



ELS Sessions listed by day, then alphabetically

Tuesday March 23, 11:00AM - 5:00PM

CONNECTING FROM AFAR: HOW VIDEOS CAN BRING AN EDUCATIONAL PROGRAM TOGETHER AND HOW TO MAKE IT HAPPEN

Megan K. Christofferson, BA, C-TAGME, Michelle Brooks, C-TAGME, Stanford University, Palo Alto, CA

During the COVID-19 pandemic, program coordinators found themselves having to work remotely while maintaining their connection with faculty and fellows, some for the first time. This has presented a unique scenario, in which coordinators can flex skills they might not have before. As many coordinators return back to their worksites, we will likely encounter a work environment that includes more remote work for staff and faculty where needed. In addition, many programs have multiple clinic sites, meaning there is physical distance between the program coordinator, trainees and faculty even when social distancing policies are no longer needed. For all of these reasons, coordinators must find innovative ways to provide necessary information to others in the course of their daily work. This workshop will explore how video technology can be incorporated into an education program while maintaining personalization often reserved for in-person interactions. Participants will be invited to explore the benefits and barriers to incorporating video into current practices while viewing examples of videos already developed by the presenters and other participants. After a brief demonstration of common editing tools found on video editing software, participants will be provided an outline of logistics for planning videos so that they feel comfortable creating their own video projects upon return to their home institution.

FOSTERING CONNECTIONS IN A PANDEMIC: TAKING MENTORSHIP TO THE NEXT LEVEL

Charlene Larson Rotandi, AB, C-TAGME, Stanford University, Stanford, CA, Brooke Steinbronn, BA, University of Rochester, Rochester, NY, Lindsey Gurganious, BSHA, Baylor College of Medicine (Houston), Houston, TX, Dawn DeSantis, MS, C-TAGME, University of Florida, Jacksonville, FL

The ACGME common program requirements highlight the importance of program coordinator professional development. Program coordinators who are new to graduate medical education often feel overwhelmed when stepping into the position, especially if there is no support network available to them. This is compounded by the fact that many program coordinators are currently working remotely and may

be feeling a sense of loneliness and isolation. The current situation elevates the need to foster authentic connections with a greater emphasis on effective mentorship relationships. Session participants will discuss the qualities and attributes they look for in a mentor and mentee, as well as the benefits of effective mentorship. Also, participants will have an opportunity to self-reflect on their own personal strengths and weaknesses which can help them when selecting mentors who can support them in reaching their professional development goals. Participants will leave the session with several tools and strategies that will take their mentorship relationship to the next level.

Wednesday March 24, 2:40 - 4:10PM

A LITTLE LESS CONVERSATION, A LOT MORE ASSESSMENT: APPLYING COMMUNICATION ASSESSMENT TOOLS WITH VALIDITY EVIDENCE FOR USE IN YOUR TRAINING PROGRAM

Suzanne Reed, MD, Nationwide Children's Hospital/Doctors Hospital, Columbus, OH, Mackenzie Frost, MD, MEd, Children's Hospital of Philadelphia, Philadelphia, PA, Ariel Frey-Vogel, MD, MAT, Massachusetts General Hospital, Boston, MA

Communication skills assessment in residency is challenging. There has been increasing emphasis on teaching communication skills, but how do we know our trainees actually ARE competent communicators? As part of the APPD's Assessment Learning Community, we completed a national survey as a needs assessment regarding communication skills curricula and assessment in pediatric residency programs, and YOU pediatric educators of the APPD-- identified a practical, easy-to-use assessment tool as your greatest need in the assessment of communication skills within your programs. We heard you! We scoured the literature, and we found that while most communication assessment tools have limited validity data and/or have limited versatility, two well-known tools, The Kalamazoo Essential Elements Checklist and the Communication Assessment Tool (CAT), hold a lot of potential to meet the needs of pediatric residency program leadership. In this virtual enhanced learning session, facilitators will put a fresh spin on these two widely studied communication assessment tools. Participants will be updated on current literature related to these tools, including a discussion of relevant validity evidence. Participants will then practice using these tools for a communication scenario, first with individual work, followed by work in Breakout Groups to discuss and troubleshoot practical uses of these tools in busy training programs. Through small group work and large group discussion, participants will learn how to utilize these tools both for direct feedback to trainees and for use in Clinical Competency Committees. Participants will then generate an individualized plan for implementing communication skills assessment using these tools within their programs so they can leave with a path forward to tackle communication assessment at their institutions.

CODE D: RESPONDING TO DISCRIMINATION AT THE BEDSIDE

Matthew J. Grant, MD, Rebecca Carter, MD, Paula Newton, MD, University of Maryland, Allison G. Pressimone, DO, Jasmine A. Reed-Middleton, MD, Sinai Hospital of Baltimore, Erin Giudice, MD, University of Maryland, Sybil Pentsil, MD, MPH, Sinai Hospital of Baltimore, Baltimore, MD

Education on racism and discrimination has traditionally focused on delivery of statistics and discussion of provider cultural competency. Less attention has been paid to the role discrimination plays in a learner's experience delivering medicine at the bedside and methods clinical leaders might use to intervene on discrimination. Studies show that bias, harassment and feelings of hostility related to minority status lead to greater feelings of burnout and isolation amongst medical providers and most learners have witnessed or experienced some form of discrimination during their training. As program

and clinical leaders, many APPD members understand the varied forms of discrimination including racism and implicit bias but are looking for practical approaches to use in the moment. This interactive ELS workshop will allow participants to reflect upon their own experiences with bias and discrimination in medicine while developing strategies to recognize and respond to racism and discrimination at the bedside. This workshop will focus on the recognition of discrimination in clinical practice and engaging participants in effective strategies to respond to racism and discrimination in real time as the clinical team leader, while creating a model of action for their learners. Through participant polls, small group discussions facilitated by experienced leaders in breakout rooms, and an interactive chat, participants will work together through realistic cases and gain strategies to utilize in their own clinical practice. A strength of our workshop lies in the varied experience of our facilitators, representing two residency programs, varied clinical and leadership roles ranging from resident to program director, and varied life experience including personal experience with various forms of discrimination at the bedside. Our facilitators have experience utilizing interactive virtual programming, and recently conducted a similar workshop regionally ensuring a successful virtual experience.

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

Adin M. Nelson, MD MHPE, Erika Abramson, MD, MSc, New York Presbyterian Hospital (Cornell Campus), New York, NY, Robyn Blair, MD, Stony Brook Medicine/University Hospital, Stony Brook, NY, Molly Broder, MD, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, Jennifer DiPace, MD, New York Presbyterian Hospital (Cornell Campus), New York, NY, Matthew Kapklein, MD, Westchester Medical Center, Valhalla, NY, Rebecca Wallihan, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH

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

HOW TO TEACH CLINICAL SKILLS WHILE SOCIALLY DISTANCED: A MULTIPRONGED APPROACH TO TELEMEDICINE FOR TRAINEES

Beth Rezet, MD, Children's Hospital of Philadelphia, Philadelphia, PA, Elena Huang, MD, Melissa Hewson, MD, Anthony A. Luberti, MD, MSIS, Children's Hospital of Philadelphia, Phila, PA

Objectives: Incorporate key components of telemedicine curriculum & Identify strategies for interactive telemedicine education. Last spring like all programs across the country we pivoted to offer conferences and didactics virtually and attempted to optimize clinical experiential learning for trainees. As our hospital made the leap to telemedicine we needed to teach our trainees these new clinical skills. Rapidly, and taking into account social distancing, PPE supplies, patients' reticence to leave home and attending availability, we developed and launched a telemedicine curriculum for residents. We will share our multipronged approach to telemedicine for trainees by detailing our casebased methodology, preparation for the nuances of telemedicine, practice videos, troubleshooting tips and expertise of educators, telemedicine experts and Primary Care practitioners. We will share our learner survey detailing responses to the learning objectives achieved, suggestions for improvement and feedback. The intended audience will include the novice who is just starting telehealth for trainees, as well as the experienced educator who is troubleshooting challenges. AGENDA Prework:Attendees submit questions via survey link about telehealth curricula and share institutional platform and preferred small groups. 10 minutes:Team Introduction. Participants unable to complete pre-work can use the chat feature to pose needs and questions 15 minutes:Presentation of curriculum; methods and lessons learned 25 minutes:Participants divide into breakout rooms based on needs identified. Within these smaller groups, we will facilitate discussions and deliver workable solutions for telehealth teaching for primary care, adolescent medicine and subspecialty practice 25 minutes:Participants divide into breakout rooms for discussion on curriculum development, tech and logistical issues, considerations for preceptors, approaches to evaluating telemedicine educational activities 15 minutes:Conclude the session by returning to the large group and asking each small group to share their “take-home” action items

