



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

**Associate Program Directors
Guidebook**

October 31, 2022

Dear Associate Program Directors,

The Associate Program Director's (APD) Executive Committee of the APPD is providing a revised update to the APD Handbook as a resource to support your continued work as an associate program director. We strive to provide content to assist with your varied educational, academic, and administrative responsibilities. Please feel free to reach out to the APD Executive Committee with feedback, suggestions, and/or additions to future versions of the handbook.

Sincerely,

APPD APD Executive Committee

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Getting to Know the Association of Pediatric Program Directors (APPD)

Welcome to your role as an Associate Program Director and to your membership in APPD! The organization seeks to support pediatric program leadership in their educational and academic roles through national meetings, professional development courses, and learning communities. We encourage sharing of best practices, mentorship, and collaboration as we build strong programs to train the next generation of pediatricians and pediatric subspecialists. Further information about resources, meetings, and scholarship can be viewed on [the APPD website](#).

The role of the [APD Executive Committee](#):

We represent you and the best interests of Associate Program Directors by facilitating communication between section members and the APPD Board and Management, developing recommendations to align member needs with the APPD strategic plan, and organizing content for members at the fall and spring meetings. Feedback from you helps us plan programming, develop resources, and advocate for APDs. Please reach out through [APPD Connect](#) or via email. Please consider applying for the Executive Committee!

Important Resources:

APPD Meetings:

Fall Meeting: A meeting with content geared towards new program leaders, the [Fall Meeting](#) is a great place to network with current members, find mentorship from experienced directors, and learn the details of program director roles. A session specific to APDs is led by the APD Executive Committee.

Spring Meeting: This [conference](#) provides a broad range of information and activities to keep members up to date on current requirements, promote new scholarship and best practices, encourage collaboration and mentorship, and support the professional development of program leaders. Highlights include:

- **APD Section Specific Session**: Led by the APD Executive Committee, the content is APD-specific and highlights the great work being done by APDs across the country. An interactive session to ask questions, share challenges, and meet colleagues.
- **Table to Able Session**: Round table discussions on various topics lead by experienced APPD members. Very interactive and an excellent way to share experiences in a smaller group.
- **Enhanced Learning Sessions (ELS)**: “Workshop” sessions delivered by teams to describe best practices, innovative strategies, or new solutions to common problems. Most sessions have “take home” materials for implementation and adaptation at your home program.
- **Regional lunch**: Team lunch with leaders from your region. A good opportunity to collaborate locally and develop shared strategies.

Learning Communities (LC): A group of APPD members who share learning interests and communicate regularly to collaborate on projects. These communities serve as a platform for scholarly activity, shared models, and promotion of best practices. Learning Communities provide an excellent opportunity to get involved with other program leaders who share similar passions and goals in different areas of medical education and program leadership. Up to date descriptions are found on the website and communication and updates within each LC are simplified through [APPD Connect](#).

Current [Learning Communities](#):

- Assessment
- Behavioral and Mental Health
- Community Health and Advocacy Training
- Curriculum
- Faculty and Professional Development
- Healthcare Simulation in Pediatrics
- Educational Technology
- LGBTQA+
- Pediatric Global Health Educators
- Research and Scholarship
- Underrepresented in Medicine

Grants/Special Projects: Provides financial support for projects that further the APPD's mission and strategic plan. The APPD may grant up to \$10,000 per selected project. The Board of Directors will determine the funds available for this program annually. The number of awards will be dependent on the funds available and the size of the grant requests of the selected projects. Proposals are due each January. For more information, visit [Special Projects](#)

Get Involved!

- Join LCs! (open to everyone, as much commitment as you desire)
- Present an ELS! (proposals typically due late fall, prior to the Spring Meeting)
- Present at the APD section meeting!
- Attend networking events and meet your amazing colleagues!
- Consider APPD-sponsored mentoring events to connect with a mentor outside your institution!

A Year in the Life of an APD

The APD role is energizing and fast-paced and at times can feel overwhelming. It is helpful to have an explicit job description. If you do not, discuss this with your PD. Although some of the work in program leadership is unpredictable, the academic year has several standard deadlines and cycles that form a reliable schedule that can be followed with some advanced planning and preparation. Below is a list of common priorities for an APD in the academic year.

