Enhanced Learning Session (ELS) Listing

(By Date & Time)

Wednesday, April 17, 2024: 1:30pm - 3:00pm CT

LESSONS FROM THE HOGWARTS SCHOOL OF FACULTY DEVELOPMENT; WHAT ARE OUR NATURAL TEACHING STYLES, AND WHAT CAN WE LEARN FROM OTHER TEACHING STYLES?

Adin Nelson, MD, MHPE; Erika Abramson, MD, MSc, Weill Cornell Medicine; Molly Broder, MD, BronxCare Health System; Suzanne Friedman, MD, Columbia University Vagelos College of Physicians and Surgeons; Dana Greene, MD; Taylor Jackvony, MD; Melissa Rose, MD; Melanie Wilson-Taylor, MD, Weill Cornell Medicine

Education at Hogwarts runs the gamut from Professor Binns (an actual ghost) droning on to somnolent students to Professor Moody (a deranged imposter) demonstrating illegal curses on them. Education for residents spans a similarly broad range: from senior residents coaching new first-years on writing orders to faculty consultants explaining nuances of physiology and pharmacology. Like the fictional faculty at Hogwarts though, many of these teachers have little to no formal training in education; they simply teach however comes naturally to them. In this workshop, we will use the framework of teaching styles described by Anthony Grasha and Sheryl Riechman as a tool to help us explore, understand, and improve our natural teaching styles.

In this interactive workshop, we will use video clips of educators from the fictional world of Harry Potter as examples to help us understand the five Grasha-Riechman teaching styles and identify which one we each feel most comfortable with. Do you default to strict textbook-driven teaching like Professor Snape, active experiential learning like Professor Lupin, or reflective self-directed learning like Professor Dumbledore? We will discuss the strengths and weaknesses of each of these teaching styles. Participants will then work in small breakout groups to brainstorm how they would approach various teaching scenarios through each of these styles. First, participants will be grouped by their natural teaching styles to more deeply explore the approach that they already feel most comfortable with. Then, participants will move into groups of mixed natural teaching styles to consider a new set of teaching scenarios and brainstorm which elements of which style(s) might be best suited to different learners, different content, and different contexts. Participants will conclude by applying this framework to their own teaching and assembling a toolkit to bring these skills home to their own institutions. We will use examples from the Harry Potter movies, but no prior knowledge is required; we welcome Harry Potter novices and experts alike!

TEACHING PROCEDURES: PRACTICAL TECHNIQUES TO ENHANCE PROCEDURAL TRAINING OPPORTUNITIES IN PEDIATRICS

Ryan Good, MD, University of Colorado - Anschutz Medical Campus; Jonathan Higgins, MD, University of Colorado - Anscutz Medical Campus; Lorel Huber, MD; Jessica Landry, MD; Kimberly O'Hara, MD, University of Colorado - Anschutz Medical Campus; Joshua Nagler, MD, Harvard Medical School; Jo-Ann Nesiama, MD, UT Southwestern; Kyle Pronko, MD, University of Colorado - Anschutz Medical Campus; Molly Rideout, MD, University of Vermont Medical Center; William Sasser, MD, University of Alabama Birmingham; Anna Silberman, MD, UT Southwestern

The Association of American Medical Colleges (AAMC) classifies performing general medical procedures as a core entrustable professional activity (EPA) for medical students, and the Accreditation Council for Graduate Medical Education (ACGME) has required competence in additional procedures for pediatric residents and subspecialty fellows. However, procedural experiences are increasingly limited for pediatric learners, and those supervising procedures (pediatric faculty, fellows, and residents) seldom receive training on best practices for teaching procedures. This interactive workshop aims to provide a practical approach for pediatric training program leadership, faculty, and others who are responsible for maximizing the learning potential of limited procedural opportunities in pediatrics.

Participants will hone their procedural teaching skills through reflection on their own experiences with procedural training, guided discussion with other workshop participants, and participation in small group role-playing activities. Participants will learn how to utilize strategies including establishing opportunities for deliberate practice, conducting a pre-brief, and practicing purposeful interruption to improve their ability to teach procedures to pediatric trainees. Experience or skill in specific procedures is not required for this workshop, as participants will be able to apply the principles learned during the workshop to any subspecialty skill or procedure that is part of their clinical practice.

The workshop will be facilitated by national medical education experts in several pediatric subspecialties with specific experience in curriculum development for procedures, including peripheral intravenous catheter placement, central line placement, bag-mask ventilation, intubation, intraosseous cannulation, and lumbar puncture. The primary presenter, Dr. Ryan Good, has facilitated this workshop multiple times for a variety of learners, including medical students, residents, fellows, and faculty at the University of Colorado. The co-presenters for the workshop represent a multi-disciplinary group of medical education experts from a variety of institutions with experience in teaching procedures in a variety of settings, such as the intensive care unit, emergency department, inpatient unit, nursery, and clinical simulation lab.

CONNECTING WITH JOY IN MEDICINE

Julie Young, PhD, Nationwide Childrens Hospital; H. Mollie Grow, MD, MPH, Sea; John Mahan, MD, Nationwide Children's Hospital; Alan Chin, MD, UCLA; Jennifer Pope, MD; Sydney Primis, MD, Atrium Health; Victor Hsiao, MD, Seattle Children's Hospital

This session will be an adapted portion of a highly rated session from a larger program series aimed at improving physician and trainee well-being called STREAM (Sustaining and Training for Resilience Engagement and Meaning), a HRSA funded training program. A series of STREAM sessions to promote dimensions of well-being from the PERMA-H model by Martin Seligman was created and refined by a team of experts from seven pediatric institutions across the country. STREAM programming is being implemented in 10 children's hospitals across the country in 2023-2024. This session will focus on cultivating joy as one component of well-being. The workshop will be a highly interactive session geared towards engaging participants in understanding and reflecting on the benefits of cultivating joy as health care professionals. The session will provide activities for practicing individual reflection skills to connect with joy in medicine and to overcome negativity bias and will highlight strategies to intentionally make space for joy in pediatric residency programs. Joy in Medicine can be conceptualized as 'pleasure and satisfaction about how and why one is a physician, the pleasure of being, becoming and doing.' In this sense, joy can be conceptualized as an internal barometer of well-being and wellness. Joy is cultivated through an intentional focus on enhanced connections and relationships. A number of evidence-based methods will be included from the psychological and humanities literature to help participants learn intentional practices to cultivate joy in the workplace including appreciating satisfying patient and colleague connections, gratitude practices, and approaches to overcoming negativity bias. We hope to help health care professionals connect to joy in the profession in the day-to-day work, even in the face of adversity and setback.

LEADING OTHERS THROUGH CHANGE

Erin Owen, MD, University of Louisville/Norton Children's Medical Group; Alisa Acosta, MD, MPH, Baylor College of Medicine/Texas Children's Hospital; Meredith Bone, MD, MSCI, University of Colorado Children's Hospital; Elizabeth Chawla, MD, Medstar Georgetown University Hospital; Erika Friehling, MD, MS, UPMC Children's Hospital of Pittsburgh; Adam Wolfe, MD, PhD, Baylor College of Medicine - San Antonio; Mary Beth Wroblewski, MD, Johns Hopkins All Children's Hospital

Leaders within medical education face many leadership challenges as they manage daily program and personnel issues while also striving to establish strategic directions and build collaborations across multiple stakeholders, yet many academic leaders have not received formal leadership training. On the cusp of new ACGME requirements which may necessitate strong leadership skills in change management, join us for this interactive workshop led by members of the ***Faculty and Professional Development Learning Community*** to gain additional insights and skillsets in leading others through change. Participants will have the opportunity to discover their own individual leadership tendencies, learn strategies of change management using tools such as the Kotter Change Model, and discuss with experienced faculty ways to harness the strengths of both to work towards solutions to real life challenges facing program leaders today. Program leaders of all experience level are welcome to attend this highly collaborative workshop.

GOING GLOBAL: ADAPTING RESIDENCY TRAINING TO BE MORE INCLUSIVE FOR INTERNATIONAL MEDICAL GRADUATES

Kayla Heller, MD, SSM Health/St. Louis University Cardinal Glennon Children's Hospital; Hilal Atar, MD, University of Oklahoma Health Science Center; Jennifer Hoefert, MD, SSM Health/St. Louis University Cardinal Glennon Children's Hospital; Aline Tanios, MD, SSM Health/St. Louis University; Meredith Barrientez, MD; Amjad Abdelrahim, MD; Victoria Medina Carbonell, MD; Harsha Akula, MD, SSM Health/St. Louis University Cardinal Glennon Children's Hospital; Marielys Collazo-Roman, MD, SSM Health/St. Louis University Cardinal Glennon Children's Hospital; Patricia Lotz, BS; Nathaniel Conner, MD; Teresa Hudson, BS, SSM Health/St. Louis University Cardinal Glennon Children's Hospital

Do you have residents in your program who are international medical graduates? Does your program offer any special support for IMG residents? How can we better support IMG trainees during their transition into new culture and new medical system?

Evidence suggests that international medical graduates add richness to training programs with diverse life experiences and previous knowledge. However, they often face additional challenges. Studies report common communication/language barriers, cultural differences, challenges navigating clinical flow and EMR needs. Published studies suggest that most IMGs would welcome additional training specific to transitioning to US residency, but few were offered any special support by their program or institution. Additionally, one study reported that IMGs requested faculty training on working with IMGs so that faculty preceptors were more attuned to their experiences and needs. In all literature, both IMGs and academic faculty felt that a transitional workshop or course would help alleviate these challenges, yet there is little formal curriculum targeted to this topic.

Please join us as we discuss the unique challenges of navigating residency training as an IMG. We will share the experiences of a panel of pediatric physicians—including current residents, attendings, and educators. This workshop will build upon these experiences to discuss special considerations that may arise with IMG residents—from licensing to additional training experiences, as well as ways that programs can offer more directed mentorship and support. We will describe solutions that have been implemented with two different approaches, designed with input from IMGs, and attendees will work to create program support specific to their individual institutions.

WORKS IN PROGRESS PEER MENTORING SESSION

Michelle Kiger, MD, PhD, Wright Patterson Medical Center; Jillian Bybee, MD, Corewell Health Helen DeVos Children's Hospital/Michigan State University; Sabrina Ben-Zion, MD, Akron Children's Hospital; Su-Ting Li, MD, MPH, University of California-Davis; Elizabeth Halvorson, MD, MS, Wake Forest University School of Medicine (Atrium Health Wake Forest Baptist); Scott Moerdler, MD, Rutgers Robert Wood Johnson Medical School; Rena Kasick, MD, Nationwide Children's Hospital; Katherine Mason, MD, Warren Alpert Medical School of Brown University ; Audrea Burns, PhD, Baylor College of Medicine

In the educational research, every scholar encounters moments when their project faces obstacles, be it in project design, implementation, data analysis, or dissemination. Recognizing the value of collaboration in overcoming these challenges, successful researchers actively seek out support.

To address these common research roadblocks, the APPD Research and Scholarship Learning Community introduces the Works-In-Progress Session. This workshop invites all attendees to submit a mini-poster detailing a current project, along with the questions or issues with which they are struggling. A template will be provided for submission, and all submissions will be requested 2 weeks prior to the start day of the APPD Spring Meeting to allow time for review by session facilitators. Attendees who do not submit ahead of time will also be invited to bring their works in progress to the session on the day of the session even if they are not pre-submitted. Those who do not submit a project can still participate and benefit from attending by being part of the peer mentoring process, thereby learning a new faculty development model they can bring to their home institutions and practicing their own critical appraisal skills.

Authors will be strategically grouped with similar project presenters and 2 expert faculty mentors. This team, along with general symposium attendees, will then participate in an active step-back peer mentoring process to help overcome the barriers preventing the research from being brought to fruition. Each project will benefit from individual discussion and collaboration to help it advance to the next phase of development. Presenters will hone their presentation skills and their ability to accept and incorporate feedback as well. Attendees will learn strategies which can be applied to their own research questions, current or future, improve their mentoring skills, and learn about some of the exciting educational research being undertaken by our APPD membership.