INTEGRATING OSTEOPATHIC PRINCIPLES INTO ALLOPATHIC RESIDENCY PROGRAMS: A COLLABORATIVE APPROACH

John G. Frohna, MD, MPH, University of Wisconsin, Madison, WI, Kris Rooney, MD, Lehigh Valley Health Network/University of South Florida College of Medicine, Allentown, PA, Kimberly Wolf, DO, Not Affiliated with Program/Institution listed above, Vallejo, CA, Alex Rakowsky, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH

As of 2020, the ACGME has a single accreditation pathway for osteopathic and allopathic residency programs. And, almost 20% of applicants matching to a pediatric residency program have a DO degree. How can programs recruit the top applicants, add value to the training of osteopathic residents, and benefit all residents in our programs? This interactive, collaborative learning session will help you answer this question! Following a brief overview of osteopathic medicine and changing landscape of pediatric applicants, participants will engage in small and large groups to develop curricular innovations that can meet the needs of a variety of programs. We will highlight benefits and discuss strategies to overcoming barriers to the implementation of these strategies. Participants will leave with focused ideas to enhance the education of all residents, both osteopathic and allopathic, in their programs.

REENVISIONING THE SCHOLARSHIP JOURNEY FOR PEDIATRIC SUBSPECIALTY TRAINEES

Charlene Larson Rotandi, AB, C-TAGME, Bonnie Halpern-Felsher, PhD, Hayley Gans, MD, Erica Okamura, MA, Allison Guerin, EdD, MEd, Becky Blankenburg, MD, MPH, Stanford University, Stanford, CA

Pediatric subspecialists are expected to participate in scholarship and to further the field through scholarly dissemination. Thus, fellowship programs must provide the skills needed for subspecialty trainees to be competent in scholarship following fellowship. The Pediatrics Review Committee of the

Accreditation Council for Graduate Medical Education recommends that training programs provide fellows a minimum of 12 months for scholarly activity, provide core curriculum in scholarship, and require a Scholarship Oversight Committee to oversee and assess the fellow's scholarly activity. The Research Advisory Committee of the American Board of Pediatrics surveyed fellowship program directors and 95% felt that fellows scholarly activity should be individualized and aligned to their career goals. Since the majority of Pediatric Fellowship Programs are three years, it is critical for programs to consider a fellow's scholarship journey as early as possible, even as early as recruitment. In this session, participants will have an opportunity to reflect on the challenges and opportunities of their own scholarship program and will be introduced to a novel fellowship pathway, with unique strategies designed to creatively support the full spectrum of fellows' scholarship interests during their training. At the start of the session, participants will analyze their institution's current scholarship framework and identify areas in which they can improve. Participants will then share challenges and best practices with one another. The presenting team will share their institution's comprehensive scholarship framework which is tailored to specific time points in the fellows' training and supports fellows in identifying scholarly interests and fostering networking opportunities early in their training. After exploring different frameworks of scholarship, participants will develop an action plan to implement program improvements. Session participants will receive a toolkit of scholarship resources, including a detailed timeline of activities to support their fellow's scholarship journey.

REFINING THE RAINBOW ROAD IN MEDICAL EDUCATION: NEW LGBTQIA+ CURRICULUM COMPETENCIES FOR PEDIATRIC RESIDENTS & FACULTY

Brian Lurie, MD, Carolinas Medical Center, Charlotte, NC, M. B. Cooper, MD, MEd, FAAP, University of Texas Southwestern Medical School, Dallas, TX, Pamela Carpenter, MEd, c-TAGME, University of Utah, Salt Lake City, UT, Beth Wueste, MAEd, c-TAGME, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX, Michael D. Colburn, MD, MEd, University of Iowa Hospitals and Clinics, Iowa City, IA, Sydney Primis, MD, Carolinas Medical Center, Charlotte, NC, Kacie Kidd, MD, UPMC Medical Education, Pittsburgh, PA, Lauren Roth, MD, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY, Anna M. Dusseau, BHCA, Children's Hospital Medical Center of Akron/NEOMED, Akron, OH

Significant mental and physical health disparities continue to exist for the lesbian, gay, bisexual, transgender, queer, intersex, asexual, all other genders, sexes and sexualities (LGBTQIA+) population. For example, within the pediatric population sexual and gender minority youth have increased rates of STIs, HIV, depression, victimization, and suicide attempts compared to heterosexual cis-gender youth. Barriers to health care for LGBTQIA+ youth include discrimination, lack of cultural competence by providers, and health system barriers. In recognition of these disparities, there has been a trend to increase cultural competency education around the care of LGBTQIA+ adults in undergraduate medical education. A recent survey in 2011 showed an average of 5 hours dedicated to LGBTQIA+ health, with almost a third of medical schools still reporting no time dedicated to the topic. It is unclear what percentage of reported time in these surveys focused on the unique challenges of LGBTQIA+ youth. Few cultural competency educational interventions on LGBTQIA+ health have focused on graduate medical education training programs. The American Academy of Family Physicians (AAFP) published recommended competencies that family medicine residents should accomplish to help care for their LGBTQIA+ patients. However, few resources exist to help train pediatric residents and even fewer to develop pediatric faculty on how to teach LGBTQIA+ health to residents and medical students. This highly interactive session will begin with an online poll to explore the current state regarding education and barriers to education around LGBTQIA+ health. Newly developed pediatric competencies modeled from the AAFP competencies and developed jointly by members of the Society of Adolescent Health and Medicine and the APPD LGBTQIA+ Learning Community will be introduced. Participants will then be divided into one of three breakout rooms and rotate through each one. Breakout group one will allow

participants to further familiarize themselves with the competencies and brainstorm ways to utilize at their home institutions. In breakout group two participants will sample different interactive learning activities designed to help teach these competencies. Breakout group three will introduce participants to a newly developed EPA which can be used to assess these competencies. The session will conclude with a large group report back on the strengths and areas for improvement identified from the breakout room activities. Participants will be provided with a link to curricular materials presented.

RESIDENT EDUCATION AND VIRTUAL MEDICINE: HOW TO ENHANCE TRAINEE SKILLS IN THE REALM OF TELEMEDICINE

Linessa Zuniga, MD, MEd, Betty Del Rio-Rodriguez, MD, MPH, Ana Monterrey, MD, MPH, Margaret Wood, MD, MPH, Anna Rueda, MD, Baylor College of Medicine (Houston), Houston, TX

Many pediatric providers have rapidly incorporated telemedicine into their practice as a result of the COVID19 pandemic, and telemedicine is here to stay! This interactive workshop will provide pediatric educators with best practices to implement and carry out telemedicine visits in an academic environment as well as key elements that should be included in trainee education surrounding telemedicine. There is emerging literature on telemedicine best practices and unique clinical care questions surrounding telemedicine, however, the incorporation of learners into telemedicine visits adds an additional layer of complexity. Providers and residency programs alike are struggling with the balance of providing optimal care, allowing trainee autonomy, and perceiving supplementary training that may need to occur for residents providing virtual care. The facilitators of this workshop are all medical educators as well as providers in busy academic practices who have incorporated telemedicine into their clinical and teaching practices using multiple platforms and modalities. This workshop will begin by providing a brief introduction to telehealth and telemedicine and its evolution over the course of the pandemic. Using an interactive, case-based format we will introduce helpful tips to master and teach key skills in the delivery of telemedicine as well as in the supervision and education of learners practicing telemedicine. We will introduce innovate tips and guides to master virtual interviews and physical exams, including a novel mnemonic created by our team (ABLES) to guide virtual exams. Lastly, we will broadly address common ethical issues in telemedicine, the importance of stressing a standard of care no matter the platform that medicine is being delivered, and the importance of incorporating this into trainee education. In addition to large group discussion and a case based format, this workshop will also utilize self-reflection, polls, the chat function, and small groups to promote interactivity and engagement.

