Enhanced Learning Sessions (ELS)
Workshop Descriptions

ELS I: Tuesday, May 17, 2:00pm - 3:30pm Pacific

DARE TO PAIR: PAIRING GOAL-SETTING AND EXPECTATIONS WITH FEEDBACK

Marwa Abu El Haija, MD, Stanford University; Neha Purkey, MD, Stanford University; Rebecca Blankenberg, MD; Carrie Rassbach, MD; Allison Guerin, EdD; Kevin Couloures,MD; Lou Halamek, MD, Stanford University; Michelle Thompson, MD, CHLA; Nicole Washington, MD, CHOP

A wealth of literature has been published on the art of giving feedback to trainees. While many authors cite the importance of expectation setting in good quality feedback, the process of pairing goal setting and expectations with feedback can be daunting.

In this highly interactive workshop, participants of all levels will engage in a two-part discussion about identifying learner goals to set expectations and giving feedback on these predetermined expectations. In the first part, facilitators will provide an overview of theories related to goals and expectation-setting, including the concept of deliberate practice and self-determination theory. Facilitators will then present tangible tools related to identifying one's own expectations for learners and setting shared expectations with learners. In facilitated small groups, participants will then role-play the concepts learned.

In the second part of the workshop, facilitators will discuss relevant theory related to giving feedback, beginning with the basics of the ADAPT (Ask-Discuss-Ask-Plan Together) model and including concepts related to further goal setting and moving learners along their zone of proximal development. Presenters will then highlight specific language to use when giving feedback. Participants will then apply the concepts learned to two different scenarios, with the excelling learner and the struggling learner. A final large group discussion will summarize the take home points of the workshop and highlight concrete pearls for integration into the participants' future teaching practice.

EVIDENCE-BASED MINDFULNESS TECHNIQUES TO IDENTIFY AND MITIGATE BURNOUT

Nitin Ron, MD, NewYork-Presbyterian Brooklyn Methodist Hospital

Physician burnout has increased up to 80% in the US, a 10% increase over the past year. Despite the integral role program directors play in residency programs, minimal research has focused on the overarching challenges with supporting resident self-care. COVID-19 has exacerbated these challenges for both physicians and administrative staff, but many deny the reality of it, with 25% of residents assuming admission to burnout will have negative consequences professionally. Poor work-life balance and lack of appreciation on the job were major contributors, and did not improve after the 80 hour week limit. If residency programs are not proactive in self-care, the demands placed on physicians guarantee self-neglect, burnout, and consequently decreased productivity. This workshop aims to provide concrete, adaptable steps which can be integrated into the physician's daily routine to increase resiliency against burnout. These promote a calm state, increase self-awareness and create an imperviousness to the stresses of life and work.

HOW TO ASSESS YOUR PROGRAM'S ANTI-RACISM EFFORTS

Aisha N. Barber, MD, MEd, FAAP, Children's National Hospital; Lahia Yemane, MD, Stanford; Lanre Falusi, MD, Children's National ; Jessica Reid-Adams, MD, Mount Sinai; Courtney Gilliam, MD, Seattle Children's Hospital

Health professions educational programs are responsible for improving health outcomes through training the healthcare workforce. It is important that educational programs intentionally combat systemic racism in all aspects of their programs including through recruitment, inclusive environments, equitable experiences, and antiracism education, to ensure a diverse and adequately trained workforce to meet the needs of the public to whom we are accountable. This workshop will provide important background, opportunities for reflection, and a tool to help assess and guide your program's anti-racism efforts.

IS IT TIME TO DUST OFF PASSPORTS? CONSIDERATIONS FOR RESUMING GLOBAL HEALTH ELECTIVES FOR TRAINEES

Heather Haq, MD, MHS, Baylor College of Medicine; Elizabeth Keating, MD, MPH, University of Utah; Sofia Posadas, MD, Hospital Nacional Escuintla; Lee Morris, MD, MSPH, Levine Children's Hospital; Adelaide Barnes, MD, Children's Hospital of Philadelphia; Brittany Murray, MD, MPhil, Emory University School of Medicine; Jennifer Watts, MD, MPH, Children's Mercy Kansas City; Amy Rule, MD, MPH, Cincinnati Children's Hospital Medical Center; Mike Pitt, MD, University of Minnesota

Prior to the COVID-19 pandemic there was sustained, high demand for global health (GH) electives amongst pediatric trainees, with 7% of U.S. pediatric residents participating in a GH elective during a given academic year, and 56% of pediatric residency programs and 47% of pediatric fellowship programs offering GH electives abroad. Due to travel restrictions and safety concerns early in the pandemic, pediatric training programs were forced to temporarily halt international travel for global health electives. To adapt GH education in the absence of travel, some programs offered virtual and/or domestic GH electives, but two years later, many pediatric training programs have not been able to safely resume international travel for GH electives in the setting of continued surges and shifting restrictions. There is a continued – if not greater – need for GH education in a pandemic/post-pandemic world, and significant pent-up demand amongst trainees for GH electives.

As many pediatric training programs and their international partners grapple with the questions of how and when to safely resume GH elective travel, we offer this enhanced learning session to evaluate the feasibility, safety, ethics, and timing for physical travel. Participants will review considerations for resumption of international travel for GH electives and utilize a planning tool to apply these considerations to their own programs.

MOVING BEYOND BASELINE REQUIREMENTS TO MAXIMIZE IMPACT – HOW BUILDING AN ACADEMIC COLLABORATIVE CENTERED AROUND ADVOCACY AND QUALITY IMPROVEMENT CAN GENERATE FACULTY DEVELOPMENT, RESIDENT LEARNING AND COMMUNITY PARTNERSHIPS

Jane Amati, MD, Prisma Health; Shivani Mehta, MD, MPH, Atrium Health; Meredith Eicken, MD, MPH, Prisma Health; Kristina Gustafson, MD, MSCR, Medical University of South Carolina; Carolyn Avery, MD, MHS, Duke University; Kimberly Montez, MD, MPH, Wake Forest School of Medicine; Kerry Sease, MD, MPH, Prisma Health

Pediatric residency programs are tasked to train and facilitate resident experiences in advocacy and quality improvement (QI) processes, including activities aimed at reducing health care disparities per ACGME requirements. There are numerous barriers to successful implementation of resident projects including limited faculty expertise, time and funding. In 2015 the Carolinas Collaborative (CC), a cohesive network of advocacy leaders from all 8 pediatric academic institutions across North and South Carolina, was created to address these types of need. The CC was coached by national CPTI leaders who focused on community pediatric faculty leadership development in the Carolinas. The CC process centers around an advocacy focus area, recruitment of faculty from each program, fostering of relationships, as well as intentional sharing of successes, multi-site perspectives and experience to drive responses to social needs. With incorporation of trainees into this multi-institutional collaborative, we have demonstrated that resident advocacy and QI initiatives are able to achieve greater impact in scope, endurance, and scholarship. As healthcare embraces the

influences of the social determinants of health, there is a growing need to shift focus from the clinic setting to out in our communities. This model is replicable to other Pediatrics programs.

For this fast-paced workshop, facilitators will assign small groups by region to initiate relationship building around child advocacy. Following a brief introduction describing the CC and how our work has led to robust resident projects there will be 3 breakout sessions. Session 1 will use the rapid ideation technique to consider what makes a successful collaborative. Participants will write down their thoughts, tables will discuss common themes, then develop a summary statement around the ideas that emerged which will be reported back to the larger group. After review of the CPTI 10 step Advocacy Project Planning Tool, groups will be tasked with a creative brainwriting activity around moving their residents past project idea to implementation for session 2. Breakout session 3 will have participants use a SWOT analysis to assess their current program's state and use the collective thoughts of their table to develop next steps for building their collaborative, as well as possible community partnerships to address their child health issue. The large group will reconvene to discuss surprises, lessons learned and next steps. Facilitators will distribute notes from breakout groups after for continued idea sharing.

NOW YOU'RE TALKING: CLINICAL EVENT DEBRIEFING FOR THE GRADUATE MEDICAL EDUCATOR

Laura Goldstein, MD; Meghan Galligan, MD MSHP; Jeanine Ronan, MD MS MSEd; Rebecca Tenney-Soeiro, MD MSEd, Children's Hospital of Philadelphia

Clinical event debriefing (CED), defined as "facilitated or guided reflection in the cycle of experiential learning" has been shown to improve individual and team performance as well as patient outcomes in a variety of clinical scenarios. CED can also enhance the individual and collective learning of participants; promote resilience and reduce burnout; and provide support following challenging encounters.

A robust body of literature suggests that graduate medical education (GME) trainees value CED, but they frequently fail to practice it. Though pediatric residents undoubtedly experience challenging encounters every day- from escalations of care to behavioral crises and difficult conversations with families – they often do not formally process these encounters, which may negatively impact their learning and well-being.

Curricula to promote resident CED literacy are valuable, but they may not address the full spectrum of barriers to resident debriefing. Indeed, our own unpublished data suggests that residents often rely on attendings to initiate and facilitate CED and/or to model CED best practices. Importantly, our participants described inconsistent CED experiences with attendings, who 1) may have varying degrees of debriefing literacy themselves; 2) may have different perspectives than their trainees regarding what constitutes a "significant" event; and 3) may not be aware of and/or account for the competing responsibilities their residents face in the direct aftermath of an event.

Therefore, while providing residents with foundational CED skills is valuable, faculty also stand to benefit from CED training, such that they may model best practices and promote a culture of debriefing among trainees. As such, the overall goal of this workshop is to equip graduate medical educators with foundational debriefing skills to help promote trainee involvement in CED.

In this workshop, we will address the challenges trainees face in performing CED, and how graduate medical educators can help to mitigate these barriers. We will review existing CED literature and brainstorm potential solutions for supporting CED practice within GME programs. We will then present a debriefing framework, followed by a series of interactive sessions utilizing trigger videos and roleplays. Participants will have the opportunity to reflect on how to optimize a "bad" CED, generate advocacy/inquiry questions, and practice CED facilitation with guidance from experienced debriefers.

