: Patient handoffs have been identified as an important Entrustable Professional Activity (EPA) and GME programs are required to ensure trainees develop handoff skills. Training residents in the I-PASS handoff method has been shown to be associated with increased skills and reduced medical errors and patient harm. However, valid methods to assess individual resident handoff skills are lacking. Objective: Generate validity evidence for a structured clinical observation tool of resident handoff skills. Methods: From January 2011 to May 2013, we implemented the I-PASS Handoff Bundle to improve handoff skills in 9 pediatric residency programs. To support implementation, we developed the I-PASS structured clinical observation (I-PASSco) using an iterative, consensus-building process with an expert panel. The final tool consisted of 10-items aligned with the I-PASS curriculum and rated on a 5-point frequency scale (never, rarely, sometimes, usually, always). Following training to use the tool, faculty observers at each site used the I-PASSco to assess residents giving patient handoffs. To assess internal structure and reliability, we performed a 2-facet (observation occasion and item) Generalizability (G-study) and Decision study (D-study). Results: We analyzed the scores from 2 randomly selected observations of each of 102 residents [204 observations]. In the G-study, the 4 largest sources of score variance were: Resident (variance [percent of total]) (0.25 [32]); Resident-Occasion interaction (0.10 [13]), Resident-Item interaction (0.08 [10]); Residual (0.33 [42]). The D-study found that the 10 item I-PASSco administered on 3 separate occasions produced scores sufficient for both relative (i.e. norm-based) and absolute (i.e. standard-based) high-stakes decisions (G-coefficient [0.82] and phi [0.82]). Conclusions: Scores from the I-PASSco have strong validity evidence. The average score of 3 separate assessments of an individual resident is sufficient for competency and entrustment decisions.

2:00pm-5:30pm  APPD Key Stakeholders Session

2:00pm-3:00pm  Milestones Session (PMAC, LEARN, ACGME)

Milestones: What’s now, what’s new and what’s missing (A Collaborative Exercise in Defining a Research Agenda)

Participants: Stanley Hamstra, PhD and Laura Edgar, EdD, CAE, Executive Director, Milestones Development, ACGME; Patricia Hicks, MD, MHPE, PMAC; Su-Ting Li, MD, MPH and Kim Gifford, MD, APPD LEARN Self- Assessment of Milestones Study Group; Alan Schwartz, PhD (moderator)

3:00pm-3:15pm  Q&A

3:15pm-3:55pm  ACGME Update: Joseph Gilhooly, MD, Chair RC for Pediatrics, ACGME; Caroline Fischer, Executive Director, Accreditation Standards, ACGME Review Committee; Ingrid Philibert, PhD, Senior Vice President, Field Activities, ACGME

3:55pm-4:05pm  Q&A
4:05pm-4:35pm  ABP Update: Gail McGuinness, MD, Executive Vice President, American Board of Pediatrics

4:35pm-4:45pm  Q&A

4:45pm-5:15pm  Legislative Updates: Topics of interest to pediatric educators: Mark Del Monte, JD, Chief Public Affairs Officer of the American Academy of Pediatrics

5:15pm-5:30pm  Q&A

5:30pm - 6:30pm  Pediatric Hospital Medicine Fellowship Certification Discussion
This optional session will include a panel discussion covering the questions from the American Board of Pediatrics to the APPD regarding pediatric hospital medicine fellowship certification.

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

FRIDAY, MARCH 27

6:30am-7:30am  Informal Group Run/Walk

7:00am - 8:30am  Continental Breakfast

7:00am - 8:30am  APPD Mentoring Session
(Limited to first 30 Mentees who register by March 4)
Sponsored by the APPD Faculty and Professional Development Task Force
APPD Mentorship Committee of the Faculty and Professional Development Taskforce: Aditee Narayan, MD, MPH, Duke University Medical Center, Durham, NC; Nancy Spector, MD, St. Christopher's Hospital for Children, Philadelphia, PA; Marsha Anderson, MD, University of Colorado, Aurora, CO; Janet Serwint, MD, Johns Hopkins University, Baltimore, MD; Theodore Sectish, MD Children's Hosp Boston, Boston Combined Residency, Boston, MA; Teri Turner, MD, MPH, MEd, Baylor College of Medicine, Houston, TX; Cliff Yu, MD, National Capital Consortium, Bethesda, MD; Joe Loprepiato, MD, MPH, National Capital Consortium, Bethesda, MD; Megan Aylor, MD, Oregon Health Sciences University, Portland OR; Mario Cruz, MD, St. Christopher's Hospital for Children, Philadelphia PA; Kimberly Gifford, MD, Dartmouth-Hitchcock Medical Center; Courtney Judd, MD, San Antonio Military Medical Center
We are excited to offer APPD's first speed mentoring session. Prior to the meeting, mentors and mentees will prepare and share each others' CVs for review. 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. Mentees will spend ten minutes with each of the five various experienced APPD mentors for one-on-one interactions. The speed mentoring session will conclude with a small group debrief with breakfast. Due to the highly individualized structure, registration is limited to 30 mentees. Mentors will be solicited separate from the registration process. The speed mentoring session is complementary to the large group “Meet the Professor” session held in the Fall Meeting.

8:30am-10:30am  Workshop Session 2 (choice of 9)
WORKSHOP 10: I DON’T WANT SOMEONE LIKE YOU TAKING CARE OF MY CHILD: IDENTIFYING STRATEGIES TO ADDRESS DISCRIMINATION TOWARD PHYSICIANS BY PATIENTS AND FAMILIES
Emily Whitgob MD, MEd, Alyssa Bogets MSW, Laura Bachrach MD, Ian Chua MD, Sarah Hilgenberg MD, Rebecca Blankenburg MD, MPH, Stanford University, Palo Alto, CA
There is a gap in the literature describing how physicians respond when confronted with discrimination enacted by their patients or patients’ families. Medical trainees can feel alienated; clinical educators may feel powerless. Based on personal experiences, the presenters developed scenarios illustrating different types of discrimination and held structured interviews with faculty educators, who identified a range of approaches toward these difficult but inevitable situations. This research has confirmed that faculty development is needed, and review of the literature and faculty responses has led to new curricular materials for faculty development. In this interactive workshop using individual reflection, facilitated small group activities, and large group discussions, participants will first learn how this specific type of mistreatment fits into the broader conversation. Attendees' reflection upon personal experiences of patient or family discrimination will lead into facilitated small group breakout to create training scenarios. Sharing of these scenarios with the rest of the workshop will stimulate discussion of potential trainee and faculty strategies for managing these situations. The workshop's focus will then transition...
to generating faculty development resources that prepare supervisors and trainees to effectively and confidently respond in these situations. In facilitated small group discussions, participants will brainstorm faculty development activities and then come together to discuss best practices for implementation. Participants will leave the workshop with tools to facilitate these essential conversations in their own learning environments and institutions. This workshop is applicable to all learners and educators who are interested in addressing a common but complex and rarely discussed topic.

WORKSHOP 11: CSI PEDIATRICS: COMMUNICATION SKILLS INSTRUCTION USING ROLE PLAY WITH SIMULATED PATIENTS TO OPTIMIZE RESIDENT MEDICAL ERROR DISCLOSURE

Evelyn C. Reis MD, Sylvia Choi MD, Dena Hofkosh MD, Stephanie Dewar MD, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA, Laurie Wilkie MD, MS, Riley Hospital for Children, Indianapolis, IN

Medical errors are the 8th leading cause of death in the US. Improving disclosure of medical errors and near misses is vital to increasing patient safety, but training physicians in disclosure skills is challenging. We have developed a course for pediatric residents consisting of 2 hour sessions focused on communication skills needed in provocative situations, using realistic clinical scenarios and simulated parents. The process of learning is experiential and uses guided self reflection, discussion among peers, and feedback from the simulator and faculty. Trained faculty facilitators, creating a safe learning environment for role play, and acquiring essential resources will be reviewed. We will share the specific scenarios for different levels of trainees. Participants will have the opportunity to practice facilitation of the medical error disclosure scenarios using role plays so they can receive real time feedback from the course directors.