June-August

This is a time of transition as new interns start and seniors take on new supervisory roles. It is an invigorating time for program leadership to set priorities and establish goals for the year.

Priorities:

1. Meet with your program director and/or program leadership team to discuss a shared vision / goals for the academic year.
2. Orient learners to new roles and expectations. Intern orientation in mid-June is a helpful time to reset program expectations and start new processes. Consider how orientation structures can be used to help 2nd, 3rd and chief residents to their new roles. Consider how orientation sessions and interactions can help set the foundation for how your program approaches equity, diversity, and inclusion as a team.
3. Complete a Program Evaluation Committee (PEC) meeting in August to review program performance and create an action plan to prepare for Annual Program Evaluation and WebADS (Web-based Accreditation Data System) updates. Web ADS is a web-based software system that contains critical accreditation data for all Sponsoring Institutions and programs.
4. Establish a program calendar for the year:
 - a. Finalize a PEC schedule for the year to support faculty attendance.
 - b. Schedule Clinical Competency Committee (CCC) meetings to support timely semi-annual Milestone reporting.
 - c. Establish a program leader meeting schedule. Plan a time to meet with the whole team (including chiefs, coordinators) and/or individually with the program director, vice chair and/or chair (depending on your institution) to maintain clear communication about roles/expectations and your professional growth.
 - d. Plan and finalize important program dates for the year, when feasible (holiday schedules, retreats, department research days, graduation, orientation) to ensure faculty and clinical staff have enough time to adjust clinical calendars to support program needs.
5. Support the new chief(s) transitions- be available for questions and check-in's.
6. Administer In-Training Exam (ITE) to residents.

September – December

Recruitment season is a very busy time for program leadership and coordinators. Planning for your fall clinical and administrative time can help ease some of the schedule conflicts and time commitment of recruitment.

Priorities:

1. Plan logistics for recruitment with the leadership team to have a clear strategy and expectations for team members. Applicant review, faculty development for applicant review / interview days, recruitment materials/website & social media updates, involvement and preparation of residents, and ERAS fundamentals should be well defined prior to starting the recruitment season.
2. Prepare for and complete PEC and CCC meetings.
3. Schedule and complete semi-annual evaluations for your residents.
4. Attend the APPD Fall meeting – September/October.
5. Submit ELS workshop proposals to APPD in November (through early-December) and poster abstracts in December (through early-January).

January – March

The end of interview season is often a welcome break for program leadership and frees up space on many calendars. Many APDs find this time is useful for completing other projects or professional development as the program needs can be less intense than other times of the year. During this time, many programs experience increased clinical work, and it can be a period of increased stress and burn-out for residents, faculty, and staff. Preparing to provide additional resilience activities and individual support for trainees, the team, and yourself is key to navigating the winter in pediatrics.

Priorities:

1. Review interviewed applicants, prepare and certify a rank list for submission to the National Residency Matching Program (NRMP). Utilize the NRMP Match calendar to meet deadlines for submission. (January-February)
2. Finalize individual resident milestone data for submission to the ACGME. (January)
3. Submit QI/Research abstracts to APPD (January).
4. Prepare for and track completion of the ACGME resident and faculty surveys. (February)
5. Celebrate with a Match Week party! (March)
6. Utilize spring PEC meetings to discuss schedule changes and curriculum updates for the next academic year.

April – June

Spring often brings a new excitement to the program as you welcome a new class and celebrate program graduates.

Priorities:

1. Finalize resident schedules for the next academic year.
2. Attend the APPD Annual Spring Meeting to collaborate with colleagues, share new experiences and plan for future innovations.
3. Schedule your end-of-year CCC meeting to complete milestone reviews to allow for semi-annual reviews and Milestone reporting prior to graduation.
4. Schedule an end-of-year PEC to review program information, ACGME survey results, and develop your Annual Program Evaluation document.
5. Submit individual resident milestone data to the ACGME (June).
6. Finalize plans for new resident orientation.
7. Acknowledge the work of coordinators, chiefs, and the leadership team. Consider a team retreat or gathering to say thank you and celebrate your work.
8. Celebrate the accomplishments of your graduates, faculty, and current residents.

Recruitment Success:

Recruitment of medical students, residents, and fellows has shifted significantly in recent years as programs adjust to virtual platforms and holistic reviews to support equity and promote learners finding programs that match their career goals and learning environment. APDs often have a large role in the recruitment process from reviewing applications, structuring the interview day, supporting resident participation, and conducting interviews. Included are a few tips and tricks to support a positive recruitment season.

