Association of Pediatric Program Directors

# APPD GRASSROOTS FORUM FOR CHIEF RESIDENTS

Innovate. Inspire. In-Person.

# American Board of Pediatrics: Nuts and Bolts of Maintenance of Certification

Keith J. Mann, MD, Med
Vice President, Continuing Certification
Association of Pediatric Program Directors Annual Meeting
May 17, 2022

# Questions for Discussion

- Are there specific educational tools, like Question of the Week, that can help you as Chief Residents teach others?

- Should any of this be taught during residency?
  - If so, where might it fit into the educational curriculum?
  - How can the ABP help?

- How can the ABP do a better job communicating with newly certified physicians?

# Outline

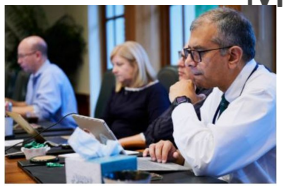
- Overview of the American Board of Pediatrics (ABP)
- Specifics about Maintenance of Certification (MOC)
- What are we working on now?
- Questions, Comments, Feedback

**Mission**

Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement

# Who is the ABP?

- Over 400 physician volunteers
- Board of Directors
- General Pediatrics Committee
- 15 Subboards
- Family Leadership Committee
- Service Committees
  - MOC Committee



**Volunteer Opportunities**

1. Click on the dropdown tabs below to learn more about the different types of volunteer activities.
2. Click on the button below the dropdown tabs to nominate yourself for any of the opportunities.

- General Pediatrics Examination Committee
- Subspecialty Subboards
- Continuing Certification Committee
- Practice Analysis Panels
- Standard Setting Panels
- User Panels and Focus Groups
- Virtual Usability Testing

VOLUNTEER NOW

# Outline

- Overview of the American Board of Pediatrics (ABP)
- Specifics about Maintenance of Certification (MOC)
- What are we working on now?
- Questions, Comments, Feedback

# RESIDENTS & FELLOWS NOT YET CERTIFIED IN GENERAL PEDIATRICS

## What Are My Requirements?

Residents (and fellows who are not yet certified) are able to earn Quality Improvement (QI) credit for work completed during training.

After you pass your initial general pediatrics certifying exam with the American Board of Pediatrics (ABP), all Part 4 credit you earned during training will count toward the Part 4 requirement in your first five-year cycle.

### Which Activities?

- ✓ QI Projects with 1-10 pediatricians that you completed at your institution can be reviewed by the ABP for Part 4 credit (apply online; requires a review fee)
- ✓ ABP-approved institutional QI projects
- ✓ ABP-developed Performance Improvement Modules (PIMs)
- ✓ ABP-approved Part 4 online modules such as EQIPP with the AAP

# ABP-CERTIFIED & IN FELLOWSHIP
## What Are My Requirements?

Pediatricians who are certified in general pediatrics and are now in subspecialty fellowship training are often unsure of what they need to do to remain certified. Maintaining your certification assures the public (parents, patients, hospitals, payers) that you continue to meet the same high standards through which you earned your certificate.

### What are the Requirements to Remain Certified?

To view your requirements, track your progress, or search for approved activities, please check your ABP Portfolio (www.abp.org).

### How Does Fellowship Change My Requirements?

- ✓ Being in fellowship does NOT exempt you from your requirements.
- ✓ Points and CME credit hours are not related. To confirm your CME requirements, please check with your state medical licensing board directly.
- ✓ For every 12 months of ACGME-accredited fellowship training that you complete within your five-year cycle, you will receive 10 points in Part 2 and 10 points in Part 4.
- ✓ Each 12 months of ACGME-accredited training completed by June 30 will be processed, and your points will be posted to your ABP Portfolio by November 1.
- ✓ You are still required to earn a total of 100 points within each five-year cycle and may need to acquire additional points beyond your training.

Part 4 will change to 25 Points given once after the first year of fellowship

# What are My MOC Requirements?

- Professional Standing (Part 1) - License Attestation Every 5 Years
- Lifelong Learning and Self-Assessment (Part 2) - 50 Points Every 5 Years
- MOCA-Peds – Quarterly Questions or Proctored Exam (Part 3) Every 5 Years
- Improving Health and Health Care (Part 4) 50 Points or 2 Projects Every 5 Years


MyCertifiedPediatrician.org

# Lifelong Learning and Self-Assessment (Part 2)

- Learning Opportunities with MOC Cycle Fee
  - Question of the Week
  - Decision Skills
  - Article-based Self-Assessment activities
- ACCME Collaboration
- Credit for What You are Doing
  - Upload resuscitation certificates
  - Claim credit for Diversity, Equity, Inclusion learning
  - UpToDate

CURRENT | INCOMPLETE | COMPLETED

MAR 23 2022

What's brown, has six eyes, hides in dark places and is shy as an introverted baby meerkat?

**# Comments:** 1 **Last Comment:** 3/16/2022 11:44am

## Key Takeaways

- Although uncommon, recluse spider bites are potentially harmful and could cause both cutaneous and systemic symptoms known as loxoscelism.
- Spider bite poisoning should be kept in mind as a potential cause of dermonecrosis if the other obvious causes are excluded as very often the culprit spider is not seen.
- The importance of targeted investigations, such as blood and urine testing, is indicated in some cases to exclude potentially life-threatening sequelae such as hemolytic anemia and disseminated intravascular coagulation.
- Although at present medical care is limited, the management by a multidisciplinary team, including a dermatologist, infectious disease consultant and tissue viability nurse, is recommended.

QUESTIONS

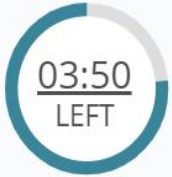
← March 2022 →

| | |
|---|---|
| 3/23/22 | What's brown, has six eyes, hides in dark places and is shy as an introverted baby meerkat? |
| 3/16/22 | Choosing wisely: A child presents with right lower quadrant abdominal pain and fever. An imaging study may be needed to sort things out …but which one? |
| 3/9/22 | When a headache is not just a headache: the causes of delayed diagnosis in children with brain tumors. |
| 3/2/22 | When ondansetron fails and another antiemetic is needed, what drug might be chosen as the next up at bat? |

# MOCA-Peds (Part 3)

- Focuses on assessment and learning
- Quarterly questions via web or mobile device
- Drop 4 lowest-performing quarters
- You can use resources (not a colleague)
- Helps keep you up to date (2-4 new articles / year)
- Repeat questions based on confidence / relevance ratings
- Option to still take the traditional exam

# Question




A full-term infant appears well at birth. During the next 3 weeks, however, the infant fails to gain weight, develops hepatosplenomegaly and nasal congestion, and cries when her arms and legs are manipulated. There is a desquamating rash on the extremities, and intraoral mucous membrane patches are seen.

Which of the following congenital infections is most likely in this infant?

- Cytomegalovirus
- Rubella
- Syphilis
- Toxoplasmosis
- Varicella

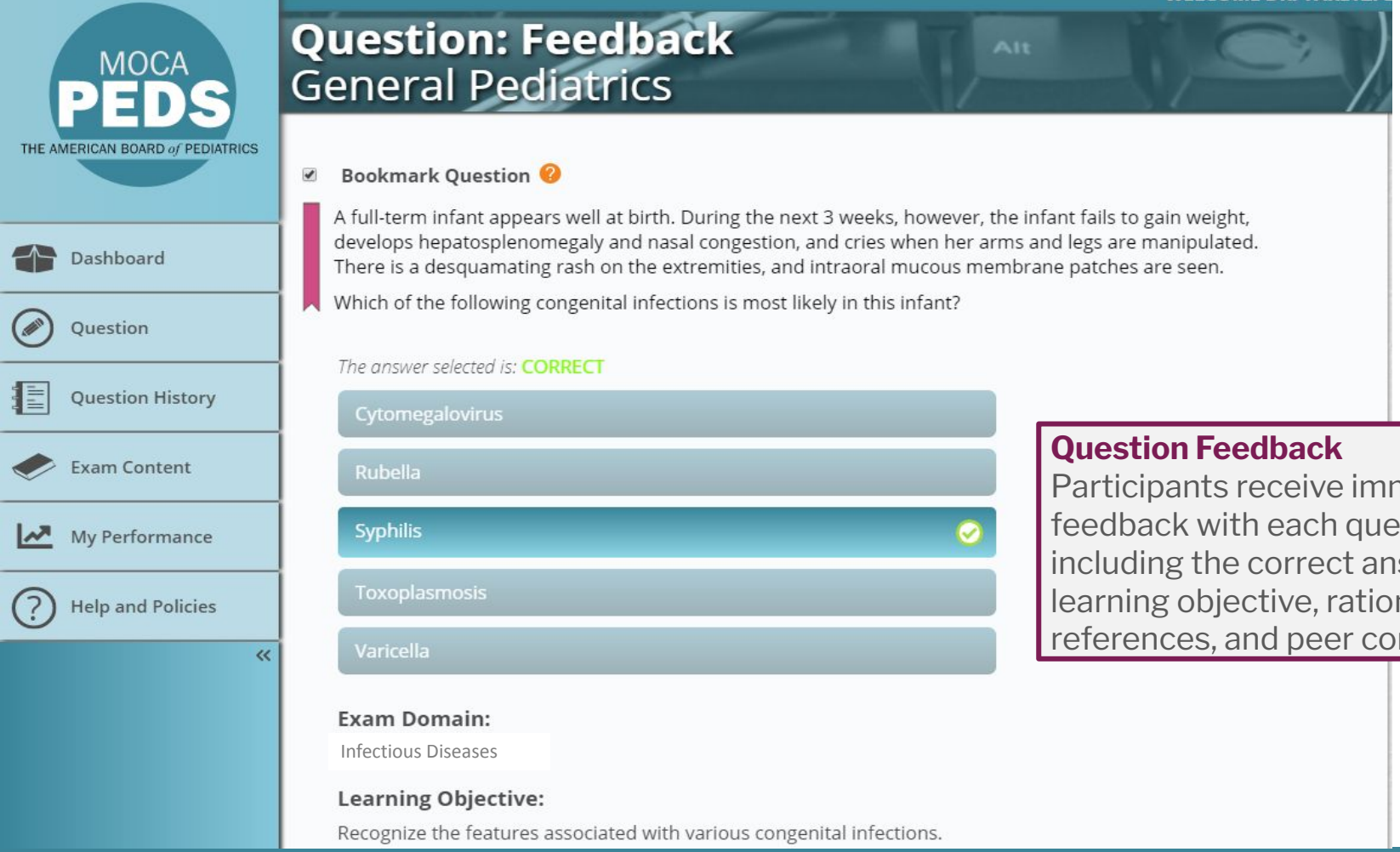
Submit Answer

*By clicking the "Submit Answer" button above, you are attesting to compliance with the **MOCA-Peds Participation Agreement.***

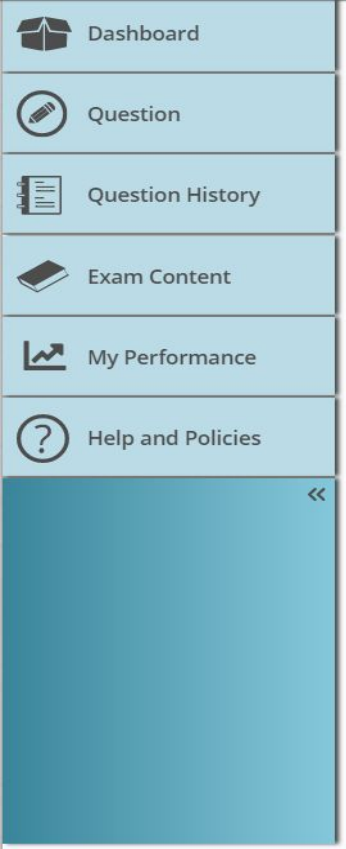
**Timer**
5 minutes to answer each question. Timer allows participants to track how much time is remaining

**Answer Choices**
All MOCA-Peds questions are multiple-choice questions.

**Submission Button**
Once an answer is selected, it may be submitted using this button. The system will save an answer already chosen in case of a dropped connection before submission.