WORKSHOP 12: GLOBAL HEALTH GOES THE MILE(STONE)

Gitanjli Arora MD, DTMH, UCLA, Los Angeles, CA, Tania Condurache MD, MS, University of Louisville School of Medicine, Louisville, KY, Sabrina Butteris MD, University of Wisconsin School of Medicine & Public Health, Madison, WI, Charles Schubert MD, Cincinnati Children’s Hospital and Medical Center, Cincinnati, OH, Nicole St Clair MD, Medical College of Wisconsin, Milwaukee, WI, Maneesh Batra MD, MPH, University of Washington/Seattle Children’s Hospital, Seattle, WA, Lynn Garfunkel MD, University of Rochester, Rochester, NY, Kate Perkins MD, PhD, UCLA, Los Angeles, CA

While resident participation in global health grows, there continue to be no standard metrics for assessment of residents engaged in global health rotations. Current evaluation tools may not enable assessment of objectives unique to global health rotations and the milestone framework may be cumbersome for evaluators supervising residents abroad. This workshop will begin with an overview of global health rotations as opportunities to assess competencies essential to pediatrics. Resource-limited settings require that residents develop new knowledge and skills, and express empathy, humanism, and cultural humility. Additionally, residents on global health rotations must have an awareness of their own and their supervisors expertise, practice within their level of training, understand limitations in resources, display effective interactions with colleagues, and engage in appropriate help-seeking behaviors. In small groups, participants will use case scenarios and their own experiences to identify challenges of current assessment tools, and define key competencies to be assessed in global health settings. Findings will be presented to the large group for consensus on milestones specific to global health rotations. Participants will then be provided with examples of novel evaluation strategies, including use of technology for real-time assessment by faculty at US based institutions and tools to enable the supervising faculty abroad to assess milestones specific to global health objectives. Participants will divide into small groups to develop strategies for assessment of residents or to adapt current evaluation tools, from the perspective of the US institution and the partner institution abroad. Participants will be encouraged to consider using assessment tools as an opportunity for continuous and sustained communication between the global health partner institutions, to reaffirm expectations and responsibilities of each partner, and to encourage feedback. Proposed strategies and tools will be summarized for the large group. Participants can expect to receive updated assessment strategies and tools based on the workshop outcomes by email after the meeting.

WORKSHOP 13: CHAMP-THE COMMUNITY HEALTH AND ADVOCACY MILESTONES PROFILE: HOW AN INNOVATIVE APPROACH AND YOUR PROGRAMS COMMUNITY HEALTH AND ADVOCACY TRAINING CAN HELP YOU ASSESS YOUR RESIDENTS PROGRESS TOWARDS MILESTONES.

Benjamin Hoffman MD, OHSU, Portland, OR, Cara Lichtenstein MD, MPH, Children’s National Medical Center, Washington, DC, Caren E. Cellin MD, University of Rochester, Rochester, NY, Susan Guralnick MD, Winthrop University Hospital, Mineola, NY, Michelle Barnes MD, University of Illinois at Chicago, Chicago, IL, Cindy Ferrell, OHSU, Portland, OR

One of the most challenging aspects of the ACGME’s Next Accreditation System is translating a residency program’s training objectives and current curricula into the language of competencies and milestones. This process is even more challenging
for community health and advocacy training experiences as there are few well-established competency-based curricula. This interactive workshop will utilize an innovative curriculum mapping tool (Community Health and Advocacy Milestones Profile (CHAMP)) that was developed to match the AAP Community Pediatrics Training Initiative’s (CPTI) objectives for residency education in community health and advocacy to the milestone-based competencies. After briefly reviewing the CPTI objectives, the language of the milestones, and how the CHAMP was created, participants will discuss how such a tool could benefit both advocacy training programs and residency directors. In small groups of 2-3 participants will utilize the CHAMP tool to connect their current community health and advocacy training curriculum and activities to both the CPTI objectives and the ACGME competencies. As part of large group reporting of participants’ maps, we will also share several examples of completed CHAMP tools from workshop leaders. Based on the work done at each table, participants will discuss where their advocacy curricula are either meeting or failing to meet objectives and competencies. Groups will then brainstorm plans and share ideas for filling identified gaps with curricular activities and assessment tools. Workshop presenters will facilitate a large-group discussion on ways that this methodology can be used for other training objectives and curricula. Participants will leave with several examples of completed CHAMP tools aligning curricula with competencies, as well as tools to complete CHAMP mapping tools for their programs. Post-workshop, participants will be invited to upload their completed CHAMP tool to a Wiki site to foster connections and disseminate best practices.

WORKSHOP 14: CULTIVATING RESILIENCE AS PEDIATRIC HEALTH CARE PROVIDERS: TEACHING OURSELVES AND OUR LEARNERS
Janet R. Serwint MD, Johns Hopkins University, Baltimore, MD, Annamaria T. Church MD, Univ of Tennessee COM-Chattanooga, Chattanooga, TN, Megan McCabe MD, The Children’s Hospital at Montefiore, Bronx, NY, Ann Burke MD, Wright state University Boonshoft SOM, Dayton, Ohio, Dena Hofkosh MD, MEd, Children’s Hospital of Pittsburgh, Pittsburgh, PA, Albina S. Gogo MD, U C Davis, Sacramento, CA, Amanda Osta MD, University of Illinois-Chicago, Chicago, IL
The September 2014 AAP clinical report on Physician Health and Wellness and the Pediatric Milestone project emphasize the importance of creating a health care provider culture of wellness and developing strategies to prevent burnout due to the inevitable stressors in clinical care. Developing resilience is crucial in preventing burnout, depersonalization, major depression, medical errors and dissatisfaction with career choice. However, historically, this concept has not been included in most training programs. To address this deficiency, members of the AAP, APA, APPD and COMSEP collaboratively developed a novel curriculum focused on promoting pediatric resident resilience in the face of grief and loss. In this highly interactive workshop we will use a train the trainer model to introduce components of this curriculum. Using individual work, pair-share, small, and large group discussion we will practice techniques for reflection, journaling, and identifying in the moment and long term strategies for resilience. Participants will develop their own Wellness Learning Plan. At the end of the workshop participants will receive the link to the curriculum including ready-to-use presentations, handouts, and facilitator instructions. Participants will leave the workshop with strategies of how to implement the curriculum at their own institution.

WORKSHOP 18: CREATING AND IMPLEMENTING A HIGH-VALUE COST-CONSCIOUS CARE CURRICULUM FOR PEDIATRIC RESIDENCY PROGRAMS
Suzanne K. Woods MD, Carolyn S. Avery MD, Duke University Medical Center, Durham, NC
Background: Healthcare expenditures will reach 20% of U.S. G.D.P. by 2020. Each year we spend $700 billion in healthcare waste and physicians are responsible for 87% of this unnecessary spending. Improving quality of care while decreasing the cost of health care has become a national priority. Nationwide initiatives have been launched to achieve this aim, including the American College of Physician’s (ACP) High-Value Cost-Conscious Care and the American Board of Internal Medicine’s (ABIM) Choosing Wisely and Teaching Value campaigns. None of the current educational initiatives target pediatric-specific diseases or measures. Design: A working group of 8 academic pediatricians reviewed the 2012 ACP HVCC curriculum. The curriculum was edited to include topics and cases pertinent to pediatrics and was incorporated into residents’ conferences for the 2012-2013 academic years. Survey of the residents’ attitudes and knowledge of cost-conscious medicine was performed before and after curriculum implementation. Audience response questions also assessed pre- and post-lecture understanding. Target areas of institution-specific inappropriate use were selected to utilize as metrics to monitor anticipated reduction over time. Results: Seven modules were created to introduce key topics of over-ordering of tests, biostatistics, health insurance, screening, and overcoming barriers to cost-conscious care. Pre and post survey data will be shared and we will discuss how this curriculum can be easily adapted by other training programs. QI and patient safety projects can result from implementation of this curriculum. Conclusions: Physicians are responsible for a large proportion of wasteful and inappropriate healthcare spending that has little benefit and potential harm to our patients. This pediatric-specific curriculum is the first to provide residents education on appropriate use of healthcare diagnostics, therapeutics, and resources.

WORKSHOP 16: ASSESSING RESIDENT TEACHING SKILLS: INCORPORATING OBJECTIVE, MEASURABLE, AND SKILL-BASED TOOLS IN RESIDENT EDUCATION
Matthew W. Zackoff MD, Jennifer K. O’Toole MD, MEd, Melissa D. Klein MD, MEd, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
Training medical providers to effectively and efficiently educate peers, learners, and patients is a critical component of medical education. The Accreditation Council of Graduate Medical Education and the American Board of Pediatrics Pediatric Milestones
Project created a framework to assess and guide learning development. Since only one milestone focuses on teaching, medical educators have the opportunity to critically appraise current tools and design innovative new methods for assessing teaching skills of residents. In this highly interactive workshop, participants will discuss their program’s current metrics for assessing resident teaching competence and identify the challenges with these forms of assessment. Additionally, through review of examples, they will demonstrate the advantages of using objective, measurable, and actionable skill based tools to assess teaching skills. Participants will be guided through the use of an observed structured teaching evaluation (OSTE), an objective skill based assessment tool focused on attainment of teaching competence and mastery to objectively assess resident teaching.

Participants will then utilize the OSTE in real time assessment using video vignettes and experience the power of this type of assessment in providing learners with objective feedback and clear goals towards improvement. Finally, participants will be guided through a model for integrating an objective assessment tool for teaching into resident clinical training.

WORKSHOP 17: TIME MANAGEMENT: USE IT OR LOSE IT
Javier A. Gonzalez del Rey MD, MEd, Ndidi Unaka MD, Sue Poynter Wong MD, MEd, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
Effective time management is of paramount importance for successful career development of physicians, particularly those in academic careers. The majority of our trainees and even most faculty have not had formal training in this essential life skill. Poor time management skills can lead to inefficiencies in patient care, self-learning habits and, most importantly, lack of organization and prioritization of global responsibilities affecting work/life balance. Technology, if used incorrectly, can actually make users more inefficient and unfocused. During this workshop, participants will develop an appreciation of different barriers to efficiency and common mistakes incorporated into daily routines that affect productivity. Attendees, through role playing, case discussion, and personal logs, will be able to walk through a typical day, identify distractions, personal barriers to efficiency, and potential solutions. An action plan will be developed utilizing their proposed solutions to begin practicing their chosen strategies at home. Embracing this blueprint for effective time management early in their careers can positively influence their growth into productive faculty and/or trainees. Participants will design a grid for personal time management in addition to mastering the knowledge needed to assist residents, fellows, and faculty at their home institutions in acquiring these skills.