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

Carole Lannon, MD, MPH, Cincinnati Childrens/American Board of Pediatrics; Sue Poynter, MD, MEd, Cincinnati Children's Hospital Medical Center; Elizabeth Chawla, MD, Medstar Georgetown University Hospital; Martha Perry, MD, University of North Carolina Children's Hospital; Firoza (Tasha) Faruqui, DO, TriHealth Pediatrics, Cincinnati, OH; JoAnne Alfred, MD, MS, University of North Carolina Medicine/Pediatrics resident

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 may lack concrete tools and strategies to introduce and hone emotional support skills in trainees. The American Board of Pediatrics Foundations Roadmap Project aims to ensure that children with chronic conditions and their families receive support to address and promote emotional health as a routine part of excellent care. The Roadmap Project has developed multiple curricular resources available to residency programs, trainess, and faculty at no charge. These include: brief "How Are you Doing?" video featuring clinicians and parents; a video presentation by a pediatric psychologist describing a straightforward method for initiating conversations about emotional health; one-page Example Conversations modeling talking with families; brief videos based on the Example Conversations with accompanying self-study guide and facilitator materials; a Readiness Checklist for supporting and monitoring change; a video of a powerful panel discussion with parents and a young adult patient, "The Impact of Being Black on Living with a Chronic Condition"; a recently launched Maintenance of Certification Part 4 QI module; and a practical overview of billing strategies. 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. A resident will share her experiences with these strategies. 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.

RECRUITING ALL SOCIAL MEDIATRICIANS: USING SOCIAL MEDIA FOR EDUCATION AND RECRUITMENT

Bradford Nguyen, MD, Texas Children's Hospital/Baylor College of Medicine; July Lee, MD, Children's Hospital of Los Angeles; Kirsten Garcia, MD, Kaiser Permanente; Janice Nguyen, MD, Family Health Centers of San Diego; Alejandro Siller, MD, MSCI; Kim Vuong, MD, MPH, Texas Children's Hospital/Baylor College of Medicine

Targeting social-connectedness, collaboration, networking, medical education, community, and recruitment– we cover it all in a session focused on three social media platforms: Instagram, Twitter, and Slack.

In the era of COVID, training programs have quickly shifted to virtual formats for medical education, building community, and recruitment. Two years into completely virtual recruitment, social media is now a must for both programs and applicants. In recent years, the usage of social media platforms have been utilized in the medical profession to gain exposure to new research, expand networks, increase engagement, and further disseminate information.[1] In the 2020-2021 academic year, we studied an integration of social media platforms into a training program to address education, communication needs, and recruitment. In this workshop, we will discuss the tools we utilized to effectively incorporate social media into our programs, share lessons learned, and provide an opportunity for participants to explore and build a social media persona for themselves or their own program.

This highly interactive workshop will be led by 6 former chief residents representing 3 residency programs, and 5 institutions. Their Twitter following amassed over 2858 followers, and garnered over 500,000 impressions during the 2020-2021 academic year. Skilled in engaging and educating hundreds of residents, our workshop leaders will utilize a variety of teaching methods including Poll Everywhere, breakout groups, short didactics, practice, and large group discussion. Attendance at this session will equip individuals to effectively utilize and incorporate social media platforms

into their respective programs and own practice. Participants will walk away with defined goals for their social media persona as well as a newly created social media post. Workshop attendees should come prepared with a Twitter and Instagram account and a personal laptop.

REFRAMING THE TRADITIONAL MORNING REPORT IN THE COGNITIVE SCIENCE OF LEARNING

Sindy Villacres, DO, Nemours Children's Health ; Autumn Hinds, MD; Shiva Kalidindi, MD, Nemours Children's Health; Madelyn Kahana, MD, Nemours Children's Health

Morning Report has been a long-standing tradition in internal medicine and pediatric residencies for years. Medical educators have assessed the pros and cons of this conference and modified it over time to best meet the needs of the learners. Many programs have even moved away from this traditional educational conference to avoid disruption of morning workflow, and because the traditional format was restricted by the lack of diversity of overnight admissions to discuss, and by the limited preparedness of the post call resident presenter. That said, this early morning time frame is the ideal learning time for most adult learners.

Teaching does not always come naturally; teachers train for years to learn how to educate others. We share our institution's experience with the successful modification of traditional morning report to a new formatted version: "Morning Report 2.0," using instructional technology and learning strategies proven most effective by cognitive psychologists, with board preparation and promotion of critical thinking at the heart of the educational initiative. The goal is to offer strategies that optimize the learning experience and make for better educators.

Today's session will reinforce common teaching tools and exemplify new ones. Following the common mantra, "see one, do one, teach one", participants will learn different ways to reconstruct their instruction in the classroom setting and actively apply it in group sessions. Participants will also learn strategies that make teaching more effective, and even more fun. Below are the teaching strategies we will explore.

1. Shorter is Better
2. Primacy Recency Effect: Be first or be last
3. Emotional Learning and Memory, "Creating a safe space"
4. The importance of retrieval to retention and recall

RUNNING WITH THE RAT PACK: INNOVATIVE CURRICULAR DESIGN OF RESIDENT-AS-TEACHER PROGRAMS

Heather Howell, MD; Caroline Paul, MD, New York University Grossman School of Medicine; Lauren Nassetta, MD; William Sasser, MD, UAB Heersink School of Medicine; Eric Zwemer, MD, UNC Chapel Hill; Chad Vercio, MD, Loma Linda University School of Medicine

No one is born an amazing and effective educator; this ability instead requires training, reflection, and experience. Residents as Teachers (RAT) curricula are a common approach to providing graduate medical education trainees with these experiences. Despite the consensus that teaching is an essential component of a resident physician's job and the ACGME and LCME requirements that residents be trained and evaluated on their teaching skills, there is no standard approach to RAT curricula. In this highly interactive ELS, we will explore RAT curricula including different program approaches, key content domains, and implementation strategies. By the end of the ELS participants will be able to: 1) Apply Kern's Model of Curriculum development to plan novel RAT activities or enhance existing RAT activities, 2) Characterize the necessary knowledge, skills, and attitudes of teaching that pediatric residents should develop and refine during their training, and 3) Design at least two strategies for a single content area within their program's RAT curriculum in need of development or augmentation. Participants will have the opportunity in both small and large group forums to learn from others about best practices to teach residents and fellows how to teach! Together we will explore innovative approaches, tools, and strategies to optimize RAT.

SUPPORTING TRAINEES TO FIND PURPOSE AND PASSION: HARNESSING THE POWER OF PERSONAL DEVELOPMENT PLANS FOR CAREER AND WELL-BEING

Mollie Grow, MD, MPH; Hannah Deming, MD; Sarah Hutcheson, MD; Samara Jinks-Chang, MD MPH; Emily Kemper, MD; David Poole, MD; Monisha Gonzales, BA; Elena Griego, MD; Celeste Quitiquit, MD; Richard Shugerman, MD; Heather McPhillips, MD MPH, University of Washington

The ACGME includes professionalism as a core competency; trainees are expected to demonstrate engagement in personal and professional development that will sustain them in balancing commitment to the profession with a healthy and productive personal life. Individualized Learning Plans (ILPs) are also required for pediatric training yet may be underutilized for more comprehensive career and personal development. As recent data on resident burnout suggest, balancing personal and professional goals may be especially difficult to achieve in residency. Our residency program created a 2-week personal development rotation (paired with 2 weeks of jeopardy) enabling categorical pediatric R2 residents to connect with mentors, reflect on passions and strengths, and develop tools for continued personal and professional growth. A key outcome of this month is a Personal Development Plan (PDP), which integrates the concepts of an ILP with more broad reflection on personal and professional goals, strengths, and short and long-term objectives and outcomes, formatted into a powerpoint presentation for colleagues and residency leadership. Residents present their PDP to the program directors and chief residents at the end of their rotation. In the past several years, residents in our large, urban residency program have highly valued this opportunity to pursue personal and professional passions and regain touch with their purpose. We believe it is among the most important innovations in our program, and would be excited to share the reasons why it's effective and how other programs could adapt this approach, including fellowship programs.

In this interactive and collaborative workshop, we will share strategies for developing and using a Personal Development Plan (PDP), an enhanced form of an ILP. Participants will learn about the key components of the PDP and implementation options. They will share ideas for developing and implementing within their programs, and leave with a plan for tailoring and incorporating the PDP concept within their programs. Whether embedded within an existing rotation, or developing a specific rotation to provide protected time for residents, a PDP can be an effective way to augment the ILP requirement. Participants will leave feeling inspired about opportunities to facilitate pediatric trainees reflecting on their purpose, identifying their strengths, making specific plans to achieve goals, developing their mentorship network, and promoting well-being.

YOU SHOULD WRITE THAT UP! DEVELOP A RECORD OF SCHOLARLY INQUIRY AND ACHIEVE ACADEMIC SUCCESS THROUGH PUBLISHING CASE REPORTS

Adam Wolfe, MD, PhD; Audrea Burns, PhD, Baylor College of medicine

A key component of professional development in academic medicine is disseminating scholarship, yet skills and habits of scholarly inquiry can be difficult to develop among primarily clinical faculty and those in community-based or non-academic teaching settings. We have developed an approach to encourage publication by new learners and faculty members through a scholarly approach to preparing case reports. This is a learner-centered, interactive workshop led by faculty that have extensively taught scholarly writing and have developed a companion handbook. We will primarily use robust small group activities to guide participants through case selection, needs assessment, manuscript preparation, and reflection using the Glassick criteria for scholarship as a framework. We will explore how to craft a convincing rhetorical focus for an interesting clinical case, identify challenging aspects of manuscript writing, and strategize to overcome barriers to writing and publishing. We will then consider ethical issues surrounding authorship using an interactive exercise of a real-life conflict that arose among manuscript authors. Workshop facilitators will share insights in applying a growth mindset to scholarship, based on their experience with "rejected" manuscripts and lessons learned from transforming failures into resubmitted successes. Small groups will then perform a mock peer review of a short sample manuscript to understand how to think and write for the peer review process. Participants will leave this workshop with a handbook containing all of the tools and exercises, a completed outline for a planned manuscript, and a chart for mapping their planned activities to the six Glassick criteria of scholarship.