1. Utilize resources: Stay updated on current recommendations
National organizations, including APPD, collaborate to provide shared expectations for recruitment season. In addition to national recommendations, maintain close communications with your local GME office and department leadership for institutional guidelines. Current recruitment resources from APPD are available on the [APPD website](#).
2. Interview boundaries: know what not to ask
Avoid questions which might violate the NRMP's Match Communication Code of Conduct:
 - a. Federal law prohibits making employment decisions on basis of race, sex, age, religion, national origin, or disability. This also applies to discrimination based on pregnancy and child rearing plans. In some states it is also illegal to discriminate based on sexual orientation and gender identity.
 - b. NRMP prohibits programs from asking about other programs applied to including names of programs, specialties, and geographic location. Also, do not ask about marital status, number of children, plans for children, or FMLA.
 - c. Follow guidance for post-interview communication and second looks to avoid conflicts.
3. Prepare the faculty:
 - a. Offer training sessions for interviewers: describe the interview day and expectations, cover prohibited questions, how to mitigate bias, and provide a tip sheet about the program for interviewers to refer to when asked questions by applicants.
 - b. Provide sample questions for interviewers: sample questions incorporating behavioral interviewing techniques can assess for the specific behaviors or traits you are seeking in applicants.
 - c. Address microaggressions: train faculty and program leadership to recognize and reduce bias and microaggressions during the recruitment process.
4. Listen to feedback:
 - a. Seek resident input: engage them in the planning for interview days, encourage active participation, and collect feedback on all applicants.
 - b. Utilize coordinator instincts: coordinators engage with applicants throughout the process and often see professionalism behaviors, organization and communication skills that may not be as prevalent on interview day.

5. Embrace diversity: Update protocols to reduce bias in selection by removing photos and/or other identifying demographic information. Include members of your Diversity Committee in the applicant review, interview, and rank process. Be open to feedback and changes to support a more equitable process for applicants.

Writing Letters of Recommendation

As an APD, you are often asked to provide letters for students, residents, and fellows for the next steps in their training or professional careers. Letters that incorporate your experiences as a clinical supervisor and as a program leader are informative for programs and potential employers.

Step 1: Consider whether you can write a strong letter

- Did you work with the learner long enough to comment fairly on his/her performance? If not, consider teaming up with other attendings to gain more insight.
- If performance issues are a consideration, seek guidance from program leaders about letter content.

Step 2: Gather more information

- Understanding a learner's full application helps you provide a stronger letter. Consider a brief in-person meeting, if needed, particularly if there is a gap between when you work with the person and when you will write the letter.
- Request the following:
 - Any standard form required for submission
 - Residency or accredited fellowship applicants: The ERAS form is required to reference the AAMC ID number to include in the letter.
 - CV
 - Provides context of the learner's professional and extracurricular activities.
 - Personal statement, if available
 - A great way to get to know the learner on a more personal level.
 - Allows you to mentor by offering to read and suggest edits.
 - A few notable clinical scenarios where you worked together to jog your memory.
 - It can be hard to remember later!
 - Allows you to add a meaningful anecdote to your letter: keep general without any patient identifiers

Step 3: Write the letter

- Anatomy of a letter of recommendation
 - Date
 - Salutations – personalize whenever possible

- Opening paragraph - For ERAS, include AAMC ID and review waiver statement, include statement regarding how well you know the learner and in what context.
- Second paragraph: General comments – be specific! Utilize Milestone language as an objective framework so the letter focuses on knowledge, skills, attitudes. When possible, include other faculty comments and/or include a deidentified patient story.
- Third paragraph: Highlight the person: outstanding items from CV, noteworthy skillset, personal characteristics that makes the learner a strong candidate. Be cognizant of potential bias when describing personal characteristics. Use a consistent way of referring to all trainees “Dr. So and So” usually preferred over first name. Beware of not changing this identifier based on gender or other demographic characteristics.
- Final summary and recommendation:
- Closing: include signature, name with credentials, roles/titles, division and hospital/university, office number and/or email address. Try not to have your final signature be longer than the letter content! (especially if it is included in the letterhead).

A good goal to keep the letter to a page – think of how happy you are to read strong, but brief letters!