SOLVING FOR X AND THE FUTURE OF Y: RESIDENCY ALGEBRA

Jennifer B. Walsh, MD, University of Texas Southwestern Medical School, Dallas, TX, Dava Szalda, MD, Children's Hospital of Philadelphia, Philadelphia, PA, Nathan Stehouwer, MD, Case Western Reserve Univ/Univ Hosps Cleveland Med Ctr/Rainbow Babies and Children's Hospital, Cleveland, OH, Kathryn Diamond-Falk, MD, Maine Medical Center, Portland, ME, Michael Contarino, MD, University of North Carolina Hospitals, Chapel Hill, NC

There is evidence that X+Y scheduling models may enhance patient continuity in ambulatory clinics, decrease inpatient handoffs, and decrease resident burnout in Internal Medicine programs; with the current pediatrics X+Y AIRE pilot, there is increasing evidence that this may be true in Pediatric residency training as well. Given the integration of Med-Peds with categorical residency program schedules, there are Med-Peds programs currently participating and/or considering a shift to X+Y scheduling as well. During this interactive workshop, Med-Peds program directors currently implementing various X+Y scheduling models in conjunction with categorical programs will present the background and evidence related to X+Y scheduling. Workshop participants in breakout groups will then brainstorm possible approaches, barriers, and solutions to key elements of X+Y implementation. These will include

advocating within categorical programs for integrated X+Y models, optimal curricular design and content of X versus Y blocks, and strategies for improving both continuity clinic and overall ambulatory experience. The session will conclude with a brief summary of lessons learned from Med-Peds programs across the country currently participating in X+Y, sharing of helpful resources, and time for Q&A.

STORY SLAM, STAT: USING LIVE STORYTELLING EVENTS TO BUILD CONNECTION, COMMUNITY AND RESILIENCE AMONGST TRAINEES

Maren E. Olson, MD, MPH, MEd, University of Minnesota, Saint Paul, MN, Anthony Williams, MD, Michael B. Pitt, MD, Margot Zarin-Pass, MD, Trisha Paul, MD, Bernard E. Trappey, MD, University of Minnesota, Minneapolis, MN

Storytelling is abundant in medicine. This is not surprising since it has been said that humans are the storytelling animal--that our ability to tell, hear, and share stories is what makes us who we are. Stories are one of the most powerful ways for us to connect, empathize, and to heal from traumas. Yet, the stories of those in training often go untold. With increasing awareness of depression, suicide, and burnout amongst residents, reflective writing exercises give trainees a voice, but few efforts focus on spoken word as a form of narrative. Research shows that while a sense of connectedness is protective against burnout, efforts to foster a sense of community in graduate medical education--particularly across specialties and institutions--are scarce. Storytelling events offer an accessible approach to address these gaps and are an opportunity to build community. The workshop will cover background information about the benefits of storytelling and its role in medical education. Session leaders have experience planning, conducting, and sharing stories in multiple successful and well-regarded live storytelling events--both in-person and virtual. We will share first-hand experiences with designing and planning these storytelling events and convey to participants tools and skills to plan their own events. In addition, we will share tips and tricks for cultivating and coaching storytellers from our experience leading in-person and virtual storytelling workshops. Multiple examples of stories will be shared throughout the course of the workshop. Participants will also participate in small group breakout sessions. One breakout session will focus on planning storytelling events and will give participants a framework for designing a storytelling event within their own institutions. The other breakout session will focus on how participants can cultivate and coach storytellers within their own institutions.

TOGETHER WE RISE - IMPROVING THE PATIENT-DOCTOR RELATIONSHIP BY FOSTERING HUMANISM THROUGH DEVELOPING A SOCIAL JUSTICE CURRICULA ROOTED IN CRITICAL CONSCIOUSNESS

Audrea M. Burns, Julieana Nicholss, MD, Susan Gillespie, MD, Baylor College of Medicine (Houston), Houston, TX, Lahia Yemane, MD, Stanford University, Palo Alto, CA, Patricia Poitiven, MD, Brown University, Providence, RI, Andria Tatem, MD, Baylor College of Medicine (Houston), Houston, TX, Candice T. Lucas, MD, University of California (Irvine)/CHOC, Irvine, CA, Laura Kester, University of California (Davis) Health System, Sacramento, CA, Elaine Fielder, MD, Baylor College of Medicine (Houston), Houston, TX, Jyothi Marbin, MD, University of California (San Francisco), San Francisco, CA

Despite increased teaching of social determinants of health during medical training, there has not been a concomitant increase in physicians taking on professional roles as health advocates (Sharma, 2018). It is thought that in addition to understanding social determinants, it is critical to train future health care professionals in social justice. This workshop unites facilitators across multiple institutions to share their experiences and provide a platform to discuss published models and teaching tools to guide participants in building or refining social justice curricula. In this highly interactive virtual workshop, participants will engage in small group sessions in breakout rooms and take turns role-playing to simulate a complex patient-trainee interaction to contextualize complexities of marginalization and health disparities. A brief

didactic will follow to highlight the difference between cultural competency, cultural humility, and critical consciousness and participants will develop a model in small groups using shared google handouts outlining how to use a critical consciousness framework to foster skills in social justice and advocacy. Participants will then learn about three approaches for teaching social justice- critical consciousness, structural competency, and antiracist pedagogy. Using one of three theoretical approaches, facilitators will briefly highlight current tools used at their home institutions. Applying these concepts, participants will be guided by the facilitators to continue working on creating social justice curricula for their home institutions in small group format and participants will share in a large group session.

ZOOMING GLOBAL TO LOCAL: DEVELOPING A GLOBAL HEALTH ELECTIVE IN THE TIME OF COVID-19 AND BEYOND

Lee E. Morris, MD MSPH DTMH, Carolinas Medical Center, Charlotte, NC, Elizabeth M. Keating, MD MSPH, University of Utah, Salt Lake City, UT, Heather Crouse, MD, Baylor College of Medicine (Houston), Houston, TX, Megan McHenry, MD, Indiana University School of Medicine, Indianapolis, IN, Brittany Murray, MD, Emory University, Atlanta, GA, Amy Rule, MD, Cincinnati Children's Hospital Medical Center, Christine O' Dea, MD MPH, University of Cincinnati College of Medicine, Cincinnati, OH, Marideth Rus, MD, Baylor College of Medicine (Houston), Houston, TX, Courtney Winterer, DO, Children's Mercy Hospital, Kansas City, MO, Charles J. Schubert, MD, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

With the COVID-19 pandemic ending nearly all international travel, many pediatric residency programs have struggled to find global health (GH) electives that can be performed locally. Recognizing the challenges many pediatric training programs face in developing and maintaining GH offerings, it is important that programs are aware of the available resources and support they need to enhance local experiences of GH education for their trainees. Providing GH education during a pandemic presents a new set of challenges and obstacles to overcome, however, it has forced us to re-examine aspects of GH education that can be offered locally, and how to best do so. By structuring GH electives with local or virtual activities, programs can safeguard GH electives during both pandemics and other future scenarios limiting travel. While many residents want to experience health care settings abroad, beyond COVID-19, issues such as political unrest, natural disasters, or personal or scheduling barriers to travel may require programs to have GH electives that can be performed locally or virtually. This highly interactive Enhanced Learning Session will be facilitated by a multidisciplinary group of pediatric GH educators. Following a brief introduction and discussion of the background, participants will be divided into small groups and have an opportunity to spend 15 minutes in each of the breakout sessions covering various components and considerations for these GH electives. Participants will then reconvene as a larger group at which time the moderators will summarize the discussion and ideas shared during their breakout session. The topics of the breakout sessions will include: 1) Existing online educational resources to increase medical knowledge of global health and/or care of underserved populations domestically. Examples include SUGAR, SPACK, IPACK (immigrant-Refugee Health), GOALS, GCHEMP (Cultural Humility Modules), and the new GHEARD (Equity, Anti-Racism and Decolonization) 2) Local clinical or public health experiences and community site visits focused on addressing the social determinants of health. Examples include immigrant and refugee health, community health, public health activities, and health education for school health 3) Use of technology to remain engaged with international partners including tele-education, tele-medicine, and even tele-research activities during COVID, many of which may change how we participate in GH beyond COVID. 4) Considerations and logistics for implementing a local or virtual GH elective including how to keep trainees engaged and accountable, evaluations, elective objectives and schedule templates. To conclude the session, all participants will receive an electronic document with a summary of available references, resources, and other tools for use in the development of these GH electives from home.