ELS 2: Tuesday, May 17, 3:45pm - 5:15pm Pacific

BEING OUR BEST SELVES IN A PANDEMIC ERA; THE TOTAL PERSONAL WELLNESS AND FINDING MEANING AT WORK PACKAGE

Keith Ponitz, MD; Leslie Dingeldein, MD, Rainbow Babies and Children's Hospital; Ross Myers, MD, Rainbow Babies and Childrens Hospital; Sue Poynter, MD , Cincinnati Children's Hospital; Ann Burke, MD, Dayton Children's Hospital; Kenya McNeal-Trice, MD, University North Carolina; Elizabeth Chawla, MD, Georgetown University

In 2017, the ACGME revised its requirements for residency and fellowship programs to address wellbeing more comprehensively. Around the same time, over half of pediatric residents were reporting being burned out. Pre-pandemic data was mixed if program improvements designed to improve wellbeing had their desired effect. Not surprisingly, pandemic data is emerging to suggest that resident mental health is worsening. Shifting focus away from purely personal wellness and toward overall satisfaction may be a key to success in combating burnout, depression, and anxiety among residents.

This workshop is designed for participants to use the toolkit provided for themselves the first time and to teach the workshop the next time by providing attendees the skills necessary to work towards being our best selves using four areas of life: Personal wellness, finding meaning at work, challenging ourselves, and time to be an upstander. After a brief introduction on the current state of resident wellbeing, attendees will complete a worksheet and participate in small groups to identify your current status in the areas of nutrition, physical activity, emotional and spiritual wellbeing followed by practical next steps to improve in areas that are of importance to you at this time. Through this work, you will be able to identify an overall well being and desired wellbeing score and how to bridge the gap. Next you will focus on finding meaning at work. The objectives will be to recall why you chose to go into medicine followed by how you currently find meaning in medicine. The goal is to identify ways to align these two aspects of medicine. A large group discussion on best practices will follow. Recognizing that doctors like being challenged, it is important to identify if you are properly challenged. Small group work will help you identify where on the "arch" you are with regards to being challenged. You will identify your work roles and give them an associated score. Those on the upward slope need additional challenges while those on the downward slope (most of us) need to take things off our plates. Time will be spent discussing "right" sizing yourself from the large group's collective experiences. Finally, participants, will discuss the importance of being an upstander. Civil unrest, political divide, and mistrust have all reminded us that we must spend time helping ensure the world we leave behind is better than the one we came into. We will conclude by putting these four areas of our lives into the total package, being our best selves.

BETTER TOGETHER: INTEGRATING INTERPROFESSIONAL EDUCATION INTO YOUR RESIDENCY PROGRAM

Christina Rojas, MD, Children's National Medical Center; Annie Gula, MD, Brown University; Zoe Bouchelle, MD; Timothy Nelin, MD; Alyssa Coffin, MD; Carly Ehritz, MSN, RN, ACCNS-P; Jeanine Ronan, MD, MS, M.Ed; Jill Posner, MD, MSCE, M.Ed, Children's Hospital of Philadelphia

Healthcare providers today work in large and diverse interprofessional teams. While all providers practice with the goal of excellent patient care, each professional group has their own unique training, role, and skillset. Prior research has demonstrated that interprofessional education (IPE) is valuable, resulting in both improved patient outcomes as well as provider job satisfaction.[1-7] Yet, aside from interprofessional simulations, there has been limited integration of IPE into residency program curricula.

This interactive workshop, based on our experience developing and implementing an IPE curriculum, is designed to provide residency leaders with a framework for the development of similar education at their institutions. To build a foundation, we will begin by discussing the benefits and background of interprofessional education, highlighting the established Interprofessional Education Collaborative (IPEC) core competencies as well as previous successful curricular initiatives.[8] We will hear directly from interprofessional colleagues in nursing and pharmacy regarding their experience working with residents via a medication safety workshop and nursing partnership.

To provide participants with hands-on experience, facilitators will then guide them in identifying strategies for the development of interprofessional education at their institution. Participants will work together with session facilitators to plan the steps necessary to develop and implement an educational experience for their institution. This session will be a combination of large group discussion, small group discussion, panel discussion, and independent reflection.

CHOOSE YOUR COMMUNICATION ADVENTURE: USING INTERACTIVE MODALITIES TO TEACH CULTURAL HUMILITY AND COMMUNICATION SKILLS WITH LGBTQ+ PATIENTS AND FAMILIES

Beth Wueste, MAEd, C-TAGME, LSSBB, UT Health San Antonio; Brian Lurie, MD, Atrium Health - Carolinas HealthCare System; Lauren Roth, MD, Children's Hospital at Montefiore Albert Einstein College of Medicine; M. Brett Cooper, MD, UT Southwestern Medical Center Children's Medical Center Dallas; Sydney Primis, MD, Levine Children's Hospital, Carolinas Medical Center Atrium Health; Michael Colburn, MD, University of Iowa; Jeremiah Cleveland, MD, Maimonides Children's Hospital of Brooklyn; Michelle Brooks, C-TAGME, Stanford Children's Health; Pamela Carpenter, M.Ed, C-TAGME, APPD

LGBTQ+ youth continue to face stigma in the healthcare environment. Care that is affirming and inclusive by knowledgeable and skillful providers has been shown to decrease disparities and increase access to healthcare for this population. LGBTQ+ healthcare training has been shown to improve provider comfort, knowledge, and skills and has the potential to meaningfully impact a vulnerable patient population with specific healthcare needs. Many GME programs have begun to incorporate LGBTQ+ healthcare training, but formal education on inclusive language and communication skills specific for LGBTQ+ youth is needed to promote inclusivity, respect, and acceptance, while minimizing harm.

Specific strategies providers can use to help establish a trusting relationship include using neutral inclusive language, understanding the expectations of your patient for the healthcare encounter, designing an inclusive and accepting office space, documenting respectfully and appropriately, asking questions, and apologizing when a mistake is made.

In this highly interactive enhanced learning session, we will demonstrate how using different games and interactive learning activities to teach communication skills will enhance a resident's ability to care for LGBTQ+ youth. After a brief audience participation assessing participants' level of comfort, knowledge, and skills and identifying barriers to teaching this material, participants will rotate through three activities. The activities/games will be; choose your own adventure: navigating the patient encounter, design your office: creating inclusive spaces and the artful apology: creating mindful apologies following ruptures to build trusting relationships. We will conclude with a discussion on how these objectives and activities are applicable to home institutions and facilitate a discussion on how games can be used in an innovative and effective way when teaching LGBTQ+ topics to Pediatric Residents.

HIGH YIELD - LOW STAKES: USING TABLETOP SIMULATION TO DIAGNOSE THE STRUGGLING LEARNER

Rachel Osborn, MD; Rebecca Beagan, MD; Adam Berkwitt, MD, Yale University School of Medicine; Sumeet Banker, MD, Columbia ; Meghan Wilson, MD; Amanda Quijano, MD, Yale University School of Medicine

Most learner assessment in medical education is rightfully centered around outcomes. Whether relying upon milestones, or Entrustable Professional Activities (EPAs), ultimately the assessment states whether the given learner can *do* something that is important in their development as a physician. These formal tools are meant to assure the public of our graduates' skill set to provide unsupervised medical care. Within a given center, there is often limited variability between residents in these summative assessments[1] thus suggesting that some areas of individual underperformance may be missed. Indeed, the lived experience of many in program leadership suggests that informal qualitative feedback about struggling residents if often present prior to deficiencies showing up in the formal evaluations. This session will guide program leaders through a new process of responding to formal and informal feedback regarding struggling learners. There is often overlap in the observed presentation of different deficits and the first step in correcting course is to appropriately identify the underlying problem. As an example, when a resident fails to complete his patient-case tasks, is it that he doesn't know how or rather that he is not motivated to do so? Often assumptions about this root cause of difficulties can delay or impair the ultimate success of an intervention, and by creating a safe environment to directly observe behaviors and gently probe the learner for the "why," a more streamlined approach to improvement can be developed.

We will first review the differences between skill-deficits, knowledge-deficits and attitude-related deficiencies, and in small groups generate a list of observable ways in which these struggles may manifest in the clinical learning environment. Every small group will then have the opportunity to review a case of one struggling learner, role-played by another facilitator, and observe a facilitator administering a deliberate-practice low-fidelity simulation exercise intended to provoke areas of deficiency, subsequently participating in a small group debrief with the mock learner. The session will wrap up with a large group discussion regarding coaching tools for individuals based on both the type and area of deficiency (i.e. knowledge deficits in patient care, or skills deficits in systems-based practice). Every participant will leave with a packet of sample tabletop simulations that will be modifiable to their home institutional environment.

HOW TO USE A SCHOLARLY APPROACH TO BUILD NOVEL LONGITUDINAL CURRICULA FOR YOUR PROGRAM

Adam Wolfe, MD, PhD, Baylor College of Medicine; Vaibhav Bhamidipati, MD; Matthew Sattler, MD; Darian Harris, DO; Kirstin Henley, MD; Ruchi Kaushik, MD, Baylor College of Medicine - San Antonio

Every residency program engages in thoughtful evaluation and analysis of gaps that should be addressed to improve the educational experience for trainees. Our relatively young residency program – now in its 8th year – received feedback from senior residents that they wanted to have more opportunities to develop expertise in different types of scholarship to help with their future career planning. Examples of these requests included how to be a clinician-educator, how to conduct clinical research, and how to develop culinary health expertise. We have successfully developed longitudinal, elective curricula within our program in these areas using a scholarly approach and rooted in self-determination theory.

Using the Glassick criteria of scholarship as a framework and learner autonomy/engagement as a philosophy, this interactive workshop will begin by describing the approach to development from our elective curricula Excellence in Teaching (started 2019), Research Skills Development (started 2021), and Culinary Health Education (started 2021). Participants will then identify their own programmatic gaps in these or other content areas (e.g., diversity/equity/inclusion, advocacy, quality improvement, scholarly writing).