To conclude the workshop, the entire group will examine and synthesize recurrent themes in research difficulty and the tactics which teams used to overcome them. Our learning community believes that this will be a unique and powerful directed mentorship opportunity to help guide the advancement of APPD educational research.

COORDINATOR PROFESSIONAL DEVELOPMENT - THERE'S AN ARTICLE FOR THAT

Pam Knight, C-TAGME, University of Texas at Austin Dell Medical School; Camilla Mendell, C-TAGME, Phoenix Children's Hospital

The program coordinator community is 11,000 amazingly strong, creative, innovative, hardworking people dedicated to graduate medical education and ensuring the success of their trainees and programs.

The ACGME recognizes program coordinator's as key members of the leadership team who are critical to the success of the program. As with all leaders, professional development is necessary in order to continue to learn, innovate and challenge oneself.

This Enhanced Learning Session will introduce journal clubs to coordinators as a valuable way to foster professional development and create a community of continuous learners. During this interactive workshop attendees will be provided with the knowledge, skills, and tools to create and implement a journal club at their home institution.

X+Y FOR THE GEN ZS

Alisa Corrado, MD; Kevin Ratnasamy, MD, Rush University Medical Center; Joshua Raven, DO; Victoria Arsenault, MD, Advocate Children's Hospital - Park Ridge; Daniel Himelstein, MD, University Hospitals/Rainbow Babies and Children's Hospital/Case Western Reserve University; Marylouise (Kiya) Wilkerson, MD, Rush University Medical Center; Ross Myers, MD, University Hospitals/Rainbow Babies and Children's Hospital/Case Western Reserve University; Joanna Lewis, MD, Advocate Children's Hospital - Park Ridge; Christina Chen, MD, Rush University Medical Center

Beginning in 2018, several pediatric residency programs initiated a scheduling model called X+Y scheduling [1]. In this model, instead of a traditional 4-week rotation with one half day of continuity clinic interspersed each week, residents have continuity clinic in blocks and dedicated time without continuity clinic during their inpatient rotation experiences [2]. This new structure enables residents to spend focused, uninterrupted time in both inpatient and outpatient settings throughout the academic year [3]. X+Y has been shown to improve balance between inpatient and outpatient experiences, allowing residents to be more present in each clinical setting and improving several aspects of patient care and education [3, 4].

Simultaneously, Generation Z (Gen Z), or individuals born between 1995-2010, began to constitute the bulk of current medical trainees. While Gen Z is the most technologically advanced generation [5], technology dependence has changed this generation's preferences, skill sets, and learning styles. Some authors have suggested that the overwhelming presence of social media has led to a decline in in-person communication and overall psychosocial well-being, paving the way for an emphasis on individual wellness in medical training [6]. Furthermore, because technology can lead to isolation, Gen Z tends to be more competitive in nature and less proficient in in-person teamwork [7]. Emerging data suggest that these learners may struggle with personal growth in a team setting and prefer more frequent, in-person feedback compared to prior generations [8]. Technology has also created an "acquired ADHD" because of the ease at which products, services, and information are readily available [5]. This may manifest in Gen Z learners as a need for flexibility, especially when it comes to scheduling and personal time, and opportunities for "microlearning" opportunities [9].

The need for residency programs to address all of these emerging Gen Z characteristics is important to optimize trainees' learning, and can be creatively addressed in the X+Y format.

The goal of this workshop is to apply the novel X+Y scheduling structure to address the needs of Gen Z learners.

SECURE YOUR SANITY: CRAFTING CONTINGENCY PLANS TO MINIMIZE RECRUITMENT SEASON STRESS AND MAXIMIZE PERSONAL WELL-BEING

Kari Bruckner, MEd, University of Wisconsin - Madison; Brittany Dixon, BS, Lurie Children's Hospital / McGaw Medical Center; Melissa Bales, C-TAGME, Indiana University School of Medicine/Riley Hospital for Children; Lupe Romero-Villanueva, HS, Stanford University School of Medicine

Conducting a successful recruitment season is important to all Graduate Medical Education (GME) coordinators/administrators who, as the face of the program, often feel fully responsible to achieve that goal. While focusing on making the best impressions possible, a multitude of tasks need to be completed before the first candidate appears on screen. Depending on team dynamics, all responsibilities may fall on just a few shoulders. While timely prep work can safeguard recruitment days and prepare faculty for interviews, last minute glitches and roadblocks can lead to overwhelming challenges. From technical issues to interviewer cancellations and even the occasional time zone misunderstanding, the coordinator/administrator needs to be prepared to juggle many plates to avoid disaster. While the demanding process can often seem like an impossible undertaking, by establishing a

sound preparatory timeline and effective contingency plans, the GME coordinator/administrator can execute seamless interview days, all while avoiding burnout and maintaining wellness.

In this interactive session, program coordinators/administrators will learn to recognize common challenges that will inevitably arise and explore a variety of scenarios such as scheduling conflicts, technical difficulties, and personal emergencies that may impact the interview process. Participants will actively engage in creating their personalized contingency plans and program-specific timelines tailored to address potential setbacks and hurdles. This workshop will address strategies to ensure a well-planned successful recruitment, as well as explore strategies to relieve professional mental load and technology burnout. Participants will leave prepared with personalized timelines and stress management tools, ready to implement new planning strategies and effective problem-solving approaches for future successful recruitment seasons.

CHAMPIONING NEURODIVERGENT ADHD LEARNERS IN A NEUROTYPICAL WORLD

Arshiya Ahuja, MD; Nadia Charguia, MD, UNC-Chapel Hill; Sarah Khan, MD, Cincinnati Children's Hospital Medical Center; Maya Neeley, MD, Vanderbilt University Medical Center; Eric Zwemer, MD, UNC-Chapel Hill

The current model of post-graduate medical education is based on the premise that learners are neurotypical and does not account for neurodiversity, which is the variation amongst human brains. This premise can create barriers to success for those with attention deficit hyperactivity disorder (ADHD). A 2016 study showed ADHD to be one of the most documented disabilities in medical school (Meeks 2016) and there has since been more literature on the need for better inclusivity of neurodiverse learners in medicine.

Pediatricians are trained to diagnose and medically manage ADHD in children but are not trained to think about it for their learners. Trainees with ADHD who are inadequately supported are at risk of poor self-confidence, anxiety, depression, and even burnout. Literature suggests that if well supported, these individuals can be successful and innovative leaders in their field.

In this interactive workshop, we will focus on how to support the struggles of ADHD in medicine and foster the many strengths. We will start with a video describing what it is like to have ADHD and dispel common ADHD myths. Using a combination of techniques such as videos, case discussions, reflections, and paired, small, and large group discussions, we will look specifically at ADHD in medicine: the subtle ways it presents, its associated strengths, and suggested approaches to work with trainees who may have ADHD. Attendees will leave with tangible takeaways including strategies for creating an inclusive environment for those with ADHD, suggested accommodations, and resources to share with trainees with ADHD.

THE NEW ERA OF RESIDENCY RECRUITMENT: ACHIEVING CONTINUED DIVERSITY, EQUITY, AND INCLUSION POST-SCOTUS

Nicola Orlov, MD, MPH, University of Chicago Pritzker School of Medicine; Lahia Yemane, MD, Stanford School of Medicine; Tyree Winters, DO, Goryeb Children's Hospital, Atlantic Health System; Shaunte Anum-Addo, MD, Children's National Medical Center; Hannah Demming, MD, Seattle Children's Hospital; Alissa Darden, MD, Phoenix Children's Hospital ; Hafsah Mohammed, MSW; Madan Kumar, DO; Julia Rosebush, DO; Rochelle Naylor, MD, University of Chicago Pritzker School of Medicine

The benefits of a diverse healthcare workforce have been repeatedly demonstrated with important impact on patient ratings of care and on some processes of care and health outcomes. Intentional inclusive recruitment practices at the undergraduate (UME) and graduate medical education (GME) level are critical to maintaining and increasing diversity in medicine. In addition, the ACGME Common Program Requirements call for the recruitment and retention of a diverse workforce. The recent SCOTUS decision on race-based admission directly impacts UME recruitment and risks impairing schools' ability to recruit a diverse student body and provide an inclusive

environment to support and retain trainees. GME is a unique environment in that it is a place of learning and a place of employment and therefore not currently subject to changes in recruitment based on the SCOTUS decision. However, the SCOTUS decision may nevertheless widely impact GME recruitment, based on how individual institutions interpret the reach of the ruling and increasing attempts to legally challenge GME initiatives aimed at increasing diversity in residency training programs, including diversity sub-internship program, and may have direct impact in the future if additional legislation expands its scope and reach.

The Association of Pediatric Program Directors (APPD) recommends best recruitment practices, including engaging in webinars to increase exposure to pediatrics, offering visiting clerkships for underrepresented in medicine students, and completing a holistic applicant review. Additionally, a 2023 study examined GME programs considered for the ACGME Diversity, Equity, and Inclusion (DEI) award to identify program-level strategies and best practices for improving DEI such as providing structured support for visiting students, completing mission-driven holistic application review, implicit bias mitigation training for interviewers and inclusive selection committees.

We are presented with a unique opportunity this year to continue to strengthen holistic review, which allows institutions to determine how to assess applicants in alignment with their mission including those who are underrepresented in medicine while race and ethnicity data are readily available.

This workshop will help medical educators in the GME environment develop tangible solutions to maintain a diverse workforce in an evolving political environment.

BEYOND THE CHECKBOX: CURRICULA TO INVOLVE ALL RESIDENTS IN HEALTH EQUITY INNOVATIONS

Kristen Samaddar, MD; Renee Crawford, DO; Abhijeet Namjoshi, MD, Phoenix Children's Hospital; Emma Omoruyi, MD, The University of Texas Health Science Center at Houston | McGovern Medical School; Zarina Norton, MD, University of Michigan

Health equity efforts increase opportunities for everyone to live their healthiest lives. It has become increasingly apparent that the benefits of health and wellness are unevenly distributed across the population, and it is imperative that trainees learn to approach medicine with a health equity lens. The ACGME requires that trainees learn respect and responsiveness for diverse populations; yet the recent Clinical Learning Environment Review (CLER) demonstrates that many programs do not adequately engage all trainees in efforts to improve healthcare quality and minimize healthcare disparities. In 2021-22, only 10% of residents at our institution felt that health equity was adequately emphasized. The HEAL (Health Equity Advocacy Leaders) curriculum was developed in response to this need and can be adapted to improve health equity education and engagement at other institutions. HEAL started as a resident initiative to promote equity. Small groups of residents created and presented 5 minute "pearls" at educational conferences to raise awareness for disparities and local resources to address them. It has grown to include case-based discussions at morning reports using health equity lens (HEAL rounds), equity approaches to QI projects, clinical and educational activities on many different rotations, and cohort-led community service projects.

In this highly interactive workshop, participants will engage with workshop facilitators and peers to develop innovative ways to incorporate health equity into their own training programs. Many program leaders have created curricula, tracks, and learning opportunities to ensure their graduates understand ways to grow equity and decrease disparities for patients and families. Curricular efforts aim to create lasting impacts in all facets of trainees' careers (clinical practice, scholarship, leadership, etc.). However, engaging all learners in these efforts is often a challenge. In this workshop we will focus on ways to involve all trainees in health equity curricula that both raise awareness for problems but also inspires growth-mindset solutions.

REIMAGINING FAIRNESS: STRIVING FOR EQUITY IN ASSESSMENT

Ariel Frey-Vogel, MD, MAT, MassGeneral Hospital for Children; Brenda Anosike, MD, MPH, The Children's Hospital at Montefiore; Angela Byrd, MD, Our Lady of the Lake Children's Hospital; April Edwell, MD, MAEd, University of California, San Francisco; Christopher Jones, DO, Nationwide Children's Hospital; Samantha Kang, MEd, Our Lady of the Lake Hospital; Marcella Luercio, MD, Boston Children's Hospital ; Duncan Henry, MD, University of California San Francisco

Despite the known benefits of enhancing diversity and inclusion in residency, people, processes, and high stakes decisions continue to perpetuate bias and inequity. This is particularly present in the area of assessment, as learners from historically marginalized groups routinely receive lower scores, less behaviorally based assessments, and less specific evaluation-mediated feedback for growth. An evolving area of research is equitable practices in assessment. Broadly speaking, equity in assessment attends to intrinsic equity (the design of assessment tools), contextual equity (the learning environment in which assessment occurs), and instrumental equity (how assessments are used for the processes of advancement and promotion). Drawing on the literature, and our collective experience, this workshop, will provide practical and evidence-based changes participants can use in their own programs to promote equity in assessment.