Thursday March 25, 2:40 - 4:10PM

CAPTIVATING AUDIENCES BIG AND SMALL: HARNESSING COGNITIVE LOAD THEORY AND TECHNOLOGICAL TOOLS TO ENHANCE LEARNING

Rachel S. Poepelman, MD MHPE, University of Minnesota, Edina, MN, Anna Volerman, MD, University of Chicago, Chicago, IL, Justin Triemstra, MD, Michigan State University, Grand Rapids, MI, Sushant Srinivasan, MD MSc MHPE, University of Wisconsin, Madison, WI, Ian Chua, MD MHPE, Stanford University, Stanford, CA, Amanda Emke, MD MHPE, Washington University/B-JH/SLCH Consortium, St. Louis, MO

Pediatricians routinely teach trainees and colleagues in clinical and non-clinical settings, and now, increasingly, through a digital platform. Digital platforms have been essential tools during the pandemic and will likely remain an important medium in the future. To teach effectively, pediatricians must understand how to optimize learning and what techniques can be applied to improve engagement and understanding of learners in one-on-one, small group, and large group settings, both in person and remotely. This workshop reviews principles of effective instructional design using cognitive load theory, a framework that has emerged in medical and non-medical fields for educators to optimize the attention and performance of learners. This framework provides the foundation to discuss practical approaches to enhance the design of instructional sessions, allowing clinical-educators to move beyond facilitating knowledge gains and toward promoting knowledge retention and application. The workshop will also specifically highlight the literature regarding cognitive load theory and multimedia learning. The workshop consists of a series of four short lectures interspersed with small group activities and discussion. It begins with an introduction to cognitive load theory and its current applications in medical education, followed by a review of best practices for applying cognitive load theory to instruction. Concepts are illustrated using the example of learning to cook. We will then shift to demonstrating available and emerging technological tools used to augment learning and optimize cognitive load. Demonstrated tools will include audience response systems, live online discussions, and social media tools. Facilitators will share their real-life clinical and teaching experiences with small groups during small group activities and discussion. At the conclusion of the workshop, participants will have a toolbox of principles and strategies to optimize learner engagement and understanding in their daily clinical and teaching activities. Improvements to the workshop curriculum since its first presentation include: a Terminology Cheat Sheet to be distributed at the start of the workshop for participants to reference and annotate as needed and the addition of real world examples illustrating each instructional design principle, using the theme of learning how to cook. At the conclusion of the workshop, participants will have a toolbox of principles and strategies to optimize learner engagement and understanding in their daily clinical and teaching activities.

COACHING LEARNERS ON BEHAVIORS TO ENHANCE CLINICAL TEAM PERFORMANCE

Kim Hoang, MD, Jennifer O'Malley, MD, PhD, Stanford University, Stanford, CA, Sahar Rooholamini, MD, MPH, Mollie Grow, MD, MPH, Heather McPhillips, MD, MPH, University of Washington, Seattle, WA, Monique Naifeh, MD, MPH, University of Oklahoma Health Sciences Center, Oklahoma City, OK, Pooja Sanghavi, MD, Valley Children's Healthcare Program-Pediatrics, Madera, CA, Taryn Hill, MD, MEd, Matthew W. Thomas, MD, Johns Hopkins All Children's Hospital, Petersburg, FL, Elizabeth Blecharczyk, MD, Kevin Chi, MD, Jessica Gold, MD, Sara Kreimer, MD, Debbie Sakai, MD, Diane Stafford, MD, Rebecca Blankenburg, Stanford University, Stanford, CA

Modern medical care continues to be increasingly dependent on high-functioning, interdisciplinary teams. The most effective teams consist of diverse behavior styles with different strengths and perspectives. Learners are frequent participants in the reconfiguration of clinical groups, and it can be challenging in a new group to quickly assimilate into an effective team and understand the different strengths and

opportunities of each member. As educators, we have the opportunity to coach our learners how to successfully recognize and address different styles within team dynamics so that there are improvements in team communication, team performance, and, ultimately, patient care. This interactive virtual workshop will guide participants in using coaching techniques to help learners recognize their individual and team member's behavior styles and how it impacts the complexity of team management based on lessons learned from 5 pediatric residency coaching programs. The session leaders will first highlight common team conflicts that result from the lack of understanding of behavior style differences and will introduce how coaching can be used as a tool to help learners navigate these difficult situations. Participants will complete an established behavior profile tool called "DISC" (Dominance, Influence, Steadiness, Conscientiousness) and discuss common behaviors associated with each type. In facilitated small and large group discussions, participants will work through common conflict scenarios between the four behavior styles in different clinical and professional settings. Participants will then practice coaching learners how to increase their awareness of the interplay among team members with different personalities and strategies to overcome these conflicts. This workshop will empower participants with new behavior-focused coaching strategies that can be used to help learners improve teamwork as well as a toolkit that can be brought back to their home institutions for learner and faculty development.

FULL OF KNOWLEDGE BUT RUNNING ON EMPTY: HOW THE ARTS CAN RECHARGE AND ENRICH OUR WORK IN MEDICINE

Sarah P. Justvig, MD, Robyn J. Blair, MD, Stony Brook Medicine/University Hospital, Stony Brook, NY

Art in observation interventions have been shown to decrease burnout symptoms and improve observational and diagnostic skills in over 70 medical schools across the country incorporating such experiences. What about residents, particularly residents in pediatrics, a field very reliant on the power of observation as our patients often cannot speak for themselves? We created a retreat for pediatric residents on the art of observation in the virtual environment. This session will introduce participants to intervention rationale, its content, and strategies for assessing its impacts on observational and diagnostic skills, empathy, and perceived burnout. We will also explore approaches to sustainability, offering ways to integrate art into daily life and to invite the seeking out of similar opportunities in this realm. Finally, we will incorporate art from previous pandemics as a way to process the emotions associated with COVID-19. Loss of empathy in medical training is presently a common area of debate. The arts represent a unique and effective way to teach many of the skills we hope our residents will embody. Two validated systems of delivering art and observational content are Visual Thinking Strategies and Artful Thinking, both incorporated here. These concepts teach that there is more than what first meets the eye, in art and in medicine. Our extremely interactive session will involve group discussions, didactics, small group exercises, Zoom features such as polling and whiteboard, and technological additions of word clouds, shared slide decks, and validated survey tools. Participants will leave the session with a renewed vigor for the arts and its deep connection to medicine and with a toolkit they can directly adapt to launching an arts retreat for trainees at their own institution. The artwork chosen will comprise pieces chosen from online galleries in discussions with curators on the campus of Stony Brook University. In addition, as discussed above, artwork from past pandemics will be incorporated. Examples include Camus' *The Plague* and Edvard Munch's *Self Portrait after Spanish Flu*.

MAKING THE MOST OF YOUR WORK: TRANSFORMING MEDICAL EDUCATION PROGRAM EVALUATION INTO QUALITY IMPROVEMENT AND SCHOLARSHIP

Jennifer DiPace, MD, New York Presbyterian Hospital (Cornell Campus), New York, NY, Erika Abramson, MD, MS, New York Presbyterian Hospital (Cornell Campus), NY, NY, Mackenzie S. Frost, MD, Children's Hospital of Philadelphia, Philadelphia, PA, Erin Powell, MD, University of Kentucky College of Medicine, Louisville, KY

Administration of an educational program requires routine engagement in program evaluation. Through this process, both program strengths and areas for improvement are identified by stakeholders such as learners and teaching faculty. Improving an educational program can sometimes feel like a daunting task, especially when it is unclear of what is driving the problem and what changes are necessary to implement to achieve improved learner satisfaction. In this learning session, the participants will gain the insight and skills to transform their program into highly-rated activities by the learners using proven QI methodology. First, the facilitators will share samples of program evaluations from GME programs. The participants will also be asked to bring their own evaluations of activities or programs that they lead. Facilitators will engage the participants to identify suitable QI projects from shared program evaluations. Next, through interactive didactics, the participants will hone their skills in high-yield quality improvement methods that can be used to make sustainable changes in a program. These skills include: how to construct a key driver diagram, write an aim statement, use PDSA cycle methodology and basic QI statistics. Next, working in facilitated small groups, participants will work with evaluations from their own program or from a sample to develop one of the areas for improvement into a feasible quality improvement project. The end-product of the small-group work will be an action plan for a educational QI project to take back to the home program. Program leaders from a variety of programs will share examples of actual educational quality improvement projects that have been successful. To conclude, the group will share how to get credit for the work, both through ABP Part IV Maintenance of Certification and through dissemination of the work in the medical education community.