Step 4: Review and submit

- After you have completed the letter, review for errors and place on official letterhead

Step 5: Tell the learner you submitted the letter

- Remember how stressful it was to wait and not want to be bothersome!

Remediation and Feedback

Residents are evaluated using the ACGME six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Feedback on the competencies supports resident goal-setting to improve knowledge, skills, and attitudes essential for independent practice.

Estimates regarding the prevalence of struggling trainees in medical education are reported at approximately 10%. In one survey of program directors, approximately 75% reported having residents in difficulty.¹ Learners in medical education underperform for a variety of reasons. Be particularly aware of how stereotype threat or lack of inclusion / belonging may contribute for those who are underrepresented in medicine, or from another country. Most learners do not require remediation, however those that do need additional program resources and time from leadership and faculty. Identifying residents with performance gaps early and noting specific deficiencies is key to improvement. Limited evidence and lack of standardization regarding best practices exist for remediation for trainees, especially specific to pediatrics. Some helpful tips for building a remediation program are available.²⁻³

Remediation begins with the identification of specific deficiencies in the medical trainee. Deficiencies can be mapped to the six core competencies listed above and/or additionally include:

- Clinical reasoning and organization
- Lack of inclusion/ support for sense of belonging
- Lack of motivation or poor insight
- Substance abuse
- Mental illness
- Learning disability
- Sleep deprivation
- Difficulty functioning within the current system

Additional strategies directed towards the specific deficiencies include:

- Utilizing assessment tools (PREP, Pedialink)
- Providing case-based reviews
- Utilizing professionalism resources⁴
- Conducting direct observation with timely feedback on performance
- Structuring one-on-one coaching/mentoring
- Simulation practice for specific skills
- Simulated patients and/or video review of patient encounters
- Providing wellness and sleep hygiene resources
- Supporting behavioral health intervention

Remediation policies/procedures are necessary to ensure due process and clear expectations for the trainee. Aligning the process with institutional requirements, involving

GME and legal representatives, and having a designated mentor for the trainee are key components of the process.

Remediation documentation should include:

1. An outline of the remediation process with specific learning goals identified. Utilizing a SMART goals framework with connection to the ACGME competencies is helpful.
2. Supporting documentation regarding the need for remediation, including specific evaluations and program documentation.
3. Clear delineation of the consequences of unsuccessful remediation, including the possibility of termination. The potential legal implications of remediation are often overlooked so aligning with institutional policies / procedures is essential.

Maintain documentation of all communications with the trainee, faculty, DIO/GMEC, and the institution.

References:

1. Dupras DM, Edson RS, Halvorsen AJ, Hopkins RH Jr, McDonald FS. "Problem residents": prevalence, problems and remediation in the era of core competencies. *Am J Med.* 2012 Apr;125(4):421-5. doi: 10.1016/j.amjmed.2011.12.008. PMID: 22444106.
2. Kalet A, Guerrasio J, Chou CL. Twelve tips for developing and maintaining a remediation program in medical education. *Med Teach.* 2016 Aug;38(8):787-92. doi: 10.3109/0142159X.2016.1150983. Epub 2016 Apr 6. PMID: 27049798.
3. Ellaway RH, Chou CL, Kalet AL. Situating Remediation: Accommodating Success and Failure in Medical Education Systems. *Acad Med.* 2018 Mar;93(3):391-398. doi: 10.1097/ACM.0000000000001855. PMID: 28767496
4. American Board of Pediatrics. Education and Training Committee. Teaching, Promoting and Assessing Professionalism Across the Continuum: A Medical Educator's Guide. <https://www.abp.org/sites/abp/files/pdf/professionalism.pdf>

Additional Resources:

- Chou CL, Kalet A, Costa MJ, Cleland J, Winston K. Guidelines: The dos, don'ts and don't knows of remediation in medical education. *Perspect Med Educ.* 2019 Dec;8(6):322-338. doi: 10.1007/s40037-019-00544-5. PMID: 31696439; PMCID: PMC6904411
- Ridinger H, Cvengros J, Gunn J, Tanaka P, Rencic J, Tekian A, Park YS. Struggling Medical Learners: A Competency-Based Approach to Improving Performance. *MedEdPORTAL.* 2018 Aug 15;14:10739. doi: 10.15766/mep_2374-8265.10739. PMID: 30800939; PMCID: PMC6342379.
- Lacasse M, Audétat MC, Boileau É, Caire Fon N, Dufour MH, Laferrière MC, Lafleur A, La Rue É, Lee S, Nendaz M, Paquette Raynard E, Simard C, Steinert Y, Théorêt J. Interventions for undergraduate and postgraduate medical learners with academic difficulties: A BEME systematic review: BEME Guide No. 56. *Med Teach.* 2019 Sep;41(9):981-1001. doi: 10.1080/0142159X.2019.1596239. Epub 2019 May 12. PMID: 31081426.