COORDINATORS WORKSHOP 18:
8:30am - 9:30am  COORDINATOR WORKSHOP 18A: WE ARE ESSENTIAL!
Holly Hering, Duke University Medical Center, Durham, NC; Sarah E. Sonefeld, MEd, East Carolina University, Greenville, NC
With the requirement of reporting our resident’s milestone rankings being relatively new, many programs are not sure what the best way is to effectively complete this task. This workshop will help coordinators understand the purpose of the Clinical Competency Committee (CCC) and the role of the coordinator with the CCC. The workshop will begin with a group discussion reviewing the CCC requirements and membership. The leaders of the workshop will then lead the participants in a large group discussion about the roles coordinators already play in the CCC. Individuals will then fill out a worksheet, identifying how the CCC currently works at their institution and what challenges they face. They will discuss these challenges in small groups, coming up with possible solutions to their problems. Participants will be asked before the conference to bring tools they have developed in order to help the CCC function smoothly. They will be asked to share these tools with the large group. Finally, we will close with a small group activity in which participants will identify three new tools they have gained while participating in the workshop that they can bring back to their institution with them and share with the CCC.

9:30am - 10:30am  COORDINATOR WORKSHOP 18B: USING QUALITY IMPROVEMENT (QI) TOOLS TO IMPROVE WORKFLOW
Megan Christofferson, BA, Lucile Packard Children’s Hospital, Stanford, Palo Alto, CA
A deadline is approaching, prompting a flurry of emails, phone calls, text messages, and in person reminders to get everything necessary in on time. As program coordinators, our job requires just that: coordination, or prompting others (our residents or fellows, attendings, or even other coordinators) to do something or provide us with information quickly and completely. The question is: how can a coordinator efficiently elicit the help of others in such a task? Common quality improvement (QI) techniques can be implemented to help a coordinator analyze current work processes and plan improvements that have a lasting impact on his or her work. This workshop would introduce participants to two such techniques: Plan Do Study Act (PDSA) cycles and swimlane diagrams. PDSA cycles provide a formal framework for implementing changes to a current process. The investigator follows a systematic approach as follows: 1. Plan - Identify the process that needs improving, what change you wish to implement, how to implement the change, and what a successful change would look like. 2. Do - Implement the change, monitoring the results of the change as the process progresses. 3. Study - Analyze the results from the change in process and compare to the expected results from the planning stage. 4. Act - Incorporate successful changes into standard workflow or begin new PDSA if tested changes did not produce desired results. During the planning stage of a PDSA, swimlane diagrams formalize your new workflow. Like a regular workflow
diagram, swimlanes breakdown a process into individual steps in a chronological fashion. Swimlanes take this one step further by assigning the steps to the person responsible for their execution by putting them into the lane for each role. In addition, each step is color-coded to identify the timing of the step (daily, weekly, monthly). Through a single glance, one can determine not only which step is next, but also when it should be done and by whom. This workshop would introduce these QI tools and then ask that participants work in small groups to plan a PDSA and create a swimlane to implement at their home institutions.

10:45am-12:45pm APPD Task Force Meetings
(visit www.appd.org/activities/taskforce.cfm for Task Force descriptions)
Assessment Task Force
Curriculum Task Force
Faculty and Professional Development Task Force
Learning Technology Task Force
Research and Scholarship Task Force

12:45pm - 2:00pm Lunch on your own
Council of Regional Chairs Lunch Meeting
Council of Task Force Chairs Lunch Meeting

2:00pm - 4:00pm Workshop Session 3 (choice of 9)
WORKSHOP 19: OVERCOMING APPLICANT INTERVIEW & SELECTION CHALLENGES: MULTIPLE MINI INTERVIEW TO THE RESCUE!
Mona Hanna-Attisha MD, MPH, Crystal Cederna-Meko PsyD, Hurley Children’s Hospital/Michigan State University, Flint, MI, Franklin Trimm MD, Sophia Goslings MD, Rita Harper, University of South Alabama College of Medicine, Mobile, AL
Multiple mini interview (MMI) deviates from traditional interviews by using a series of short stations consisting of standardized behaviorally-based questions, activities, or scenarios to rate candidates on pre-specified characteristics. Applicants complete the MMI process in relatively less time than standard interview formats, allowing for more applicants per interview day and fewer interview days. The MMI process also provides more effective measurement of critical and valued applicant characteristics, especially as they relate to empathy, teamwork, professionalism, and communication skills. When combined with information from traditional sources (e.g., USMLE scores, letters of recommendation, transcripts, curriculum vitae, unstructured interactions on interview day), information obtained from MMI better informs rank-order decisions relative to the standard interview. The presenters will briefly review MMI literature, and share their experiences regarding implementation of MMI at two separate pediatric residency programs. The highly interactive workshop will enable participants to identify critical resident/fellow characteristics for MMI measurement and engage participants in creation of an MMI station activity. Faculty development for MMI will be reviewed and the session will wrap-up with review of the pearls and pitfalls of MMI implementation for resident and fellow interviewing and selection.

WORKSHOP 20: ENCOURAGING RESIDENT INITIATIVE ACROSS CLINICAL SETTINGS BY EMPOWERING LEARNERS AND SUPERVISORS.
Daniel J. Sklansky MD, Grant Syverson MD, John Frohna MD, MPH, University of Wisconsin, Madison, WI
Residents and faculty across medical specialties have lamented a perceived decrease in resident autonomy, with concern that residents will not be prepared for unsupervised practice. In some circles, autonomy is thought to be a vehicle to prepare residents for independent practice. Completely independent practice should not be the goal of residency training, due to the team-oriented structure in which physicians work. Likewise, autonomy should not be perceived as a key driver in creating competent physicians. A better term to describe resident involvement in decision-making is resident initiative. Residents should take initiative in caring for patients and in their own education. Initiative can peacefully coexist with graded supervision and with shared decision making. With the recent emphasis on 24-hour attending coverage, performance measures, and the extra caution inherent in the field of pediatrics, resident initiative may decrease without a deliberate effort to nurture it. To practice effectively, physicians need to take the initiative to commit to assessments and plans, consult appropriate parties for assistance, and improve their knowledge by asking questions and seeking answers in the literature. By encouraging initiative in residents, we can provide them with the skills they need to thrive as patient advocates and valued team members. Residency programs can foster a culture of initiative by establishing the expectation that residents should take initiative in clinical and educational settings. We can further encourage this culture by training faculty to expect resident-initiated discussions, and by
WORKSHOP 21: UPPING YOUR GAME: IMPLEMENTING A SCHOLARLY PROJECT CURRICULUM IN YOUR PROGRAM
Matthew J. Kapklein MD, MPH, Maria Fareri Children’s Hospital, Valhalla, NY, Erika Abramson MD, MS, Weill Cornell Medical College, New York-Presbyterian Hospital, Cornell Campus, New York, NY, Fernanda Kuperman-Meik MD, Nassau University Medical Center, East Meadow, NY, Monique M. Naileh MD, MPH, University of Oklahoma, Oklahoma City, OK, Sandra E. Moore MD, MS, Morehouse School of Medicine, Atlanta, GA, Jawad Javed MD, Children’s Hospital of Illinois, Peoria, IL
This workshop will enable participants to conceptualize, plan and begin implementation of a scholarly project curriculum at their home programs, which the facilitators have done at their own respective institutions. Designed for program leaders who are looking to “step up” the quality, quantity and visibility of their trainees’ scholarly work, our workshop will give participants the tools they need to succeed. Participants will see examples of successful scholarly project curricula in programs of different sizes and types, and begin development or build upon their own curricula in a highly interactive, structured format. Small groups will be assigned based on program type and size to maximize the efficacy and applicability of discussion. We will approach implementation in stages: beginning with overall goals, working through resources and barriers, and strategies to overcome the latter, and finally committing to first steps upon returning home. Participants will leave with a plan “in hand” for implementation and follow-up, as well as a toolkit of numerous resources to bring their residents’ scholarly work to the next level. This workshop is a project of the APPD Research & Scholarship Task Force.