MANO A MANO: HOT TOPICS IN MEDICAL EDUCATION

Rebecca Wallihan, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH, Emily Borman-Shoap, MD, University of Minnesota, Minneapolis, MN, Ndidi Unaka, MD, MEd, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, Suzanne Reed, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH, Teri Turner, MD, MPH, MEd, Baylor College of Medicine (Houston), Houston, TX, Michael Bolton, MD, Our Lady of the Lake, Baton Rouge, LA, Amy Stier, MD, MME, University of Iowa Hospitals and Clinics, Iowa City, IA

In this interactive, debate-style session attendees will hear leaders in the field face off to address emerging issues in medical education. Three hot topics will be discussed with an affirmative and negative speaker for each. After opening remarks and framing by the moderator, each debater will present briefly her/his major points and closing remarks and address follow-up questions from the moderator. Each debate will incorporate time for facilitated, virtual small group discussion and will end with questions from the audience. Virtual polling will be used to poll attendees on their stance prior to and at the conclusion of each topic. The three proposed topics for 2020 are: 1. Resident teaching services: Faculty right or privilege? 2. Virtual recruitment: Pandemic necessity or here to stay? 3. Trainee civic engagement: Should programs actively encourage or just stay out of it?

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

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

Pediatric residents continue to have increasing interest in global health experiences during residency and integrated into their careers. Global Health pathways and curricula now exist across US residency programs with varying degrees of best practices, supervision, and content. However, many residents interested in Global Health find themselves at programs without formalized Global Health curricula or mentorship. Regardless of program offerings, as adult learners with busy and complex schedules, self-directed learning provides a robust opportunity to both achieve personal goals in education and meet program requirements in content completion. Self-directed learning tools may also serve as a critical resource to support distanced Global Health learning during the COVID-19 pandemic. This ELS will present two complementary models of self-directed learning tools developed by the Midwest Consortium of Global Child Health Educators for pediatric resident global health education. First, Global Health Objectives for Stateside Learning (GOALS) is a module-based curriculum which pairs Global Health learning objectives directly with educational resources (literature, guidelines, etc.) for self-directed learning matched to resident rotations (eg, completing GOALS Pediatric Cardiology while on Cardiology rotation). Second, the Global Health Passport is a tracking tool which organizes learning opportunities, allowing residents to meet content goals in Global Health at their own pace and schedule with a mix of internal and externally available resources. These innovative self-directed learning tools can supplement Global Health learning for residents in large programs with well-established Global Health pathways or provide structure for residents in smaller programs without pathways. Both tools can be tailored to align with individual learner or program needs. This workshop will provide attendees an interactive introduction to both tools, with discussion of implementation strategies, guidance on tool customization for individual programs, and the opportunity to network and collaborate with other programs interested in improving their Global Health curriculum.

PERILS OF THE PANDEMIC: IMPACT ON PROFESSIONAL DEVELOPMENT FOR PROGRAM COORDINATORS

Karla C. Gonzales, BS, Susan M. Grossarth, Cynthia G. Torres, Maria J. Torres-Quiles, BS, Shelley Kumar, MSc, MS, Baylor College of Medicine (Houston), Houston, TX

Objectives: 1. Define professional development and the application to program coordinators. 2. Discuss how COVID has impacted professional development for COVID. 3. Identify what program coordinators need from their PD's regarding professional development. 4. Describe the impact that remote access (working from home) has had on professional development's for program coordinators. 5. Formulate a plan for PC's/PD's to work together in the future to improve access to professional development. Session Descriptions: Program coordinators are the core of all training programs. Coordinators monitor and maintain all requirements, are the buffer between program leadership and trainees. During normal circumstances, PC's are stressed, however with COVID PC's struggle to find time to participate in professional development opportunities. In our pilot study at Baylor College of Medicine we learned that coordinators fall into two categories. They are either unaware of opportunities or do not have the ability to participate for several reasons. During COVID, there are many PC's who have had a change to their work environments including reduced hours during an already busy time. In this interactive workshop, participants will (a) define what professional development means to coordinators; (b) review their current barriers to achieve some type of development during COVID; (c) discuss ways to leverage support from their leadership; and (d) create action plans to enhance more engaging opportunities within their departments. Participants will reflect on the current practices and policies for possible additional funding from their institution. Participants will engage in small group mentored discussion to identify hindrances. Finally, participants will work in small groups to identify topics of (1) defining the future role of the PC; during and after a pandemic (2) culture and climate (i.e. - developing peer support networks, promoting top-down commitment to professional development). In conclusion this workshop will end with a report

out of action plans of received feedback from participants and a discussion of next steps to ensure success.

PUTTING EMOTIONAL HEALTH ON THE [ROAD]MAP OF PEDIATRIC TRAINING

Carole M. Lannon, MD, MPH, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, Kenya McNeal-Trice, MD, University of North Carolina Hospitals, Chapel Hill, NC, Sue Poynter, MD, MD MEd, Tasha Faruqi, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, Elizabeth Chawla, MD, MedStar Health/Georgetown University Hospital, Washington DC

Navigating a chronic condition as a child, adolescent, or family member is challenging, and can cause stress, altered coping, and lasting impacts on both child and family emotional health. Yet 65% of pediatricians report lack of training in recognizing and treating mental health problems (Horwitz, 2015), and Program Directors lack concrete tools and strategies to introduce and hone emotional support skills in trainees. The American Board of Pediatrics Foundation's Roadmap Project has developed multiple curricular resources available to residency programs and trainees. These curricular resources include: - Brief "How Are you Doing?" video featuring clinicians and parents -Example Conversations modeling talking with families -Brief videos based on the Example Conversations -Accompanying self-study guide and facilitator materials -Patient-reported measures and a Readiness Checklist for monitoring change. Following a succinct overview of these resources, Program Directors will share brief examples of how to integrate Roadmap resources into longitudinal mental and behavioral health curriculum for pediatric residents. Each Program Director will then facilitate simultaneous breakout sessions with attendees to further consider how these materials may be used in their settings to increase trainees comfort in addressing emotional wellbeing with any patient population. Finally, a parent of a child with a chronic condition and Program Director will discuss having difficult conversations while balancing resident learning and family needs. Attendees will complete this workshop with an action plan on how to best implement these curricular resources within their unique settings and identify stakeholders for collaboration.

SCHEDULE REBOOT: IS X+Y A GOOD FIT FOR YOUR PROGRAM

Joanna U. Lewis, MD, Advocate Health Care (Advocate Children's Hospital/Park Ridge), Park Ridge, IL, Ross Myers, MD, Case Western Reserve Univ/Univ Hosps Cleveland Med Ctr/Rainbow Babies and Children's Hospital, Cleveland, OH, Lynn Thoreson, MD, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Heather Howell, MD, New York University School of Medicine, New York, NY, Abigail Ginn, DO, Hollis Redmon, DO, Advocate Health Care (Advocate Children's Hospital/Park Ridge), Park Ridge, IL, Alexandra Bicki, MD, Ila Sehgal, DO, Ryan Lowery, MD, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Helen Mac, MD, Hope Jin, MD, Jonathan Lebowitz, MD, New York University School of Medicine, New York, NY

Residency scheduling is a complex topic that effects education, wellness and patient continuity. The recent changes in pediatric graduate medical education requirements, including duty hour restrictions, individualized training, and a renewed focus on the learning and work environment as it relates to patient safety and quality improvement skills have created innovative curricula focused on adult-learning theory and resident individualized training. However, widespread innovation has yet to include changes in overall block structure and continuity clinic scheduling. In the current pediatric residency training model, continuity clinic experiences are embedded within other rotations, often as a one half-day per week session. Although this schedule provides assurance of clinic sessions, it creates a fragmented experience by requiring clinical work in multiple settings in one day, increasing task interruption and patient handoffs, and limiting the continuity in patient care in the outpatient and inpatient setting. Through

the Advancing Innovation in Residency Education (AIRE) pilot of the ACGME, a cohort of programs from around the country have implemented X+Y scheduling in pediatrics. In this workshop, pilot programs from the initial cohort of the X+Y initiative, now in year 3 of implementation, will introduce the concept of X+Y scheduling and its history in resident education. They will then describe implementation methods and barriers to change for programs involved in the study. Finally, current outcomes data will be shared with the group to allow analysis of benefits and challenges to this innovative model. Participants will have the opportunity to focus on either the outpatient, inpatient or longitudinal curricular aspects of X+Y scheduling and return to their programs with templates for consideration of adopting a new scheduling model. The presenters are program leaders from around the country that can guide faculty and trainees from all types of programs, large to small and community-based to academic, to understand how X+Y scheduling may work for their programs.