We will then facilitate individual and small group interactions between GME leaders to set achievable curricular goals and SMART objectives for a new curriculum intervention, select appropriate teaching methods to foster learning through self-determination, and develop program evaluation metrics. Facilitators for this workshop are GME leaders, program faculty, chief residents, and resident learners who have all been leaders in this process at our institution.

Participants will leave the workshop with project development tools and a collection of example curricula we have implemented, including sample face-to-face, independent study, and virtual didactic curricula that they may examine and adapt for their own programs.

IMPLEMENTING A CLIMATE CHANGE CURRICULUM INTO PEDIATRIC TRAINING: CURRENT STATE AND BEST PRACTICES

Amanda Osta, MD, University of Illinois ; Michelle Barnes, MD, University of Illinois; Jonathan Cogen, MD MPH, Seattle Children's Hospital/ University of Washington; Harleen Marwah, MD, Children's Hospital of Philadelphia ; Mark McShane, MD, Texas Children's Hospital; Carolina Fonseca, MS MD, Ascension St. John Hospital; Laura H Schapiro, MD, University Hospitals//Rainbow Babies and Children's Hospital; Blair Mockler, MD, Seattle Children's Hospital/University of Washington; Mollie Grow, MD, Seattle Children's/University of Washington; Rebecca Philipsborn, MD MPA, Emory University School of Medicine

There are countless studies that show that child health is greatly impacted by climate change, including the AAP technical report published in 2015 (1). In 2019, the AMA adopted a resolution to support teaching about climate change in undergraduate medical education, graduate medical education, and continuing medical education (2). Since that time, based on an on-going survey of pediatric training program directors through APPD LEARN, we know that some training programs have begun to incorporate climate change into their curriculum, but many programs have not yet done so. In this interactive workshop, facilitators (trainees and faculty) will discuss approaches to implementation of a climate change curriculum (3) into a pediatric training program. In Academic Medicine in 2021, learning objectives were

published for use in training programs. We will bring together experts on climate change and curriculum development to discuss the current state of pediatric training programs and how program leaders can quickly move forward to incorporate content about climate change into their programs. We will highlight four resident trainees in a panel discussion who have begun to implement a climate change curriculum in their own programs. Participants will work in small groups to identify ways to implement existing educational resources in the short, medium, and long term. Participants will leave with a climate change curriculum toolkit they can utilize to implement climate change curricula in their own residency and fellowship training programs.

LIKE A FLY IN THE BUTTERMILK? HOW TO FOSTER CROSS-CULTURAL AND RACIAL CONNECTIONS IN MENTORING RELATIONSHIPS

Gabrielle Pina, DO; Janice Tsai, MD, Loma Linda Children's Hospital; Helen Wang, MD, University of California San Diego; Chad Vercio, MD, Loma Linda Children's Hospital

Underrepresented in Medicine (URiM) individuals face distinct challenges prior to and during their medical education and training[1-3]. Evidence shows that universities that adopt an equity-minded framework are more apt to recognize the structural inequities that exists in the larger society. Current curricula and efforts on improving the experiences of URiM center around recruitment and rotations serving those in URiM and minority health educational sessions. Additionally, there has been a focus on URiM faculty mentoring URiM trainees, however this can result in a "minority tax". However, these efforts will take years to address the shortages of URiM trainees and faculty and residency programs need to provide mentoring and coaching relationships for URiM trainees. It is simply not possible for URiM faculty to shoulder the burden of mentoring or coaching all URiM trainees in their educational systems. To address the challenges of limited faculty we will be exploring the power of narrative stories as a tool to leverage understanding, improve mentoring relationships between URiM trainees and non-URiM faculty and for finding a common ground thru life experiences.

In this workshop participants will explore 5 themes that are common to the experience of URiM individuals noted in research with undergraduate black students that relate to their own personal experience. We will use experiences from URiM individuals from our two institutions, as well as other minority narratives from the media to highlight the variety of experiences minorities may have within these themes. Participants will further explore one of these themes with a personal experience of theirs and reflect on how this may be internalized by a URiM trainee with the other themes they may experience. This workshop will utilize both small and large group methodology to equip the participants to decide which method works best for their institution. Participants will leave with a facilitators guide that will include themes, prompts and sample narrative story for each theme that can be explored by both URiM and non-URiM individuals.

MANO A MANO: HOT TOPICS IN MEDICAL EDUCATION

Rebecca Wallihan, MD, Nationwide Children's Hospital; Emily Borman-Shoap, MD, University of Minnesota; Alan Chin, MD, UCLA

In this interactive, debate-style session, attendees will hear leaders in the field face off to address important 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 end with questions from the audience. Audience response will be used to poll attendees on their stance prior to and at the conclusion of each topic. The three topics for 2022 are:

1. Sharing residency milestones during fellowship recruitment: Is transparency best?
2. Night float vs traditional call: Six of one, half a dozen of the other? (trainee topic)
3. Preference signals & supplemental applications: Will they ease match frenzy or overcomplicate the process?

NOT THROWIN' AWAY MY SHOT: RECOGNIZING AND SEIZING THE TEACHABLE MOMENT

Ben Miller, MD, UPMC Children's Hospital of Pittsburgh; Michael Fox, MD, Nemours Children's Hospital, Delaware; Eleanor Sharp, MD; Neema Shah, MD; John Szymusiak, MD, MS; Catherine Polak, MD, UPMC Children's Hospital of Pittsburgh; Valerie Schwartz, DO, Nemours Children's Hospital, Delaware

All medical educators have experienced "teachable moments" during their careers, and most can likely share examples of these moments from both training and their roles as educators. In addition, most if not all have faced a situation in which an educational opportunity fell short or was missed entirely. This workshop is designed to help pediatric educators recognize these teachable moments and feel better prepared to seize them when they arise, utilizing the presenters' published narrative review "Recognizing and Seizing the Teachable Moment" as a primary resource. First, the authors collate definitions of the "teachable moment" from a variety of sources into one coherent definition, using common themes of shared responsibility between educator and learner, spontaneity, consideration of the learning environment, and expanding teaching into other applications. Each workshop attendee will then reflect on a personal experience with a teachable moment through the lens of this definition and share this reflection with a neighbor. Next, the authors provide methods to help educators capitalize on teachable moments when they occur, including discussing goals and expectations, building a culture of error, anticipating common errors made by learners, withholding the answer, managing time effectively, and practicing mindfulness. Workshop participants will then apply these principles by working through sample teaching cases in small groups. Each small group will then present back their thoughts to the larger group for broader learning. Finally, all participants will leave the session with a toolkit handout to continue to employ these strategies in their home institutions. By employing these tactics, both educators and learners can maximize their ability to utilize teachable moments in a variety of clinical settings.

PUT ME IN, COACH: SKILL DEVELOPMENT FOR COACHING TRAINEES IN CAREER DEVELOPMENT

Kristin Maletsky, MD; Laura Goldstein, MD; Erin Pete Devon, MD; Jeanine Ronan, MD, MSEd; Nicole Washington, MD, Children's Hospital of Philadelphia; Stephanie Lauden, MD, CTropMed, Nationwide Children's Hospital; Rebecca Tenney-Soeiro, MD, MSEd, Children's Hospital of Philadelphia

Coaching and mentoring are both instrumental in career growth, especially during residency. Mentoring, which has been well-studied, involves the process of giving advice to a more novice individual (mentee), often through a long-standing collaborative relationship built upon trust and aimed at promoting the mentee's career development. In contrast, coaching is the act of transporting someone *from where they are* to *where they want to be*. While coaching is also learner-driven, it is often based around performance goals with a coach facilitating the trainee's own process of self-discovery rather than providing advice. While coaches are ubiquitous in the sports world, coaching in medical education has gained popularity in recent years, leading some institutions to create formal coaching programs for trainees, which have been well-received by both trainees and faculty coaches. These programs often focus on building resilience and goal setting, with an emphasis on positive reflection of successes and creation of empowering environments. Accordingly, many educators may now find themselves called upon to coach learners despite having never received formal training in best practices. Without formal training, educators may struggle to identify when a coaching-oriented approach may be more beneficial than mentoring.

The overall goals of this faculty development workshop are to highlight the key differences between coaching and mentoring; equip educators with foundational coaching skills; and empower educators to adapt these skills to variety of contexts with a specific focus on effectively supporting trainees as they navigate future career plans. The workshop will begin with a discussion comparing and contrasting mentoring and coaching, demonstrating how and when each approach is most effective. We will then introduce the GROW (Goals, Reality, Options, Will Do) Model and demonstrate powerful questioning techniques. Participants will then have the opportunity to practice these techniques in a facilitated low-pressure, small-group activity, where they will each have the opportunity to serve as a coach and a coachee with ample time for debriefing of the exercise together. This workshop will arm participants with basic coaching skills and build confidence in a coaching technique that can be utilized at their home institutions to foster growth in students, trainees, faculty, and themselves. Successful implementation of these tools can promote career advancement and improve recruitment into the field of pediatrics.

RESPONDING TO A NATIONAL MENTAL HEALTH CRISIS: A CURRICULUM FOR TRAINING PEDIATRICIANS IN SUICIDE PREVENTION

Alexandra Huttle, MD; Jennifer DiPace, MD; Melanie Wilson-Taylor, MD, New York Presbyterian Hospital (Cornell Campus)

The mental health crisis has been declared a national emergency by the American Academy of Pediatrics, the American Association of Child and Adolescent Psychiatrists, and the Children's Hospital Association, with suicide remaining the second leading cause of death starting at age 10. Now more than ever, pediatricians are in a unique position to adapt a zero suicide framework to mitigate this crisis. Currently, implementation of suicide specific training across pediatric residency programs is inconsistent leaving recent graduates with variable levels of perceived competency in assessing for suicidality and managing suicide risk. The aim of this workshop is to introduce a feasible, evidence based multi-modal suicide prevention curriculum that has been demonstrated to improve residents' self-efficacy in assessing and managing suicidality. This curriculum was adapted from and expanded on by an inter-disciplinary team from pediatrics, child and adolescent psychiatry, and providers with simulation expertise. This workshop will combine an interactive presentation on suicide prevention techniques together with practice using virtual simulation with standardized patients. We will provide education on and practice using suicide specific screening and assessment tools, including the Columbia-Suicide Severity Rating Scale (C-SSRS), the Brief Suicide Safety Assessment (BSSA) Worksheet, and the Stanley-Brown Safety Plan. Participants will acquire skills in identifying, assessing for, and managing suicide risk among children and adolescents. The workshop will conclude with open discussion on challenges for implementation of this multi-modal curriculum, allowing opportunity to brainstorm solutions considering varying constraints across different programs.