This workshop begins with an introduction to key concepts in equitable assessment, after which participants will work together in three micro-sessions focusing on one of the three elements of equity (intrinsic, contextual, and instrumental). These sessions include (1) revising evaluation forms to drive equitable assessment practices (2) brainstorming changes to the assessment environment that promote equity and (3) redesigning the clinical competency committee to mitigate bias in summative judgements. Participants are encouraged to bring their own assessment forms and experiences to enhance applicability to their program. Through individual reflection, pair sharing, group brainstorming, and large group discussions participants will identify and apply evidence-based practices to promote equity in these broad areas and leave with strategies they can use in their own training programs to enhance equitable assessment.

GETTING TO YES FOR THE CHIEF RESIDENT – STRATEGIES FOR PRINCIPLED NEGOTIATION

Joanne Alfred, MD; Xavier Williams, MD; William Parker, MD; Erin Dunneback, MD, University of North Carolina; Lauren Tapp, MD; Emily Rowland, MD, Wake Forest; Elizabeth McCain, MD; Elizabeth Atteh, MD, Duke University; Mirza Adam Beg, MD, East Carolina University; Eric Zwemer, MD, University of North Carolina

Chief residents are often selected for their positions because they have demonstrated natural leadership abilities but may have no formal leadership training. Residency training facilitates clinical leadership however most chief residents have not had the opportunity to develop many of the qualities that chief residency requires, specifically administrative leadership.[1] Recent articles about physician leaders state that many are often lacking in strategic and tactical planning, persuasive communication, and negotiation.[2] Our goal is to provide specific resources in negotiation and navigation of difficult scenarios with the four principles outlined in the book *Getting to Yes* by Ury and Fisher, as applied to the unique leadership situation of chief residents.[3] As advocates for change, chief residents can easily utilize the principles of effective negotiation for a variety of common issues, including revamping an educational curriculum structure, working through inpatient team restructuring, implementing scheduling changes, and more scenarios that arise in pediatric residency programs. By investing in this skill set, we hope that chief residents can continue to apply these concepts from *Getting to Yes* in future leadership positions. Participants will leave the workshop with a Negotiation Toolkit, to include a cheat sheet of the four techniques, examples and scripts for the four scenarios discussed in the workshop, a negotiation planning worksheet, and a list of further resources for advanced learning.

Wednesday, April 17, 2024: 3:15pm - 4:45pm CT

ENSURING PSYCHOLOGICAL SAFETY AND EMOTIONAL WELL-BEING DURING REMEDIATION: PROTECTING YOUR RESIDENTS, FELLOWS, AND YOURSELF

Elizabeth Nelsen, MD, SUNY Upstate Medical University; Nicola Orlov, MD, MPH, University of Chicago Comer Children's Hospital; Melissa Langhan, MD, MHS, Yale University School of Medicine; Katherine McVety, MD, Children's Hospital of Michigan; Nathaniel Goodrich, MD, University of Nebraska Medical Center; Priya Jain, MD, MEd, Ann & Robert H. Lurie Children's Hospital of Chicago; Su-Ting Li, MD, MPH, University of California Davis; David Mills, MD, Medical University of South Carolina; Jerri Rose, MD, UH-Rainbow Babies & Children's Hospital

In resident and fellow remediation, the stakes are high for trainees, program leaders, and training programs. Fostering an encouraging and safe environment in which trainees can grow takes time and energy. Psychological safety refers to the feeling of being able to speak up, take risks, make mistakes, and provide and receive feedback. Psychological safety is the cornerstone of remediation and is critical for trainee success. Emotional well-being is an overall positive state of one's emotions, life satisfaction, sense of meaning and purpose, and ability to pursue self-defined goals. Psychological safety and emotional well-being are emerging important topics in trainee remediation. This interactive learning session will engage resident and fellowship program leaders in cultivating psychological safety and emotional well-being in trainee remediation; program directors, associate program directors, and chief residents are encouraged to attend. Participants will gain knowledge and skills in how to best support trainees and faculty during remediation plan implementation. While the primary focus of remediation is on the trainee, the impact of remediation on program directors cannot be overlooked. This session will offer a touchpoint for program leaders to focus on their personal emotional well-being as part of remediation. The session will bring together leaders from residency and fellowship programs to share ideas and will also allow time for residency and fellowship small groups to focus on challenges specifically related to remediation in their respective areas.

PUMPING IN PROGRESS? HOW WE CAN HELP PEDIATRIC TRAINEES MEET THEIR LACTATION GOALS

Lauren Moffatt, C-TAGME, Nationwide Children's Hospital; Vanessa Shanks, MD, CLC, Nationwide Children's Hospital and Wexner Medical Center at The Ohio State University; Sabrina Ben-Zion, MD, Akron Children's Hospital; Heather Burrows, MD, PhD, University of Michigan Mott Children's Hospital; Elizabeth Maria Bonachea, MD, Nationwide Children's Hospital; Katharine Asta, MD, MS, University of Michigan; Brittany O'Brien, BS; Alexandra Wenig, MD, Nationwide Children's Hospital

Despite legal protections that require workplace support, physicians have lower rates of meeting their lactation goals compared with other professions. Physician trainees are particularly vulnerable given they have less control over their schedules, longer work hours, and are away from their infants for longer stretches of time (French et al. 2022; Pesch et al. 2019). Finding dedicated time and a location to express and store milk, while simultaneously meeting program demands with unpredictable schedules in a variety of environments are barriers the pediatric trainee can face. In this session, participants will learn about policies and guidelines developed by three presenting institutions that help support their lactating trainees. Presenters will discuss ways to improve faculty/trainee education and communication to foster strong mentorships. Session attendees will hear first-hand about the lived experiences from trainees who were providing milk while in a training program. Our panel of experts will also seek to debunk common myths and misconceptions surrounding breastfeeding, storing milk, and associated costs. This interactive workshop will challenge participants to consider ways in which they can improve the culture around lactation support at their own institution. Participants will leave equipped with a toolkit of resources that will help them craft lactation guidelines that could promote lactation success among their own trainees.

IT STARTS WITH US – CULTIVATING AN EFFECTIVE TRAINEE-LED CURRICULUM

Preston Simmons, MD; Jeremy Jones, MD; Harleen Marwah, MD; Kristin Maletsky, MD; Brooks Lanham, MD; Paul Devine Bottone, MD; Noreena Sondhi Lewis, JD, Children's Hospital of Philadelphia

Trainees across the hospital system have a unique perspective on the challenges facing patients today, with an eye towards the future. By encouraging trainee-led education development, program curricula can continue to innovate and remain current while also fostering leadership and medical education innovation skills in the next generation.

This learning session highlights three trainee-led educational interventions through the process of curriculum development, implementation, evaluation, and scholarly output. Participants will become familiar with best practices and a tangible framework to support learner-led curriculum development in their own content areas. Workshop presenters will include one learner and one early career faculty mentor for each case who will help participants work through the learning objectives through the lens of either a trainee-led curriculum topic of their choosing or one provided by facilitators.

We hope that as a result of this session, attendees will not only have examples of innovative curriculum to take back to their own programs but will also develop skill relevant to supporting trainees in developing curriculum of their own respective interests.

INTO THE UNKNOWN: EXPLORING HOW TO MANAGE (AND TEACH!) DIAGNOSTIC UNCERTAINTY

Emily Kramer, DO, Nationwide Children's Hospital; Kristin Sundy-Boyles, MD, University of North Carolina Children's Hospital; Basil Jafri, MD, Nationwide Children's Hospital; Suzie Reed, MD, Nationwide Children's Hospital

Ambiguity is common in medicine. Diagnostic uncertainty, in particular, can be a significant source of frustration for physicians. Many studies have evaluated how medical professionals manage diagnostic uncertainty and it is well established that this topic is met with anxiety, frustration, and fear. Inability to recognize and tolerate uncertainty has been linked to increased diagnostic errors, delayed diagnoses, decreased patient satisfaction, and communication barriers. Trainees also experience frustration and anxiety when faced with diagnostic uncertainty and these reactions can be amplified during the transition to independent practice. It is essential that clinical educators prepare trainees to recognize, manage, and communicate the diagnostic uncertainty they are guaranteed to encounter throughout their career.

In this interactive Enhanced Learning Session, participants will explore the definition of and reaction to diagnostic uncertainty and how it impacts their own medical decision making and wellbeing. Through self-reflection and didactics, participants will review evidence-based approaches to diagnostic uncertainty and medical ambiguity, with small-group break-out discussions of case-based clinical scenarios that incorporate aspects of uncertainty. Participants will have the opportunity to practice modeling conversations around uncertainty with patients and/or families as well as practice coaching trainees on the disclosure of uncertainty. Participants will walk away from this workshop with actionable steps they can take toward managing their own approach to diagnostic uncertainty and teaching the management of uncertainty to trainees.

BRAVE SPACES: TEACHING IN TIMES OF CONTROVERSY

Catherine Shubkin, MD, Dartmouth Health Children's/Geisel School of Medicine; Raymond Cattaneo, MD MPH, Jefferson Einstein Hospital/Sidney Kimmel College of Medicine; Sabina Holland, MD, Hasbro Children's Hospital/Warren Alpert Medical School of Brown University; Jeremiah Cleveland, MD, Maimonides Children's Hospital; Jamee Walters, MD, Johns Hopkins All Children's Hospital; Brian Lurie, MD MPH, Hasbro Children's Hospital/The Warren Alpert Medical School of Brown University

A key role, as delineated by the ACGME, is for pediatric programs to train future pediatricians to practice ethically with humility to mitigate health disparities for children and adolescents. Unfortunately, against professional and scientific advice, recent legislation severely limits the ability of educators to provide clinical care for marginalized populations seriously impacting the ability for trainees to learn about care for these communities. For instance, legislation that prohibits care of transgender adolescents has effectively closed regional centers for gender affirming care. Importantly for educators, beyond limitations in clinical care, legislation in some states prohibit publicly funded institutions from teaching about subjects, such as anti-racism, which has been deemed "controversial". When topics such as diversity or anti-racism, reproductive justice, and LGBTQA+ care become political and publicly divisive it creates undue moral distress for all pediatricians and widens the equity gap.

As our role in pediatric medical education evolves, we must be able to have difficult conversations that engage patients, communities, and our trainees to understand and navigate changing medical and legal landscapes especially as it relates to social justice and health equity. We must be able to provide and support an inclusive environment to advance clinical care and scholarship in politically controversial areas.

Traditional language has advocated for safe spaces to promote psychological safety for learners. We propose a shift in framing to brave spaces in which dialogue around complex issues includes a diversity of voices, honors the lived experiences of our trainees and communities, and acknowledges the ethical and moral dilemmas raised by these topics.

In a brave space model on divisive topics, there is a focus on trainees understanding both the best evidence base and the unanswered questions that will drive future scholarship. When legislation precludes comprehensive training, we must ensure creative and alternative educational opportunities for all trainees, regardless of geography or training site. Trainees must develop skills in communication and ethics that foster a diversity of opinions. And finally, a brave space model recognizes that this work is hard, necessitating support for trainees when faced with difficult conversations to mitigate moral distress and promote resiliency.