WORKSHOP 22: UNDERSTANDING HOW WE ARE WIRED AND EXPLAINING WHY WE SHORT CIRCUIT: A WORKSHOP IN MEDICAL DECISION MAKING AND ERROR
Andrew P. Olson MD, University of Minnesota, Minneapolis, Minnesota, Emily Ruedinger MD, University of Washington - Seattle Children’s, Emily Borman-Shoap MD, University of Minnesota - Pediatric Program Director, Minneapolis, MN, Maren E. Olson MD, MPH, University of Minnesota and Children’s Hospitals-St Paul, Associate Program Director, St. Paul, MN
Diagnostic Error is an increasing area of focus in the United States. An IOM report on diagnostic error is due in 2015, drawing even more attention to the topic. Diagnostic error is likely to be incorporated into CLER visits in the future. Approaches to understanding, measuring, and mitigating the effects of error (and improving diagnosis) are fundamental. Diagnostic error includes misdiagnosis, missed diagnosis, and delayed diagnosis. Diagnostic errors are divided into system factors and cognitive factors. Much attention and curricular innovation have been devoted to the system factors that lead to error. However, less attention has been given to the cognitive processes that lead to error. In thought-based specialties such as pediatrics, cognitive factors contribute to more errors than systems factors. We will focus on the basics of medical decision making and diagnostic error, with a special focus on cognitive factors that lead to error. Approaches to proactive avoidance of the Second Victim phenomenon, where physicians (especially learners) involved in error also suffer trauma will be addressed. Attendees will be given curricular tools to begin formally addressing medical decision making and error. The session will begin with a brief interactive presentation covering how to teach about decision making, cognitive biases, and diagnostic errors. Attendees will then work to analyze different real-world cases to determine what errors occurred and what factors (especially cognitive factors) may have led to these errors. Specific approaches to discussing diagnostic error with trainees will be given, including strategies to integrate these concepts into daily clinical work and existing teaching conferences. These strategies will educators to create a culture of openness about improving diagnosis and avoiding blame. This workshop will build upon the successes of a longitudinal, integrated curriculum already implemented at the University of Minnesota, through one of five AAMC Innovation Awards.

WORKSHOP 23: DIVERSITY AND INCLUSION: STRIVING FOR EXCELLENCE IN YOUR PROGRAM
Aisha B. Davis MD, Children’s National Health System, Washington, DC, Brian Lurie MD, MPH, Atlantic Health/Goryeb Children’s Hospital, Morristown, NJ, Amanda D. Osta MD, University of Illinois-Chicago, Chicago, IL, Megan Aylor MD, Oregon Health & Science University, Portland, OR, Patricia Poitevien MD, MSc, NYU School of Medicine, New York, NY
The US physician workforce in academic medicine reflects neither the diversity of US society nor the diversity of the medical student population. A diverse academic pediatric workforce is important to instill knowledge, provide mentorship, and model skills necessary to facilitate the elimination of health disparities for an increasingly diverse population of US children. However recruitment and support of a diverse workforce continues to be a challenge in pediatrics despite existing efforts. This workshop will focus on augmenting three specific aspects of diversity in pediatric residency programs: Underrepresented Minorities (URM), International Medical Graduates (IMG), and Lesbian Gay Bisexual Transgendered and Questioning (LGBTQ) trainees. This workshop will address this issue via a combination of interactive large group discussions and small group work. First, presenters will review background information to help define current issues programs face in relation to diversity. Using a SWOT analysis, participants will then reflect on diversity within their institutions and identify existing gaps to address in the remainder of the workshop. Working in small groups, participants will then explore different methods to assess program diversity and create action plans to enhance diversity within their own residency programs. These proposals should address specific obstacles identified during the prior SWOT analysis. The workshop will conclude with participants making a commitment to implement changes within their program. All material will be compiled by facilitators and shared with participants to apply to their programs.
WORKSHOP 24: “NEEDS TO READ MORE” - WRITING MEANINGFUL COMMENTS ON RESIDENT/FELLOW EVALUATIONS
Joseph O. Lopreiato MD, MPH, Uniformed Services University, Bethesda, Maryland, Miriam E. Bar-on MD, Samrat U. Das MD, University of Nevada School of Medicine, Las Vegas, NV, Gregory H. Gorman MD MHS, NCC Pediatrics Residency, Walter Reed Bethesda, Christopher M. Watson MD, MPH, National Capital Consortium Pediatric Residency Program, Clifton E. Yu MD, FAAP, Walter Reed National Military Medical Center Bethesda, Bethesda, MD
Have you been disappointed in the quantity and quality of faculty written narratives on your trainees? In the era of the NAS, program directors and clinical competency committees (CCC) are heavily reliant on meaningful narratives from faculty to elucidate the scaled assessments based on milestones. These comments complement the scaled portion of evaluations and should provide both the learner and members of the clinical competency committee meaningful information regarding trainee performance. However, content analysis of comments has demonstrated that there are many aspects of written narratives that can be improved for them to be meaningful. How can you get your faculty to provide better and more detailed written comments on the clinical performance of your residents and fellows? This workshop will provide program leadership with the opportunity to identify deficits within written comments, a method for faculty development to improve commentary writing, and suggestions to engage faculty to write comments describing resident/fellow performance. We will introduce participants to a scheme for standardizing your clinical observations using the mnemonic P.R.I.M.E. (Professionalism, Reporter, Interpreter, Manager, and Educator) P.R.I.M.E. is a valid and reliable method for organizing observations of learner performance along the lines of the ACGME competencies. We will provide practical examples of how to apply P.R.I.M.E. to the competencies and their milestone assignment as well as their usefulness to CCC members. The session will include introductions, audience assessment and expectations. A short didactic session based on information from the literature about written comments on resident/fellow performance will be presented. Participants in pairs or small groups will then review and assess for deficiencies a series of comments collected from resident/fellow evaluations. This will be followed by a writing exercise in which participants will practice writing resident evaluations in the P.R.I.M.E. format and learn to develop evaluation tools utilizing the P.R.I.M.E. system in the clinical context of their home institution. Participants will then debrief their narratives and discuss strategies to both engage and train their faculty to write effective comments as part of their resident/fellow evaluations. Participants will receive a faculty development snippet for implementation at their home institution. Come learn new skills with us. You will not be disappointed.

WORKSHOP 25: MEANINGFUL INTEGRATION OF DIRECT OBSERVATION INTO RESIDENT EVALUATION
Lynelle Boamah MD, MEd, Natalie Burman DO, MEd, Shellie Kendall MD, Naval Medical Center San Diego, San Diego, CA, Melissa Klein MD, MEd, Matthew Zackoff MD, Children’s Cincinnati, Cincinnati, OH, Christine Johnson MD, Naval Medical Center San Diego, San Diego, CA
Meaningful Integration of Direct Observation into Resident Evaluation In the era of the ACGME Next Accreditation System, multiple evaluation tools are necessary to effectively assess trainee progression. These tools, when used for formative evaluation, must be readily available, utilized frequently and be linked with timely feedback in a variety of clinical and educational experiences. To better inform trainee progression in the biannual milestone assessment, real-time structured assessment to demonstrate trainee provision of patient care is required by the ACGME. These observations are vital to the overall development of trainees as they move along the educational continuum. Direct Observations, mapped to specific pediatric sub-competencies, can inform the Clinical Competency Committee and Program Director. While observations must become an integral portion of trainees’ comprehensive assessment, this can be difficult for busy faculty due to inconsistent implementation of assessment tools and competence providing timely and effective feedback. This interactive workshop, led by faculty and residents from different programs, will highlight the importance of implementing routine direct observation. After a brief review of different formats for direct observations, participants will engage in an interactive discussion of benefits and challenges. Then, using video vignettes, participants will practice using different observation tools suitable to a variety of clinical and educational settings. Participants will discuss the benefits and limitations of each tool while learning to map observation data to specific sub-competencies. Participants will then develop specific strategies to create a culture to endorse implementation of a program of routine direct observations in their own training program. By the conclusion of the workshop, participants will have identified a suitable direct observation tool for use in their respective program with a blueprint outlining specific steps necessary to incorporate it into their resident assessments.

WORKSHOP 26: BE PREPARED! GLOBAL HEALTH ROTATION PREPARATION BEST PRACTICES AND COMMON CONCERNS
Sabrina M. Butteris MD, University of Wisconsin School of Medicine & Public Health, Madison, WI, Nicole St. Clair MD, Medical College of Wisconsin, Milwaukee, WI, Mike B. Pitt MD, University of Minnesota Masonic Children’s Hospital, Minneapolis, MN, Maneesh Batra MD, MPH, University of Washington/Seattle Children’s Hospital, Seattle, WA, Gitanjli Arora MD, DTMH, UCLA, Los Angeles, CA, Parmi Suchdev MD MPH, Emory University, Decatur, GA, Charles Schubert MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, Christiana M. Russ MD, DTMH, Boston Children’s Hospital, Boston, MA
As more and more residents travel abroad during their residency training there has been an increased need for programs to develop strategies to prepare their residents for these experiences and simultaneously address common safety, legal, and professional standards for global health (GH) rotations. This workshop will provide participants with straightforward methods to create a culture that embraces global health orientations in training and develop strategies to prepare their residents for these experiences and simultaneously address common safety, legal, and professional standards for global health (GH) rotations. This workshop will provide participants with straightforward methods.
to prepare residents for GH rotations and a forum to discuss common issues encountered by residents and residency programs. We will emphasize the importance of ensuring safety and supervision during GH rotations and will review ways to optimize the resident's experience while minimizing the burden placed on the overseas site. Workshop participants will work in small groups with a dedicated facilitator in each group. In a Choose your Own Adventure style, groups will pick which topics they would like to focus on during the workshop. Each topic will begin with a case vignette to be discussed by the participants and be accompanied by concrete solutions and resources that address the selected topic. Regardless of which topics are discussed in the individual groups, all participants will be provided with the full list of case vignettes and resources that cover key elements of preparation and various challenges. Workshop participants will leave with a toolkit of resources including a comprehensive preparation outline, links to the online modules, templated documents that can be adapted at their home institution, and a complete list of the case vignettes and associated resources. The workshop will be pertinent for programs with all levels of GH infrastructure. For those contemplating incorporating GH rotations into their training program, the workshop will provide a complete picture of the details involved in implementing GH rotations based on best practices with regards to preparation, safety, ethics, and educational value. For participants from programs with established GH rotations the workshop will provide a forum to exchange dialogue regarding next steps in GH training and further strengthen current practices.