**Question Feedback**
Participants receive immediate feedback with each question, including the correct answer, learning objective, rationale, references, and peer comparison.




**Rationale:**

Congenital infection can have devastating effects on the developing fetus. Infection with any of the pathogens grouped under the acronym "ToRCHeS" (*Toxoplasma*, rubella, cytomegalovirus [CMV], herpes simplex, and syphilis) may cause hepatosplenomegaly, thrombocytopenia, and jaundice in the neonate. However, evaluation of the clinical context and recognition of the features that are relatively specific to each pathogen may enable the clinician to formulate a likely diagnosis before the results of specific diagnostic tests are available, which is useful in reducing unnecessary testing and also in counseling parents of an affected newborn and determining optimal acute management.

Neonates affected by congenital syphilis may appear normal at birth, but in the first weeks of life "snuffles" (nasal mucosal edema and discharge), lymphadenopathy and/or hepatosplenomegaly, mucocutaneous skin lesions, and osteitis of the long bones may develop. The latter results in pain with movement of the extremities and may present as "pseudoparalysis."

Nasal congestion and osteitis do not generally result from intrauterine infection by the other pathogens described above, and the typical skin findings also differ. CMV and rubella may cause purpuric rash, whereas the rash occasionally seen with toxoplasmosis is maculopapular. The skin findings of congenital varicella are typically scars, often in association with limb hypoplasia.

**References:**

American Academy of Pediatrics. Syphilis. In: Kimberlin DW, Long SS, Brady MT, Jackson MA, eds. *Red Book 2015: Report of the Committee on Infectious Diseases.* 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015: 755-768.

**Peer Comparison:**

**Comment:**

## Rationale

Rationales are written by the pediatricians who also write the questions. The rationale explains the reason one answer is correct and the other options are incorrect.

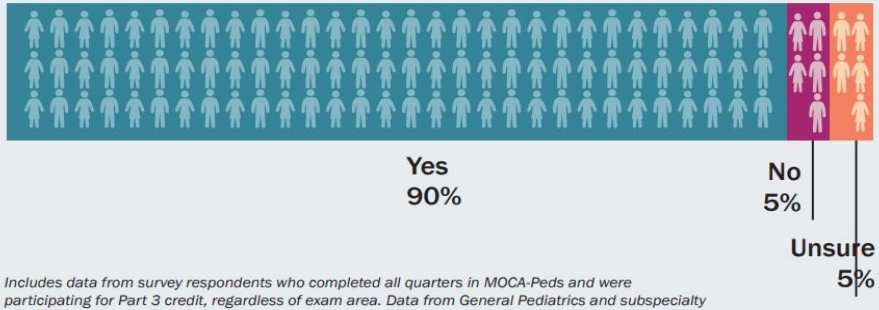
## References

References are included for each question. References in the public domain are prioritized.

# Application

## Did you learn, refresh, or enhance your medical knowledge based on participating in MOCA-Peds in 2020?

The majority of respondents (90%) indicated they had learned, refreshed, or enhanced their medical knowledge as a result of participating in MOCA-Peds.*

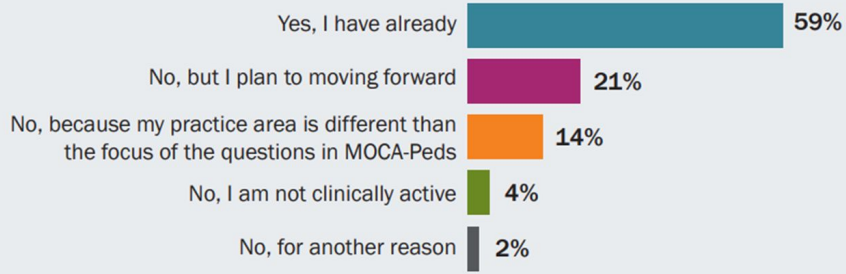



* *Includes data from survey respondents who completed all quarters in MOCA-Peds and were participating for Part 3 credit, regardless of exam area. Data from General Pediatrics and subspecialty exam participants are presented in aggregate due to small sample sizes in some subspecialties.*

# Learning

## Were you able to apply any of what you learned from MOCA-Peds in 2020 to your clinical practice?

The majority of survey respondents indicated they had either already applied what they had learned from MOCA-Peds to their clinical practice (59%), or they planned to do so (21%) moving forward.*




* *Includes data from survey respondents who were participating for Part 3, regardless of exam areas and indicated they had learned from MOCA-Peds in a previous question (n=8,259). Data from General Pediatrics exam and subspecialty participants are presented in aggregate due to small sample sizes in some subspecialties.*

# Improving Health and Health Care: Part 4

Encourage people to engage in quality improvement activities which will give credit for work already being done in their practice

MULTI-INSTITUTION OR LARGE-SCALE QI PROJECTS

WORKPLACE BASED QI PROJECTS

NCQA PATIENT CENTERED MEDICAL HOME

INSTITUTIONAL QI AND SAFETY LEADERSHIP

ONLINE PERFORMANCE IMPROVEMENT MODULES

# Improving Yield for Adolescent Depression Screening

## WHAT PROBLEM (GAP IN QUALITY) DID THE PROJECT ADDRESS?

Our practice was screening over 90% of 12-17 year olds for depression with a variety of screening tools but only 4.5% were positive, substantially below the expected prevalence.

## WHAT DID THE PROJECT AIM TO ACCOMPLISH?

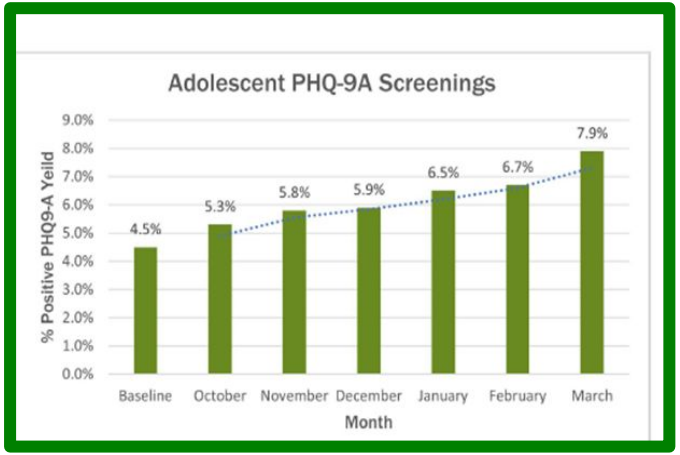
We aimed to increase the percent positive PHQ9-A score for 12-17 year olds by 20% in 6 months.

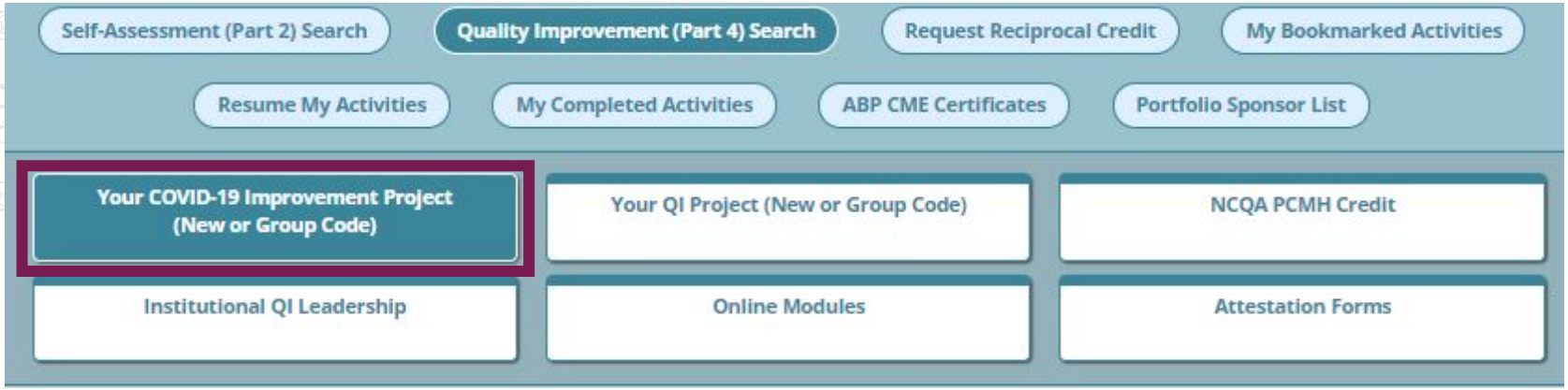
## MEASURES:

- **Measure Name**: 12-17 year olds screened for depression using PHQ9-A
- **Goal**: 20% increase in positive PHQ9-A screens (a score of 10 or more)
- **Unit of Measurement**: Percent of screened patients with a score of 10 or more
- **Data Source**: PHQ9 form
- **Collection Frequency**: Monthly

## WHAT INTERVENTIONS OR CHANGES WERE MADE?

- Converted all sites to using the PHQ9-A tool for adolescent depression screening
- Data showing our low yield of positive screenings was reviewed at team huddles where we used a key driver diagram to determine possible reasons for the low scores
- Provided language for a gentle explanation of the purpose and importance of the PHQ9-A screening and recommended its use by staff when administering the screening to adolescents.
- PHQ9-A screen given directly to adolescent patients to fill themselves in a private setting rather than by their parent
- Compiled a list of resources for providers for referrals when a patient has a PHQ9-A score of 10 or higher






**COVID-19 Improvement Project**

**Sponsor :**
The American Board of Pediatrics

**MOC Points: 25**
**Cost:** Free with MOC Enrollment

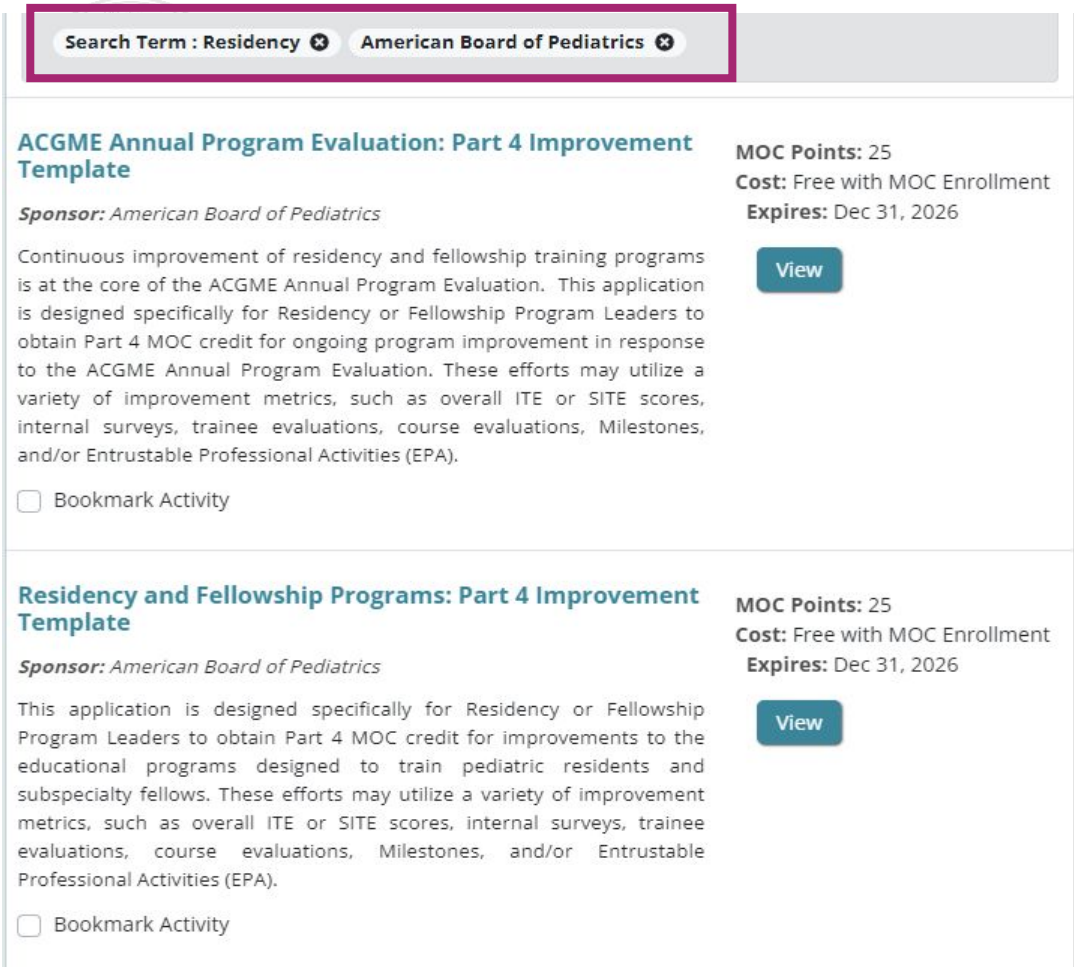
## COVID Vaccination Rate

### WHAT PROBLEM (GAP IN QUALITY) DID THE PROJECT ADDRESS?

Our patient population and community was very hesitant to receive the COVID-19 vaccine. We needed a better way to reach those families still hesitant or refusing vaccination.