USE OF TECHNOLOGY TO MAXIMIZE LEARNING

Eleny Romanos-Sirakis, MD, MS, SIUH Northwell Health

During the COVID-19 pandemic, medical teaching had to take an abrupt turn to be done remotely. Over the past 2 years, we have incorporated more technological resources into our education session than ever before. In addition, our modern millenial and generation Z learners have grown up with technology and expect technology to be incorporated into teaching. Maximizing the learning process and engagement requires incorporating technology into teaching on a regular basis. While it can be intimidating for many professionals with limited experience using technology in medical education, it is important for all teachers to learn to use new resources to ensure learning occurs when they are teaching. In this session, we will come together as a group to explore some technology innovations that can be easily incorporated into teaching. We will have the opportunity to try out these tools and start to utilize them in the workshop environment. We will discuss maximizing engagement when teaching remotely, and we will also review tools such as games, polls, videos, and message boards, which can all be used in both the in-person and remote teaching sessions.

ELS 3: Wednesday, May 18, 1:00pm - 2:30pm Pacific

"THIS IS THE PART WHERE YOU GET STRONGER!" WHAT PELOTON TEACHES US ABOUT INTEGRATING GROWTH MINDSET INTO CLINICAL TEACHING AND COACHING

Stephanie Harlow, MD; Sian Best, MD, Rainbow Babies and Children's Hospital; Catherine Hayes, MD, UNC; Ross Myers, MD, Rainbow Babies and Children's Hospital; Jessica Goldstein, MD, University of Minnesota Masonic Children's Hospital

Growth mindset, as coined by psychologist Carol Dweck, proposes learners have the capacity to grow their skills and abilities with dedicated effort, trying new strategies, and seeking help when appropriate. Growth mindset theory has been shown to improve learner outcomes, including those from underrepresented groups who may fear academic struggle will be perceived as upholding negative stereotypes, a concept known as "stereotype threat." Though growth mindset and its benefits are touted throughout the medical education literature, educators can struggle to implement the theory into clinical teaching, mentoring, and coaching. This is exacerbated by the current culture of clinical medicine, which remains plagued by learner shame and a focus on survival and perfectionism rather than meaningful growth. In stark contrast to the culture of medicine, the culture created by coaches at the popular virtual athletic studio Peloton is

infused with a robust ethos of growth mindset. Peloton instructors create psychological safety by coaching from a growth mindset perspective, separating self-worth from outcomes while still challenging athletes by placing them within their own zone of proximal development, a stretch point just beyond the athlete's current independent skill level.

During this session, participants will explore practical ways to incorporate growth mindset theory into clinical education. After a brief introduction to growth mindset theory, participants spend the majority of the workshop in interactive facilitated small group sessions designed to practice applying growth mindset concepts in commonly encountered education scenarios, relying on Peloton-inspired coaching language as a template for such interactions. Each small group session is built around complementary concepts, including separating self-worth from outcomes, reframing failure, affirming belonging, and setting high expectations for learners. Using case-based learning, facilitated discussion and roleplay, each participant will have the opportunity to consider and practice how to apply these concepts in commonly encountered educational scenarios. The session will conclude with a large-group discussion with facilitated goal setting and introduction to a toolkit that can be used to bring these concepts back to the participant's home institution.

A WORK IN PROGRESS: HOW DO WE PROGRESS FROM DIVERSITY TO INCLUSION?

Sabrina Fernandez, MD; Laura Rubinos, MD; Margaret M. McNamara, MD, University of California San Francisco

Achieving diversity in our workforce is essential and not sufficient. Intentional steps to improve our program's holistic review in intern recruitment resulted in great success in diversity while it also heightened the need to address the sense of "belonging" in the learning and working environment. As programs make progress in diversifying the pool of trainees, the need to create a climate of inclusion in health care and academic medicine becomes even more critical.

The session will start with a panel presentation followed by two break-out groups that will address considerations for local implementation and lessons learned from resident and faculty interventions; participants will also be invited to share experiences from their own institutions. We emphasize the importance of external assessments such as ACGME and/or APPD Learn surveys or focus groups to measure progress.

BUILDING TRUST INTO YOUR PROGRAM: A PRACTICAL GUIDE TO IMPLEMENTING EPA'S (ENTRUSTABLE PROFESSIONAL ACTIVITIES)

Brian Rissmiller, MD, Baylor College of Medicine / Texas Children's Hospital; Daniel Schumacher, MD PhD MEd, Cincinnati Children's Hospital; Robyn Blair, MD, Renaissance School of Medicine at Stony Brook University / Stony Brook Children's Hospital; Ariel Winn, MD, Harvard Medical School / Boston Children's Hospital; Linessa Zuniga, MD MEd; Teri Turner, MD MPH MEd, Baylor College of Medicine / Texas Children's Hospital; David Turner, MD, American Board of Pediatrics

In the current world of competency-based medical education (CBME), there are multiple assessment paradigms, including milestones and entrustable professional activities (EPAs). Over the last decade, most residency programs have used a milestone-based framework for assessment, but clinical context is important and missing when milestones are used in isolation. EPAs represent the activities that patients need and provide this clinical context in assessment of residents and fellows. To many assessors, EPAs feel more intuitive for learner assessment given that they represent activities that are centered around the needs of the patient that they themselves are performing as part of their daily practice. This session will begin by exploring the concept of trust and entrustment and outline challenges to the current assessment approach and how EPA integration facilitates both individual and programmatic improvement. A short didactic will compare EPAs and milestones and illustrate how milestones complement EPAs to create a more complete CBME framework. The facilitators will describe the value of EPAs in aligning assessment efforts with abilities to provide the care patients need, defining the process of educating and assessing learners, identifying learner deficiencies and enabling timely intervention, and facilitating constructive and accurate assessment at the faculty level. The remainder of the session will focus on small group work to allow discussion of exemplar approaches to EPA use as well as the "do's and dont's" of EPA implementation. Participants will be grouped by both experience with EPAs and program size and will be asked to consider a practical intervention implementing EPAs that they can make in the near future (2-3 months). Facilitators will be available to help with questions such as how to begin using EPA's as an approach to assessment, how

to break down an EPA into meaningful pieces, and how EPAs can be used as a curricular road map to align assessments with ABP content specifications. The session will end with lessons learned, focusing on identifying resources needed from ABP/APPD regarding faculty development, practical tools, and best practices. The session facilitators commit to re-engaging with participants in 3-6 months to assess their progress on the goals developed during this session and assess the need for additional support or confirm success in their implementation process. Prereading: Peters et al. (2017). Twelve tips for the implementation of EPAs for assessment and entrustment decisions. *Medical teacher*, *39*(8), 802–807.

COACHING 101: EXPLORING THE WHO, WHAT, WHERE, WHEN, HOW AND WHY OF CLINICAL COACHING PROGRAM DEVELOPMENT

Alice Walz, MD, Medical University of South Carolina; Taryn Hill, MD, MEd, Johns Hopkins All Children's Hospital; Monique Naifeh, MD, MPH, University of Oklahoma Health Sciences Center; Leslie Dingeldein, MD, Case Western Reserve University School of Medicine; Jessica Goldstein, MD, University of Minnesota School of Medicine; Molly Grow, MD, MPH, University of Washington/Seattle Children's Hospital; Erin Powell, MD, University of Kentucky College of Medicine; Rebecca Blankenburg, MD, MPH, Lucile Packard Children's Hospital, Stanford School of Medicine

Clinical coaching is guided by the principle that learning is never finished and that accurate self-reflection, external feedback, and goal setting are essential to reach one's maximum potential. Distinct from mentoring or advising programs, longitudinal clinical coaching programs incorporate direct observation, guided self-reflection, feedback and goal setting, typically across different care areas, with a coach to achieve professional growth and clinical skill development for a learner. This emerging approach is gaining emphasis and in 2021 was recommended by the Coalition of Physician Accountability as an essential tool that should be implemented by training programs in order to maximize the UME-GME transition for developing physicians.

This workshop will begin with an overview of the current landscape of clinical coaching in pediatric residency programs, review how coaching is distinct from mentoring or advising, and review the "why" of doing coaching with brief discussion of the literature.

The majority of the session will be spent in interactive brainstorming sessions in facilitated small and large groups where participants will use a coaching program blueprint to build a model for their own coaching program while answering the important logistical questions of "who," "what," "where," "when," and "how." We will close with a discussion of lessons learned in program development by the workshop authors and introduce a Coaching 101 Toolkit that can be brought back to the participants' home institutions.

COMBING THE BEST APPROACHES FROM DEBRIEFING & FEEDBACK MODELS USING THE LEARNING CONVERSATIONS FRAMEWORK TO IMPROVE CLINICAL SKILL PERFORMANCE

Julieana Nichols, MD,MPH; Audrea Burns, PhD; D'Juanna White-Satcher, MD, MPH; Teresa Duryea, MD, Baylor College of Medicine; Oriaku Kas-Osoka, MD, MEd, UNLV

In an era of providing formative and summative assessment of medical trainee clinical performance, medical educators often struggle to stay abreast of continually evolving models to deliver feedback to develop competency in knowledge, attitudes, and skills. Both debriefing and feedback models have strong advantages and limitations and are contextually dependent for effectiveness. Based on an innovative model proposed by Tavares, Walter et al in Academic Medicine 2020; through careful analysis, the authors propose a novel framework, Learning Conversations, that merges the fundamental strengths from both feedback and debriefing frameworks to allow for the cultivation of learning through authentic dialogue and the flexibility to adapt to one's learning environment in medical education. This highly interactive and hands on workshop allows for robust discussion and role play to simulate the use of the learning conversations model for direct application.