COORDINATORS WORKSHOP 27: PROGRAM EXCELLENCE: USING AN EVALUATIVE FRAMEWORK TO MOVE YOUR FELLOWSHIP CLINICAL COMPETENCY COMMITTEE FROM 1.0 TO 2.0
Tammy Bleaker, BS and Nicole Paradise Black, MD, MEd, University of Florida Health, Shands Children’s Hospital, Gainesville, FL
This highly interactive workshop will introduce and engage participants in the program evaluation process in order to analyze and improve upon their current Clinical Competency Committee (CCC) structure and process. The facilitators will introduce participants to Patton’s widely accepted twelve-step model for program evaluation, with a focus on the first eight steps. In a large group setting, the workshop will begin with introductions and a brief overview of Patton’s Utilization-Focused model of program evaluation by using the University of Florida’s CCC structure and process as an example. Participants will then be divided into small groups to first share their current CCC structure and process and then to work on their individual program evaluation, with the presenters facilitating the groups. During the workshop participants will critically examine their current CCC structure and process while collaboratively discussing successful and unsuccessful practices occurring at their institutions. Participants will adopt, adapt, and include practices introduced and discussed during the workshop into their evaluative model. The workshop will alternate between introduction of specific approaches to each step and small group brainstorming and applying those steps to their own CCC program evaluation. Participants will utilize an interactive handout to record their ideas, which will be taken home for future use. The facilitators will wrap-up the workshop with a Gallery Walk where participants from all groups will view the “in progress” program evaluation plans and ideas from other participants and provide feedback, while, at the same time, allow for sharing of ideas. Finally, the participants will return to the larger group to discuss best practices and plan next steps at their home institution.

4:15pm - 5:45pm Poster Session (posters displayed 10:00am-5:45pm)

SATURDAY, MARCH 28

7:30am - 9:00am APPD 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

8:45am-10:15am Assessment TF Poster Symposium
SHARING INNOVATIVE ASSESSMENT STRATEGIES
Building on the session at the APPD 2014 Fall Meeting where 8 presenters shared “Best Practices for Optimization of Clinical Competency Committees and Milestones,” we will highlight unique assessment tools and practices, including demonstrations of specific tools.
Curriculum TF Poster Symposium

SHARING INNOVATIVE STRATEGIES FOR OPTIMIZING OUTCOMES

Last year we learned how programs designed and implemented their individualized curricula. This year we will highlight the new rotation experiences that have been created by including abstracts that describe unique educational units (block or longitudinal).

10:30am-12:00pm Workshop Session 4 (choice of 9)

WORKSHOP 28: GO FOR THE GOLD: ENHANCING YOUR QI PROGRAM WITH THE QI OLYMPICS

Elizabeth R. Hanson MD, UT Health Science Center San Antonio, San Antonio, TX, Glenn Rosenbluth MD, UCSF, San Francisco, CA, Natalie J. Burman DO, MEd, Naval Medical Center San Diego, San Diego, CA, Beth Payne MAEd, C-TAGME, Michelle Arandes MD, UT Health Science Center San Antonio, San Antonio, TX

The Clinical Learning Environment Review (CLER) and the Pediatric Milestones as key components of the ACGME Next Accreditation System have reinforced the importance of providing training in quality improvement (QI) and patient safety during residency. Patient safety and QI are two of the six CLER focus areas. In addition, QI processes are closely related to several of the milestone tracked by the ACGME for pediatric residents. Potential barriers to providing this training include lack of time, lack of enthusiasm from the learners, and lack of sufficient numbers of faculty experienced in QI. We designed the QI Olympics to introduce QI concepts using team-based educational games that are simple, engaging, and easy to run. In this workshop participants will experience a sample game from the QI Olympics firsthand and then will assemble the tools they need to create their own version of the activity at their home institution. In the first half of the workshop, teams of participants will compete in an abbreviated version of the QI Olympics. The goal is to provide an interactive QI refresher for faculty who are tasked with teaching QI at their institutions, as well as to model how the QI Olympics activity is run with residents and other learners. The activity begins with an overview of QI and the Model for Improvement consisting of a short didactic coupled with an opportunity to immediately apply and discuss the key concepts using a mock personal QI worksheet. These introductory activities are followed by a team-building game, which has been modified to allow the teams to apply the QI principles they just learned as they carry out various attempts at the game. The activity debrief completes the first portion of this workshop. In the second half of the workshop the participants will have a chance to plan their own QI Olympics activity. The participants will work through the various steps in planning the games with time to think on their own, pair with someone else at their table and then share with the group. Each participant will leave the session with a QI Olympics portfolio that they can use in running their own activity.

WORKSHOP 29: STRANGERS IN A STRANGE LAND: BUILDING AN ACCULTURATION CURRICULUM FOR INTERNATIONAL MEDICAL GRADUATES

Cynthia Katz MD, The Brooklyn Hospital Center, New York, NY, Michelle Barnes MD, University of Illinois at Chicago, Amanda Osta MD, University of Illinois Hospital & Health Sciences System, Chicago, IL, Steve Paik MD, EdM, Columbia University Medical Center, New York, NY; Franklin Trimm MD, University of South Alabama College of Medicine, Mobile, AL

International medical graduates (IMGs) make up a significant portion of the workforce in graduate medical education in the US. In the 2014 match, IMGs constituted 10% of matched applicants into pediatrics and 17% of matched applicants into pediatric fellowships, many of whom enter fellowship without completing a US residency. Further, 28% of practicing pediatricians in the US are IMGs, making the needs of IMGs a pertinent issue for program directors and employers. IMGs face unique acculturation challenges, especially in physician-patient communication and patient-centered medicine. However, there is little data outlining an acculturation curriculum for IMGs in pediatric postgraduate training. Presenters will review the literature on acculturation challenges IMGs face as they transition to postgraduate training and into practice. In small groups participants will discuss their challenges with IMG acculturation and report to the larger group in a facilitated discussion. Presenters will discuss published needs assessments and existing acculturation curricula such as the ECFMG curriculum, and participants will identify gaps in pediatric training. Using Kern’s approach, participants will work in small groups to design a curriculum for IMG acculturation to employ at their institutions. Participants will describe the needs of their learners, construct goals and objectives, and design educational strategies with facilitator guidance. Participants will present their curricula to the large group. Presenters will facilitate a discussion about implementation and evaluation of the curricula, and participants will identify potential challenges and solutions. In this interactive workshop participants will collaborate on curricular development, and they will leave the workshop with resources, strategies, and collaborative partners with whom they can implement future curricula.

WORKSHOP 30: OPTIMIZING THE OUTCOME OF PATIENT HANDBOFFS: A PRACTICAL APPROACH TO IMPLEMENTING CURRICULUM WITH OBSERVATION & FEEDBACK TO TRAINEES

Stephanie B. Dewar MD, Stephen Hart MD, Children’s Hospital of Pittsburgh, Pittsburgh, PA, Linda A. Waggoner-Fountain MD, MEd, University of Virginia, Charlottesville, VA

Patient handoffs between physicians are crucial elements in the effective and safe care of patients. The ACGME recommendations for resident duty hours have resulted in frequent transitions of care between residents who generally do not receive adequate training and experience in this vital process in medical school. We will present a review of the current literature around physician handoffs and discuss the current ACGME & pediatric specific RRC requirements for resident
instruction in order to optimize safe patient handoffs. Several approaches to the successful implementation of a standardized curriculum (including IPASS, IDEAL, SBAR as some examples) will be shared along with data as to the success after implementation of a curriculum. Attendees will observe videotapes of sign-out & participate in simulated sign-out training sessions in both the inpatient to inpatient and ED to inpatient unit settings. Tools for observation and feedback of resident sign-out will be reviewed and utilized by the participants. Emphasis will be placed on the location, timing, content and quality of content of the communication involved of the verbal sign-out process. Participants will leave this interactive workshop with an increased knowledge of different types of curriculum for resident handoff of patients, as well as how to observe and give feedback on this process.