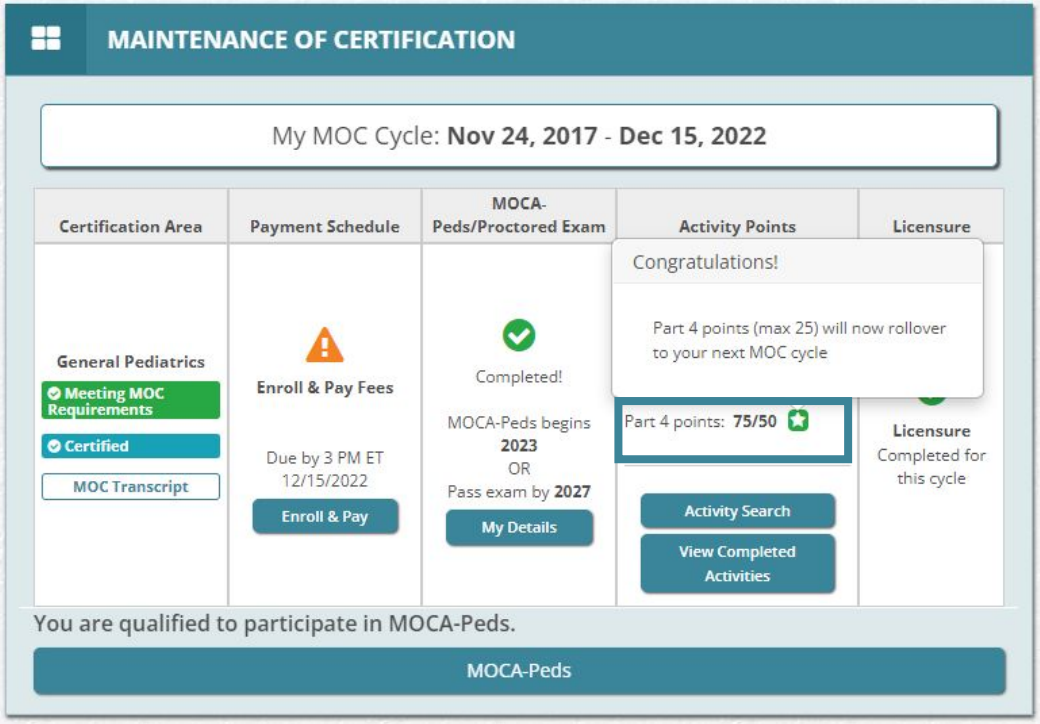
### WHAT DID THE PROJECT AIM TO ACCOMPLISH?

We aimed for 100% COVID-19 vaccination uptake.




- Restructuring of Inpatient Teams to Improve Education and Clinical Work Hours for Pediatric Residents
  (University of Michigan)
- An Effort to Improve Faculty Engagement in Fellow Education
  (UPMC Children's Hospital of Pittsburgh)
- Improve the wellness and mental health of Pediatric residents
  (University of Colorado)

# ABP Portfolio
# Rollover Points for Part 4

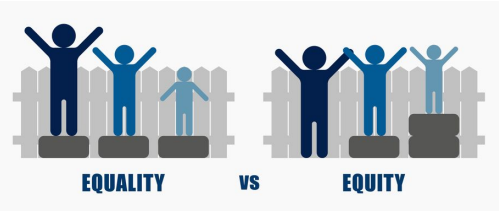


# Outline

- Overview of the American Board of Pediatrics
- Specifics about Maintenance of Certification (MOC)
- What are we working on now?
- Questions, Comments, Feedback

# What are we working on now?

## Health equity




## Advocacy

## Part 4: Simplify, Relevance, Valu

# Questions / Comments / Feedback

MOC Questions and Help

- moc@abpeds.org

**What We Strive For**

"My interaction with Mr. Clark was the first time I interacted with the ABP… I felt valued as a human and a doctor by the ABP. He was wonderful."

Satisfaction/Courtesy/Effort/Responsiveness/Knowl

# Questions for Discussion

- Are there specific educational tools, like Question of the Week, that can help you as Chief Residents teach others?

- Should any of this be taught during residency?
  - If so, where might it fit into the educational curriculum?
  - How can the ABP help?

- How can the ABP do a better job communicating with newly certified physicians?

My son Jake has critical congenital heart disease.

In 23 years of complex care at a top-notch hospital, I do not ever remember a doctor asking Jake or myself how we were coping emotionally. But there were many times when my husband and I, and Jake, were not coping well.

And although Jake has half a heart, the mental health struggles have been the more painful part of our journey in many ways.

-Diane Pickles
*Pediatrics. 2020; A Roadmap to Emotional Health for Children and Families with Chronic Pediatric Conditions*

# The Roadmap Project

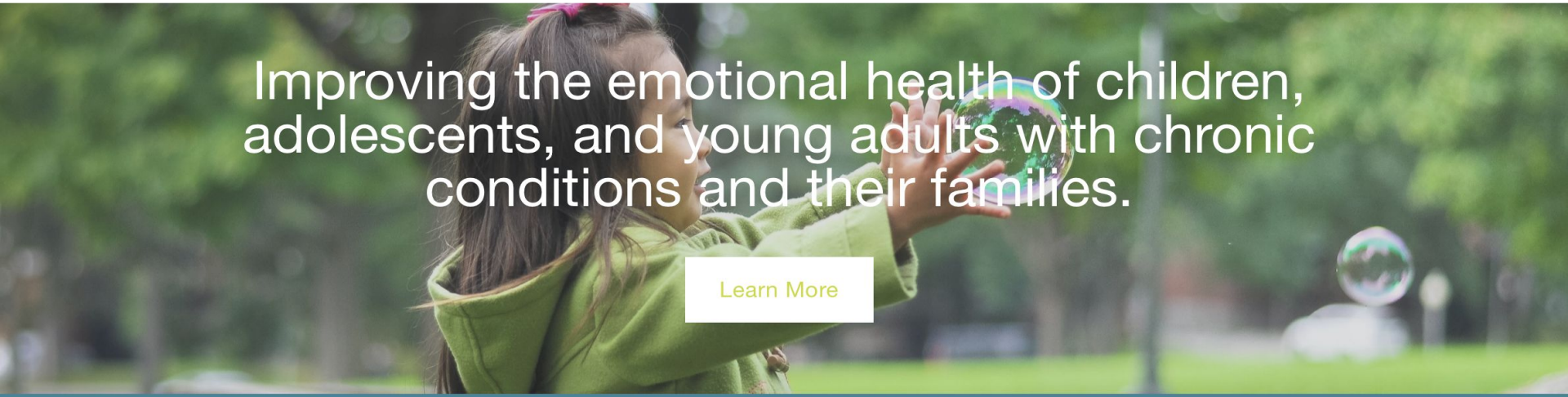
*Improving the Resilience and Emotional Health of Children with Chronic Conditions and Their Families*

**Addressing the emotional health needs of patients and families with chronic conditions is important, evidence-based, and feasible.**

The Roadmap Project

www.roadmapforemotionalhealth.org

About | Tools & Resources | News & Events | Roadmap College | Contact Us | Videos




Patients with chronic conditions and their families cite emotional health needs as one of their top concerns. ***However, you don't have to be a mental health professional to make a difference.***

The Roadmap Project

*How Can the Roadmap Project Support your Program?*
*What Learning Methods Would Be Helpful?*

# The Routine Incorporation of Health Equity, Diversity, and Inclusivity Topics in a Pediatric Multidisciplinary, Case-Conference Series

Kristina Bianco MD, Alyssa Churchill MD, Timothy Brandt MD, and Stephen Barone MD

Cohen Children's Medical Center
Northwell Health℠

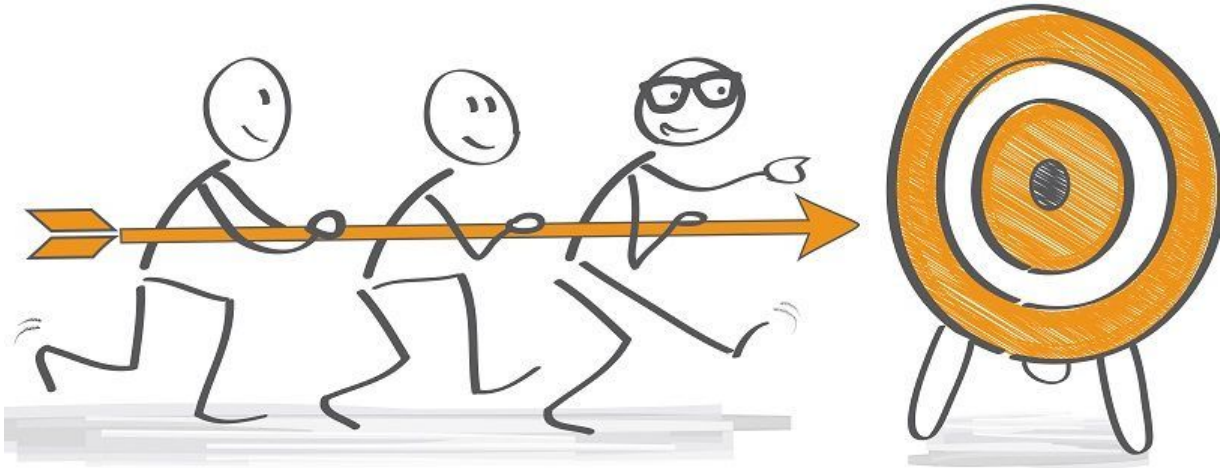
APPD
May 17th, 2022

# Background

- The ability to care for a culturally and socioeconomically diverse patient population is of utmost importance in the professional development of pediatric residents
- Unfortunately, a recent cross-cultural care survey of pediatric residents at our institution revealed that approximately two-thirds felt unprepared to deliver cross-cultural care:
  - Lack of experience or exposure
  - Lack of formalized education
- As mentors and educators, it is our responsibility to build formal cross-cultural curricula to mold better pediatricians
  - But that can be **HARD!**

# Objective

- To develop an easy and reproducible way to incorporate Health Equity, Diversity, & Inclusivity (HEDI) topics into a case-conference series to increase pediatric residents' knowledge and exposure



# Methods

- Thirty-five pediatric residents each lead a multidisciplinary, case conference during their PGY2 year.
  - “Gemini” Lecture Series

- Traditionally, residents present a thought-provoking clinical case in conjunction with faculty from the appropriate clinical departments.