DON'T LOSE YOUR MIND--MENTAL HEALTH CURRICULUM FOR GENERAL PEDIATRICS

Rebecca Plant, M.D.; Andrea Lafnitzegger, DO; Sarah Dickinson, Ph.D., University of South Florida Morsani College of Medicine; Lauren Newhall, D.O., Medical College of Georgia at Augusta University; Saundra Stock, M.D., University of South Florida Morsani College of Medicine

This workshop will provide practical information to general academic pediatricians on commonly encountered mental health diagnoses including Trauma-Informed Care, Anxiety, Depression, and associated co-morbidities. We will briefly discuss the current pediatric mental health burden within our country then enter into an interactive discussion using the newly created facilitator guides on mental and behavioral health. Based on the General Pediatrics EPA-9, our team created eight mental health facilitator's guides for use during pre-clinical teaching time with trainees. During the workshop, participants will work through a few of the guides using anxiety, depression, or trauma-informed care cases in an interactive format. Small and large group discussions will be utilized discussing effective ways of using these mental health guides to teach general pediatric residents. Electronic copies of all eight guides will be available to download for use at the faculty's home institutions (guide topics are: ADHD, ODD, anxiety diagnosis and treatment, depression, suicidality, trauma informed care, and outpatient screeners). The overall goal of the workshop is to increase faculty comfort with use of the mental health facilitator guides and additionally, how to effectively impliment these guides at their home institutions. Once they are in use at home institutions, the goal of the guides is to improve faculty and resident knowledge and comfort in dealing with and teaching about mental health disorders in children and adolescents.

GETTING 'CLER' ABOUT HEALTHCARE DISPARITIES

Kira Sieplinga, MD, Helen DeVos Childrens Hospital/Michigan State University College of Human Medicine; Candace Smith-King, MD; Amanda Yang, MD, Spectrum Health; Lisa Lowery, MD, Michigan State University College of Human Medicine

The Clinical Learning Environment Review (CLER) 2.0 protocol has set expectations for education on eliminating health care disparities, engagement in clinical site initiatives to eliminate health care disparities and delivering care that demonstrates cultural humility. A 2017 report by the Accreditation Council for Graduate Medical Education (ACGME) evaluating 297 ACGME-accredited residency and fellowship programs reported that “there is currently a substantive deficiency in preparing residents and fellows to both identify and address disparities in health care outcomes, as well as ways to minimize or eliminate them.” Furthermore, according to the 2021 CLER National Report, only 31% of residents were receiving the required disparities education, with only 8% engaging in quality improvement initiatives, with similar statistics found at our institution. A survey of our institution’s program directors showed a need for an institutional educational curriculum on health care disparities that could be embedded into each program individually. The desire was for the curriculum to be interactive and engaging, intentional in fostering discussion, correlated to the program's specialty (i.e., pediatric curriculum would discuss pediatric disparities), and to include the institution’s initiatives for eliminating health care disparities. The resulting curriculum that was created based on this needs assessment is interactive, efficient and helps participants understand local efforts to eliminate disparities. We have designed this workshop to share our experience and to assist programs in meeting the CLER requirements for health disparities education. This workshop is led by a Designated Institutional Official, a Clinical Learning Environment Medical Director, a Pediatric Residency Program Director and an Assistant Dean of Diversity and Cultural Initiatives. Using polls, interactive group sessions and hands on worksheets, participants will explore creation of a health disparities curriculum, not only through the lens of their own program’s specialty, but also with a larger focus that incorporates system-wide initiatives. Participants will leave this interactive session with knowledge about current CLER requirements, a digestible and readymade curriculum to take back to their home institutions and a framework by which they can determine healthcare disparity elimination efforts that exist within their current environment.

HOLISTIC APPLICATION REVIEW - BUILDING A PROCESS THAT REFLECTS YOUR VALUES AND VISION

Kristin Stukus, MD; Jennifer Mitzman, MD, Nationwide Children's Hospital

This workshop addresses fellow recruitment and holistic review processes, guiding the participant through the process so they can apply the principles to their own program. The workshop will review the AAMC guidelines on holistic review, using the applicant's experiences, attributes, competencies, and metrics (EACMs). The first portion of the workshop will discuss the importance of developing a set of programmatic values and the potential criteria for scoring applicants.

As part of small group discussion, the participant will go through a practice scenario using the AAMC EACMs, devising an application review rubric based on the highest priority items. The group members will discuss the prioritized criteria and develop a rubric scoring tool for each criterion. We will then have a larger group discussion, sharing the selected criterion and rubric categories. We will discuss some of the more challenging criterion and how the review team may develop a rubric tool for each.

We will discuss how to disseminate this vision to other interview team members, so that all involved in resident/fellow recruitment and interviewing are invested and share the broader program vision. Part of this process is engaging the recruitment committee to develop standardized questions to be used in the interview process. We will simulate this process in the small-group format, asking each group to develop interview questions based on 3 pre-selected EACMs. We will then review with the larger group the developed questions and the iterative process to select and standardize these questions for interviewing.

Lastly, we will engage in group discussion about balancing the screening rubric with the interview portion of the process and field questions about the process.

LET'S CHALK ABOUT IT- CREATING EFFECTIVE CHALK-TALK TEACHING SESSIONS FOR THE VIRTUAL ENVIRONMENT

Anna Handorf, MD; Alice Lu, MD; Anna Klouda, MD; Wendy Hardiman, DNP, MSN, RN; Ariel Frey-Vogel, MD, MAT, Massachusetts General Hospital

Clinicians may be hesitant to teach, especially using chalk talks, because we are uncertain of our content mastery, or worry that we are not good teachers. Incorporating technology to adapt to the growing demands for virtual learning only enhances these concerns. The "Let's Chalk About It" workshop will help participants translate the knowledge they already have into effective teaching pearls.

The workshop will include both large and small group discussions. We will start as a large group, discussing the benefits of chalk-talk teaching sessions. We will review strategies, grounded in the medical education literature on best practices, to promote development of excellent chalk talks. We will then transition to small groups to lead participants though creating their own chalk-talks using a standardized, three-step approach. We will return to a large group setting to discuss the flexible ways chalk-talks can be incorporated into the virtual learning environment, and demystify the technology involved in bringing these virtual chalk-talks to life.

By the end of this session, participants will be able to describe the benefits of using chalk talk teaching sessions in the virtual environment. They will be able to apply a standardized three-step strategy to create virtual chalk talks – the hook, the frame and the delivery. Finally, they will be able to utilize technology to bring the chalk-talks to life in the virtual environment.

Participants will leave the workshop with a draft of a chalk-talk that they can use in the virtual environment. We hope this workshop will empower participants to incorporate virtual chalk-talks into their teaching repertoire as a flexible way of delivering clinical pearls to trainees.

MENTORSHIP MYTHBUSTERS: STRATEGIES FOR AVOIDING MENTORING MISHAPS AND SUCCEEDING AS A MENTOR AND MENTEE

Shawnice Kraeber, MD, Kaiser Permanente Oakland Medical Center; Leah Heidenreich, MD, Mayo Clinic College of Medicine and Science; Samara Jinks-Chang, MD, MPH, MS, University of Washington; Molly Mack, MD, UPMC Children's Hospital of Pittsburgh; Sarah Soffer, MD, University of Texas Southwestern Medical School; Robert Trevino, MD, University of Illinois College of Medicine; Annie Gula, MD, Brown Alpert Medical School; Claire Hailey, MD, University of Chicago Medicine, Comer Children's Hospital; Ana Mauro, MD, MPH, University of Illinois at Chicago; Kristen Lancaster, MD, UNC School of Medicine; Jonathan Lebowitz, MD, Northwestern University; Caroline Wang, MD, MBA; Alisa Acosta, MD, Baylor College of Medicine; Sophia Goslings, MD, University of South Alabama; Cheryl Taurassi, MD, Zucker School of Medicine at Hofstra/Northwell at Cohen Children's Medical Center; Eric Zwemer, MD, University of North Carolina; Blair Dickinson, MD, St. Christopher's Hospital for Children; Jay Homme, MD, Mayo Clinic College of Medicine and Science

Mentoring relationships can have a strong impact on our professional growth and development, and most have experienced variations of these connections. In some cases, we were mentees, often lost in the professional world of what to do next, and in others, we were mentors, unsure of how to support trainees while also balancing our own professional needs. While many of these experiences are rich and rewarding, others can be challenging. In this interactive session hosted by the chief residents and faculty members of the CREC, the facilitators will serve as the Mentorship Detectives to lead participants through debunking common myths about mentoring relationships, including: "Mentors should guide mentoring relationships" and "Mentors need lots of free time to be impactful," among others! Participants will gain knowledge and perspective on success strategies and common missteps as both the mentor and mentee. Participants will also have the opportunity to reflect on their own mentor network, discuss ideas on how to improve their mentoring skills, and set goals with a structured commitment to change for the upcoming year. Participants will leave with skills to further develop their mentor network, strengthen connections with their mentees, and educate others on how to bust these common mentoring myths.