WORKSHOP 31: MANAGING MY PLATE: NEGOTIATING ROLES AND TIME FOR PEDIATRIC EDUCATORS
Maneesh Batra MD, MPH, University of Washington/Seattle Children's Hospital, Seattle, WA, Hillary A. Franke MD, MS, University of Arizona, Tucson, AZ, Megan Aylor MD, Oregon Health & Science University, Portland, OR, Aditee P. Narayan MD, MPH, Duke University Medical Center, Durham, NC, Daniel J. Schumacher MD, MED, Boston Combined Residency Program, Boston, MA, Glenn Rosenbluth MD, University of California San Francisco, San Francisco, CA
The number of Associate Program Directors (APDs) within APPD has increased from 196 (2006) to over 350 (2013). While the responsibilities of program directors may be consistent across institutions, the APD role varies widely. The majority of new APDs are junior faculty and must balance personal interests, clinical responsibilities, and scholarly pursuits in addition to new administrative leadership activities. In a recent national survey of pediatric APDs, the majority reported the lack of formal job descriptions and performance reviews related to their educational role. The leaders of this workshop comprise the APPD APD Executive Committee. Over the last 2 years, this committee has solicited formal feedback and has received informal requests regarding the most pressing needs for professional development activities. Managing and negotiating roles and priorities have been consistent themes, and as such the executive committee has developed this workshop aimed at addressing these needs. This workshop will begin with introductions followed by a large group exercise highlighting the diversity of roles, demographics, and reported priorities for professional development. Next, participants will complete a negotiation style inventory followed by a small group discussion of assets and challenges with various styles. Leaders will then present negotiation skills ‘pearls’ and best practices from other disciplines. The large group will engage in an interactive role-playing demonstration of negotiation scenarios and discuss elements for success. Participants will complete a negotiation worksheet based on the best practices and lessons learned from the large group role play. Leaders will facilitate small group discussions based on the completed worksheets to identify the next steps participants will use in their own institutions. The workshop will conclude with a brief large-group discussion, with time for questions and answers. Participants will receive resources for negotiation skills for future individualized work in this area.

WORKSHOP 32: UPPING YOUR GAME EXPANDING YOUR MEDICAL EDUCATION TOOL KIT BY DESIGNING EFFECTIVE GAME BASED LEARNING SESSIONS
Michael B. Pitt MD, Adam Foss MD, Laura Hagemeyer MD, Abby Montague MD, Judy Wiltse MD, Emily C. Borman-Shoap MD, University of Minnesota, Minneapolis, MN
Innovative educational games have been shown to be effective alternatives (and reinforcers) to traditional didactics with participants reporting better attitudes about learning. Well-designed game-based learning sessions use non-threatening competition to capitalize on heightened learner engagement, allowing for dynamic group discussion that is fun, memorable, and effective. This workshop, which will build on the success of the one given at the 2014 Spring APPD meeting, will give participants the tools to create their own games and to maximize their impact as an educational tool for both large and small group settings. As a part of the session, participants will be introduced to a framework of Twelve Tips for Effective Game-Based Learning which they will immediately be able to apply in small groups to create and present a novel educational game. In addition, participants will share examples of games they have seen used before, and obtain group feedback incorporating the 12 Tips on how that game might be improved for future use. Participants will also be provided with access to a google site with a variety of effective pediatric education games that are easily adaptable for multiple settings and learners. These games, which will be reviewed in the workshop, have a wide range of technology requirements, with most requiring no computer at all. Several are intended to be played in short bursts, and are ideal for use on rounds in between patients. Many of the games developed in last year’s workshop, will be included on the google site.

WORKSHOP 33: LEARNER SELF-ASSESSMENT IN THE MILESTONES ERA: A WIN-WIN APPROACH TO LEARNER PROFESSIONAL DEVELOPMENT AND PROGRAM IMPROVEMENT
Kimberly A. Gifford MD, Children's Hospital at Dartmouth Residency, Lebanon, NH, Ann Burke MD, Wright State University Boonshoft SOM, Dayton, OH, Franklin Trimm MD, University of South Alabama, Mobile, AL, Bridget M. Oliveri MD, Children's Hospital at Dartmouth, Lebanon, NH, John D. Mahan MD, Nationwide Children's Hospital/OSU, Columbus, OH, Susan Guralnick MD, Winthrop University Hospital, Mineola, NY, Hillary Bashaw MD, Nationwide Children's Hospital/OSU, Columbus, OH
As we enter the Next Accreditation System, program directors are challenged with the implementation of Clinical Competency Committees and milestones reporting. Learners too are challenged by this new approach to assessment, both in interpreting the milestones and understanding how milestones will be used to gage their progress. By integrating milestone-based learner self-assessment into the process of clinical competence determination, programs can acquire richer assessments of learners.
During this workshop, participants will practice using self-assessment data to enhance the promotion of learner professional development and inform the program improvement processes. The session will begin with a brief review of the literature on self-assessment and milestones in education. Participants will then perform a self-assessment using the Pediatric Milestones and discuss this experience in groups based on learner focus (resident vs fellow). After a brief overview of the processes for clinical competence determination, participants will discuss in small groups how learner self-assessment and clinical competence assessments can be used to promote learner development and drive program improvement. Small groups will then share suggested approaches with the larger group. Presenters are conducting a multi-institutional study examining self-assessment vs external assessments, and will share additional strategies used by institutions in their study. These strategies will also be provided as a handout. Finally, participants will complete a commitment to action plan, identifying how they might utilize milestones-based assessments for learner development and/or program improvement at their own institution.

WORKSHOP 34: IT TAKES TWO TO TANGO: HOW INTROVERTS AND EXTROVERTS MAY THRIVE IN ACADEMIC MEDICINE
Anda K. Kuo MD, UCSF, San Francisco, CA, Mario Cruz MD, St. Christopher’s Hospital for Children, Philadelphia, PA, Jennifer K. O’Toole MD, MEd, University of Cincinnati College of Medicine, Cincinnati, OH, Tyler E. Reimschisel MD, Vanderbilt University Medical Center, Nashville, TN, Sharon Calaman MD, Blair Dickinson MD, St. Christopher’s Hospital for Children, Philadelphia, PA
As many as a third to a half of the United States population are introverts, and the world of academic medicine reflects this mix of introverts and extroverts. Both introvert and extrovert personality styles have positive features that enhance the function of teams. Leaders may miss the opportunity to capitalize on the strengths of diverse teams if they do not know how to effectively engage and harness the power of the introverts and extroverts on their team. For individuals, failure to learn how to adapt one’s introverted or extroverted tendencies may lead to missed opportunities, sub-optimal communication, and misguided mentorship. For example, those with a preference for introversion may be better served when they extend themselves in networking situations. Those with a preference for extroversion may communicate more effectively when they process thoughts internally before speaking. Program directors need to be able to effectively mentor and guide faculty and trainees with different traits, and coach them to success. In this workshop, faculty and participants will discuss the definitions and individual preferences for introversion and extroversion as well as how one can recognize these characteristics in themselves and others. We will explore the biases, myths, and assumptions around introversion and extroversion. Interactive activities, including reflective exercises and trigger videos, will be used to look at ways that different types may approach situations that are common in medicine, such as rounds, committee meetings, conferences, interviews, and project work. Next, we will explore strategies that can be used to facilitate the academic success of different types, including various ways to mentor individuals of different types. In addition, we will explore how the relationship between introverts and extroverts may play out in the academic world including possible conflicts and misunderstandings that may be a barrier to effective teamwork. Participants will leave with tools, resources and references to take back to their home institution.

WORKSHOP 35: TEAM-BASED LEARNING: AN ACTIVE LEARNING STRATEGY TO OPTIMIZE YOUR RESIDENCY CURRICULUM
Jerry G. Larrabee MD, University of Vermont Children’s Hospital, Burlington, Vermont, Priya S. Garg MD, Jamie Fey MD, Kelly Willis MD, Tufts Medical Center, Boston, Massachusetts, Alison Poertsch MD, Karen Leonard MD, University of Vermont Children’s Hospital, Burlington, VT
In the shift away from traditional pedagogy, there have arisen many learner-centered teaching strategies that have demonstrated promise in active learning. Team-Based Learning (TBL) is a learner-centered, instructor led, active learning strategy that has been used in undergraduate medical education, as well as a variety of other disciplines. TBL provides frequent opportunities for students to enhance learning (as evidenced by better test performance and positive behavior change), as they talk and listen to peers to arrive at consensus decisions. The success of TBL is anchored in its emphasis on active learning and collaboration, and promotes problem-solving skills, content application, and knowledge retention. It specifically can address the competency domains of interpersonal and communication skills and as well as enhance skills such as teamwork. In this workshop, we will explore the theory, structure and process of TBL and demonstrate the ease with which it can be incorporated into residency training. We will open with a brief interactive overview of the rationale behind TBL and discuss the essential components of TBL. Participants will be organized into small groups and participate in a simulated TBL session. Throughout the workshop, we will encourage questions about the process, and the simulation will hopefully help raise clarifying points. We will then facilitate a large group discussion about how the participants envision TBL being incorporated into their own curriculum. We will share how TBL has been successful in augmenting the workshop leaders’ curricular initiatives in domains such as Evidence-based Medicine, Quality Improvement, and Board Review. We will end the workshop by sharing TBL resources and will facilitate participants in developing an implementation plan to bring back to their home institution.
US healthcare spending accounts for 18% of the GDP, totaling $3 trillion, and is increasing at an unsustainable pace. This investment in healthcare dwarfs spending in other developed countries, where outcomes are the same or better. Government and professional societies have called for action to incorporate resource stewardship into practice. Initiatives such as the Choosing Wisely Campaign and the ACP’s Internal Medicine High Value Curriculum have addressed the overuse of resources and the importance of education regarding costs. However, there is little emphasis on cost and value in most pediatric residency curricula. Several authors have proposed adding a seventh ACGME Core Competency on Cost conscious care and stewardship of resources, (Rosenbaum, NEJM 2012; Weinberger, Ann Int Med 2011), supporting the notion that a curriculum on value is needed for trainees. This workshop, led by chief residents and faculty members, will begin with an analysis of the current state of healthcare spending and a review of the definition of value. In facilitated small groups, participants will discuss practices and curricula at their own programs. Stanford pediatric chief residents will then share results from a 2014 survey of pediatric residency training programs revealing current state of cost-conscious care curriculum in residency programs around the country as well as expressed need for curriculum around the country. The majority of the session will be spent introducing and practicing a novel framework for teaching value to residents through case-based discussion. Audience members will be split into groups of 10-15 people and will participate in a simulated case conference in order to illustrate a value-based approach to clinical-decision making. This activity will be followed by a group debrief to address strengths and limitations of this approach.
MPPDA MEETING SCHEDULE