# Methods

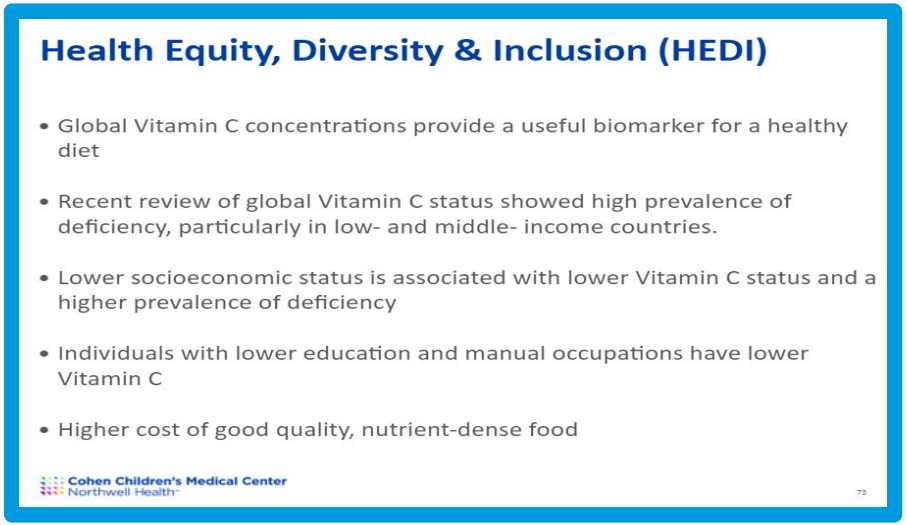
- In July 2021, residents were required to discuss HEDI related issues relevant to the case.
  - Could be a brief portion, often 1-2 slides
- A mixed-methods approach was used to evaluate the innovation, including a Likert scale to assess the awareness, knowledge, and comfort of the HEDI topics post intervention, as well as an analysis of thematic data to determine the most common themes HEDI discussed during the conferences.

# Examples of Topics Covered

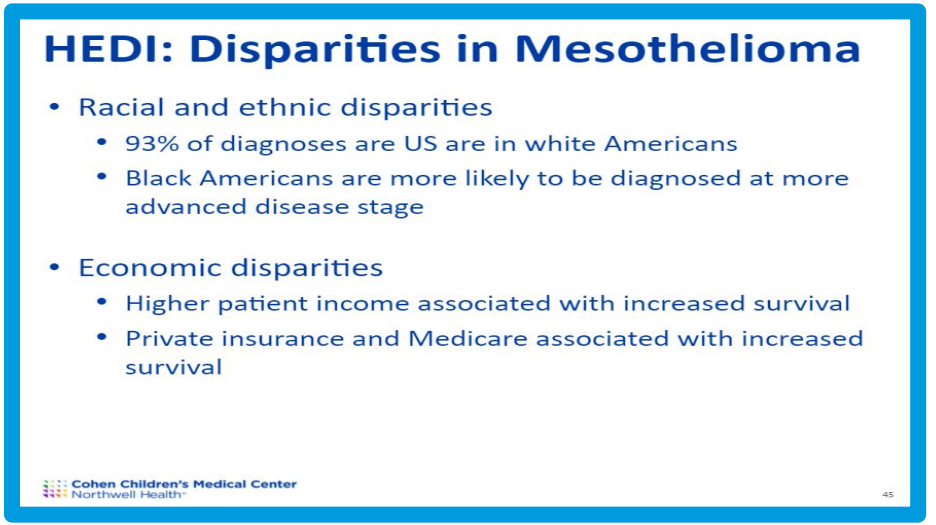
**Table 1:** HEDI Themes discussed during the first three months of implementation (12/35 Conferences).

| Case-Conference Topic | HEDI Theme(s) |
|---|---|
| Botulism | Race/Ethnicity, Health Insurance |
| Fitz-Hugh-Curtis Syndrome | LGBTQ, Race/Ethnicity, Socioeconomic Status (SES) |
| Tuberculosis | Race/ethnicity, Global/Immigrant Health |
| Scurvy | Global/Immigrant Health, SES, Education |
| Hemophagocytic lymphohistiocytosis | Language Barriers |
| Cystic Fibrosis | SES, Environmental Health, Health Literacy, Health Insurance |
| Plastic Bronchitis | Implicit Bias, Race/Ethnicity |
| Multisystem Inflammatory Syndrome in Children | Language Barriers |
| Inflammatory Fibroblastic Tumor | SES, Health Insurance |
| NMDA Encephalitis | Language Barriers |
| Childhood Interstitial lung disease | Race/Ethnicity |
| Liver Lesions | Language Barriers |

# Allows Residents to See HEDI in Every Patient

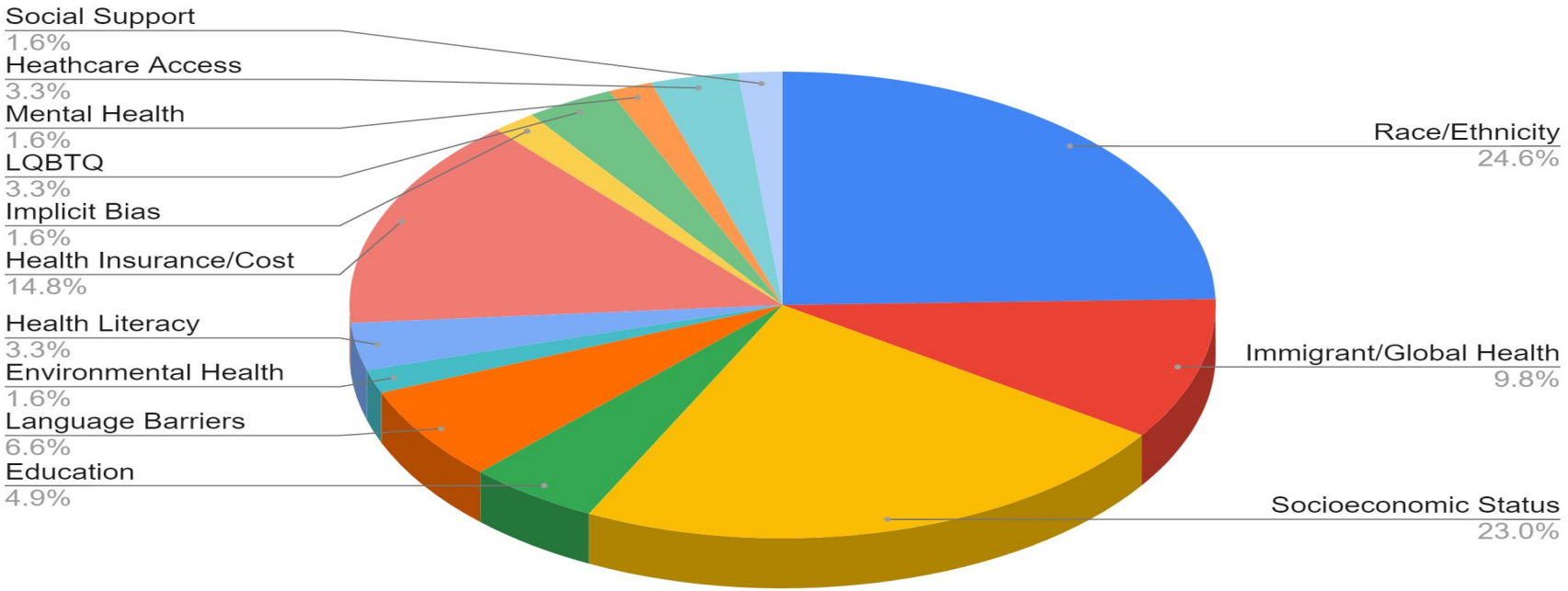



- Discussion of scurvy can be tied back to food quality in low-income countries

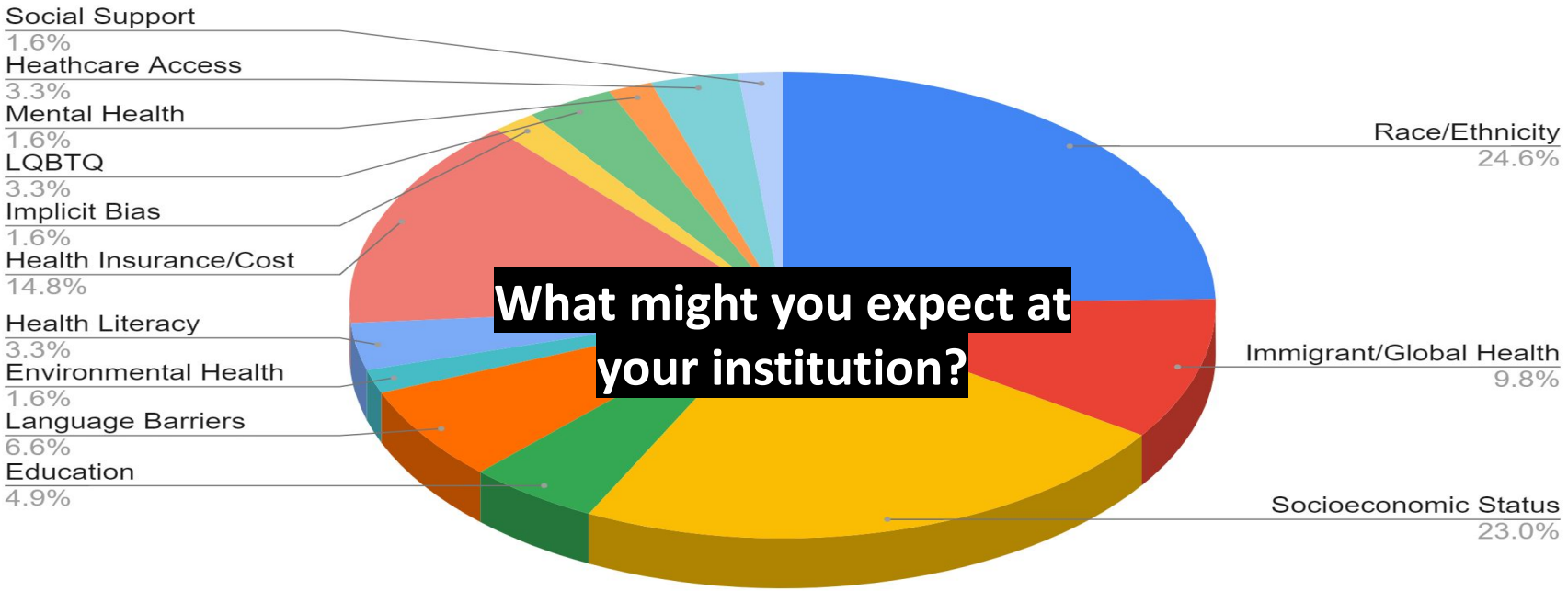



- Rare case of mesothelioma led to discussion on why there are worse outcomes in oncology for non-whites

# Topics Covered



# Topics Covered




- Can find themes to implement with more formal HEDI curriculums
- Can be adapted as focus on certain topics changes over time

# How to incorporate HEDI into your program

- Although HEDI encompasses a broad range of topics, it is present in almost every patient encounter
  - This lends itself to being presented as a longitudinal curriculum, on top of pre-established patient-based curriculums
  - While multiple experts in each HEDI topic can be challenging to find and coordinate, various topics can be briefly addressed intermittently
    - This sparks discussion and recognition, especially if experienced faculty are already involved
- Utilize residents in teaching roles
  - Many expressed surprise at how relevant a given HEDI topic was to their otherwise "zebra" case presentation
  - Determining relevant HEDI topics allows them to think of HEDI in general
- It's not just residents who need to learn!
  - Find settings applicable to your system at large, particularly if clinical experts can add to discussion
- Anticipate need for flexibility in curriculum given changes in focus over time

# Conclusions

- The inclusion of HEDI topics into a multidisciplinary case conference series is a feasible way to improve awareness, knowledge, and comfort about health equity topics for pediatric residents.