HOW TO BUILD AN ADVOCACY ROTATION: TIPS, TRICKS, AND RESOURCES TO START OR ENHANCE YOUR PROGRAM'S ADVOCACY TRAINING

Elizabeth Hanson, MD, UT Health San Antonio Long School of Medicine; Carmela Sosa-Unguez, MD, Valley Children's Healthcare; Leora Mogilner, MD, Mount Sinai; Michelle Barnes, MD, University of Illinois Chicago; Kira Sieplinga, MD, Helen DeVos Children's Hospital; Rosemary Hunter, MD, Vanderbilt University

Advocacy in pediatric healthcare is a critical component of ensuring the well-being of children and their families. Well-structured advocacy rotations within pediatric residency programs equip trainees with the skills and knowledge necessary to become effective child advocates. The current Accreditation Council for Graduate Medical Education (ACGME) Pediatric Program Requirements stipulate that programs provide "elements of community pediatrics and advocacy" in at least two ambulatory units; however, programs vary widely in their implementation of this requirement. The proposed changes to the program requirements would significantly increase the requirement for community pediatrics and advocacy training, necessitating that many programs re-evaluate and enhance their existing advocacy education.

In this interactive session, we will review the proposed updates to ACGME requirements for advocacy education and introduce participants to a new peer-reviewed tool developed by the AAP's Community Pediatrics Training Initiative (CPTI), the Core Objectives for Community Health and Advocacy Training (COCHAT). COCHAT is an updated version of the previously published Community Health and Advocacy Mapping Profile (CHAMP) and provides a framework linking milestone-based competencies to advocacy-oriented learning objectives. Participants will use COCHAT to help identify strengths and gaps in their advocacy training, sharing their observations with table peers. Then, using a round-robin format, participants will explore curricular resources available from the Academic Pediatrics Association (APA), AAP, and APPD to help programs design activities to teach community pediatrics and advocacy topics. We

will provide examples of block and longitudinal advocacy rotation schedules and participants will work in small groups using their curricular gap analysis and shared resources to develop an action plan to build or refresh their advocacy curricula. We will draw upon the expertise of leaders from CPTI, APA, and APPD to support participants in their curriculum mapping. Leaders of the APPD's Community Health and Advocacy Training Learning Community will introduce participants to opportunities for ongoing support that programs can use to identify resources and troubleshoot challenges with implementation. Participants will leave with an action plan for enhancing their advocacy education and the support of the networks created or accessed during the session that can be used throughout the year for consultation and assistance.

STARTING WITH WHY: TEACHING PROFESSIONAL IDENTITY FORMATION USING VALUES, NOBLE PURPOSE, AND CONCEPTS FROM ORGANIZATIONAL DYNAMICS

Tara Bamat, MD; Nicole Washington, MD, Children's Hospital of Philadelphia; Sabina Holland, MD, Hasbro Children's Hospital

One of our main roles as program directors is to help trainees in their professional identity formation. Often, we are limited by the degree of insight a trainee might have into their own values and authentic self as they have been habituated within medical education culture to often follow external validation and conformity. We propose a new way to facilitate trainees towards a more authentic and integrated professional identity formation through self-reflective exercises. First, we will discuss Kegan's Theory of Adult Development and why it's crucial for educators to weave this principle into any session that involves self-reflection, well-being, or professional development. A deeper understanding of adult development helps facilitators understand how to target reflective questions to different learners who may be in different stages of adult development. For instance, a learner who is in the socialized stage may take more cues from and have more reliance on peer groups or mentors whereas a learner in the self-authored stage may already make some decisions based on core values. Both can be encouraged to more intentionally make decisions based off of grounded values rather than external validations, however the coaching of each different learner may involve different techniques based on their developmental stage.

After reviewing Kegan's Theory of Adult Development, we will then lead participants through facilitated exercises that they will experience as a learner. The exercises build upon one another, first orienting towards what gets in the way of knowing ourselves during training, revisiting our core values, and finally end with a Start With WHY exercise based on Simon Sinek's concept that we often stop at what we do (I'm a doctor) or how we do it (I went through residency training) and never get to Why we do it (a noble purpose that could actually be transposed to all facets of our life). This will be followed by a "meta" discussion on how this might actually help their trainees in their own professional identity formation. Finally, we will create space for participants to brainstorm how to incorporate this into their own curricula/programs.

BUILDING MENTAL HEALTH COMPETENCE FOR YOUR RESIDENTS THROUGH EXPERIENTIAL TRAINING: FROM BLUEPRINTS TO RENOVATION

Elizabeth M. Chawla, MD, Medstar Georgetown University Hospital; Elise Fallucco, MD, Children's Hospital of the King's Daughters; Kahleb Graham, MD; Sue Poynter, MD, MEd, Cincinnati Children's Hospital Medical Center ; Katherine Soe, MD, Cincinnati Children's Hospital Medical Center; Brian Kurtz, MD, Cincinnati Children's Hospital Medical Center; Katrina Fletcher, MD, Children's Hospital of Philadelphia; Alison Herndon, MD, Vanderbilt Children's Hospital

As pediatric mental health needs continue to rise across our country, the ACGME has responded by adding additional behavioral/mental health (BMH) training requirements for pediatric programs. But which types of experiences can help our trainees build competence in BMH assessment and treatment? Come to this interactive workshop led by the BMH Learning Community of the APPD and a phenomenal group of mental health experts working with pediatric training programs at various institutions to learn about innovative ways programs are

building experiential learning into training programs across a variety of clinical environments. Program leaders will have an opportunity to reflect on their own program-level needs assessment, and work with content experts to start to plan BMH educational experiences for their program through the lens of competence. Whether you're just drawing up the blueprints or renovating an existing BMH training program, there will be something here for you. Participants will leave with a framework for designing BMH educational experiences to meet new ACGME requirements, or improve their existing experiences, using intentionality to maximize any level of resources.

REIMAGINING GLOBAL HEALTH EDUCATION IN A POST PANDEMIC WORLD, PART 1: PARTNERSHIPS AND PRE-ENGAGEMENT PREPARATION

Adelaide Barnes, MD, Children's Hospital of Philadelphia; Amy Rule, MD MPH, Emory University SOM; Anik Patel, MD, Children's Mercy Kansas City Hospital; Lisa Umphrey, MD, Children's Hospital Colorado; Duncan Hau, MD, Weill Cornell Medicine; Lee Morris, MD, Atrium Health Levine Children's Hospital; Clea Stanford, DrPH MPH, Stanford University School of Medicine; Brittany Murray, MD, Emory University School of Medicine; Kathy Ferrer, MD, Children's National Medical Center; Heather Haq, MD MHS, Baylor College of Medicine; Megan McHenry, MD MS, Indiana University School of Medicine ; Reena Tam, MD, University of Utah School of Medicine

The COVID-19 pandemic impacted global health education significantly. Educators faced and continue to face unique, challenging decisions about electives with regards to the safety and health of pediatric trainees. Furthermore, the pandemic and the international reckoning with racism led educational leaders to evaluate their own institutions' global health partnerships through the lens of decolonization and anti-racism.

This Enhanced Learning Session (ELS) will facilitate self-reflection on participants' own global health partnerships through the utilization of a newly developed Primary Global Health Site Assessment Tool (PGHSAT). The PGHSAT is a tool that academic global health program leaders can utilize to evaluate defined elements for a new or potential GH partner site for elective residency or fellowship rotations, with a focus on equity and bidirectionality. This session will also highlight the curriculum resources in the new GHEARD (Global Health Education for Equity, Anti-Racism and Decolonization) to foster conversation around bidirectionality best practices for both trainees and faculty.

In addition to reviewing these novel tools, participants in the ELS session will use case-based discussions to review a safety and health factors checklist for US-based trainees traveling abroad in the post pandemic world, as well as for international trainees being hosted by US-based programs. This ELS will empower educator leaders to optimize bidirectionality, enhance health and safety during rotations, centralize partnerships around local needs, and better support trainees as they pursue pediatric global health electives during residency and fellowship. It will also assist programs in assessing their global health programs in a post-pandemic context and looking toward better sustainability and more equitable partnerships in the future.

ALIGNING THE GME STARS: LEVERAGING YOUR LOVE LANGUAGE TO FOSTER TEAM COHESION, ENHANCE OUTCOMES AND BOLSTER JOB SATISFACTION

Sara Goode, TAGME; Erica Martz, M.Ed., C-TAGME, Nationwide Children's Hospital; Brittany Dixon, BS, Lurie Children's Hospital / McGaw Medical Center

Shared expectations serve as the cornerstone of a successful team- fostering cohesion, productivity, efficiency, and a harmonious work environment. When alignment is lacking, it gives rise to multiple challenges including discontent amongst team members. In the context of graduate medical education, where the stakes are high and demands are constantly changing, maintaining alignment is especially crucial. The fast-paced nature of the field can indeed lead to breakdowns in communication and unfavorable outcomes if not managed effectively. Evolving accreditation requirements, fluctuating deadlines, and competing priorities, coupled with the multitude of methods for completing tasks and achieving goals, may result in failure to effectively exchange information, causing a decline in both team efficiency and overall morale. When teams experience these disruptions, feelings of burnout and

dissatisfaction can ensue. Cultivating team alignment is crucial for maximizing productivity, attaining success, and elevating the overall satisfaction of the team.

Aligning expectations is an ongoing process. It requires regular communication, evaluation, and adjustment. Building relationships is instrumental for understanding team dynamics and establishing the framework for aligning expectations. Aligned expectations yield a variety of benefits which support productivity and efficient task completion, while also encouraging motivation and innovation. When teams possess a clear understanding of their purpose, share common expectations, and collaborate cohesively, they are more likely to achieve their goals and make positive contributions to the organization's success and culture. Likewise, when employees have a clear understanding of what is expected from them, they are more likely to feel confident and engaged in their roles. Elevated confidence plays a pivotal role in boosting job satisfaction and improving overall morale.

This Enhanced Learning Session will explore how incorporating the Five Languages of Appreciation in the Workplace contributes to relationship building and team alignment (Chapin & White, 2011). Participants will identify their personal Language of Appreciation and develop strategies for applying these languages within a graduate medical education team to improve broad outcomes. This session will examine actionable strategies and an understanding that a well-aligned team enhances communication, responsibility, motivation, and job satisfaction, all of which bolster efficiency and yield optimal results in the field of graduate medical education.

START WITH YES AND GO FROM THERE. IMPROV TRAINING AS A FRAMEWORK FOR IMPROVING FEEDBACK.

Daniel Hall, MD, MGfC; Jen Hanson, MD, Mass General for Children

Medical Improv is being increasingly utilized as a tool for teaching communication skills, teamwork as well as flexibility and creativity in thinking. Improv provides a chance to learn and practice these skills in a low stakes, safe environment with ample opportunity for self-reflection. We propose a workshop using improvisational exercises to target some of the common challenges to providing effective feedback in a clinical setting in a fun and practical way.

The session would begin with an ice breaker and description of the foundational tenets of improv training as well as its growing use in medical training. Following this, we would lead the group though a series of paired brief didactics and improv activities providing direct practice of the skill / topic presented in the didactic portion. Paired activities would address active / attentive listening, observation/nonverbal cues, importance of being fully present, trigger theory for accepting/rejecting feedback, types of feedback, pitfalls in feedback, and importance of relationships in feedback. The session will close with participants brainstorming ways they could utilize improv in their own clinical setting to further enhance feedback within their teams.

REMEDIATING YOUR REMEDIATION PLANS THROUGH AN EQUITY LENS

Andria Tatem, MD, MEd, Eastern Virginia Medical School; Emma Omoruyi, MD, MPH, UTHealth McGovern Medical School; Becky Blankenburg, MD, MPH, Stanford University; Margarita Ramos, MD, Children's National Medical Center; Michelle Barnes, MD, University of Illinois; Kimberly Montez, MD, MPH, Wake Forest University School of Medicine; Alissa Darden, MD, Phoenix Children's Hospital; Su-Ting Li, MD, MPH, UC Davis

“You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats so you can know who you are, what you can rise from, how you can still come out of it.” — Maya Angelou. Have you thought about the challenges that Program Directors (PDs) face when they dismiss a UIM learner? How does this reflect their ability to provide psychological safety for learners of certain identities? How does bias from other faculty reflect on their dismissal? What resources are available to support the PD and the learner? Black and Latinx residents either leave or are terminated from residency programs at far higher rates than white residents. (2020 Fall APPD Presentation by Bill McDade, ACGME Chief Diversity and Inclusion Officer, 2022 STAT Article)

This workshop will explore the challenges faced by PDs regarding remediation, probation, and dismissal of UIM trainees. We will share data on how prevalent an issue this is, explore specific issues that arise in this process, and provide resources for support of PDs and trainees. We will then provide testimonials from UIM PDs, deconstruct existing resources to find the blind spots of bias and discuss how to evaluate.