TRAINING IMGs: CHALLENGES, OPPORTUNITIES & TRIUMPHS

Sybil Pentsil, MD, MPH, Sinai Hospital of Baltimore, Baltimore, MD, Javier Gonzalez-del-Rey, MD, MEd, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, Rana Chakraborty, MD, DPhil, Mayo Clinic College of Medicine and Science (Rochester), Rochester, MN, Andrea Hernandez-Troya, MD, Beaumont Health (Royal Oak), Royal Oak, MI, Rajavee Panchal, MD, Shreya Doshi, MBBS, Afshan Najafi, MD, Sinai Hospital of Baltimore, Baltimore, MD

25% of all practicing pediatricians and over 27% of pediatric subspecialists in the U.S are International Medical Graduates (IMGs). IMGs contribute significantly to workforce diversity and carefully selected IMGs' overall performance mirrors that of US graduates. However, IMGs face unique challenges that can hinder their success in residency training and practice. These challenges can seem daunting to program leaders and can lead to barriers in IMG recruitment, inclusion and retention. In this interactive learning session program directors, associate program directors, chief residents and program coordinators/administrators will learn simple tools and strategies for effective recruitment and training of this important sector of the pediatric workforce. Participants will learn about changes in the IMG & non-US born applicant pool and how it will impact residency training and the pediatric workforce. Session leaders will facilitate breakout room discussions about successful IMG recruitment, overcoming intern year challenges, and navigating senior year opportunities. Participants will share strategies for promoting success and job satisfaction from training into practice. The group will discuss how to adopt IMG strategies for use in other aspects of residency training such as mentorship for underrepresented minorities.

UTILIZING THE NINE ORGANIZATIONAL STRATEGIES TO PROMOTE PHYSICIAN WELL-BEING

Erica Okamura, MA, Hayley Gans, MD, Charlene Larson Rotandi, AB, C-TAGME, Allison Guerin, EdD, MEd, Bonnie Halpern-Felsher, PhD, Becky Blankenburg, MD, MPH, Stanford University, Stanford, CA

The ACGME Common Program Requirements outline the critical need for facilitating and supporting trainee well-being. Studies indicate that trainees exhibit higher burnout rates than other health care groups; however, specific data on strategies that reduce burnout are lacking, making solutions difficult to identify. Previous work has shown that engagement is the antithesis of burnout and extensive evidence suggests that the organization and practice environment play critical roles in whether physicians remain engaged or burn out. In a meta-analysis, both individual-focused and structural or organizational strategies were shown to result in clinically meaningful reductions in burnout among physicians. Thus, combination strategies may support even higher success in combating burnout and promoting professional engagement. Therefore, data supports a comprehensive well-being program utilizing a variety of strategies. In this innovative and interactive session, participants will use Shanafelt's &

Noseworthy's Nine Organizational Strategies to Promote Engagement and Reduce Burnout as a guide for evaluating, brainstorming, and building on their current well-being initiatives. Work will include understanding key factors within each of the nine sections, including specific assessment tools, interventions, and critical leadership metrics. Session participants will also engage with a panel of speakers, including faculty, program leadership, and trainees, about their experiences creating and participating in a multi-level well-being program that utilizes the full spectrum of well-being strategies. Participants will leave the session with an array of comprehensive strategies to target well-being at their institution.

Friday March 26, 2:40 - 4:10

BECOMING: THE INTEGRATION OF COMMUNICATION SKILLS AND PROFESSIONAL IDENTITY FORMATION

Suzanne Reed, MD, Nationwide Children's Hospital/Ohio State University, Columbus, OH, Ariel Frey-Vogel, MD, MAT, Massachusetts General Hospital, Boston, MA, Mackenzie Frost, MD, MEd, Children's Hospital of Philadelphia, Philadelphia, PA

Professional Identity Formation (PIF) is characterized as an adaptive developmental process occurring at individual and collective levels that socializes learners into thinking, feeling, and acting like a physician. PIF is an important part of pediatric training, but it can seem difficult to observe or evaluate. Communication skills, on the other hand, are more easily observable and assessed. While PIF and communication skills are distinct areas of development for learners, they are interrelated. Communication skills foster the doctor-patient relationship, and the doctor-patient relationship facilitates socialization and PIF. In this way, communication skills and PIF are intimately connected. In reconsidering the goals of communication training to include that of fostering PIF, we can reframe and strengthen the way we teach communication skills and explicitly contribute to a learner's PIF. This approach also modifies educational outcomes from a behavioral to a more holistic goal. In this enhanced learning session, facilitators will make the case for the connection between PIF and communication skills training and assessment. Participants will discuss PIF fundamentals, reflect on their own PIF, and explore the integration of PIF and communication skills for their own learners. Through large group discussion and small breakout groups, participants will explore how communication both reflects and directly impacts PIF. Participants will practice ways to integrate the facilitation of PIF with communication skills training and identify ways to implement these methods at their institutions.

CRITIQUING WITH COMPASSION: BALANCING HONEST ASSESSMENT AND AMPLE LEARNER SUPPORT

Linessa Zuniga, MD, MEd, Gal Barak, MD, Andrea Dean, MD, Baylor College of Medicine (Houston), Houston, TX

Burnout is prevalent among all physicians and affects not only personal wellbeing but has negative effects on patient outcomes, including safety and satisfaction. Rates of burnout in learners are high and can fundamentally affect their performance on a clinical team. Despite improved institutional and programmatic efforts to address learner burnout, clinical educators often encounter manifestations of learner burnout when assessing learners or providing them constructive feedback. Clinical educators may not be prepared to identify or address burnout in this context and if burnout is identified, they may struggle to balance supporting the learner while accurately assessing their clinical competence and providing formative feedback on performance. Moreover, educators may feel uncomfortable broaching the topic of learner burnout and leading a discussion on how to mitigate it. This workshop will enhance

the abilities of clinical educators and programs to identify burnout in learners in the clinical setting and understand how burnout can impact learner behaviors and performance. The discussion will use the Maslach Burnout Inventory (MBI) as a framework to identify behaviors that may be consistent with burnout and participants will learn to differentiate these behaviors from those secondary to competency deficiencies. Additionally, this workshop will introduce a novel tool, The GetINburnOUT script, that will provide a method to broach the topic of burnout with learners with whom educators have time-limited relationships and provide a brief intervention while still delivering honest and accurate feedback. By building upon existing literature, educator experience, and emerging investigations of the presenters, participants will develop skills and adopt tools for identifying and supporting learners with burnout while still appropriately assessing clinical competence and providing constructive feedback. Workshop leaders will employ a variety of teaching methods including individual reflection, large group exercises to consider new knowledge and concepts, small breakout groups for discussion, and case vignettes to demonstrate scripting and tools.

DISABILITY AS DIVERSITY: ENHANCING ACCESS AND INCLUSION OF TRAINEES WITH DISABILITIES IN YOUR PROGRAM

Nalinda Charnsangavej, MD, Mary K. Matus, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Emma A. Omoruyi, MD, MPH, University of Texas Health Science Center at Houston, Houston, TX, Daniel G. Richards, MD, University of Texas at Austin Dell Medical School Pediatric Program, Austin, TX, Beth L. Wueste, MAEd, C-TAGME, LSSBB, University of Texas Health Science Center School of Medicine at San Antonio, San Antonio, TX, Lahia Yemane, MD, Stanford University, Stanford, CA

A diverse physician workforce positively impacts patient care and relationships of marginalized groups, such as racial and ethnic minorities, and nonnative English speakers. Our hope is that similar benefits result from educating and employing physicians with disabilities, an expanding population of trainees in medical education. While there is a growing number of medical students who disclose a disability, the proportion of those students who seek accommodations remains small at 2.7%. These students will seek training in GME programs and the number of requests for accommodations will likely increase. While a significant amount of resources exist to assist in the recruitment and retention of students with disabilities to undergraduate medical education programs, there are few resources or best practices to support or guide GME programs. Programs must develop inclusive practices and policies for individuals with disabilities at their institutions and understand the accommodations process and their legal responsibilities, including ADA employment standards. Participants will (a) review recent ACGME requirements and ADA employment standards and responsibilities; (b) review the current state of trainees with disabilities in medical education programs, including understanding of barriers and concerns; (c) discuss ways to leverage support from their institutions; and (d) create action plans to enhance the inclusion of individuals with disabilities. Participants will reflect on current practices and policies for working with trainees with disabilities at their institution. They will engage in small group discussion of an approach to potential scenarios in working with trainees with disabilities. Finally, they will work in small groups to create action plans around topics of (1) structures (i.e.- identifying or creating institutional policies, reviewing technical standards, accommodations) or (2) culture and climate (i.e.- developing peer support networks, promoting top-down commitment to diversity). Groups will report on their action plans to receive feedback and discuss next steps in implementation.

DO WE REALLY NEED ANOTHER FAMILY CENTERED ROUNDS WORKSHOP?