- This can be easily adaptable to improve HEDI training across other institutions and pediatric residency programs.

Thank you!

# THE FIRST TEN MINUTES:
# EMERGENCY PREPAREDNESS IN THE OUTPATIENT PEDIATRIC OFFICE

Sujung Kim, MD & Brian Novi, DO
Pediatric Chief Residents
St. Christopher's Hospital for Children
APPD Chief Resident Grassroots Session
May 17, 2022

# OVERVIEW

01

## BACKGROUND

Needs assessment
Literature search

02

## METHODS

Set-up
Pre- and post-surveys

03

## OUTCOMES

Participant Characteristics
Clinical Scenarios & Skills

04

## LESSONS LEARNED

Conclusions
Next Steps

# BACKGROUND: NEEDS ASSESSMENT

Resident needs assessment:

- More simulation training
- More practice with handling emergency scenarios

Observation from clinic providers:

- Need for increased familiarity with location and use of emergency equipment in clinic

# BACKGROUND: LITERATURE

- Limited data in general on pediatric emergency preparedness, with most studies focused on established pediatricians
- Pendleton, Amber L., and Michelle D. Stevenson. “Outpatient Emergency Preparedness: A Survey of Pediatricians.” *Pediatric Emergency Care* (2015)
  - Cross-sectional survey of pediatric faculty at a medical school in a metropolitan area
  - General lack of comfort with various facets of emergency management, including use of equipment and awareness of policy guidelines
- Jackson, Jennifer. “Managing Pediatric Emergencies in the Outpatient Setting.” Wake Forest School of Medicine. *MedEdPORTAL* (2012)
  - Curriculum for trainees to learn how to manage pediatric emergencies in the outpatient setting
  - Subjective self-assessment by participating residents showed significant improvement in skills, and noted improvement by clinic faculty


Emergency
Medicine
THE FIRST TEN MINUTES:
EMERGENCY PREPAREDNESS
IN THE OUTPATIENT PEDIATRIC OFFICE
Medical
Education
Simulation

# OBJECTIVE

Utilize low-fidelity simulations of 8 common pediatric scenarios to prepare our pediatric trainees to triage children in need of acute care and begin appropriate treatment or escalate care.

# METHODS: SET-UP

- Simulation participants: Junior learners on their “Sick Clinic” rotation (Students, PGY-1s, and PGY-2s)
- Simulation leaders: Senior residents on their “Teach” rotation (PGY-3s)
- 1-2 times each academic block (1 month long)
- Simulation cases written by study authors: Lower respiratory tract illness, upper respiratory tract illness, febrile seizure, anaphylaxis, mental status change, severe dehydration

# METHODS: PRE- AND POST-SURVEYS

Extremely comfortable □□ Extremely uncomfortable

Medical Management for:

- Febrile seizure
- Respiratory distress
  - Upper airway
  - Lower airway
- Severe dehydration
- Unstable tachycardia
- Altered mental status
- Anaphylaxis
- Toxic, febrile infant

Clinical Skills:

- Position a child who is seizing
- Provide oxygen
- Administer albuterol treatment
- Use an automated external defibrillator (AED)
- Position a child after head trauma
- Administer Narcan
- Administer IM epinephrine

# OUTCOMES: PARTICIPANT CHARACTERISTICS

Table 1: Educational levels of simulation scenario participants

| | Participants in pre-survey, n (%) | Participants in post-survey, n (%) |
|---|---|---|
| Medical student | 3 (9.1%) | 4 (22.2%) |
| PGY-1 resident | 20 (60.6%) | 10 (55.6%) |
| PGY-2 resident | 10 (30.3%) | 4 (22.2%) |
| **Total** | **33 (100.0%)** | **18 (100.0%)** |

# OUTCOMES: CLINICAL SCENARIOS

Table 2: Percentage of participants reporting feeling somewhat or extremely comfortable with managing clinical scenarios, pre- vs post- simulation session

| | Pre-simulation, % (n)<br>Total n = 33 | Post-simulation, % (n)<br>Total n = 18 |
|---|---|---|
| Lower airway | 72.7% (24) | 77.8% (14) |
| Upper airway | 60.6% (20) | 55.6% (10) |
| Febrile seizure | 39.4% (13) | 55.6% (10) |
| Anaphylaxis | 39.4% (13) | 38.9% (7) |
| Mental status change | 18.2% (6) | 44.4% (8) |
| Severe dehydration | 48.5% (16) | 50.0% (9) |

# OUTCOMES: CLINICAL SKILLS

Table 3: Percentage of participants reporting feeling somewhat or extremely comfortable with related clinical skills, pre- vs post- simulation session

| | Pre-simulation, % (n) Total n = 33 | Post-simulation, % (n) Total n = 18 |
|---|---|---|
| Administer oxygen | 63.6% (21) | 72.2% (13) |
| Position a child who is seizing | 42.4% (14) | 55.6% (10) |
| Administer IM injection of epinephrine | 36.4% (12) | 66.7% (12) |
| Administer Narcan | 33.3% (11) | 38.9% (7) |
| Administer albuterol treatment | 66.7% (22) | 66.7% (12) |
| Provide positive pressure ventilation | 24.2% (8) | 22.2% (4) |

# OUTCOMES

- Comfort with participation in simulation scenarios increased from 45.5% to 77.8%
- Comfort receiving feedback on the cases increased from 84.8% to 94.4%

# LESSONS LEARNED: OVERALL CONCLUSIONS

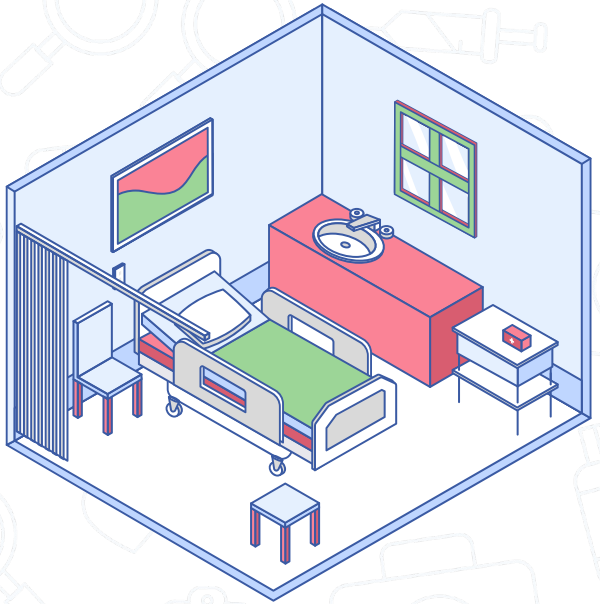
- Learners became more comfortable with emergency scenarios and use of equipment found in the outpatient scenarios
- Participation in the scenarios itself increased comfort levels with simulation sessions and receiving feedback

# LESSONS LEARNED: NEXT STEPS

- Ongoing data collection
- Statistical analyses to draw further conclusions
- Collection of objective data:
  - Skills test
  - Time to recognition of a clinically critical scenario
  - Time to initiation of management steps

# THANK YOU!

What questions do you have?



# Centering Equity in Pediatric Residency Programming:

# The Equity Chief

2022 APPD Chief Resident Grassroots Sessions

Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

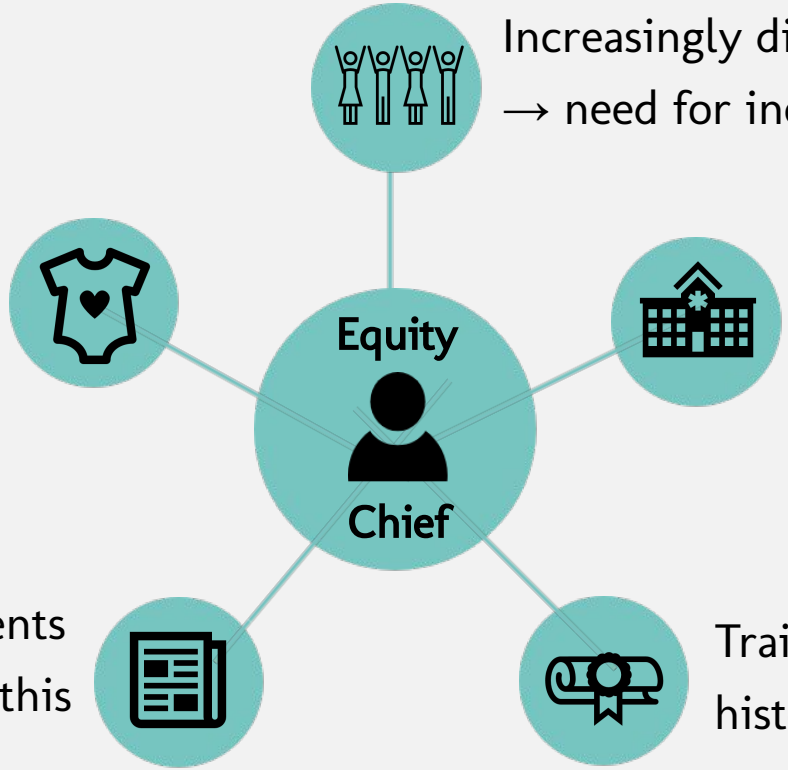
# Overview

- Background
- Roles of the Equity Chief
  - Learning Climate Reporting Tool
  - Equity as a Safety Checklist
  - Race-Based Affinity Groups
  - Responses to Current Events
- Lessons learned and next steps


Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

# Background: Need for Equity Chief




Increasingly diverse group of trainees
→ need for inclusive environment

Chief liaison with broader hospital EDI efforts

Trainees devoted to and with history of EDI work

Local and national events highlighting need for this work

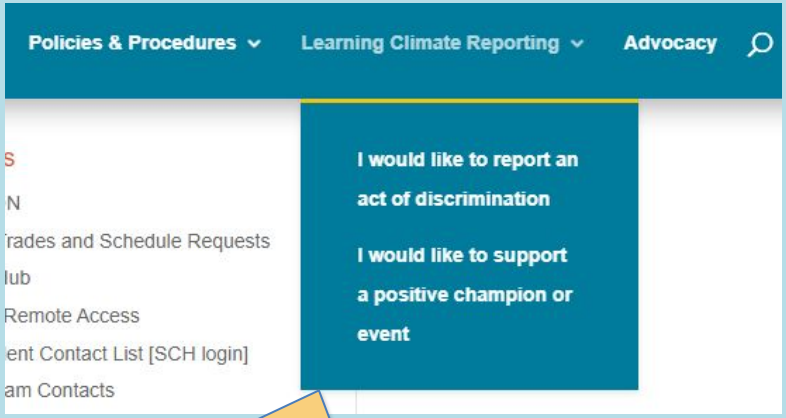
Passion for serving all patients and families

Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

# Learning Climate Reporting Tool

- Universal microaggressions training → need for tool to report
- Based on patient safety reporting system
  - Resident, GME, and risk management input
- Go-Live in October, 2021