ON MY OWN, PRETENDING YOU'RE BESIDE ME: SUPPORTING RESIDENT AND FELLOW AUTONOMY IN PEDIATRICS

Eleanor Sharp, MD; Molly Mack, MD; Erika Friehling, MD MS; Katherine Watson, DO; John Szymusiak , MD MS; Benjamin Miller, MD, University of Pittsburgh School of Medicine; Rebecca Blankenburg, MD MPH, Stanford School of Medicine ; Whitney Browning, MD; Alison Herndon, MD, MSPH, Vanderbilt University Medical Center; Michael Weisgerber, MD MS, Medical College of Wisconsin; Jimmy Beck, MD, University of Washington School of Medicine; Kathryn Leyens, MD, University of Pittsburgh Medical Center

Today's medical educators are tasked with the responsibility of advancing resident and fellow physicians towards independent practice while also providing adequate supervision to ensure patient safety. Clinician-educators may struggle with striking the right balance between these goals. This interactive session will address the common obstacles that can undermine autonomy in various clinical settings, including the outpatient clinic, emergency department, subspecialty consult service, and inpatient teaching team. Session facilitators include chief residents, pediatric residency program directors and associate program directors, subspecialty fellowship directors and associate program directors, and pediatric clerkship directors representing five academic institutions. Participants will begin by completing a guided self-reflection of how they provide trainees with autonomy in their day-to-day practice. Small groups will then complete a modified group force field analysis to highlight the factors and barriers to promoting trainee autonomy. Subsequently, we will review examples of systems-based changes that have promoted resident and fellow autonomy, with particular emphasis on overcoming common obstacles. We will describe and apply self-determination theory and entrustment decision-making to principles of intrinsic motivation and autonomy, providing a foundation for participants to approach our clinical cases and their clinical practice (Ten Cate et al, 2016 and Biondi et al, 2015). Finally, participants will work through real-life cases in small groups to apply the principles of autonomy to clinical scenarios. All attendees will leave the workshop with the skills to develop systems that foster resident and fellow autonomy at their own institutions.

TALK STORY: TRANSFORM YOUR LEADERSHIP SKILLS FROM GAPS TO STRENGTHS

Twinkle Patel, MPA, University of California, San Francisco; Carrie Johnson, MBA, Stanford University; Samantha Kang, BA, C-TAGME, Our Lady of the Lake Children's Hospital

Leadership wisdom can be powerful when shared and remembered through stories. "I remember the time when," "someone once told me," "I wish I had known" are some ways through which storytelling passes down deeper knowledge and wisdom about leadership successes and failures. As the increasing complexities of the ACGME requirements continue to significantly expand the expectations and responsibilities of managers and coordinators, it is critical that managers and coordinators develop leadership skill sets that enhance and develop career paths for coordinators. Unfortunately, the typical training that program managers and coordinators receive focuses mainly on accreditation requirements and policies but lacks in leadership development. From articles, books and the Internet, there is a plethora of resources to learn about the fundamentals of leadership styles but through stories of personal experience, leadership skills can be passed down, linking theory and real-life situations, and no matter what your leadership style is, the same leadership skills can apply to any style. This non-traditional approach to leadership development humanizes the concepts that can then be put into daily practice and exposes differing perspectives and practical advice on an endless array of topics such as how to build collaborative relationships, empower your team to take initiative, optimize strengths and competencies, make tough decisions, and teach and mentor others. This can help build community and create engagement for higher job satisfaction, career development, and increased productivity.

In this interactive workshop, participants will learn from each other through brainstorming and reflection to explore strategies on how to transform their gaps into strengths as well as learn leadership skills that cultivate and optimize the talents of others. Participants will also interact with a panel of leaders as they share their stories of successes and failures and how they developed the skills needed to lead and empower their teams. During this Q&A session, participants will learn new leadership skills that they can incorporate into their team's development as well as their own.

ELS 4: Thursday, May 19, 9:15am - 10:45am Pacific

"NO MORE CAMERA ON/OFF DILEMMA IN LEARNER ENGAGEMENT": KEY CONCEPTS AND PRACTICAL STRATEGIES TO CREATE AN ACTIVE LEARNING

Audrea Burns, PhD; Lanessa Bass, MD; Alisa Acosta, MD; Elaine Fielder, MD, Baylor College of Medicine; Adam Wolfe, MD, PhD, Children's Hospital of San Antonio; Tyree Winters, DO, Goryeb Children's Hospital, Atlantic Health System; Julieana Nichols, MD, MPH, Baylor College of Medicine

As the COVID-19 pandemic has challenged educators to pivot instructions from in-person to videoconferencing, "unmotivated or disengaged" learners are observed widely causing distress to many educators–an old epidemic that manifests itself more visibly on a Zoom screen. In fact, learners have migrated out of live classrooms long before the pandemic because they could feel as "engaged" with video recordings as didactic lectures. Plethora of evidence-informed educational practices exists for educators to incorporate into their own instructions aimed at enabling an active learning experience. By doing so, the dynamic is shifted from teacher-learner to learner-learner relationship, and learning is transformed from receiving to constructing knowledge. This is a train-the-trainer workshop led by educators from diverse clinical settings that have transformed lectures in Graduate Medical Education into interactive sessions.

This workshop is designed to be highly interactive and practical to optimize transfer of conceptual knowledge to practice. The workshop will begin with a discussion about challenges to delivering a meaningful, engaged learning to achieve desired learning outcomes, either in a virtual or a in-person classroom. A brief didactic will introduce an innovative ICAP (Interactive-Constructive-Active-Passive) framework as a tool for strategic "mapping" of instructional methods that can synergistically generate an optimally active learning experience.

A round-robin didactics will highlight evidence-informed practices, tips and tools for active learning (e.g. Bulleted Breaks, Buzz Groups, Jigsaw discussion, Inquiry Learning, Think-Pari-Share). In small groups, participants will use the ICAP worksheet to re-design their own teaching session based on lessons learned. Participants will leave this workshop with

a compilation of resources for continuing to enhance educational outcomes through engaging learners in high-quality, active learning experiences.

“SO WHAT DO WE DO NOW?”: MOVING FROM AN ANTI-RACISM CURRICULUM TO AN ANTI-RACIST WAY OF BEING

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Structural racism and medical racism are barriers to optimal health outcomes, propelling the American Medical Association and the Accreditation Council for Graduate Medical Education to call on physicians and medical systems to address root causes of health inequities through education, advocacy, and systems change. As educators, we are called to address racism and train residents and fellows to understand the roots of racism and how to respond to microaggressions and racist remarks. In addition, physicians receive little to no training on structural and medical racism and are unprepared to work with diverse patients and families and to advocate for systems-level changes needed to dismantle racism at the systemic and institutional level.

Most of the interventions implemented over the past few years have focused on developing curricula focused on concepts of microaggressions, and structural and medical racism. However, in order for our institutions to become anti-racist, interventions must be developed and implemented across all levels of education - from the personal to policy and organizational levels.

Using a conceptual framework developed from a systematic review of anti-racism interventions in healthcare settings, this session will lead participants through developing a multi-pronged anti-racist initiative to address changes needed at the individual, interpersonal, organizational, and policy level for long lasting change. This framework situates the work of creating an anti-racist organization at all levels and presents opportunities for educators at all levels of the hierarchy to have a role in dismantling racism. As part of this workshop, we will present common educational approaches used to address change needed at each level, including the benefits and drawbacks of each approach, such as Health Equity Rounds and clinical team huddle guides. We will share examples of such initiatives at Stanford Pediatrics and Seattle Children’s Hospital to illustrate different models and the success of such initiatives to date. Participants will leave the session with a completed worksheet with tangible ideas for interventions that can be implemented at all levels of the organization to dismantle racism.

BUILDING A SOGI-CREATIVE LEARNING SPACE

Jason LaFave, MD; Michelle Barnes, MD; Claudia Boucher-Berrry, MD; Nicole Salach, DO; Amarah Khan, BS, University of Illinois at Chicago

This workshop session aims to provide educators with a model which they can use to teach and promote Sexual Orientation and Gender Identity (SOGI) creativity and LGBTQIA+ inclusion in their programs and clinics. This session is based on a teaching model developed by faculty, residents, and medical students at the University of Illinois at Chicago. This session is particularly geared towards programs/educators who do not already have an LGBTQIA+ pediatric educational intervention in place, or who are looking to develop/adapt their current LGBTQIA+ education program.

The goal of this session is to have participants leave feeling more comfortable and confident in developing their pediatric LGBTQIA+ educational programs, whether they have a strong background or minimal experience in this area. During this session, we will define terms such as LGBTQIA+, SOGI, SOGI-creative, and queer. However, this session aims to guide educators in how to teach these topics to their learners. As such, this session relies on educators already having a basic knowledge of LGBTQIA+ identities and disparities.

Topics this workshop will address include: laying a learning foundation for diversity, equity and inclusion educational sessions, concerns and anxieties providers have about pediatric LGBTQIA+ individuals specifically (eg pronoun usage,

conversations with parents, patient privacy, and SOGI creativity), best techniques when teaching these topics (eg breakout sessions, optimal technology use, and practice cases), and struggles which may arise when teaching these topics.

This workshop will combine more didactic-style presentation of information with immersive audience participation. Audience members will be asked to view the materials through the lenses of both learners and educators. In addition, audience members will have opportunities to share their own experiences and concerns with teaching about LGBTQIA+ youth to their learners.

FROM INDIVIDUAL TO ORGANIZATIONAL RESILIENCY: WHAT ANY PROGRAM DIRECTOR CAN DO

Chad Vercio, MD, Loma Linda University School of Medicine; Lawrence Loo, MD, Loma Linda University; Heather Howell, MD, New York University Langone; Morgan Green, MD, Loma Linda University; Caroline Paul, MD, New York University Langone

In the 2019 National Academy of Medicine's seminal publication, *Taking Action against Clinician Burnout – A Systems Approach to Professional Well-Being,*[1] physician burnout is attributed to an imbalance between job demands and job resources. The estimated sources of burnout are approximately 20% individual and 80% organizational. Addressing individual interventions to prevent burnout and promote wellness have shown minimal impact to date and are unlikely to be successful without addressing the underlying organizational factors.[2] Our workshop focuses on what every Program Director can practically implement to build organizational resiliency within their residency that fosters individual resiliency, promotes wellness, and mitigate burnout. Our workshop highlights some of the challenges associated with using the frameworks of wellness and burnout and instead focuses on the lens of resiliency in moving forward.