Developing a Curriculum Vitae and Education Portfolio

Curriculum Vitae (CV)

- Formatting Matters (your institution may have specific CV requirements)
 - Use headings to your advantage
 - 12-point Arial or Times New Roman
 - Clear layout with enough white space margins
 - Avoid large chunks of text, use bullet points, ensure no spelling mistakes
 - Be consistent with listing content in chronological or reverse chronological order
 - Do not be afraid to pare down content
- Keep your CV up to date
 - Make an effort to update your CV with your activities in real time/ on a regular basis
 - Make a folder to keep track of activities that can be added to your CV
 - Save updated versions of your CV with the appropriate date
- Categories
 - Your full legal name and current contact information
 - Education and Post Graduate Training
 - Certification and licensure (including board certification)
 - Academic Appointment
 - Honors and Awards
 - Professional Society Memberships
 - Leadership Positions
 - Service Experiences (e.g. hospital committees, professional activities such as abstract reviewer for APPD, volunteerism)
 - Educational Activities (e.g. teaching and mentorship activities, workshops at local, regional or national meetings)
 - Research Activities (e.g., grants, publications, abstracts presentations and posters)
 - Example: Global Health or Primary Care Pathway activities, Lobby Day in Columbus
 - Professional society memberships

Educators Portfolio (EP)

Developing an EP is essential for APDs. It allows you to document the excellent work that you do in education and will be important for career development, as well as advancing promotion and tenure. The Academic Pediatric Association Educational

Scholars Program Educator's Portfolio template is a wonderful resource and can be accessed through [MedEdPORTAL](#). (sign up is quick, free of charge).

- Key components of an EP
 - Education Titles/ Roles
 - Career Goals
 - Direct Teaching Activities
 - Curriculum Development Activities
 - Mentoring and Advising Activities
 - Products of Educational Scholarship

Platforms for Disseminating Scholarship

Peer-Reviewed Portals:

[APPD LESSON](#) (Longitudinal Educational Software Solutions and Outcomes Network)
Virtual, web-based repository for meaningful educational materials to advance exemplary pediatric education through the assistance of educational technology, outcome-based curriculum development, and learner assessment.

[MedEdPORTAL](#)

A free, peer-reviewed, health education teaching and assessment resources publication service provided by the Association of American Medical Colleges in partnership with the American Dental Education Association. MedEdPORTAL is now included in MEDLINE and will be searchable in PubMed.

See chart below and ([this link](#)) for journals to consider for educational scholarship.

Journals Appropriate for Educational Scholarship:

| Journal | Types of Submissions |
|---------------------|--|
| Academic Pediatrics | <p><u>View from the APPD:</u> One article per issue with separate peer review process. Can be focused on scholarly innovations.</p> <p><u>Brief Reports:</u> Interesting new ideas or innovations in pediatric medicine, health services, and medical education.</p> <p><u>Scholarly Innovations:</u> Place to report on projects related to teaching activities, curricular interventions, learner assessment, advising and mentoring and program evaluation that have been implemented in the last two years.</p> <p><u>Articles on Educational Research:</u> Articles describing educational interventions should reports outcomes that include changes in observed behavior or other higher order outcomes (not reactions or change in knowledge).</p> |
| Academic Medicine | <p><u>Innovation Reports:</u> Meant to report on innovative pilots or early stage initiatives that lay the ground work for larger scale problems. Work must have significant implications.</p> |