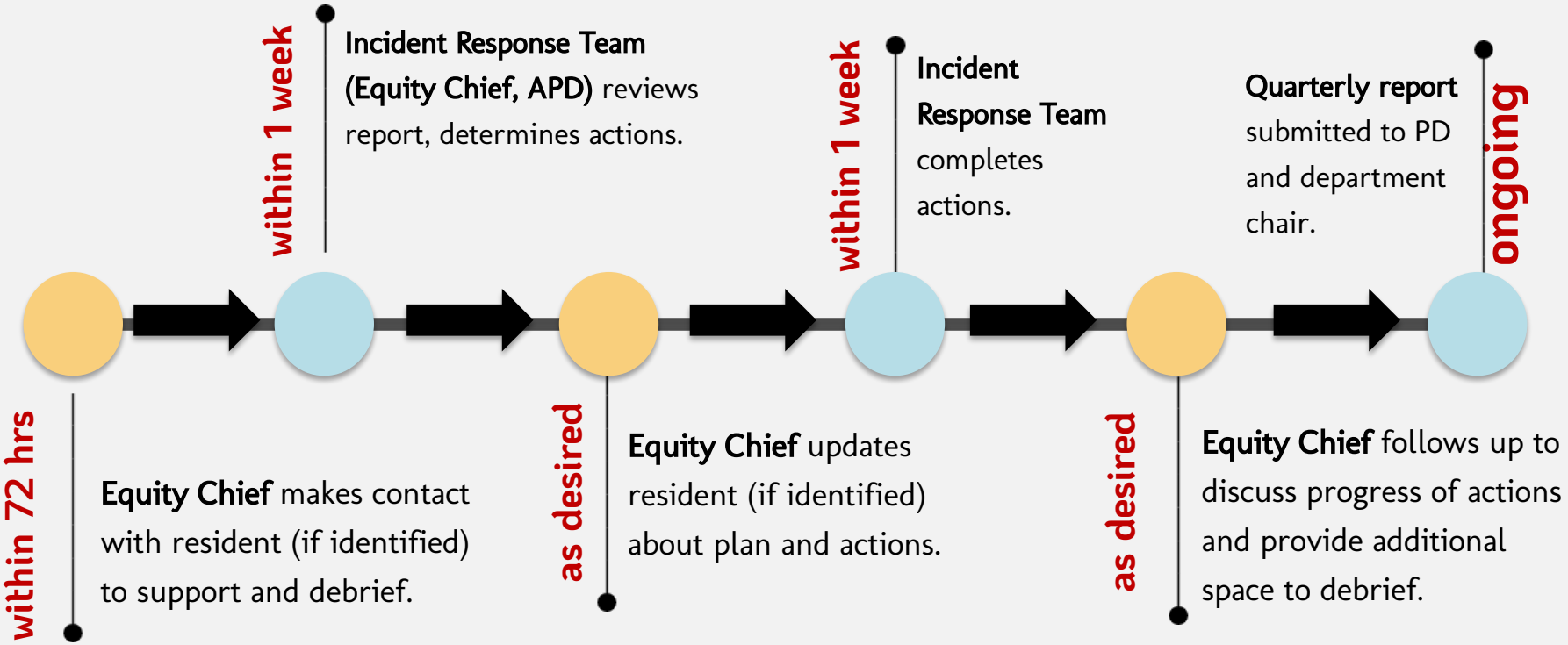



"This reporting system has been created for pediatric resident physicians at the University of Washington to report discrimination, microaggressions, overt acts of aggression, and other events impacting the inclusivity of our learning environment."

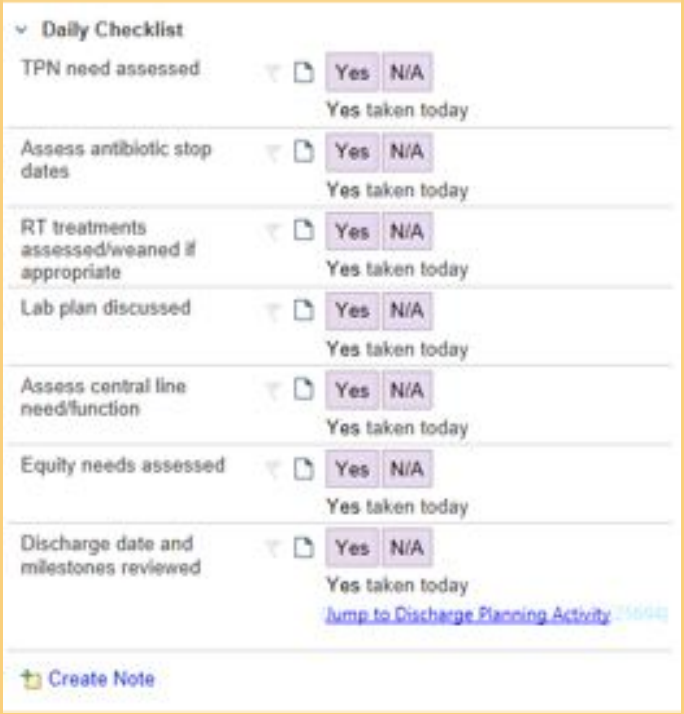
Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

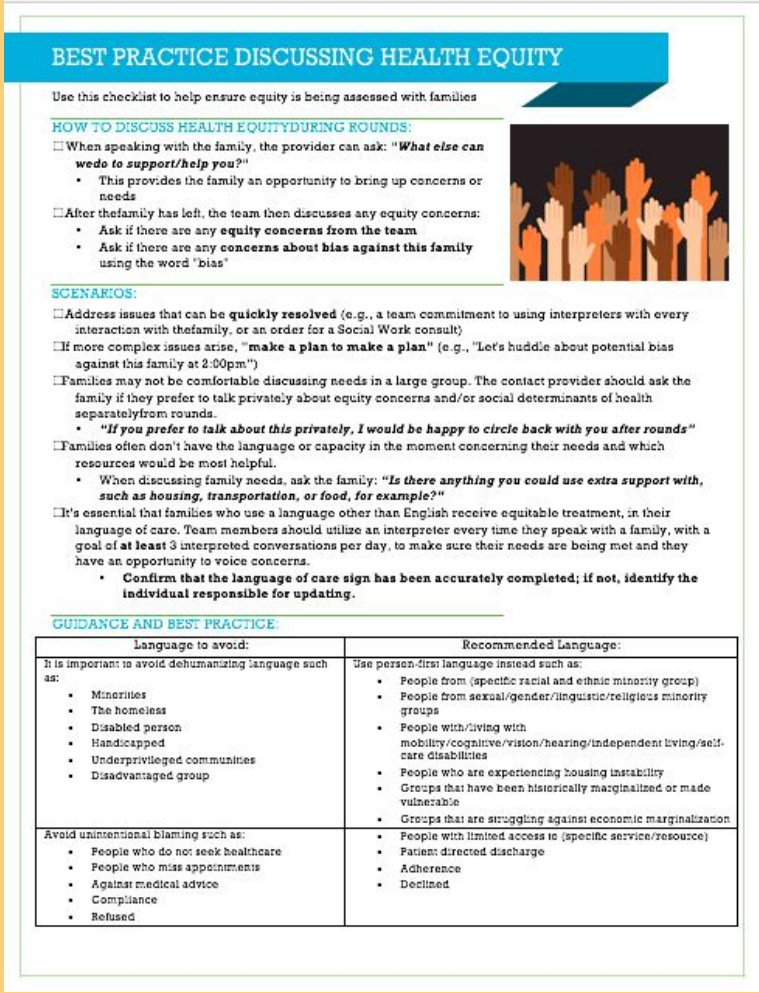
UW Medicine
UW SCHOOL OF MEDICINE

# When a report is submitted



# Equity as a Safety Checklist Item



## BEST PRACTICE DISCUSSING HEALTH EQUITY

Use this checklist to help ensure equity is being assessed with families

### HOW TO DISCUSS HEALTH EQUITYDURING ROUNDS:

☐When speaking with the family, the provider can ask: "***What else can wedo to support/help you?***"
- This provides the family an opportunity to bring up concerns or needs

☐After thefamily has left, the team then discusses any equity concerns:
- Ask if there are any **equity concerns from the team**
- Ask if there are any **concerns about bias against this family** using the word "bias"

### SCENARIOS:

☐Address issues that can be **quickly resolved** (e.g., a team commitment to using interpreters with every interaction with thefamily, or an order for a Social Work consult)

☐If more complex issues arise, "**make a plan to make a plan**" (e.g., "Let's huddle about potential bias against this family at 2:00pm")

☐Families may not be comfortable discussing needs in a large group. The contact provider should ask the family if they prefer to talk privately about equity concerns and/or social determinants of health separatelyfrom rounds.
- ***"If you prefer to talk about this privately, I would be happy to circle back with you after rounds"***

☐Families often don't have the language or capacity in the moment concerning their needs and which resources would be most helpful.
- When discussing family needs, ask the family: ***"Is there anything you could use extra support with, such as housing, transportation, or food, for example?"***

☐It's essential that families who use a language other than English receive equitable treatment, in their language of care. Team members should utilize an interpreter every time they speak with a family, with a goal of **at least** 3 interpreted conversations per day, to make sure their needs are being met and they have an opportunity to voice concerns.
- **Confirm that the language of care sign has been accurately completed; if not, identify the individual responsible for updating.**

### GUIDANCE AND BEST PRACTICE:

| Language to avoid: | Recommended Language: |
|---|---|
| It is important to avoid dehumanizing language such as:<br>• Minorities<br>• The homeless<br>• Disabled person<br>• Handicapped<br>• Underprivileged communities<br>• Disadvantaged group | Use person-first language instead such as:<br>• People from (specific racial and ethnic minority group)<br>• People from sexual/gender/linguistic/religious minority groups<br>• People with/living with mobility/cognitive/vision/hearing/independent living/self-care disabilities<br>• People who are experiencing housing instability<br>• Groups that have been historically marginalized or made vulnerable<br>• Groups that are struggling against economic marginalization |
| Avoid unintentional blaming such as:<br>• People who do not seek healthcare<br>• People who miss appointments<br>• Against medical advice<br>• Compliance<br>• Refused | • People with limited access to (specific service/resource)<br>• Patient directed discharge<br>• Adherence<br>• Declined |

Seattle Children's HOSPITAL · RESEARCH · FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

# Adding Equity as a Safety Checklist Item

### Pediatric Residents & Equity Chief

Equity Townhall
Residency Committee
EDI Curriculum Committee
Housestaff Meeting

### Community Members

Families participated in CDHE-led **focus groups** with chiefs to discuss current state and with CDHE to provide **feedback on process improvements**

### Center for Diversity & Health Equity (CDHE)

Equity Townhall findings review
**Coordinated focus groups** with patient families
Drafted **provider guide** and incorporated resident feedback

# Race-Based Affinity Groups


## Residency Diversity Committee

- Currently have active Latinx, AANHOPI, AIAN, and Black Caucuses, which have each held multiple funded community-building events
- DComm holding formal elections for 5 resident Caucus Directors, each with budgets through DComm


## Equity Chief Resident

- Opt-in self-identification survey sent to all residents to support creation of race-based affinity groups
- Creation of Ally Caucus by white chief residents – currently facilitated by chiefs, monthly meetings since February 2022

# Race-Based Affinity Groups

## AANHOPI Caucus Lunar New Year Party & Red Envelope Distribution

## Black Caucus Black Excellence Soiree


## Latinx Caucus Noche de Pelicula


Seattle Children's

UW Medicine
UW SCHOOL OF MEDICINE

# Responses to Current Events

Mar 2021 Atlanta Spa Shootings → AANHOPI Caucus Debrief

Sep 2021 Local Transphobic Protest → Resident Support, SCH Protest Response

Nov 2021 Rittenhouse Verdict → Black Caucus Debrief

1. Chief Email Announcement (Equity Chief)
2. Coverage request to Ally Caucus
3. Chiefs and caucus leads extend coverage offer to applicable residents
4. Designate and communicate debrief logistics

Seattle Children's HOSPITAL · RESEARCH · FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

## Rittenhouse Verdict

Poole, David
To **Pedsres**

Reply | Reply All | Forward | ...

Fri 11/19/2021 10:50 AM

Internal

You forwarded this message on 11/19/2021 11:31 AM.

Dear Residency Community,

We wanted to write to you all in response to the Kyle Rittenhouse verdict that came out moments ago. For context, last year in Kenosha, WI, Rusten Sheksey, a policeman, shot and paralyzed Jacob Blake, a Black man. This act of police brutality resulted in a Kenosha Black Lives Matter rally where Kyle Rittenhouse came from out of state, murdered two men, and injured a third. Today, the jury voted to clear Kyle Rittenhouse of all charges.