Participants will work in small groups to evaluate existing resources for assessment remediation to identify areas of bias. Participants will use polling to provide anonymous experiences of various PDs. Participants will use self-reflection to identify common themes in testimonials from UIM PDs in remediation. Through large group discussion, participants will consider how they can support UIM program directors, advisors, and CCC members as they develop remediation plans for UIM trainees. Participants will share ways to mitigate bias in their own remediation processes and better support UIM trainees for successful remediation. Participants will leave the workshop with resources for remediation and an understanding of the biases in these resources to provide more support for UIM PDs and trainees and foster successful remediation.

Thursday, April 18, 2024: 11:00am - 12:30pm CT

BREAKING BIAS: LEADING YOUR TEAM TO EQUITABLE INTERVIEWING

Ellen Dees, MD; Andrew Radbill, MD; Uchenna Anani, MD; Isaura Diaz, MD; Whitney Browning, MD; My Linh Ngo, MD; Alison Herndon, MD; Devang Pastakia, MD; Adriana Bialostozky, MD, Vanderbilt University Medical Center

As leaders in training programs, it is imperative that we work to foster a diverse and inclusive workforce, one that reflects the diverse patient population we serve. Unfortunately, conventional methods of evaluating written application materials and interviewing practices often exhibit bias, lacking a holistic perspective and favoring stereotypical views. These biases tend to thrive when desired characteristics and traits of applicants are vaguely defined and open to interpretation by individual interviewers. The use of structured interviews is one strategy to eliminate biases and allow for a more equitable (fair) assessment of candidates. Unlike traditional interviews, structured interviews involve pre-determined questions that align with valued characteristics and qualities in trainees that have been formulated with the input of a diverse group of faculty. Structured interviews use behavioral or situational questions to assess specific actions and thought processes in a candidate. Whether hypothetical or based on real life situations, these questions prompt the candidates to describe their actions, reactions and thought processes. Structured interviews allow comparisons with more specificity than traditional open-ended interviews.

To equip program leaders with the tools to implement equitable interview practices, this innovative and interactive workshop will guide program leaders in designing a framework for implementing holistic interviewing practices tailored for their home institution. We will review the data supporting the importance of these practices and discuss principles of equitable interviewing, focusing on the use of structured interviews. We will practice how to establish a shared understanding of desired trainees' characteristics among evaluators, and how to assess these traits in applicants using structured interviewing techniques. This workshop will model ways to create and implement these techniques in the participants' own training program and strategize how to gain buy-in from the leadership team and faculty stakeholders. We will then discuss ways to incorporate the information gained from the structured interview into a scoring rubric. As a group, we will evaluate our scoring systems for potential biases and discuss methods to mitigate and address biases. Our goal is to empower program leaders with knowledge and skills to implement a fair, inclusive and effective interview process, focusing on a framework for implementing in their own institutions.

SUPPORTING AND TEACHING MEDICAL TRAINEES WITH DISABILITIES

Maya Muenzer, MD, Children's Hospital of Philadelphia; Camille Skinner, MD, University of Washington; Katherine Vessel, MD, UPMC; Mayumi Robinson, MD, Beth Israel Deaconess Medical Center; Kristin Malestski, MD, MSEd; Hannah Anderson, PhD, MBA, Children's Hospital of Philadelphia

People with disabilities (PWD) are drastically underrepresented among healthcare providers, contributing to the limitations in healthcare access and poor outcomes that patients with disabilities experience. Despite the need for increased representation of PWD in medicine, trainees with disabilities face numerous barriers in accessing equitable medical training. Diversity, equity, and inclusion initiatives do not always include disability, and graduate medical education (GME) programs are not meeting the needs of trainees with disabilities. Despite the increasing number of medical students reporting a disability, trainees may still hesitate to request necessary accommodations due to stigma, bias, or lack of a clear institutional process, and are at greater risk of developing depressive symptoms associated with unmet needs. By supporting the needs of trainees with disabilities, GME programs and educators can foster a culture of inclusivity and acceptance, greatly benefiting the medical community and our patients.

The goals of this session are to 1) build a strong foundation of the history of disability and the language used to discuss disability and ableism for educators; 2) promote disability accommodations in undergraduate and graduate medical education; and 3) enable educators to provide an inclusive and informed environment for all trainees, particularly those with disabilities. The workshop will begin by delineating different models of disability and ableism. We will then highlight the disparities apparent for trainees with disabilities, both in the number of trainees and in the barriers that prevent equitable training experiences. Participants will then work in small groups to tackle cases related to improving the graduate medical education experience and environment for trainees with a variety of disability types.

Upon completion of this workshop, educators will be armed with tools to bring back to their home institutions so they can be successful in promoting more equitable training environments for trainees with disabilities. Successful implementation and promotion of equitable training practices will help begin to shift the culture within medicine to one of inclusivity, helping to lay the foundation for improved recruitment of trainees with disabilities into the field of Pediatrics, and ultimately combatting the stigma of disability in medicine.

PREPARING FOR EPAS – IT TAKES A VILLAGE!

Suzanne Reed, MD, MAEd, Nationwide Children's Hospital; Jonathan Gehlbach, MD, University of Illinois at Peoria; Sara Multerer, MD, University of Louisville; Stephen Barone, MD; Kelly Murphy, MPA; Stacy McGeechan-Chianese, MD, Cohen Children's Medical Center; Jennifer DiRocco, DO, Kapiolani Medical Center for Women & Children; Sanaz Devlin, MD, Children's Hospital of the King's Daughters; Amber Hairfield, DO, University of Texas at Galveston; Margaret Kihstrom, MD, University of North Carolina; David Stewart, MD, University of Michigan; David Turner, MD, American Board of Pediatrics; Mackenzie Frost, MD, MEd, Children's Hospital of Philadelphia; Michael Green, MD, University of Texas Southwestern; Meghan O'Connor, MD, University of Utah

In 2028, Entrustable Professional Activity (EPA) assessments will be used by the American Board of Pediatrics (ABP) as part of certification decision-making for all pediatric trainees. The ABP, APPD, and the pediatric education community have committed to competency-based medical education (CBME) for the future of education and assessment, aligning with the worldwide shift to a CBME system. CBME involves the development of education and assessment priorities based on patient needs. EPAs represent these activities that patients need, and assessment of EPAs is based on the amount of supervision a trainee requires to safely and effectively perform the activity. Collectively, EPAs are an integral element of a CBME framework that defines our specialty. In flipped-classroom style, participants will complete a short assignment prior to the session. For this assignment, participants

will be asked to reflect on their own program's experience with CBME/EPAs, and then assess their own skill level with EPAs, on a supervision scale from "Trusted to Observe Only" to "Trusted to execute without supervision."

During the workshop, participants will become more familiar with CBME and EPAs, and then break into small groups in a 'Table to Able' format for content-specific collaborative discussions, based on the participant's interest/needs identified by the pre-work assignment. Participants will engage in 2 rounds of discussions. In Round 1, participants will be grouped by EPA experience level to discuss relevant issues. In Round 2, participants will be grouped based on topic of interest, for a more content-specific discussion. Table topics will be based on interests identified in pre-work, and may include topics such as faculty development, technical considerations, implementation challenges, and others.

Participants will have the opportunity to learn through others' experiences and begin developing a plan for their own programs through engagement with program leaders with varying degrees of EPA experience in facilitated small and large group discussions. This session intentionally includes many peer facilitators from various programs and in various roles (PDs, APDs, PC/PAs), to allow for smaller groups and meaningful discussions on a wide variety of issues. Participants will engage with APPD colleagues in lessons learned, and with leaders from the APPD Assessment Learning Community, to ensure the needs of APPD community regarding EPAs and CBME are heard.

SEE ONE, DO ONE, COACH ONE: IMPROMPTU COACHING SKILLS FOR AND BY PEDIATRIC TRAINEES

Kristin Sundy-Boyles, MD; Joanne Alfred, MD, University of North Carolina School of Medicine; Rena Kasick, MD, Nationwide Children's Hospital; Timothy Pian, MD, Children's Hospital Los Angeles; Matthew Wysong, DO, Nationwide Children's Hospital; Eric Zwemer, MD, University of North Carolina School of Medicine

Academic coaching is a well-accepted model for the development of self-directed learners; literature describes benefits of a variety of coaching methods, including hierarchical coaching (faculty coaching residents, residents coaching medical students, etc.), near-peer coaching, and peer coaching. Unlike mentoring, which relies on expert guidance, coaching facilitates self-determination and self-awareness in coaches, promoting skills of Master Adaptive Learners.[1] Coaches in such programs cite improvement in communication skills, increased quality of feedback, superior goal-setting habits, and decreased rates of burnout.[2–8] While examples of academic coaching often involve longitudinal relationships between coach and coachee, coaching principles can also be applied to brief or time-limited encounters with learners. This has been described in the business literature as impromptu coaching, though descriptions in medical education are lacking.[9] Beyond the multifactorial benefits to trainees offered by coaching, we have an obligation to teach our learners these skills. The ACGME Pediatric Milestones 2.0 mention coaching in 14 of the 22 milestones as skills necessary for the 4th or 5th levels, and the current model of medical education means that trainees do much of their learning from each other.[10] As the evidence base for coaching grows, we need to pass these skills on to our learners in addition to practicing them ourselves.

In this interactive workshop, participants will develop a foundation in coaching theory as it differs from common teaching practices, incorporate impromptu coaching into their specific clinical learning environment, and apply these skills to empower trainees to coach other trainees themselves. We will first review the role of an academic coach and the specific application of impromptu coaching through the introduction of a framework from Stewart Leadership.[9] Participants will then apply this framework and their coaching knowledge to three scenarios, taking time to consider how they might coach their learners to become coaches themselves. At the conclusion of the workshop, participants will receive a toolkit on impromptu coaching and will set goals for incorporating these skills into work with trainees at their home institutions.

DEVELOPING QUALITY AND SAFETY LEADERS IN GRADUATE MEDICAL EDUCATION

Nicholas Clark, MD; Sari Cantrell, MBA; Angela Etzenhouser, MD, Children's Mercy Kansas City; Jessica Hart, MD, MHQS, Children's Hospital of Philadelphia; Cynthia Katz, MD, Mount Sinai Hospital; Joanne Mendoza, MD, Eastern

Virginia Medical School/Children's Hospital of The King's Daughters; Mamta Reddy, MD, MBOE, University of Missouri - Kansas City School of Medicine

Achieving the quintuple aim (enhancing patient experience, improving outcomes, reducing costs, bettering clinician well-being, and addressing health equity) is paramount to the future success of medicine. ACGME's CLER Pathways to Excellence 2.0 describes the foundational quality improvement and patient safety (QIPS) knowledge and skills residents and fellows should receive during training, and it also outlines the important role faculty play in this education. Incorporating these elements into program curricula can move trainees toward realizing the quintuple aim. Additionally, coaching and mentoring are key components to a number of contextual factors that have been identified within the Model for Understanding Success in Quality (MUSIQ) framework to impact improvement project success. Unfortunately, guidance by CLER is much less prescriptive as to how faculty and training programs support residents and fellows in their pursuit of QIPS endeavors.

This 90-minute Enhanced Learning Session will host a multi-institutional panel of QIPS leaders with a wide breadth of experience in QIPS mentoring and coaching across the career continuum (medical students through hospital leadership, both locally and nationally). The session will begin with a brief didactic to understand the differences between mentoring and coaching and describe current literature in QIPS coaching and mentoring in medical education. A panel discussion with session facilitators will include an audience Q&A, and the session will address successes and common pitfalls in mentoring and coaching to develop QIPS leaders within residency and fellowship training programs. Session participants will engage in individual reflection, pair-share, and table discussion to develop a QIPS Mentoring/Coaching Action Plan to trial at their home institutions.