TUESDAY, MARCH 24, 2015

7:00am - 8:00am  Registration and Continental Breakfast

8:00am - 8:45am  Welcome and Introductions  
JR Hartig, MPPDA President-Elect, University of Alabama – Birmingham

8:45am - 10:15am  Workshop 1: Setting Expectations – Adult Learning and Engagement  
JR Hartig, MPPDA President-Elect, University of Alabama – Birmingham

10:15am - 10:30am  Break

10:30am - 12:00pm  Workshop 2: Program Director Skill Development (pick one of two)  
1.0 – Developing Skills to be Most Effective as a Med-Peds Program Director (Designed for PDs in the job 5 years or less) 
Alda Gonzaga, MPPDA Secretary- Treasurer, University of Pittsburgh  
Lauren Beal, Louisiana State University

2.0 – Succession Planning – Getting your Med-Peds House in Order (Designed for PDs in the job >10 years)  
Jimmy Stewart, University of Mississippi

12:00pm - 1:30pm  Lunch/Networking/Break

1:30pm - 3:00pm  Workshop 3: Creating a Med-Peds Program Director Textbook!  
Introduction, Background, and Purpose  
Sandi Moutsios, MPPDA President

Breakout/Brainstorming Groups
Facilitated by MPPDA Executive Committee Members

3:00pm - 3:30pm  Break- Refreshments

3:30pm-5:00pm  Committee Meetings  
Accreditation  Chair- Ben Doolittle, Yale University  
Curriculum  Chair- Mike Aylward, University of Minnesota  
Recruitment  Chair – Allen Friedland, Christiana Care  
Research  Co Chairs – Mike Aronica, University of Buffalo  
Anoop Agrawal, Baylor University  
Transition  Chair – Alice Kuo, University California, Los Angeles

5:30pm-7:00pm  MPPDA Wine and Cheese Reception with MPPDA Poster Sessions

8:00pm  Dinner – on your own  
For those interested, we will go as a group to the Boardwalk which is walking distance.
Wednesday, March 25, 2015

7:00am - 8:00am  Registration and Breakfast

8:00am - 8:45am  Welcome and Introductions  
  JR Hartig, MPPDA President-Elect, University of Alabama - Birmingham

8:45am-9:15am  Presidential Address  
  Sandi Moutsios, Vanderbilt University, MPPDA President

9:15am - 10:15am  Presentation 1: Discussing National Data on Med-Peds  
  Facilitator for group discussion – Russ Kolarik
  • Collective SWOT analysis data from Med-Peds program  
    Russ Kolarik, MPPDA Immediate Past President, University of South Carolina – Greenville
  • What Med-Peds Docs Do  
    Michael Donnelly, Georgetown University
  • Med-Peds Workforce Data (PD survey)  
    Jen O’Toole, University of Cincinnati
  • Annual MPPDA Survey  
    Research Committee

10:15 am - 10:30am  Break- Refreshments

10:30am - 11:30am  Presentation 2: Continuity Clinic Structure: 4x4 or 4x1 or Other Pieces of Wood  
  Mike Aylward, University of Minnesota

11:30am - 12:30pm  Keynote Address: Why Med-Peds? - Creating Your Med-Peds Elevator Speech  
  Brad Benson, Director, Division Internal Medicine, Co-Author, Pediatrics Milestones Project, Former President MPPDA, University of Minnesota

12:30pm - 2:15pm  Buffet Lunch and MPPDA Business Meeting

Organization Updates: MPPDA Secretary-Treasurer Report  
  Alda Gonzaga, MPPDA Secretary-Treasurer, University of Pittsburgh

NMPRA Update  
  Tristan McPherson, NMPRA President, Vanderbilt University

AAP Section Update  
  Allen Friedland, Chair, AAP Section on Med-Peds, Christiana Care

AMPPA Update  
  Kelly Barnes, Chair, AMPPA, Maine Medical Center

Awards Presentations:  
  Sandra A. Moutsios, Presenter, MPPDA President  
  Walter Tunnessen, Jr. Award  
  Med-Peds Leadership Award

MPPDA Election Results  
  Michael Lukela, MPPDA Past President

Committee Reports:  
  Accreditation  Chair: Ben Doolittle, Yale University
Curriculum Chair: Mike Aylward, University of Minnesota
Recruitment Chair: Allen Friedland, Christiana Care
Research Co-Chairs: Mike Aronica, University of Buffalo and Anoop Agrawal, Baylor University
Transition Chair: Alice Kuo, University California, Los Angeles

2:15pm - 2:30pm Break – Refreshments

2:30pm - 4:00pm Panel Discussion – Both Boards, Both RRCs
Presentations followed by Q&A.
JR Hartig – Facilitator for Q&A Session

Gail McGuiness, Executive Vice-President, ABP
Furman McDonald, Vice President for Graduate Medical Education, ABIM
Caroline Fischer, Executive Director, Pediatric RRC
Jerry Vasilias, Executive Director, Internal Medicine RRC

4:00pm - 5:00pm Structured Annual Networking
Facilitated by Jen O’Toole
Small group lead by the MPPDA Executive Committee (Small groups discussions – framed from the groups from the pre-course)

5:00pm - 5:15pm Wrap-up / President-Elect Address
JR Hartig, MPPDA President Elect, University Alabama Birmingham

7:00pm-9:00pm MPPDA Annual Dinner (separate ticket must be purchased to attend)
Animal Kingdom Buffet, Buses in Lobby

THURSDAY, MARCH 26, 2015

7:30am - 12:00pm MPPDA Executive Committee Breakfast and Meeting Breakfast
MEETING INFORMATION

MEETING HEADQUARTERS:
Walt Disney World Swan and Dolphin Resort
1500 Epcot Resorts Blvd. ~ Lake Buena Vista, FL, 32830
Phone: 1-407-934-4000 ~ Email: info@swandolphin.com

LOCATION:
Leave the every day behind and enter a world of wonder and enchantment at the Walt Disney World® Resort. Located in the heart of the most magical place on earth, the Walt Disney World Swan and Dolphin Resort provides a truly extraordinary backdrop for your Orlando vacation or meeting. Beautiful tropical landscaping, tranquil waterways and classic art and architecture work together to create a stunning landmark in the midst of one of the most spectacular places on earth.

Stylishly redesigned lobbies provide guests with a warm and inviting welcome and a distinct sense of arrival. Swan and Dolphin guest rooms have been enhanced with new earth tones and warm hues, including custom draperies, upgraded technology and of course, all rooms feature the incomparably comfortable Heavenly Bed®.

TRAVEL

From Orlando International Airport:
- From the airport, take the South exit.
- After 4.2 miles, the 417 South (Central Florida Greenway) exit appears on the right (this is a toll road; please be sure to have change as there is no attendant at the final toll booth).
- You will stay on the Central Florida Greenway (417) for 18.2 miles.
- There are two exits: the “Epcot® Center/Disney Village” exit (#6) and the “Magic Kingdom/Disney’s Hollywood Studios™” exit (#3). Take exit #3 (which is called Osceola Parkway).
- At the bottom of the exit ramp, turn right (West). Continue on this road and you will soon see the Walt Disney World signage.
- After you pass under the WALT DISNEY WORLD archway onto Disney property, you will turn right at the first traffic light onto Victory Way.
- Continue on Victory Way until the second traffic light. Here you will turn left onto Buena Vista Drive.
- Take Buena Vista Drive to the second traffic light and turn right onto Epcot Resorts Blvd.
- The entrance to the Swan will be the first driveway on your right.
- The entrance to the Dolphin will be approximately ½ mile past the Swan on the right.