We are disappointed and heartbroken by this injustice as this verdict is another failure to the Black community. This verdict is in direct support of white supremacy, which we cannot accept. We know that our residency community holds antiracism and equity at the core of all we do, and even in times where the country does not live up to these ideals, we will continue to fight for racial equality and work towards a society that values Black lives and holds white supremacists accountable for their actions. We also want to lift the voices and experiences of Black, Indigenous, and people of color during these times of social injustice.

We understand many people will have different reactions to today's events. For however you process this, know that the chiefs are here to support you however we can. Your chiefs will be in the GME office all day and we are also all available by phone or text. Our affinity group leaders will be reaching out to their groups, and we want to support our resident communities who are most affected by this injustice, whether that support looks like debriefing, having time and space, or whatever else might be helpful.

In solidarity,

Chiefs + GME

Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

Hi David,

Thanks for sending this. I am doing interviews from 1:45-3:45 but otherwise am available to cover from now until sign out.

Hey David,

Thanks for emailing. I could cover 4 -sign out.

Hello Residents,

Moments ago we sent out an email in response to the Kyle Rittenhouse verdict. In that email one of our actionable items for our resident communities most affected by this verdict was to provide coverage for them to take space to process what occurred today. I am emailing all residents who do not identify as a person of color to ask for volunteers who would volunteer to cover a co-resident who needs to leave clinical duties. I understand some of you may be on leave, out of state, or currently working.
If you are available and would like to volunteer for coverage, please email me which times from the list below that you could cover:

- Now - sign-out
- 5pm - sign-out
- Night shift

Best,

David Poole, MD
Pronouns | he, him, his

Hi David,

Thanks for your email. I'm on a resource 24 but if it's helpful to sign teams out earlier/hold pagers earlier, I'm happy to help.

Hi David!

I could fill in from now(ish) to sign out. Let me know if I'm needed!

Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

# Partnering with Hospital and Center for Diversity and Health Equity (CDHE)

- Morning meetings with CDHE consult team
- Transphobic protest response
- Equity Checklist (family focus groups)
- Hospital-wide focus on compensation for EDI leaders
  - Chiefs able to secure resident EDI leader compensation

*Center for Diversity and Health Equity Directors from left to right, Alicia Adiele, Kendra Liljenquist and Brian Saelens.*

Seattle Children's HOSPITAL · RESEARCH · FOUNDATION

UW Medicine
UW SCHOOL OF MEDICINE

# Lessons Learned

- Having protected time for equity chief role has facilitated centering equity in our work and in the residency program
- Commitment to equity requires input and coordination from all chiefs
- Change is slow
- This work requires resident support, *and* when this role works residents feel supported

# Questions?

# Family Matters: The Impact of Letters of Support from Friends, Family, and Faculty Members on Pediatric Residents

Matthew Sattler, MD [1, 2]

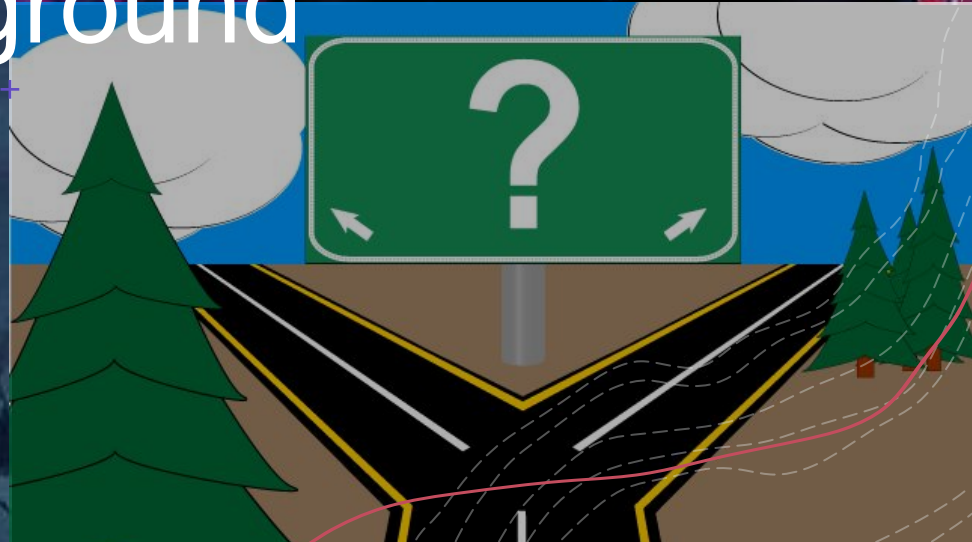
Vaibhav Bhamidipati, MD [1, 2]

Adam Wolfe, MD, PhD [1, 3, 4]

[1]Baylor College of Medicine – Children's Hospital of San Antonio
[2] Chief Resident
[3] Division of Pediatric Hematology/Oncology
[4] Associate Program Director, Pediatric Residency Program

# Background



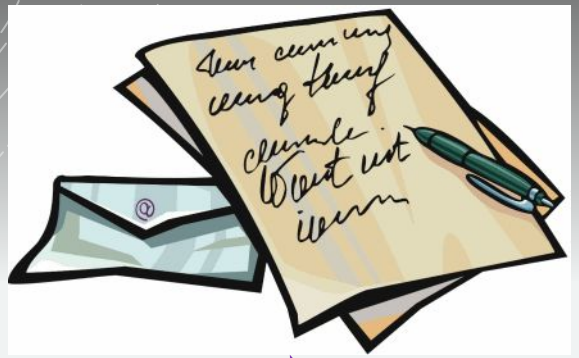


# Our Goals

Improve resident morale

Demonstrate concern for residents

# The Idea



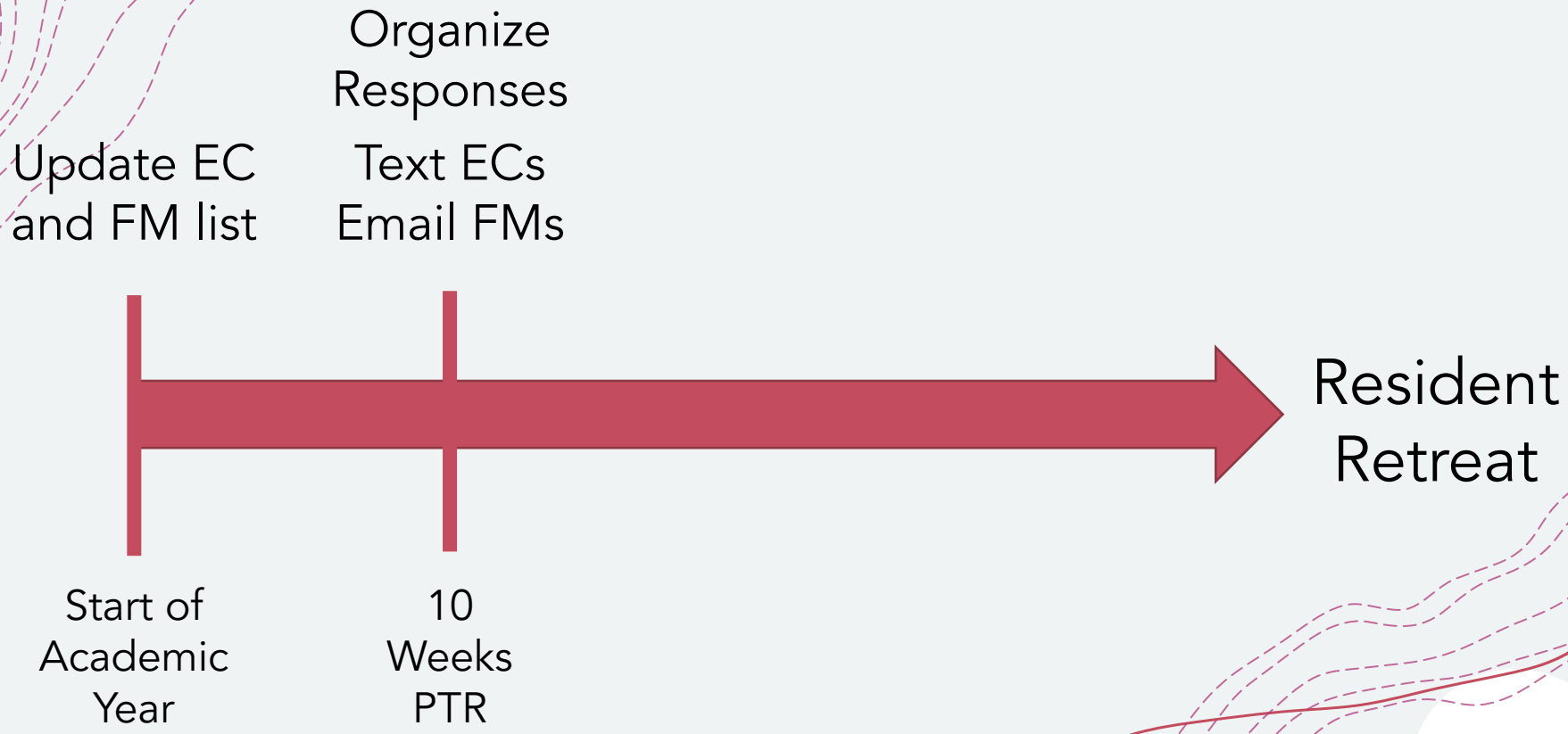
PubMed.gov

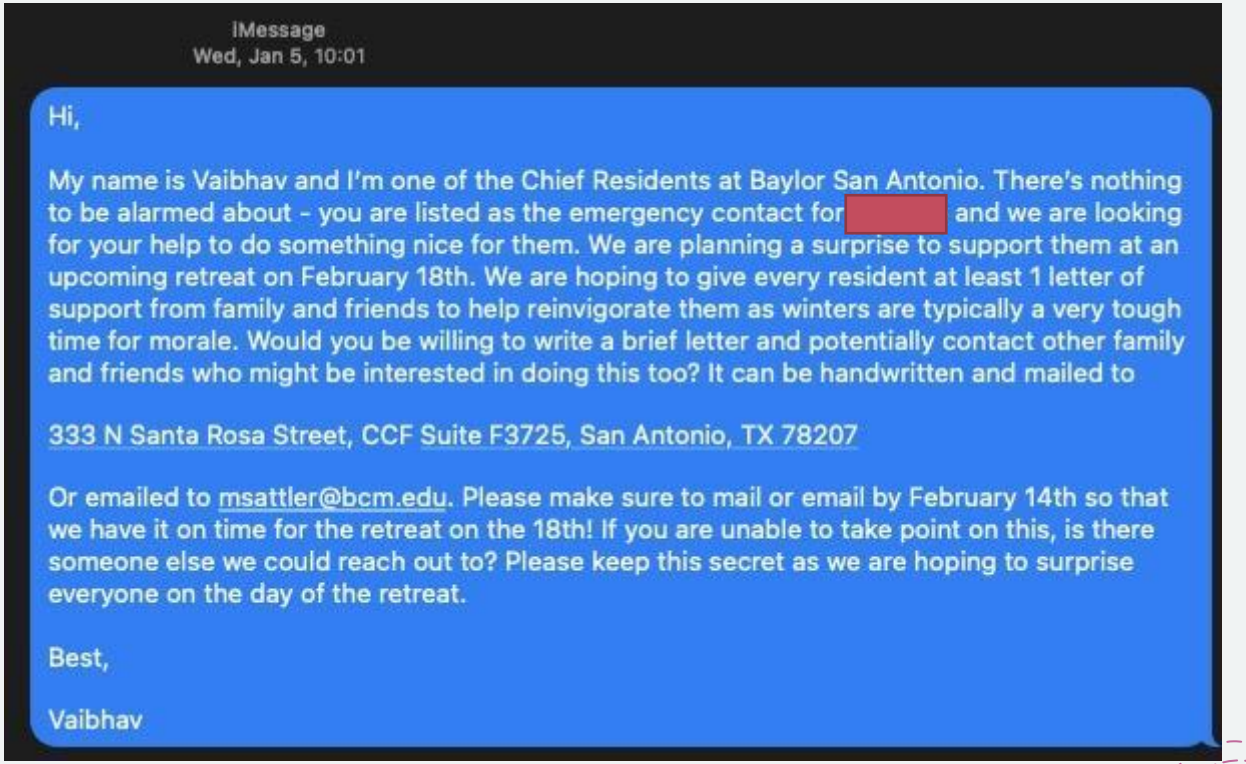
Google

Quick Start Guide for Residency Retreats
CORD Phoenix 2015
Mark Clark

The following includes some information and tools to help you get a retreat program up and running at your residency or to enhance the one you already have.