| | |
|---------------------------------------|--|
| Journal of Graduate Medical Education | <p><u>Educational Innovation:</u> Reports on new approaches or strategies within GME that have been implemented and assessed.</p> <p><u>Brief Report:</u> Summary of a new innovation that has been piloted.</p> |
| Medical Education | <p><u>Really Good Stuff:</u> Dissemination of descriptions of exciting new ideas in a variety of areas including curriculum design, teaching practice, assessment or evaluation and attempts at program or curriculum change.</p> |
| Teaching and Learning in Medicine | <p><u>Educational Case Reports:</u> Detailed reflections on educational innovations. These articles document in-depth what was tried, why, and under what conditions and present a process and outcome analysis of impact as well as lessons learned.</p> <p><u>Investigations:</u> Studies that formally test theoretical explanations of learning and performance provide an important foundation for the design of evidence-based curriculum and instruction. Investigations articles extend theory by revealing causal relationships and specifying how/when they hold. Note – Investigations articles are NOT evaluations of curriculum innovations. Rather, they test the validity of theoretical propositions (hypotheses) by carefully designed study.</p> |
| | |

Educational Conferences:

| Conference Name | Topic/Content/Sponsor/Other | Timing of Meeting |
|---|---|---|
| APPD (<i>Association of Pediatric Program Directors</i>) | Relevant to pediatric program directors; Great venues for networking among program directors, associate program directors and program coordinators. There are also regional meetings which are a great place to present work. | 2 annual meetings – Fall (September/October) and Spring (March/April) |
| ACGME (<i>Accreditation Council for Graduate Medical Education</i>) | Draws ~3,000 GME educators from both the US and overseas and is geared toward current GME topics | Annual Meeting in February or March |

| | | |
|--|--|--|
| COMSEP (Council on Medical Student Education in Pediatrics) | Geared towards medical student education | Annual meeting in April |
| PAS (Pediatric Academic Societies) | Largest pediatric scientific meeting and includes several subspecialty areas | Annual meeting in May |
| AAP (American Academy of Pediatrics) | Geared towards clinical matters or research related to subspecialty or special interest areas. There are also regional meetings which are a great place to present work. | Annual meeting in the Fall (September – November) |
| AAMC (Association of American Medical Colleges) | Learn Serve Lead conference focuses on the future of academic medicine from the perspectives of medical schools and teaching hospitals Integrating Quality Meeting focuses on optimizing the environment for learning | Annual Conference in November Annual Conference in June |

Professional Development Opportunities

Leadership in Educational Academic Development: [APPD LEAD](#)

Provides a unique opportunity for pediatric academic leaders in medical education to engage and learn from seasoned program directors, pediatric educators, and other pediatric national leaders. The curriculum focuses on organizational leadership, competency-based curriculum development, faculty development, residency and fellowship program administration, scholarship and career development. The curriculum is paced over three educational conferences, with additional group activities, readings and project work expected between conferences.

Fostering UIM Education Leadership: ([APPD FUEL](#))

The FUEL Program aims to increase diversity in pediatric medical education leadership through professional development and mentorship of underrepresented in medicine early career faculty. Participants will be exposed to the many careers in pediatric medical education, as well as the professional development opportunities and educational leaders within the APPD community. The program is based on mentorship, sponsorship and representation with a focus on experiential learning.

Master in Medical Education programs

[Available](#) from a number of universities, both in-person and online degree programs

Advancing Pediatric Educator Excellence Teaching Program: [APEX Program](#)

Co-sponsored by the AAP Section on Hospital Medicine and the Academic Pediatric Association and endorsed by the Society of Hospital Medicine
Ideal participants are pediatric hospitalists seeking to advance their clinical teaching skills

Program anchored by sequential PHM conferences (pre-conference workshops for 2 consecutive years). In between these two workshops, learners participate in online activities, elective workshops, and clinical teaching observations
A local mentor should be identified.

Academic Pediatric Association (APA) Educational Scholars Program: [APA Educational Scholars Program](#)

3-year program that targets faculty who wish to build their skills in educational scholarship. Applicants must be a member of the APA.

Requirements include:

- 1) enlisting support of your department; scholars expected to commit 10% FTE
- 2) attending three instructional sessions at the PAS meeting
- 3) formal review of PAS presentations (or an equivalent professional meeting)
- 4) developing an Educator Portfolio
- 5) conducting a mentored educational project
- 6) finding your own mentors for the project / program

APA Quality and Safety Improvement Scholars Program:

[APA Quality and Safety Improvement Scholars Program](#)

Offered to members of the APA who want a Certificate of Excellence in Quality and Safety Improvement Science. Curriculum includes yearly participation in the Quality Improvement Science pre- course, additional scheduled sessions for the group at PAS, periodic didactic webinars, ongoing collaborative learning, and completion of a mentored improvement project. Scholars will be matched with a national expert in the field of quality and safety who will serve as an advisor during their three years in the program. Scholars also must identify a local mentor from their own institution.