We define resiliency as the "act of coping, adapting, and thriving from an adverse event that arise from the complex interplay between individual, environmental and socio-cultural factors."[3] Our emphasis on organizational resiliency begins with Edgar Schein's definition of organizational culture – "The accumulated shared learning of that group as it solves problems of external adaptation and internal integration; which has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think feel and behave in relation to those problems. This accumulated learning is a pattern of beliefs, values, and behavioral norms that come to be taken for granted as basic assumptions and eventually drop out of awareness."[4] Schein's three levels of organizational structure – the visible structure and processes, espoused beliefs and values, and basic underlying assumptions – parallels Hafferty's model of the formal, informal, and hidden curriculum.[5] We will share our conceptual model that integrates individual and organizational resilience by promoting four key interconnected messages of (1) communication, (2) sense of belonging, (3) shared vision, and (4) gift recognition.[2]

Participants will learn specific strategies they can employ to enhance daily communication, promote a sense of belonging and shared vision (e.g. emphasizing and reminding individuals of the meaning and original purpose in choosing medicine as a career); and stress the importance of taking time to recognize the gifts in individuals and the organizations they work in, especially during times of crises such as the current pandemic.[6]

HEALTH EQUITY FOR ALL: A HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH CURRICULUM FOR TRAINEES

Allison Becker, MD; Sarah Kline-Krammes, MD, Akron Children's Hospital

The ACGME has multiple expectations that trainees (residents and fellows) must be able to identify and ameliorate health disparities and healthcare disparities in their own patient populations. The ACGME guidelines for pediatric fellowship programs state that "Fellows must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care." However, few resources exist to help train pediatric trainees on how to teach social determinants of health and health disparities education. Additionally, survey research of trainees has shown that only about ¼ of pediatric trainees are familiar with the definition of social determinants of health and even fewer are

familiar with available resources to help provide high quality comprehensive care for children and families. This interactive session will highlight an example of a curriculum developed to teach social determinants of health and healthcare disparities to attendees. Participants will then analyze their current institution's framework for teaching these principles (if any) and share challenges and successes of teaching these topics to trainees. The presenting institution will then present a 4 part curriculum utilized by our training program exploring resources available-including cost effective medical care, food insecurity, transportation, and housing. Participants will be given a chance to work through examples of the interactive parts of this curriculum. After exploring the examples provided, participants will develop an action plan to implement curriculum into their own trainee curriculum. Session participants will be provided with a toolkit of social determinants of health and health equity resources at the completion of the session.

MAKING THE MOST OUT OF THE NEW APPD NUTS & BOLTS: FACULTY DEVELOPMENT FOR THE BUSY CLINICAL EDUCATOR SERIES

John D. Mahan, MD, Nationwide Children's Hospital/The Ohio State University; Shannon Scott-Vernaglia, MD, MassGeneral Hospital for Children/Harvard; Christopher Hovland, MD, Baylor Scott White/Texas A&M; Natalie Burman, DO, Naval Medical Center - San Diego; Jerri Rose, MD, Rainbow Babies/University Hospitals; Teri Turner, MD, Texas Children's/Baylor College of Medicine

This 90-minute interactive workshop is designed to engage the attendees with the Nuts & Bolts Faculty Development model, conceptual framework and future of this series as the training aids will regularly appear in *Academic Pediatrics*. The attendees will usefully generate a list for consideration for future Nuts & Bolts (needs assessment) that will complement past lists generated at APPD FD LC sessions. The two small group breakout sessions will be interactive and engage the participants in identifying potential uses of the Nuts & Bolts Training Aids and designing prototypes for the planned APPD Nuts & Bolts FD Workshop in a Box. The attendees will elaborate a Commitment to Action to take the information gained and insights back to their home institutions to augment their faculty development efforts. The workshop sections will be distributed among the presenters John D Mahan (JDM); Shannon Scott-Vernaglia (SSV); Christopher Hovland (CH); Natalie Burman (NB), Jerri Rose (JR), Teri L Turner (TLT) to maximize workshop activities and contributions.

The goals of the workshop are for participants 1) to become knowledgeable about the Nuts & Bolts Faculty Development Training Aids concept; 2) help generate a new list of valuable topics, augmenting the needs assessment for these pieces first constructed in 2018; 3) generate a list of potential uses for these training aids with faculty that can be distributed to APPD members interested in using these new tools; 4) generate examples of the next stage of this tool – APPD Nuts & Bolts Workshop in a Box – which would be used to provide more detailed and effective training in teaching skills for faculty; and 5) a commitment to action for the participants to either commit to read more about this tool/process, discuss implementation with colleagues in their own institution, and/or explore a faculty development activity utilizing one of these tools.

QI MY LIFE

Sarjita Shukla, MD; Vasudha L. Bhavaraju, MD; Alissa Darden, MD, FAAP; Jennifer Farabaugh, MPH; Christina Ash, BA-Cultural Anthropology. MA-Sociology, Graduation 2022, Phoenix Children's Hospital

Personal wellbeing and professional fulfillment have become increasingly recognized as vital in healthcare, where burnout rates trend higher than the general population. This includes program coordinators, who are key support figures for maintaining resident and fellow wellbeing, often at the expense of their own. Institutional wellbeing programs focus on individuals setting personal health and wellbeing goals, however, planning and attaining these goals can feel elusive and overwhelming due to unrealistic expectations, minimal accountability and time, and a lack of clear direction and guidance. This workshop aims to address these challenges by providing clarity through simple and proven quality improvement methods.

Participants will:

- Learn how familiar quality improvement methods can be applied to personal goals to achieve lasting positive changes that lead to overall personal wellbeing and professional satisfaction.
- Start by individually identifying a personal goal to work on, such as “eating healthier, “exercising more,” or “leaving work on time”.
- Work in small groups to choose one goal to develop further using standard QI techniques, including fishbone diagrams, SMART aims, and PDSA cycles.
- Work together to brainstorm successful strategies to accomplish aims through achievable yet highly impactful changes.
- Leave with a toolkit of resources to QI their own lives and to empower co-workers, learners, and family members to do the same.

USING RESTORATIVE JUSTICE PRACTICES TO BUILD COMMUNITY AND FIGHT BURNOUT IN YOUR RESIDENCY PROGRAM

Molly Senn-McNally, MD, UMass Chan-Baystate; Renee Robilliard, DO, UMass-Chan Baystate; Stewart Mackie, MD; Angela Sweeney, MA, MEd, UMass Chan-Baystate; Pedro Flores, MAS, RRT, University of San Diego; Hyacinth Mason, PhD, Tufts University School of Medicine

The COVID-19 pandemic has been hard for us all for a myriad of professional and personal reasons. One important consequence of the pandemic has been a breakdown in community, due to the need for physical distancing and social isolation (1). Residency training is demanding at baseline, but the pandemic brought new challenges, including difficulty establishing social support and connection due to restrictions on social gatherings, the isolation of distance and virtual learning, and even re-deployment to other services (2). This workshop will introduce Restorative Justice Practices (RJP) as a structure for sharing and reflecting on experiences to build community and connection among participants. The workshop will use burnout as an exemplar topic, a well-described problem for physicians, and one to which residents are particularly vulnerable (3,4).

Restorative Justice Practices can be traced back to indigenous practices and have been used to strengthen community relationships and repair harm. (5). This systematic approach is conceptualized as having three tiers: Tier 1 – harm prevention through community building circles, Tier 2 – intervention to repair harm, and Tier 3 – reintegration to build trust (6). Several medical schools have introduced RJP in UME, yet RJP have been less frequently applied in GME. This workshop will focus on RJP Tier 1 community building circles, which offer a framework for participants to discuss many important and difficult topics, and are meant to enhance equity, justice and belonging (7).

During this workshop, attendees will be introduced to Restorative Justice practices and principles. They will participate in a Tier 1 circle, allowing them to experience the structure of the circle while they explore their own experiences of burnout. They will leave the session with resources to implement Tier 1 community building circles at their home institution.

VULNERABILITY AS A VALUE: STRATEGIES FOR MODELING VULNERABILITY FOR INDIVIDUALS AND PROGRAMS

Michael Pitt, MD; Maren Olson, MD, MPH, MEd; Erin King, MD; Johannah Scheurer, MD; Tom George, MD; Sonja Coliani, MD; Patricia Hobday, MD; Erica Ting, MD; Caleb Hocutt, MD; Stephanie Perez Kerkvliet, MD; Andrew Piropato, MD; Emily Borman-Shoap, MD, University of Minnesota

Image management is an exhausting endeavor where we pursue the projection of perfection – of having it all together, being unflappable when faced with challenge, and eagerly awaiting the opportunity to shine. Ironically, this pursuit often fuels imposter syndrome in both the receivers of the managed image (“I must be a fraud, look at how great *they* are”) and those of us doing the image management (“I hope they don’t catch on to the fact *I am* a fraud”). Fortunately, there is a cure to this paradox: vulnerability.

Brené Brown defines vulnerability as “uncertainty, risk, and emotional exposure.” Accordingly, it is no surprise that as leaders aiming to project confidence and earn trust, we often reflexively flee from these approaches, choosing to project certainty and working to mask our emotions behind our work. Yet, we are increasingly learning that the exact opposite is true – leading with vulnerability inspires hope, shows humanity, and sets realistic expectations that give ourselves and others grace. At no time in recent history has this approach been more important, specifically in the field of healthcare, and even more specifically, in the domain of training future healthcare providers.

In this interactive panel discussion, the leadership team at the University of Minnesota’s Pediatric Residency Program will share practical approaches to incorporating vulnerability into one’s daily practice. At the bedside, we’ll discuss how to incorporate *vulnerability rounds* during teaching where participants each share something in medicine they often pretended to understand, engage in *gratitude rounds* with families, and highlight several approaches for faculty to facilitate learning when unprepared. At a systemwide level, we will share how and why we have incorporated reflective writing and storytelling into our resident curriculum, and how we have incorporated transparency with resident’s experiences of burnout throughout training. We will also discuss our approaches to normalizing rejection in academics by being systematically transparent in not only our success, but in our failures as well. Participants will leave the session with a framework on how to incorporate vulnerability as a value within their training program, and have access to several opportunities to plug-and-play different approaches that have proven successful within ours.