# Methods


Update EC and FM list
Organize Responses
Text ECs Email FMs
Resident Retreat
Start of Academic Year
10 Weeks PTR


IMessage
Wed, Jan 5, 10:01
Hi,
My name is Vaibhav and I'm one of the Chief Residents at Baylor San Antonio. There's nothing to be alarmed about - you are listed as the emergency contact for [redacted] and we are looking for your help to do something nice for them. We are planning a surprise to support them at an upcoming retreat on February 18th. We are hoping to give every resident at least 1 letter of support from family and friends to help reinvigorate them as winters are typically a very tough time for morale. Would you be willing to write a brief letter and potentially contact other family and friends who might be interested in doing this too? It can be handwritten and mailed to
333 N Santa Rosa Street, CCF Suite F3725, San Antonio, TX 78207
Or emailed to msattler@bcm.edu. Please make sure to mail or email by February 14th so that we have it on time for the retreat on the 18th! If you are unable to take point on this, is there someone else we could reach out to? Please keep this secret as we are hoping to surprise everyone on the day of the retreat.
Best,
Vaibhav

Perfect! You should be receiving at least 4, I hope 🤞. This is really a great idea. Thank you for doing this for all of them!!

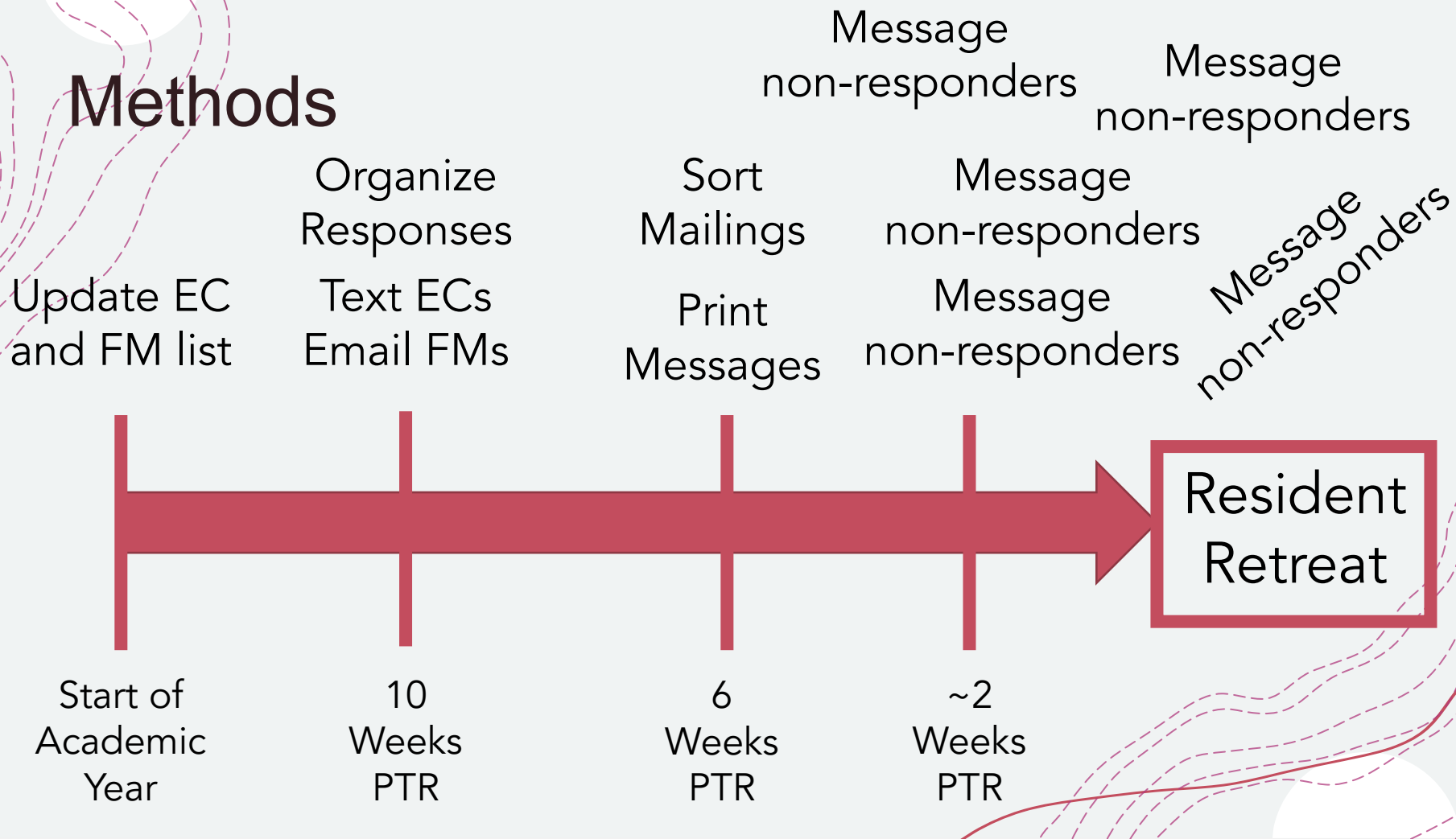
I would be happy to take point on this and will definitely share with family and friends. Thank you for looking out for [redacted] and all the residents in the program!

I'd be more than happy to help! Thanks for letting me know about this.

Hi Vaihbav, I just mailed an envelope with letters and pictures to you. Pls let me know when you receive it. Thanks so much for taking care of the residents. They will be so surprised and appreciate your caring.

Vaibhav,
That is such a nice thing to do. I know she is just finishing a very hard rotation and filling in for sick peers. Luckily, she has a great team player! It will be our pleasure to send in some letters and words of affirmation for her. Thank you for spearheading such a thoughtful project.

# Methods


Update EC and FM list
Organize Responses
Text ECs Email FMs
Sort Mailings
Print Messages
Message non-responders
Message non-responders
Message non-responders
Message non-responders
Message non-responders
Resident Retreat
Start of Academic Year
10 Weeks PTR
6 Weeks PTR
~2 Weeks PTR

# Results

## Unanimous participation
(38/38)

## 211 EC Letters
(mean 5.6, range 1-18)

## 39 FM Letters
(mean 1.0, range 1-2)

# Resident Response

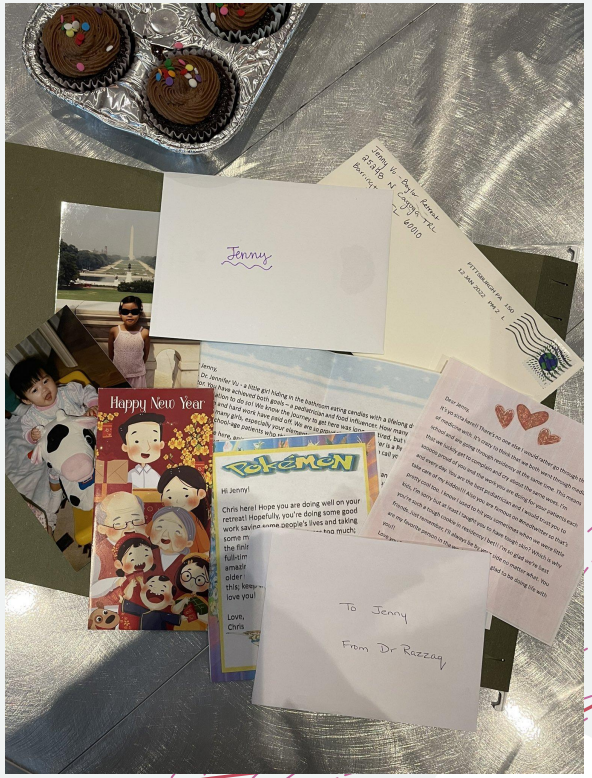
**Jenny Vu, MD**
@JennyVuMD

I never understood why reality contestants cried getting letters from loved ones until now.Thank you @BCMPedsSA chiefs @Matt_Sattler & @DrBhamidipati for reaching out to all 39 resident's loved ones for letters and surprising us at our retreat! I've never cried harder! :')

**Jenny Vu, MD**
@JennyVuMD

PS they told us this was a folder with all of our evaluations and we all thought we were about to be WRECKED.

7:21 PM · Feb 18, 2022 · Twitter for iPhone



# Resident Response

| |
|---|
| 19/38 responded to free response survey (51%) |
| 11/18 (50%) used the word “thoughtful” |
| 8/18 (42%) reported “crying tears of joy” |
| 6/18 (32%) said they were “surprised” |
| 4/18 (21%) described the intervention as “amazing” |

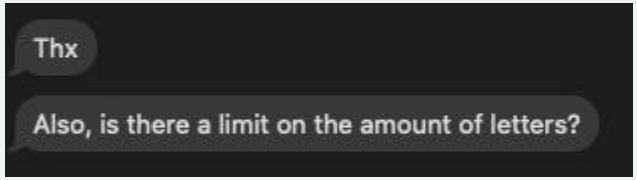
# Ingredients for Implementation

EMERGENCY CONTACTS

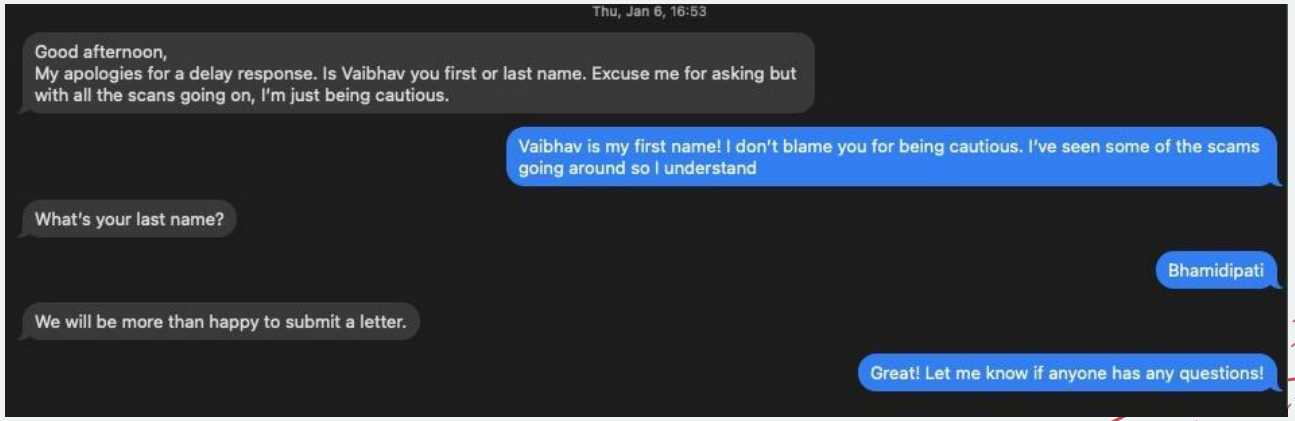
ACCESS TO COLOR PRINTER

TIME

# Lessons Learned




+ Collect emails of emergency contacts up front
+ Update contacts regularly
+ Contact early and often
+ Anticipate an overwhelming response



# Questions?

Association of Pediatric Program Directors

# Apply to join the APPD's Chief Resident Executive Committee for 2022-2024 using the QR code below!

Association of Pediatric Program Directors

# Tell us what you would like to see from the APPD CREC next year!