Kheyandra D. Lewis, MD, St. Christopher's Hospital for Children, Philadelphia, PA, Jennifer L. Everhart, MD, Stanford University, Stanford, CA, Michele D. Anderson, BA, Stanford University, Palo Alto, CA, Zia Bismilla, MD, MEd, FRCPC, University of Toronto, Toronto, Toronto, CN, Brian P. Good, MB BCH BAO, University of Utah, Salt Lake City, UT, Lauren Destino, MD, Stanford University, Stanford, CA, Peggy E. Markle, BA, Walter Reed Army Medical Center, Bethesda, MD, Jennifer D. Baird, PhD, MPH, MSW, RN, Children's Hospital of Los Angeles, Los Angeles, CA, Sharon Calaman, MD, New York University School of Medicine, New York, NY, Alisa Khan, MD, MPH, Children's Hospital/Boston Medical Center, Boston, MA, Jennifer K. O'Toole, MD, MEd, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, Shilpa J. Patel, MD, University of Hawaii, Honolulu, HI, Glenn Rosenbluth, MD, University of California (San Francisco), San Francisco, CA

Patient and family centered rounds (PFCR) are not novel. While a collaborative practice, PFCR education is generally driven by physicians with little influence from the interprofessional team. This workshop addresses that gap by sharing strategies for learning from patients, families and nursing team members. With the ongoing uncertainty, apprehension and isolation that COVID-19 has added to patients' and families' hospitalization experiences, clear communication and shared decision-making are paramount. ACGME Pediatric Milestones PROF6, ICS1, PC5, SBP1 and SBP3 assess performance in addressing patient and family values with joint decision-making, engaging in bi-directional communication with interprofessional teams, and actively assisting families to navigate the healthcare system. SHM's Patient and Family Centered I-PASS Safer Communication on Rounds Everytime (SCORE) Mentored Implementation Program integrates a high-reliability framework for rounds, health literacy and techniques for bi-directional communication and patient/family engagement. Following an introduction, participants will self-select three focus sessions facilitated by patients/families, nurses and physicians: interprofessional communication and engagement - tools for trainees to meaningfully engage non-physicians, family engagement - enlisting patients and families to enhance trainees' communication skills, advanced communication skills - using PFCR to improve trainees' communication across the care spectrum, patients and families with limited English proficiency (LEP) - equipping trainees to provide equitable care to families with LEP, health literacy - equipping trainees to provide equitable care to families with limited health literacy, and learner psychological safety and handling uncertainty - promoting trainee wellness through a culture of inquiry and respect. Utilizing role plays, videos, collective brainstorming and reflection we will explore how PFCR provide an ideal learning environment to develop and evaluate trainees skills in creating a therapeutic alliance. Participants will receive resources to help implement these innovations at their own institutions.

DON'T BURNOUT- INSTEAD TRANSFORM YOUR CURRICULUM: BUILDING A COMMUNITY OF INQUIRY TO OPTIMIZE VIRTUAL LEARNING

Lindsay H. Cameron, MD, MPH, Audrea Burns, PhD, Jennifer Benjamin, MD, Baylor College of Medicine (Houston), Adam Wolfe, MD, PhD, Baylor College of Medicine (San Antonio), Houston, TX, Erica Abramson, MD, Not Affiliated with Program/Institution listed above, Ithaca, NY, Tyree Williams, DO, Atlantic Health/Goryeb Children's Hospital, Morristown, NJ, Elaine Fielder, MD, Baylor College of Medicine (Houston), Houston, TX, Leora Mogilner, MD, Not Affiliated with Program/Institution listed above, New York, NY, Ruchi Kaushik, MD, MPH, Baylor College of Medicine (San Antonio), San Antonio, TX, Oriaku Kas-Osaka, MD, MEd, Not Affiliated with Program/Institution listed above, Las Vegas, NV, Said Thammasitboon, MD, MHPE, Baylor College of Medicine (Houston), Houston, TX

Summary of theme why it is important: In response to the global COVID pandemic, resident and post-graduate fellow in-person didactic learning sessions have been converted to virtual platforms. It is widely recognized that the lack of social connection and technological burdens within a virtual experience may

compromise learning when compared with traditional in person engagement. Published studies support that virtual teaching can be as, or more, effective than traditional classrooms if they are guided by educational best practices. This workshop will: 1) introduce an internationally accepted and innovative framework in medical education, the Community of Inquiry (CoI) as the leading framework that guides research and practice of virtual teaching, and 2) describe a standardized, evidence-based instructional method: Process Oriented Guided Inquiry Learning (POGIL). Through the synergistic integration of these two concepts, participants will be equipped with skills to not only replace the classroom, but also amplify or transform their respective curricula to an enhanced virtual learning experience. Using the flipped classroom approach, learners will be sent pre-reading materials to introduce CoI and POGIL. What will they gain from participating? This workshop is specifically designed to model CoI and POGIL, step by step, for enhanced learning. Through a facilitated discussion, a case study and various small group activities, participants will learn the three inter-related elements of CoI: Cognitive, Social and Teaching Presence. More specifically, participants will work collaboratively through the guided inquiry questions to explore the essential features of CoI. Using a faculty development program as a case study, participants will formulate key concepts. Participants will then apply lessons learned to develop a plan to transform their own curriculum, and share with others for reflective critique. Participants will leave the workshop with practical tips and tools to develop a CoI and integrate POGIL at their home institutions using an agenda that has been widely successful in a college-wide education program and local workshop. The session will include recommendations on how to create: an optimal learning climate (social presence), supporting educational discourse (cognitive presence) and organizing and facilitating cognitive and social processes using POGIL (individual and group work) to create desirable learning outcomes (teaching presence).

EMBRACING THE LEARNER DEVELOPMENTAL JOURNEY: THE END TO REMEDIATION

Allison Guerin, EdD, MEd, Ayelet Rosenthal, MD, Hannah Canty, MD, Erica Okamura, MA, Charlene Larson Rotandi, AB, C-TAGME, Lynne Huffman, MD, Caroline Rassbach, MD, MAEd, Rebecca Blankenburg, MD, MPH, Hayley Gans, MD, Stanford University, Stanford, CA

Pediatric residency and fellowship training represent periods of accelerated development in the journey to becoming an independent physician. The optimal process that supports this development engages both the trainee and mentor(s) in identifying goals, ensuring the acquisition of skills that are needed to achieve these goals, and identifying potential challenges that may pose obstacles to being successful. Surveys of program directors have found that remediation is an ongoing challenge. Despite the prevalence of performance issues for trainees, there is a lack of information on how to effectively deal with residents requiring remediation. Previous workshops presented at APPD over the past few years have focused on important aspects of remediation such as identifying strategies to help with trainee deficits, the importance of faculty attitudes, fostering a growth mindset, and use of simulation, but no sessions have focused on the steps that can be taken to prevent the need for a formal remediation program. We posit that resident and fellow learning needs to be reconceptualized as a developmental journey, with specific interventions along the way to support skill development. ACGME common program requirements for Pediatrics establish the need for individualized development, stating: "[Programs]... must: assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth". This process is typically underutilized and not seen as a method for early identification of gaps that, if not addressed, may require formal remediation. At our institution, we have developed a framework that supports the development of individualized plans and ongoing reassessment of goals that may reduce the need for formal remediation. In this fast-paced, case-based session, participants will engage with scenarios that represent many trainee skill delays. Participants will leave with a toolkit of resources for learner assessment and intervention that can be utilized in advance of a formal remediation program.

LOCKED AND (UN)LOADED DISCUSSIONS: KEEPING KIDS SAFE FROM FIREARM INJURIES

Cody W. Clary, MD, Lindsey Lambarth, DO, Ruchi Kaushik, MD, MPH, Adam Wolfe, MD, PhD, Baylor College of Medicine (San Antonio), San Antonio, TX

Firearm-related fatalities are a public health crisis. The American Academy of Pediatrics (AAP) asserts that the safest home is a home without a firearm but recommends a gun be stored locked, unloaded, in a safe with the ammunition locked in a separate location if a family does own one. Despite these storage recommendations, physicians are not comfortable asking patients about the presence of firearms in homes. To address training gaps in knowledge and skills in this area, we have developed an interactive, evidence-based workshop to prepare pediatric residents to teach and counsel families regarding firearm safety in the home. Our goal is to equip future pediatricians with skills to engage in child safety advocacy in the setting of a medical home and to provide culturally-sensitive preventive care, thereby affecting population health. Participants will leave this session having practiced firearm safety counseling skills using facilitated role play. All necessary materials will be provided to allow participants to adapt and embed this curriculum within resident advocacy education and to intentionally and strategically approach resident community health and advocacy milestones.