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, University of California Los Angeles

In this dynamic, debate-style session, attendees will hear leaders in the field face off to explore contemporary issues in pediatric 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 briefly present 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. Participants will sharpen their critical thinking skills, consider diverse perspectives, and collaboratively navigate the complex educational landscape for current and future generations of pediatricians. The three proposed topics for 2024, chosen for their relevance to trainees and leaders in pediatric medical education, are:

1. X+Y Scheduling: Is it worth the hype?
2. Fellowship training: One length fits all or time for flexibility?
3. Patient caps: A necessary safety net or an arbitrary restriction?

THERE'S A NEW A.I. ON YOUR TEAM (AND IT'S NOT A 4TH YEAR STUDENT): UTILIZING LARGE LANGUAGE MODELS FOR BEDSIDE EDUCATION

Michael Dell, MD, Rainbow Babies & Children's Hospital/CWRU School of Medicine; Jessica Goldstein, MD, University of Minnesota; Garrett Simkins, MD, Rainbow Babies & Children's Hospital; Andrew Knox, MD, University of Wisconsin; Nathan Stehouwer, MD, UH Rainbow Babies & Children's Hospital / CWRU School of Medicine

The use of artificial intelligence in education and in clinical medicine is not new. However, current generation large language models (LLMs) such as Open AI's ChatGPT or Google's Bard have markedly altered the accessibility of this technology. The potential applications in medical education are numerous, including tremendous potential for

bedside education (e.g. as a coach, sounding board, or virtual practice space) and clinical decision support (e.g. to augment real world decision making, information retrieval and/or synthesis)

Workshop facilitators will introduce the basic concepts of large language models (LLMs). This will include instruction on how to effectively interface with the LLM platforms, with emphasis on "prompt engineering". Attendees will practice information retrieval and information validation. After practice, the group will discuss use of LLMs in bedside teaching strategies, including information retrieval and precepting practice. Participants will also generate their own innovative strategies for utilization of LLMs in bedside education.

Workshop participants will then have the opportunity to use LLMs to work through practice clinical cases, followed by large group discussion of differences between LLMs and traditional clinical decision support tools. Exercises and discussion will emphasize:

- Varying modes of utilizing LLMs (precepting, consultation, collaboration)
- Effective prompting strategies
- Impacts on reasoning outputs and learning

Finally, facilitators will lead a discussion of responsible use of AI in education and clinical decision-making. Attendees will leave the session with improved familiarity and effectiveness working with LLMs, action plans for incorporating LLMs into personal clinical practice, bedside teaching and curriculum design, as well as identified resources for ongoing learning about potential applications of LLMs in medicine and medical education.

Attendees will need to bring laptop or tablet to fully participate in this ELS.

DIGITAL DEXTERITY: A MULTIGENERATIONAL APPROACH TO MASTERING DIGITAL TOOLS FOR TEACHING

Suzanne Friedman, MD, Columbia University Vagelos College of Physicians and Surgeons; Scott Moerdler, MD, Rutgers Cancer Institute of New Jersey; Samuel Kase, MD; Adiel Munk, MD, Icahn School of Medicine at Mount Sinai; Marina Catallozzi, MD MSCE, Columbia University Vagelos College of Physicians and Surgeons

ChatGPT created the title of this workshop and can do much more. Digital tools have the power to innovate and enhance teaching, while decreasing the preparation burden on educators. In this hands-on, interactive workshop, we will explore different technology that are readily available and discuss how they can be used by busy clinicians and educators to innovate and streamline their teaching. We will start with large group polling to learn from the audience their experiences with digital technology tools and then review the literature for the role of educational technology in medical education. We will then delve into a discussion on artificial intelligence such as ChatGPT and its uses to educators, such as in creating presentations, graphics and board review questions. The audience will break into small groups with facilitators and practice using AI tools to create content that is relevant to their own teaching. They will then share it with their table to compare different applications of AI. There will then be a large group discussion on gamification and the many available uses of technology that can be applied to creating educational games. Workshop participants will learn about games, their best use cases and how to create them from readily available starting points via an interactive game. Workshop facilitators will share experiences from their own creation of educational games via digital tools. Finally, there will be a large group discussion of digital apps to support and facilitate teaching. Participants will break into groups to share different apps that they use for the development of teaching content and to support learners in self-directed learning. Each table will create a live resource list that will then be shared in large group discussions. Facilitators will share their resources as well as their experiences with digital apps to support and facilitate teaching content. The workshop will complete with a wrap-up, questions and time for participants to complete a toolkit to bring back to their institutions.

The workshop leaders represent a variety of roles in medical education, including vice chair of education, residency education, fellowship education and chief residents, as well as several subspecialties and institutions. Their unique

experiences will enable facilitation and maximize applicability and generalizability of the workshop. The leaders have presented and published in multiple forums on the topics of digital and virtual education tools, digital scholarship and faculty and resident development of teaching skills.

REIMAGINING GLOBAL HEALTH EDUCATION IN A POST PANDEMIC WORLD, PART 2: CONSIDERATIONS FOR IMMERSIVE EXPERIENCES AND RETURN

Adelaide Barnes, MD, Children's Hospital of Philadelphia; Nikki St. Clair, MD, University of Wisconsin School of Medicine & Public Health; Kimberly Alali, MD MEd, Children's Hospital of Philadelphia; Amy Rule, MD, Emory University SOM; Heather Haq, MD MHS, Baylor College of Medicine

The global health (GH) education community has created many high-yield resources related to preparation for GH training experiences. However, there are few related to supporting trainees on-site (during their GH electives) and post-return. Research suggests that these cross-cultural immersions frequently yield intense emotional experiences, often referred to as “culture shock” (CS), ranging from excitement to extreme frustration. While these emotional rollercoasters can foster transformative learning, professional identity formation, and resilience, they can also exacerbate pre-existing trainee mental health conditions (depression, anxiety, etc.) and can negatively influence trainee professionalism, thereby affecting host communities.

A recent study demonstrated that CS is a near universal experience for trainees–96% endorsed experiencing it during their GH electives, and 74% stated that they also underwent “re-entry” shock, with difficulties acclimating back to their home surroundings and stateside medical practices. It is therefore essential for medical educators to understand this CS phenomenon and develop an infrastructure to support trainees, both on-site and post-return.

Debriefing for trainees returning from GH rotations is a recommended component of any GH program with away experiences to counteract CS and foster critical reflection. However, anecdotal evidence suggests significant variability in debriefing practices across institutions. With the aim of facilitating a standardized approach to post-return debriefing, a recent study surveyed GH education experts to develop structure and content guidelines for post-return debriefing of resident physicians participating in rotations abroad.

In this workshop, we will simulate a CS experience for attendees in order to gain insight into the intensity of the experience, introduce a newly-published “Top 10 tips for healthcare providers to prepare for, manage and debrief culture shock,” discuss strategies to optimize trainee on-site reflection (including narrative writing), and practice utilizing existing resources to support trainees through the GH elective process and debrief with them post-return.

Participants will leave this session with greater empathy for the trainee CS experience and will feel equipped with tangible standardized resources to support trainee well-being and foster transformative learning during GH electives and post-return debriefing.

DEVELOPING A TOOLBOX OF INTERVENTIONS FOR FACULTY HEALTH EQUITY TRAINING: PERSPECTIVES FROM THE CONFRONTING RACISM ACTION TEAM ANTI-RACISM FACULTY DEVELOPMENT WORKGROUP

Theiline Gborkorquellie, MD, MHS; Aisha Barber, MD, MEd, Children's National Hospital; Anshu Gupta, MBBS, MSCTS, Virginia Commonwealth University; Su-Ting Li, MD, MPH, University of California Davis; Tyler Smith, MD, MPH, Children’s Mercy Kansas City; Andria Tatem, MD, MEd, Eastern Virginia Medical School/Children's Hospital of The King's Daughters; Angela Czaja, MD, MSc, PhD, University of Colorado School of Medicine/Children’s Hospital Colorado; Robert Trevino, MD, PhD, Nationwide Children's Hospital

As many residency programs expand teaching to address the need to dismantle structural racism and other systemic inequities, it is clear that many faculty are unprepared to teach these topics. Faculty often lag behind trainees in their understanding of health equity as many trained before antiracism became a standard element of residency

curricula. The American Academy of Pediatrics, American Board of Pediatrics, Academic Pediatric Association, and other professional organizations have released statements encouraging workforce development on diversity, equity, and inclusion (DEI). However, there is limited literature on the topics most appropriate for faculty development and few curricula have been published on health equity training for faculty.

To bridge this critical gap, this workshop will equip participants with specific tools and interventions they can introduce at their home institutions to teach faculty about health equity. The workshop will begin with a discussion of the importance of faculty development in health equity including the links to health outcomes. We will present 7-10 interventions that have been developed and/or used at seven institutions across the country to train faculty in health equity. The interventions described will include small-group workshops, large-group presentations, and systemic approaches. Using a train-the-trainer model, participants will divide into small groups to explore a selected number of interventions in-depth such as: the “Words Matter: Faculty Development on Eliminating Biased Language to Promote Health Equity” medium-group presentation and workshop, the “No Justice, No Peace: How to be an inclusive leader” small-group leadership workshop, and the “Supporting Educational Excellence in Diversity (SEED)” hybrid online/in-person large-group training. In small groups, the participants will run through a modified version of the intervention, and then review the facilitator guides and work together to devise implementation and evaluation for faculty at their home institutions. A large group activated discussion will then focus on implementation challenges and opportunities. At the conclusion of the workshop, participants will leave with a toolbox that they can use to begin creating faculty health equity trainings in their respective educational and clinical settings. Of note, DEI work varies based on institution, state, and what faculty are permitted to do particularly after the recent U.S. Supreme Court affirmative action ruling.

STRIKING SCHOLARLY GOLD: A TREASURE MAP TO MAXIMIZE ACADEMIC PRODUCTIVITY IN MEDICAL EDUCATION

Eleanor Sharp, MD MS, University of Pittsburgh School of Medicine; Nicole Hames, MD; Sarah Varghese, MD; Rebecca Sanders, MD PHD, Emory University School of Medicine; Maia Taft, MD; Krishna Trivedi, MD, University of Pittsburgh School of Medicine

Are you actively engaged in research, quality improvement, and medical education projects that demand significant time and effort but haven't translated into tangible additions to your CV? If so, this Enhanced Learning Session is for you! Join us for this empowering session as we chart a course toward a more inclusive and comprehensive approach to scholarly productivity.

Peer-reviewed publications remain the most frequent currency of the career advancement and faculty promotions process. However, many trainees, junior faculty, and program coordinators invest significant time and effort in medical education and quality improvement initiatives that are highly impactful but may not easily translate into traditional publications. These time-intensive efforts may be under-recognized, hindering career growth and delaying academic advancement. This interactive session aims to empower clinician-educators with practical strategies to gain academic credit for their scholarly work.

In this ELS, participants will engage in hands-on activities, working through case vignettes that mirror real-world challenges encountered in academic projects. Discussions will focus on identifying and overcoming common pitfalls and barriers from start to finish. Through active learning techniques, we will review strategies for planning, implementing, and disseminating projects, with an emphasis on leveraging social media, nontraditional publications, non-peer reviewed literature, conferences and national working groups to highlight work. Participants will leave with a road map to navigate the academic landscape, resources to support ongoing and future projects, and a guide to attaining well-deserved recognition for their accomplishments.

COACHING TRAINEES IN EMPATHETIC COMMUNICATION DURING EMOTIONALLY CHARGED SITUATIONS – A LEARNING FRAMEWORK FOR CHIEFS, FACULTY, AND PROGRAM LEADERS

Andrew Yu, MD, UT Southwestern; Sarah Gustafson, MD, UCLA DGSOM and CDU; Christian Lawrence, MD, The University of North Carolina at Chapel Hill; Mallory Logsdon, DO, Advocate Children's Hospital (Park Ridge); Jessica Landry, MD, University of Colorado School of Medicine

"Empathy is not relating to an experience, it's connecting to what someone is feeling about an experience." - Brené Brown

As physician educators, we know the importance of communicating empathy to achieve trust and therapeutic alliance with patients and families. Often, we have not experienced the exact scenarios our patients face, yet we are called to put ourselves in their shoes and provide comfort – maybe after a difficult diagnosis, an unexpected setback, or even the loss of a child. As Brene Brown states, "Empathy is communicating that incredibly healing message of 'You're not alone.'"