Harvard Macy Faculty and Fellow courses:

www.harvardmacy.org

- Program for Educators in Health Professions
- A Systems Approach to Assessment in Health Professions Education
- Leading Innovations in Health Care & Education
- Become a Digital Citizen - Technology in Health Care Education
- Program for Post-Graduate Trainees: Future Academic Clinician Educators

Leadership Resources:

- Know your conflict management style and understand the pros and cons of each
 - Five categories from the [Thomas-Kilmann Conflict Mode Instrument](#): avoidant, accommodating, compromising, competing, collaborative
- Personality certainly plays a role in leadership styles
 - Common personality assessment tools include:
 - [DISC](#)
 - [Myers-Briggs](#)
 - [True Colours](#)
- Play to your strengths as a leader and draw upon the strengths of others on your team
 - [VIA Institute on Character](#)
 - [StrengthsFinder2.0](#)
- Draw upon/ learn from individuals whom you admire
- Additional resources
 - Discover Your True North by Bill George
 - Start with Why by Simon Sinek
 - Leaders Eat Last by Simon Sinek
 - Switch: How to Change Things When Change is Hard by Dan Heath and Chip Heath
 - Getting To Yes by William Ury and Roger Fisher
 - Lincoln on Leadership: The Executive Strategies for Tough Times by Donald T. Phillips
 - The 5 Dysfunctions of a Team by Patrick Lencioni

Effective Mentoring:

One of the joys of being an APD is the opportunity for more direct mentoring with residents. Here we highlight some of the literature on what it means to be a good mentor, and discuss approaches to mentor effectively as APDs.

General strategies for mentoring

Outstanding mentors in medicine share similar characteristics (Cho et al.) including

1. Admirable personal qualities, such as enthusiasm, compassion, and selflessness
2. Acting as a career guide, offering a vision but purposefully tailoring support to each mentee
3. Making strong time commitments with regular, frequent, and high-quality meetings
4. Supporting personal/professional balance
5. Leaving a legacy of how to be a good mentor through role modeling and instituting policies that set global expectations and standards for mentorship

Roles of a mentor in GME may be broad (Woods et al.) and may include serving as a

- Listener
- Facilitator
- Challenger
- Role model
- Goal setter
- Advocate
- Collaborator
- Career guide

Specific Strategies for Mentoring as APDs

Given the broad roles that APDs may assume as mentors to residents, below we share some approaches to consider.

Define designated mentees

- Larger programs often divide their residency into smaller groups to facilitate designated mentor-mentee relationships among the PD/APDs.

Share longitudinal relationships

- Mentor designated residents throughout their training to discern needs and recognize patterns to support them.
- Facilitates writing strong letters of recommendation, providing job references, etc.

Show you care – connect with residents as people

- Mentoring in residency should be grounded in strong, caring relationships, just as in other aspects of life. “No one cares how much you know until they know how much you care,” an adage attributed to Theodore Roosevelt, encapsulates why caring matters.
- Consider keeping brief notes about residents handy to remember their interests, partners, birthdays, etc.
- Send emails to acknowledge successes, birthdays, and to periodically check in.

Teach mentees how to be successful “managing up”

- Coach mentees on how to be an active participant and get the most out of their mentor-mentee relationships with you and with others.
 - Defining and asking for what they need
 - Asking questions and defining meeting agendas

Advocate within your program to have the time and space to be a good mentor

- When doing this right, it is time consuming! Consider ways of finding designated time to fulfill this role well.

Questions to **ask yourself** before serving as a mentor:

- **Do I have the skill set to be a mentor?** If not, be up-front about it. Consider whether you might work with a more senior person to mentor, especially for specific needs. Often senior faculty will be happy to serve as a high-level support person.
- **Who is my backup?** Is there someone you can check in with if you feel over your head? Part of your own mentors’ roles is to ensure that you are successful in your faculty roles.
- **Do I have the time to commit to the resident?** Some residents are looking for someone to check in with intermittently. Others are looking for someone to work side-by-side with them for projects or for specific career networking.