From Daytona:
- Heading south from Daytona, take I-4 West to exit 67 (old 26B).
- You should see the Walt Disney World signage as soon as you enter into the resort area.
- Take the second exit (1.9 miles from I-4) marked “Disney’s Hollywood Studios™, Epcot® Resort Area, Wide World of Sports.”
- You are now on Buena Vista Drive.
- Continue until you come to the fifth light (approximately 1.5 miles).
- Turn right onto Epcot Resorts Boulevard.
- The first right takes you to the entrance of the Walt Disney World Swan. Continue straight ahead to the front of the hotel.
- The second right takes you to the entrance of the Walt Disney World Dolphin.
- **From Tampa:**
  - From Tampa, take I-4 East to Exit 67 and follow signs to Walt Disney World.
  - You should see the Walt Disney World signage as soon as you enter into the resort area.
  - Take the second exit (1.9 miles from I-4) marked “Disney’s Hollywood Studios™, Epcot® Resort Area, Wide World of Sports.”
  - You are now on Buena Vista Drive.
  - Continue until you come to the fifth light (approximately 1.5 miles).
  - Turn right onto Epcot Resorts Boulevard.
  - The first right takes you to the entrance of the Walt Disney World Swan. Continue straight ahead to the front of the hotel.
  - The second right takes you to the entrance of the Walt Disney World Dolphin.

**Additional Swan/Dolphin Transportation Information**

**PHOTO RELEASE**
By registering for the APPD/MPPDA Annual Meeting, attendees consent to be photographed during the course of the meeting, with the understanding that these images will be used in APPD/MPPDA documents and publications only. If anyone prefers to not have their photo used by APPD/MPPDA, 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.

**INSURANCE**
APPD/MPPDA 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.

**HOTEL RESERVATIONS**
**HEADQUARTERS HOTEL:**
Walt Disney World Swan and Dolphin Resort
1500 Epcot Resorts Blvd. ~ Lake Buena Vista, FL, 32830

Our headquarters hotel is nearly full. Please see information below for overflow sleeping rooms at nearby hotels.
https://www.appd.org/meetings/PDF/HotelInformation2015.pdf

**CANCELLATION POLICY**
**Cancellation Policy:** APPD/MPPDA reserve 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.

**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 4, 2015. A $50 administrative fee will be assessed for all cancellation requests received between March 4, 2015 and March 18, 2015. Cancellations received after March 18, 2015 will not be eligible for a refund. All reimbursements will be processed following the meeting.
Pre-Conference Workshop Cancellation Fee: An administrative fee of $25 will be assessed for pre-conference workshop cancellations received by March 4, 2015. Cancellations received after March 4, 2015 will not be eligible for a refund.

Special Theme Park Tickets
Click below for information on discounted tickets for conference attendees at Disney and Universal theme parks.
# Meeting Registration Information

## APPD 2015 Registration Fees

<table>
<thead>
<tr>
<th>Early (by March 4th)</th>
<th>Onsite (after March 4th)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPD Pre-Conference Workshop (includes boxed lunch)</strong></td>
<td>$125</td>
</tr>
<tr>
<td><strong>APPD Member Registration</strong></td>
<td>$540</td>
</tr>
<tr>
<td><strong>Non-Member Registration</strong></td>
<td>$640</td>
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<tr>
<td><strong>Resident/Fellow Registration</strong> (includes scheduled meals)</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Presenting Only</strong> (does not include scheduled meals)</td>
<td>$200*</td>
</tr>
<tr>
<td><strong>Resident/Fellow Presenting Only</strong> (does not include meals)</td>
<td>-0-</td>
</tr>
<tr>
<td><strong>APPD LEAD Member</strong></td>
<td>-0-</td>
</tr>
</tbody>
</table>

## MPPDA 2015 Registration Fees

<table>
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<tr>
<th>Early (by March 4th)</th>
<th>Onsite (after March 4th)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MPPDA Registration</strong></td>
<td>$315</td>
</tr>
<tr>
<td><strong>MPPDA Pre-meeting Course fees</strong></td>
<td>$100</td>
</tr>
<tr>
<td><strong>MPPDA Dinner (Wednesday, March 25)</strong></td>
<td>$85</td>
</tr>
</tbody>
</table>

To register, please visit www.appd.org/mtg/begin.cfm.

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 $200.00 per person.
APPD 2015 Annual Meeting ~ March 25-28 ~ Orlando, FL
ONSITE REGISTRATION FORM

Name: ___________________________________________________ Degree: ______ Title: ____________________________

First name for Badge: ____________________________ Subspecialty (if applicable): ____________________________

First time at APPD meeting? O Yes O 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: ____________________________

Please check all sessions you plan to attend

WEDNESDAY, MARCH 25

8:00am - 5:30pm
☐ Forum for Chief Residents (includes breakfast & box lunch)
 □ Rising Chief  □ Graduating Chief

9:00am - 4:00pm
☐ Coordinators’ Session (select those you plan to attend)

11:30am - 3:30pm
Pre-Conference Workshops (additional fee required, includes lunch)
☐ Pre-Conference Workshop 1
☐ Pre-Conference Workshop 2

1:00pm - 3:30pm
☐ Forum for Directors of Small Programs and Affiliate Chairs

3:45pm - 5:45pm
Grassroots Forum for (select one)
☐ Program Directors  □ Associate Directors  □ Fellowship Directors

6:00pm - 7:00pm
☐ Networking Reception

THURSDAY, MARCH 26

7:00am - 8:30am
Pediatric Education Groups (PEGs) Meetings (select one)
☐ Global Health  □ LGBTQA  □ Simulation
☐ Under Represented Minorities in Pediatric GME

8:30am - 9:30am
☐ APPD Awards and Annual Reports

9:45am - 11:45am
Workshop Session 1:
First Choice_____ Second Choice _____

12:00pm - 1:45pm
☐ Research Platform Presentations with boxed lunch

2:00pm - 5:30pm
☐ Key Stakeholders Session

5:30pm - 6:30pm
☐ Pediatric Hospital Medicine Fellowship Certification Discussion

FRIDAY, MARCH 27

6:30am-7:30am
☐ Informal Group Run/Walk

7:00am - 8:30am
Speed Mentoring Session (limited to first 30 mentee registrants)
☐ Participate as Mentee

8:30am - 10:30am
Workshop Session 2:
First Choice_____ Second Choice _____

10:45am - 12:45pm
Task Force Meetings (select one)
☐ Assessment  □ Curriculum  □ Learning Technology
☐ Research & Scholarship  □ Faculty & Professional Development

2:00pm - 4:00pm
Workshop Session 3:
First Choice_____ Second Choice _____

4:15pm - 5:45pm
☐ Poster Session

SATURDAY, MARCH 28

7:00am - 8:30am
Regional Breakfast Meetings (select one)
☐ Mid-America  □ Mid-Atlantic  □ Midwest  □ New England
☐ New York  □ Southeast  □ Southwest  □ Western

8:45am - 10:15am
☐ Assessment TF Mini-Poster Symposium
☐ Curriculum TF Mini-Poster Symposium

10:30am - 12:00pm
Workshop Session 4
First Choice_____ Second Choice _____

Please review program for all workshop descriptions. Space is limited.
Choices will be assigned on a first come basis.
APPD 2015 Registration Fees

Onsite
(after March 4th)

APPD Pre-Conference Workshop (includes boxed lunch) ................................ $150
APPD Member Registration ........................................................................ $595
Non-Member Registration ......................................................................... $695
Resident/Fellow Registration ..................................................................... $200
(includes scheduled meals)
Presenting Only ......................................................................................... $200*
(does not include scheduled meals)
Resident/Fellow Presenting Only ............................................................ -0-
(does not include meals)
APPD LEAD Member ................................................................................ -0-

TOTAL AMOUNT ENCLOSED $________

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: ____________________________

* For non-members presenting a workshop, but not attending other sessions at the APPD Annual Meeting, the presenting-only fee is $200.00 per person.

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

This form may be reproduced. Only one registrant per form. APPD Tax ID#: 54-2015821.

CME credit for the APPD program is included in your registration fee.
MPPDA 2015 Annual Meeting ~ March 24-28 ~ Orlando, FL
ONSITE REGISTRATION FORM

Name: ___________________________ Degree: _______ Title: ___________________________

First name for Badge: ___________________________ Subspecialty (if applicable): ___________________________

First time at MPPDA meeting?  O Yes O 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: ___________________________

Please check all sessions you plan to attend

TUESDAY, MARCH 24  
8:00am - 2:30pm  □ MPPDA Pre-Course (additional fee required)

3:30pm-5:00pm  MPPDA Committee Meetings
□ Accreditation  □ Curriculum  □ Recruiting
□ Research  □ Transitional Care

12:00pm-4:00pm  □ AMPPA Coordinators' Session

5:30pm-7:00pm  □ MPPDA Reception

WEDNESDAY, MARCH 25  
8:00am – 5:30pm  □ MPPDA General Session

7:00pm-9:00pm  □ MPPDA Dinner (additional fee required)

MPPDA 2015 Registration Fees

MPPDA Pre-Course ................................................................. $100

MPPDA Meeting Registration ................................................. $315

MPPDA Dinner ................................................................. $85

TOTAL AMOUNT ENCLOSED $________

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: __________________________________________________________________________________________

This form may be reproduced. Only one registrant per form. APPD Tax ID#: 54-2015821.

CME credit for the MPPDA 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

For APPD Office Use Only:
Date Received ___________________________  Check # ___________________________
Amount ___________________________