Often, we have received little formal education on how to demonstrate empathy, but as educators, we are called upon to coach our trainees on how to do so during emotionally charged situations. The practical skills to effectively demonstrate empathy may seem elusive, with a common misconception being that empathy is an innate and immutable trait, but literature suggests that these skills can be taught.

As we prepare, assess, and coach trainees in effective communication during emotionally charged interactions, it is particularly important that leaders in graduate medical education be equipped with a framework for teaching empathetic communication skills.

In this engaging and interactive workshop, participants will explore a practical framework coined LEARN (Listen, Empathize, Acknowledge/Apologize, Respect, Next steps) that can be used to both demonstrate and teach empathy in difficult situations. This framework, supported by best practices in relationship-centered communication, can easily be utilized by faculty for just-in-time teaching and assessment of learners across multiple patient settings. Importantly, this workshop will provide participants the opportunity to practice the skills of direct observation and giving feedback that are necessary to effectively coach our trainees.

At the conclusion of this workshop, participants will leave better prepared to practice and educate trainees on the invaluable, yet infrequently taught skill of empathetic communication.

Thursday, April 18, 2024: 3:00pm - 4:30pm CT

LEADING BEYOND WORDS: HARNESSING OUR PERSONALITIES, IMPROVISATION, AND PAST TRAUMAS FOR EFFECTIVE LEADERSHIP COMMUNICATION

Scott Moerdler, MD, Rutgers Cancer Institute of New Jersey; Gabrielle Pina, DO, Loma Linda University Children's Hospital; Suzanne Friedman, MD, Columbia University; Richard Suarez, MD, St. Christopher's Hospital for Children; Alexandra Clark, MD, Riverside University Health System

Leadership often starts before a word is spoken. Status and hierarchy are often judged when walking into the room. However, many people are not even given the luxury to speak in the first place. But we are all leaders, regardless of our official positions, we all lead teams and other colleagues. This interactive workshop will demonstrate the habits, biases, and experiences that shape communication and leadership.

Leadership can enhance mutual trust and respect, helping to build more resilient teams [1-3]. Poor leadership significantly impacts healthcare workers wellbeing, specifically 'betrayals of trust' leading to moral injury and increased stress[1]. Leadership development can help, however, much of current leadership training is aimed at senior colleagues. There remains a need to provide resources and training for all, including trainees and junior faculty, to increase the pool of those interested and prepared for leadership positions. Furthermore, the ACGME Task Force recommends enhanced educational experiences, including leadership skills[4].

Interpersonal and communication skills are essential for effective leadership[5]. Good communication depends on knowing oneself and exploring past traumas that we carry like an invisible backpack into every interaction, impacting our verbal and non-verbal communication[6,7]. In this powerful and interactive workshop, we will start by unpacking and recognizing what we bring unconsciously into the room and our current communication styles. Next, we will sharpen our communication skills to help understand our interactions and the implications on status and team dynamics.

The workshop's goal is to help overcome hierarchies, empower participants to enhance their communication, and support marginalized groups. In this workshop, the facilitators who range from residents to senior health system leaders and speak across the country on leadership, improv, communication, and inclusivity bring together their skills to provide tools to enhance communication and leadership. This interactive workshop will use proven tools borrowed from disciplines including business, sociology, trauma-informed care, and improvisational theater. In addition to navigating these exercises, which will allow for internal understanding, participants will leave with a toolkit of activities and resources to bring back home. This will enable participants to continue self-reflective work and equip them to help their colleagues and trainees on this communication and leadership path.

THE REAL ERAS TOUR: UNDERSTANDING HOW GENDER IDENTITY AND SEXUALITY GENERATIONAL DIFFERENCES BUILDS HIGH FUNCTIONING DIVERSE TEAMS

Keith Ponitz, MD, Rainbow Babies and Children's Hospital; Michelle Brooks, CTACC, Stanford University; Jeremiah Cleveland, MD, Maimonides Children's Hospital

Our attachment to a generation and its associated strengths is often defined by key events that have taken place during our formative years. The multigenerational workforce can be quite inspiring in that multigenerational teams are often high functioning by the nature of the diverse skillsets that each generation brings to the workplace. Team members from the Baby Boomers, Gen X, Millennials, and Gen Z can each bring a strong work ethic, innovation, flexibility, tech savviness and can drive social change. However age is only one of many characteristics that can bring diversity to our teams. This workshop aims to bring forth the intersectionality of age with gender identity. and sexuality (GI&S). Like age-based generations, our GI&S are often expressed by key events during our lives. For this particular marginalized community, laws prohibiting homosexuality and transition, the HIV/AIDs epidemic, trans hate crimes, development of gay communities, and LGBTQ+ acceptance are a few of these sentinel events.

This workshop will explore the strengths and challenges participants bring from the intersectionality of both age-based and GI&S generations. By investigating how age and GI&S generation can intersect, we hope to illustrate how participants can either bring a more complex and diverse self to the table or support trainees who belong to this community. When each of us better understands the diversity that we bring to our teams, our teams' end products will be stronger as well. We will accomplish this understanding of ourselves with storytelling by workshop leaders and participants sharing their lived experiences. We will then break into smaller groups to continue storytelling and volunteer sharing of sentinel events that helped shape our own age/GI&S. ELS facilitators will follow this with an example of birectional age/GI&S "mentoring" to gain a deeper appreciation of each other's identities with the goal of enhancing team dynamics. Next, given that GI&S are political hot buttons, the workshop leaders will also lead a provocative but respectful discussion regarding differences in beliefs with the goal of gaining appreciation for the other side. We will then break into pairs/small groups to practice mentoring and having difficult conversations. We will bring the group back to discuss obstacles that occurred in the small group discussions. Finally, we will show how

the dialogue that took place today is a roadmap to building more diverse high functioning teams for the benefit of our patients and institutions.

IF I'VE READ ONE PERSONAL STATEMENT, I'VE READ THEM ALL… UNTIL NOW!

Clifton Lee, MD, Children's Hospital of Richmond at VCU; Patrick McCarthy, MD, Medical College of Wisconsin; Rebecca Sanders, MD, Emory University School of Medicine; Eric Zwemer, MD, UNC School of Medicine; Rebecca Cantu, MD, Arkansas Children's Hospital; Sarah Varghese, MD, Emory University School of Medicine

The road to an effective personal statement is littered with pitfalls: labored analogies, generic anecdotes, clichés, and verbose vocabulary that says very little. Is it possible for trainees to avoid these common obstacles and generate a true-to-self personal statement? Yes, it is… with a little help! This highly engaging workshop will take participants on a deep dive into the personal statement, exploring its importance, its limitations, and its role in the application process. Attendees will learn how to coach trainees through this challenging writing task, transforming their personal statements from ordinary to outstanding.

In the era of virtual interviews, applicants have an invaluable opportunity to showcase their passions, goals, and best qualities via the personal statement. A well-written personal statement can address "holes" in other parts of the application and unify an applicant's narrative, providing that little extra "boost" to secure an interview invitation. Yet many busy learners struggle to summarize themselves within a character limit, and faculty may feel under-prepared to provide assistance. This workshop will leverage the collective expertise of program leaders who have reviewed thousands of applications, enlightening trainees and the faculty who advise them on best practices to craft meaningful and truly stand-out personal statements.

Using a literature-informed approach augmented by experience, faculty will highlight the components of an effective personal statement, sharing suggested outlines, "tricks of the trade" reviewers may look for, and commonly encountered "do's and don'ts." Through group learning strategies, including polling, group discussion, critical review of personal statement drafts, and more, participants will become better prepared to write or provide feedback to rock the dreaded personal statement. Upon conclusion of the workshop, participants will receive a toolkit containing the "top tips and techniques" to share with others who may be writing or reviewing personal statements.

FROM DRY DIDACTICS TO ACTIVE LEARNING SESSIONS: IMPLEMENTING THE 5E LEARNING CYCLE TO ENGAGE THE ADULT LEARNER

Ariella Weinstock, MD, MS Ed; Bridget Allard, DO, Children's National Hospital; Aisha Barber, MD, MEd, Children's National Hospital; Ligia Moschen Nascente Chanock, MD; Jeremy Kern, MD; Nicole Rangos, MD; Grace Quinn, MD, Children's National Hospital

Trainee education has relied on formal lectures to supplement experiential clinical learning. However, lectures often do not keep the adult learner's attention span for long. This session will review adult learning theory and introduce new ways to engage the adult learner for life-long learning.

The 5E Learning Cycle, developed by the Biological Sciences Curriculum Study specifically to teach science, is a highly interactive lesson plan model that scaffolds learning through a variety of modalities to improve retention of content. Though initially developed for k-12, this model is highly compatible with and easily integrates Adult Learning Theory. The 5E instruction model includes 5 learning stages: Engage, Explore, Explain, Elaborate, and Evaluate. Many educators include an additional stage: Extend. In the first stage of "Engage", the adult learner recognizes their internal motivation to learn the topic. In "Explore", the adult learner reviews prior knowledge on a topic that they can build upon. In "Explain" and "Elaborate", the learner is first presented with new content via didactics, and then asked to apply the new concepts with built-in evaluation, to provide feedback to the learner and showcase

progression of learning. Following the didactic session, learners are offered ways to continue learning in “Extend” that can be self-directed and allow for spaced repetition.

This workshop is built in the 5E instruction model to showcase to participants this lesson planning style. In the “Engage” and “Explore” sections, participants will reflect on prior knowledge and beliefs in education and delve into current theories in adult learning. In the “Explain” section, participants will rotate through stations to gain exposure to a variety of alternative teaching methods that are not lecture styles. In the “Elaborate” and “Evaluate” sections, participants will take what they have learned and develop a sample lesson plan. Finally, in the “Extend” section, we will discuss ways to implement this new modality into current didactic sections.

Workshop attendees will participate in the 5E instruction model and will be provided with a virtual toolkit containing descriptions and samples of alternative learning modalities that can be applied at their home institutions.

IT’S IMPOSTER CULTURE, NOT IMPOSTER SYNDROME: WHY WE NEED TO STOP TEACHING TRAINEES HOW TO MANAGE IMPOSTER SYNDROME IN ENVIRONMENTS THAT MAY NOT ALLOW INCLUSIVE AUTHENTICITY AND WHAT TO TEACH INSTEAD

Tara Bamat, MD; Nicole Washington, MD, Children's Hospital of Philadelphia; Sabina Holland, MD, Hasbro Children's Hospital

Many wellbeing or resilience curricula include at least one session on Imposter Syndrome and how to manage it. We believe that this unfortunately makes a cultural issue of non-inclusivity and a historical push towards conformity within a white patriarchal system an individual problem instead of systems problem. If the individual who has been historically marginalized and oppressed and conditioned to mask their authentic self in the workplace and medical education system feels they are an imposter, it is likely because of these external factors rather than an inherently internalized problem. While the effects of the externalized factors may have become internalized and we do need to equip trainees in ways to cope with feelings of “not enough-ness” and, we can teach these skills in a way that is both healthier, more individualized, and that recognizes the societal context in which these internalized voices and narratives originated. Indeed, any negative internal self-limiting beliefs started as an external voice thus naming and unpacking that is a crucial first step before then taking one’s own power and narrative back. We believe teaching skills in a different way to trainees can be a powerful move in the right direction. We aim to teach 4 different techniques to teach the concept of inner voices and narratives that get in the way so that programs can be exposed to alternative methods of teaching. In addition, we believe every program should look at a more granular level into what parts of their program or hospital culture might be contributing to an imposter culture and how can they take steps to improve.