For any mentor-mentee relationship, it may be helpful to discuss **with your mentee**:

- What do they expect from you? How can you be most helpful?
- What do you expect of the resident? (frequency of meetings, follow-up, how to communicate with you – email, text, phone, etc.)
- Consider a formal Mentoring Agreement
- When and where do you each prefer to meet?
 - Time of day/day of week
 - Consider walking meetings or meeting off-campus to get out of the hospital
- Is there anything about them/ their background that would be important for you to know to best support them?

Take time to reflect on your role as a mentor

- Identify what you think is going well and what you would improve upon.
- Ask your mentees and your own mentors for feedback.

Mentoring References:

1. Burke C , Fulton T, Chen H. Workshop in a Box: Project Management for Faculty and Learner Development. MedEdPORTAL; 2011.Available from: www.mededportal.org/publication/8304
2. Cho CS, Ramanan RA, Feldman MD. Defining the Ideal Qualities of Mentorship: Qualitative Analysis of the Characteristics of Outstanding Mentors, American Journal of Medicine (2011) 124, 453-458.
3. Julian K, Wamsley M, Chen C, Aagaard E, Hodgson C. Mentoring Students and Residents for Success. Presented at AAMC Meeting 2006. Seattle WA.
4. Woods SK, Burgess L, Kaminetzky C, McNeill D, Pinheiro S, Helflin MT. Defining the Roles of Advisors and Mentors in Postgraduate Medical Education: Faculty Perceptions, Roles, Responsibilities, and Resource Needs. JGME, June 2010.
5. Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the Most of Mentors: A Guide for Mentees. Acad Med. 2009; 84:140–144.
6. Deiorio, Nicole M. MD1; Foster, Kenneth W. EdD2; Santen, Sally A. MD, PhD3. Coaching a Learner in Medical Education. Academic Medicine: December 2021 - Volume 96 - Issue 12 - p 1758. doi: 10.1097/ACM.0000000000004168

Online Resources:

AAMC Association of American Medical Colleges - <https://www.aamc.org>
AAP American Academy of Pediatrics - <https://www.aap.org>
ABMS American Board of Medical Specialties - <https://www.abms.org>
ABP American Board of Pediatrics - <https://www.abp.org>
ACGME Accreditation Council for Graduate Medical Education - <https://www.acgme.org>
AHA American Hospital Association - <https://www.aha.org>
AMA American Medical Association - <https://www.ama-assn.org>
AMSPDC Association of Medical School Pediatric Department Chairs -
<http://www.amspdc.org>
APA Academic Pediatric Association - <https://www.academicpeds.org>
APPD Association of Pediatric Program Directors - <https://www.appd.org>
APS American Pediatric Society - <https://www.aps1888.org>
COMSEP Council on Medical Student Education in Pediatrics - <https://www.comsep.org>
CoRNet Continuity Research Network (part of the APA) -
https://www.academicpeds.org/research/research_CORNET.cfm
CoPS Council of Pediatric Subspecialties - <https://www.pedsubs.org/>

ECFMG Educational Commission for Foreign Medical Graduates -
<https://www.ecfmg.org>
ERAS Electronic Residency Application Service - <https://www.aamc.org/services/eras>
FOPO Federation of Pediatric Organizations - <http://www.fopo.org>
FREIDA Fellowship and Residency Electronic Interactive Database - <https://freida.ama-assn.org/Freida>
LEAD Leadership in Educational Academic Development (part of APPD) -
https://www.appd.org/ed_res/LEAD.cfm
LEARN Longitudinal Educational Assessment Research Network (part of APPD) -
<http://learn.appd.org>
MPPDA Medicine-Pediatrics Program Directors Association - <http://mppda.org>
NACHRI National Association of Children's Hospitals and Related Institutions -
<https://www.childrenshospitals.org>
NRMP National Resident Matching Program - <http://www.nrmp.org>
SHM Society of Hospital Medicine - <https://www.hospitalmedicine.org>
PRIS Pediatric Research in Inpatient Settings (research network of APA) -
<https://www.prisnetwork.org>
RRC Residency Review Committee of the ACGME -
<https://www.acgme.org/Specialties/Review-Committee-Members/pfcetid/16/Pediatrics>
Society for Pediatric Research (SPR) -
<https://www.societyforpediatricresearch.org/ociet>