PROVIDERS ASSEMBLE! BRINGING TOGETHER AN INTERDISCIPLINARY "DREAM TEAM" TO IMPROVE PEDIATRIC MENTAL HEALTH EDUCATION

Emily Borman-Shoap, MD, Katherine Steingraeber, MD, Amanda Schlessinger, MD, Cheri Friedrich, DNP, RN, CPNP-PC, Katie Lingras, PhD, LP, University of Minnesota, Minneapolis, MN

In 2017, the American Board of Pediatrics put forth a call to action for residency programs to better prepare our graduates to meet the behavioral and mental health needs of our patients. Approximately one in 5 adolescents suffers from a mental health disorder that is significantly impairing, and suicide is the 2nd-leading cause of death in youth aged 10-34. Meanwhile, a critical shortage of child psychiatrists has been present for decades and will only worsen, with a predicted 50% shortfall in 2020. Families in crisis who face extensive wait times for a child psychiatrist turn to primary care for help. In fact, approximately 40% of outpatient pediatric visits involve a mental or behavioral health concern. However, pediatric providers lack the training they need to diagnose and treat these conditions. The key elements of the American Board of Pediatrics' proposal include: having a robust mental health curriculum, using tools to better assess resident skill's in mental health care, creating appropriate training environments, faculty development for general pediatric faculty, and partnership with non-pediatric partners. In this panel discussion, a group of faculty from the University of Minnesota, including a psychologist, two child psychiatrists, the pediatric nurse practitioner training program director, and the pediatric residency program director will share our experiences in working together as an interdisciplinary team to improve pediatric mental health education for pediatric residents and pediatric nurse practitioner trainees. We will review various funding and support explored, including partnering with state legislature and applying for an internal innovations grant at our medical school. Panelists will also describe current curricular offerings for our trainees, including mental health case-based conference, academic half-day sessions with a mental health focus, and psychiatry electives. Finally, we will share early experience with our new initiative which places mental health professionals with protected time in an educational consultation role for pediatric residency and pediatric nurse practitioner trainees during their outpatient general clinic time. Active audience participation will be encouraged with frequent breaks for questions throughout the session. Attendees will leave the session equipped to explore their local training landscape for pediatric mental health training, with practical tips for how to get started with new initiatives.

PUT ON YOUR OWN OXYGEN MASK FIRST: PROMOTING PROGRAM DIRECTOR RESILIENCE

Elizabeth Nelsen, MD, SUNY Upstate Medical University, Syracuse, NY, Deborah Alliston, MD, University of Kansas (Wichita), Wichita, KS, Ketan Kansagra, MD, Newark Beth Israel Medical Center, Newark, NJ, Karen Mangold, MD, McGaw Medical Center of Northwestern University, Nicola Orlov, MD, University of Chicago, Chicago, IL, Lina Patel, MD, Children's Mercy Hospital, Kansas City, MO, Rebecca Chasnovitz, MD, Kaiser Permanente Medical Group (Northern California), Oakland, CA, Lisa Sieczkowski, MD, University of Nebraska Medical Center College of Medicine, Omaha, NE, Sarada Panchanathan, MD, Not Affiliated with Program/Institution listed above, Phoenix, AZ

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

REALIZING INCLUSION & SYSTEMIC EQUITY IN MEDICINE (RISE): RESPONDING TO ACTS OF RACISM AND DISCRIMINATION IN THE WORKPLACE

Sarah J. Calardo, DO, Barbara E. Switzer, MD, Patricia Seo-Mayer, MD, Courtney Port, DO, MPH, Maybelle Kou, MD, M Ed, Minal Amin, MD, Ghofrane Benghanem, MD, Natalie McKnight, MD, Kamillah Halmon, MD, Inova Fairfax Medical Campus/Inova Children's Hospital, Anna B. Newcomb, PhD, MSW, LCSW, Trauma Research Manager, Inova Trauma Center, Inova Fairfax Medical Campus, Falls Church, VA

Medical trainee mistreatment is a common occurrence, with many learners experiencing harassment or discrimination. In the 2019 AAMC Graduation Questionnaire, 8.5% of medical students reported being "subjected to racially or ethnically offensive remarks/names" by faculty, staff or colleagues. At our institution, residents have also identified patients and families as sources of bias. Both overt acts of discrimination and microaggressions have a negative impact on trainees. Even when educators commit to fostering a positive learning climate, it can be difficult to support learners without faculty development to address discrimination. We have designed the RISE Workshop to be an anti-bias and anti-racism communication workshop. Utilizing video simulations, our highly interactive virtual workshop provides participants with the skills needed to personally respond to instances of bias and prepares them to have more substantive conversations with learners about bias in medicine at their local institutions. This curriculum was developed by a multi-specialty team from pediatrics, emergency medicine, and trauma surgery, with simulation education expertise, and consisting of program leadership, faculty, and residents. We provide multiple tools for responding to bias and racism, including DARE (Discover, Actively Listen, Recognize, Educate), ACDE (Assess, Cultivate, Depersonalize, Ensure), INTERRUPT (Inquire, Nonthreatening, Take responsibility, Empower, Reframe, Redirect, Use Impact Questions, Paraphrase, Teach), and STR (Stop, Talk, Roll). We also provide examples of escalation pathways and reporting options for when these situations occur, and an institutional response system to support those who experience or witness discrimination. This innovative curriculum utilizes video simulation, role-play and debriefing in a virtual format, allowing for implementation in multiple settings, and ideal in the era of COVID-19. To our knowledge there are no other structured, interactive workshops that address bias and racism in the healthcare setting in combination with virtual learning.

THIS ROTATION STINKS!: GUIDING TRAINEES TO COMPOSE HIGH-QUALITY COMMENTS ON WRITTEN EVALUATIONS

Cathy A. Lee-Miller, MD, University of Wisconsin, Madison, WI, Vasudha Bhavaraju, MD, Kristina Trinh, DO, Anna Kushnir, MD, Phoenix Children's Hospital, Phoenix, AZ, John G. Frohna, MD MPH, University of Wisconsin, Madison, WI

Feedback from trainees about educational experiences is vital for program and faculty advancement, however trainee evaluation comments are not always phrased in a manner that leads to actionable items to promote program improvement. In fact, poorly written, vague, or inflammatory comments may have the opposite effect, creating a divide between trainees and faculty members or leaving program leaders feeling unappreciated and undervalued. This session will teach participants how to empower trainees to have a greater impact in overall program quality by providing accurate observations of problems and proposing solutions in a professionally written format. We will review the current state of trainee written evaluations by discussing anonymized comments written by residents and reviewing current literature that analyzes the impact of trainee narrative comments. Participants will be introduced to a rubric for trainees to follow while completing their evaluations that will help them organize their thoughts and leave comments that can lead to meaningful changes in quality of teaching and educational experiences. Presenters will then review strategies to teach these skills to trainees using simple and feasible methods that can be incorporated in any program.

TOGETHER, WE CAN DO THIS! ENHANCING YOUR WELL-BEING TOOLKIT

Erica Okamura, MA, Kim Sands, Stanford University, Stanford, CA, Jodi Leonard, C-TAGME, Oregon Health and Science University, Portland, OR, Linda S. Woltz, C-TAGME, University of Washington, Seattle, WA, Wendy N. Cardamone, BS, Tiffany R. Romanowski, Stanford University, Stanford, CA, Barbara Schrader, University of California (San Francisco), San Francisco, CA, Charlene Larson Rotandi, AB, C-TAGME, Stanford University, Stanford, CA

COVID-19 has had a disruptive impact on our everyday lives, requiring many to pivot to remote working. The current circumstances have blurred the lines of many program coordinator's personal and professional lives, requiring rapid adaptation, and for some a sense of loneliness and isolation. Program coordinators are essential to a program's overall success. Well-being is an important topic for program coordinators, especially as their positions seem to have a high turnover rate that can be disruptive to training programs. It is critical for us to address program coordinator well-being in a multifaceted way. Well-being is multi-dimensional, encompassing a variety of factors that contribute to health, happiness, and productivity. An approach that addresses well-being from multiple levels is key for effectiveness. In this session, participants will use the ecological perspective of health promotion as a guide to evaluate and enhance their own comprehensive well-being plan, including nuanced strategies in the time of social distancing. Session participants will create an action plan to enhance their current well-being and receive a toolkit that includes well-being resources.