FROM BOOMERS TO ZOOMERS: INTEGRATING GEN Z THROUGH TARGETED LEARNING AND COMMUNICATION APPROACHES

Charlene Larson Rotandi, AB, C-TAGME, Stanford University School of Medicine; Margarita Ramos, MD, MS, Children’s National Hospital; Katharine Clouser, MD, Hackensack University Medical Center; Linda Waggoner-Fountain, MD, MACM, University of Virginia School of Medicine; Elisa Phillips, MD; Adithi Reddy, MD, Stanford University School of Medicine; Pamela Carpenter, MEd, Association of Pediatric Program Directors

In today's dynamic workplace, healthcare organizations are becoming increasingly diverse. With at least four generations working alongside each other, Gen Z (born between 1995 and 2010) is the newest cohort to join our pediatric training environments. This session delves into the importance of recognizing generational diversity within the workplace and how it can positively impact organizations. With the entry of Gen Z into our training programs, it is crucial to adapt our workplaces not only to attract and engage these digital natives but also to retain them while harmonizing with other well-established generational groups. The session explores a range of strategies to cultivate an inclusive, multigenerational workplace, specifically focusing on effectively integrating Gen Z trainees through

aligned learning and communication approaches. We will examine their unique generational characteristics, such as their inclination for hands-on, experiential learning and their desire for regular communication and feedback. Effective communication is a pivotal tool in bridging these generational gaps, and the session offers insights into strategies for fostering intergenerational dialogue, including effective mentorship. The session will explore best practices for training and professional development, which encompass elements like microlearning, gamification, social media integration, and frequent feedback loops, all of which resonate with Gen Z learners. Session participants will receive a toolkit of resources that will aid in creating a more inclusive and productive multigenerational workplace.

USING THE MASTER ADAPTIVE LEARNER MODEL TO IMPROVE FEEDBACK

Jaclyn Eisenberg, DO; H. Barrett Fromme, MD, MHPE; Nicola Orlov, MD, MPH, University of Chicago Pritzker School of Medicine; Thea Stranger-Najjar, ., University of Chicago Medicine; Alex Rosencrance, ., University of Chicago Pritzker School of Medicine; Brian Lurie, MD, MPH, The Warren Alpert Medical School of Brown University; Caroline Rassbach, MD, Stanford School of Medicine; Whitney Browning, MD, Vanderbilt University Medical Center

Providing effective feedback for trainees can feel overwhelming for even the most experienced physician. The "Master Adaptive Learner" (MAL) framework can ameliorate this challenge by actively engaging trainees in their own learning process. The framework, which aligns with competency-based medical education, involves encouraging learners to identify goals for improvement and formulating plans to achieve them. The MAL process includes four interconnected phases: Planning, Learning, Assessing, and Adjusting. These phases guide learners through self-reflection, active and engaged learner-driven study, skill implementation, and assessment and refocusing of the learning process. The significance of this model extends beyond training – it is a career-long approach for physicians in the rapidly changing field of medicine.

The MAL framework benefits training programs by fostering adaptable, lifelong learners as well as helping to cultivate a culture of feedback. According to the 2022 ACGME survey, many pediatric residencies struggle in this area, with only 65% of programs reporting that their residents are satisfied with faculty feedback. Integrating the MAL framework into the culture of a residency and department can enhance the feedback experience for both the giver and the receiver. In this highly interactive session, participants will be guided through each MAL phase as facilitators offer support to integrate these concepts into their training programs.

HOW TO DEVELOP A MULTI-INSTITUTIONAL ACADEMIC FAMILY THROUGH A CONSORTIUM MODEL: A RECIPE FOR ACADEMIC FULFILLMENT

Sabrina Butteris, MD; Nicole St Clair, MD, University of Wisconsin School of Medicine & Public Health; Lisa Umphrey, MD, University of Colorado; Elizabeth Groothius, MD, MPH, Northwestern University Feinberg School of Medicine; Amy Rule, MD, MPH, Emory University; Emily Danich, N/A, University of Minnesota; DeMarco Bowen, MD, MPH, Medical College of Wisconsin; Michael Taylor, MD, MPH; Michael Pitt, MD, University of Minnesota

Nearly 15 years ago, two faculty met at a national meeting. One was a faculty member at one of the few pediatric residency programs at the time with a global health training program, and the other was working to establish a new global health program. They recognized an opportunity to learn from each other and sought out others in their region with similar interests. With no budget or infrastructure, they decided to come together in person to share ideas. They quickly recognized the value of collaboration and formed the Midwest Consortium of Global Child Health Educators (MWC). Now after fourteen annual meetings, over forty papers, book chapters, abstracts, and workshops, as well as the creating, piloting, and sharing of several widely used curricula in global health education (most notably the SUGARPREP series at sugarprep.org, used by over 200 institutions worldwide), the consortium members aim to share practical steps for other faculty looking to form similar regional consortia around shared interests.

In this workshop, participants will use the model of the MWC to create an action to plan to form their own consortia around topics of their interest. First, we will review the recipe for success based on lessons learned from our consortium. The mix of senior and junior faculty, collaborative crafting of shared mission and vision with a spirit of sharing at its core, creating an academic brand, deliberate mentorship, and constructing ground rules for membership has led to something far more than a research consortium or network, but a true academic family. We celebrate and grieve together, hold each other accountable, and work through challenges and disagreements recognizing that, like family, the MWC is bigger than any difference of opinion. As we expanded our leadership roles outside of the MWC and our own institutions, the most common question we have been asked is how to replicate the MWC model.

During the workshop, we'll equip participants with tangible tools regarding funding, logistics of hosting a consortium meeting, and highlight some of the practical aspects of how we have been consistent in getting academic work done. We'll also discuss the softer nuances of the recipe - such as intentionality around personal connection and mentoring, managing the size of the MWC, and navigating career transitions to and from MWC institutions - that have helped this group continue to thrive.

AMERICAN BOARD OF PEDIATRICS - TRAINEE TRACKING, EVALUATION AND WAIVERS FOR ABSENCES

Suzanne Woods, MD, American Board of Pediatrics; Angela Godwin, BS, The American Board of Pediatrics; Andrew Nowalk, MD PhD, UPMC, Childrens Hospital of Pittsburgh; Wendy Lea~Walker, MPA, The American Board of Pediatrics

The relationship between program directors and the ABP must have a solid foundation based on trust as we are accountable to the public. It is essential for program directors to understand the ABP tracking and evaluation system and relevant policies including the Absences from Training policy and waiver. Questions about tracking, evaluation, and absences from training top the list of inquiries the American Board of Pediatrics (ABP) receives from program directors and coordinators, and increasingly from trainees. The ABP overhauled our tracking and evaluation system with the creation of the electronic Program Portal over the past few years and it is critically important program directors and coordinators have the functional knowledge to work in the Portal. This includes understanding the ABP Absences from Training policy and waiver process. This policy has been in place for three-year training programs since the 1990s and allows for substantial time away from training for a variety of reasons. Recently the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have created requirements to allow for time away from training for medical, family, and parental leave. In response, the ABP updated our policy in 2021 to include the expansion of the policy to all trainees in programs two years or greater in duration. As the approach to leaves of absence has evolved, the ABP has also updated the waiver process, which is part of the online notification system, the Program Portal. This workshop is designed to provide education about our tracking and evaluation system. It will address a wide range of questions that arise from established and new program directors and coordinators from a variety of different training environments. The workshop will provide detailed information about absences from training and the ABP policy, tools for trainees who need an absence, and the use of competency-based assessments in making waiver decisions.

HIGHS AND LOWS OF THE ACGME SURVEY - WALKING THE FINE LINE

Lyn Terrell, BA, C-TAGME, Indiana University School of Medicine; Gretchen Shawver, BS, Stanford University; Brittney Luckett, BA, C-TAGME, University of Louisville School of Medicine

The ACGME Resident/Fellow Survey is required for all ACGME accredited programs. The intent of this workshop is for program leadership to help trainees better understand the reasoning behind the questions asked on the survey to provide more consistent and useful results. The survey is based on common program requirements which not all faculty and trainees may be aware of, making the results difficult to interpret. In this interactive session, program leadership (PD's, APD's, and PC's) will review common program requirements, provide guidance on how to

effectively explain the intent of the survey, and discuss how to make improvements in those areas at their home institution. Participants will leave with a toolkit of information to help create their own system of educating trainees to provide an informed response to survey questions. Program leadership teams are encouraged to attend together, although not necessary.

WHERE DO I BEGIN? – ASSESSING CURRICULAR PRIORITIES THROUGH A CONSENSUS BUILDING PROCESS

Anna Handorf, MD; Anna Klouda, MD, Massachusetts General Hospital; Shaun Fitzgerald, MD, Massachusetts General Hospital

One of the commonly understood goals of residency training is for residents to become competent clinicians who can make decisions without supervision. To ensure residents meet this goal, it is essential for residency programs to develop a well-rounded, comprehensive core curriculum. But how do we identify the proper curricular priorities to include in such a curriculum?!

While the Accreditation Council for Graduate Medical Education and American Board of Pediatrics publish guidance for residency curriculum development, these recommendations fall short of specifying what topics residency programs should include in their individual curricula. As such, it can be challenging for residency programs to determine curricular priorities.

The "Where do I begin? – Assessing Curricular Priorities through a Consensus Building Process" workshop will introduce participants to evidence-based techniques to serve as a launching point in solving this common dilemma. We will discuss ways to build consensus around determining curricular priorities, specifically focusing on the nominal group technique (NGT).

The workshop will begin with a didactic review of the importance of consensus building and various techniques to build consensus. We will then present the NGT, which is an evidence-based mechanism for building consensus that consists of four stages – (1) Silent Generation of Ideas, (2) Round-Robin Recording of Ideas, (3) Serial Discussion of Ideas, and (4) Ranking of Ideas.

Following the didactic components, the participants will work in small groups, where they will be led through a sample NGT activity. Following the activity, the small groups will come together for a collective discussion focusing on their experiences and takeaways from the activity, as well as how they could utilize the NGT within their residency programs.

We hope this workshop will empower participants to utilize the NGT within their residency programs as a way of determining curricular priorities for trainees. In addition, while the consensus building process provides a rigorous approach that can be used for determining curricular priorities for a residency program, for example, it may also be used for other purposes.

SYSTEMS-BASED WELLBEING TOOLKIT FOR PROGRAMS

Celeste Allen, MD, UCSF Benioff Children's Hospital Oakland; Sydney Primis, MD, Levine Children's Hospital, Carolinas Medical Center Atrium Health; Jennifer Duncan, MD, Washington University School of Medicine

Attention to and promotion of well-being is a requirement of all residency and fellowship programs, yet it can be overwhelming for GME leadership to know where to start, how to focus efforts, and how to continually build upon resources already in place. How can a program create their own well-being roadmap (including goals and timelines)?

Systems-based practice (SBP) is one of ACGME's core competencies, yet in the area of well-being we often lack a systematic approach. Use of systems-based practices improves outcomes, yet can be one of the hardest areas to define and incorporate into practice.

The Well-being Chapter of the new APPD Program Director Handbook aims to approach this potentially overwhelming topic from a systems-based lens and offers a menu/toolkit of options to consider when thinking about well-being in GME programs. The toolkit is modeled after a framework developed by the ACGME Systems-based Well-being Workgroup that two of the authors were a part of in 2022. Institutions vary in many ways—including size and number of programs, institutional support, and resources. Programs are at different stages in their development of well-being initiatives (Beginner, Intermediate, Advanced). This toolkit will provide examples/ideas relevant to all levels.

This interactive ELS will benefit Chief Residents, Core and Fellowship PDs/APDs, coordinators, DIOs, and core faculty interested in well-being at a program or institutional level. The ELS will highlight this toolkit and allow participants to consider how they put the toolkit into action. Participants will work collaboratively to consider practical areas they can focus on in their own program/institution to advance their well-being initiatives. By highlighting the well-being toolkit, program directors will also develop awareness of the PD Handbook.

Table 1: Example of small portion of the Culture/Community section of the tool-kit:

Community building	Central place for menu of well-being initiatives	Establish resident support/process groups (rotation/case specific)	Longitudinal support/process groups; Balint-style groups for challenging cases
	Identify wellness champions in each program (res/faculty)	Peer support program (residency/fellowship level)	Peer support (institutional)
	Trainee appreciation days	GME appreciation events/weeks	Electronic appreciation platforms