



## Enhanced Learning Sessions

**Thursday, September 19, 2024: 11:00 AM-12:30 PM (ELS Session I)**

### **Exploring major transitions: a guide for supporting learners**

*Megan Rashid, MD, University of Rochester Medical Center; Maya Neeley, Vanderbilt University School Of Medicine; Latasha Bogues, MD, Morehouse School of Medicine; Regina Macatangay, MD, University of Maryland SOM; Wilhelmina Bradford, BA, Children's National Hospital; Nicol Tugarinov, BA, University of Maryland SOM; Kristen Bolte, DO, Vanderbilt University Medical Center; Elisabeth Conser, MD, Texas Tech University Health Sciences Center School of Medicine*

Transition is defined as both a noun – the process by which one changes from one state to another – and a verb – to undergo a period of change. There are multiple transitions within physician development. All transitions have the potential to be fraught or to provide meaningful opportunity. One such transition model is attributed to Schlossberg; this model identifies four major factors that influence a person's ability to cope with transitions: situation, self, social supports, and strategies.

The aim of this enhanced learning session is to consider transition as it applies to learners, with particular emphasis on career planning, the match process, and transition to residency. We aim to provide participants with a toolkit to utilize as they guide students through their final year of medical school and their first year of residency, highlighting various techniques to understand our responses to stress and adversity. We will also review value-based career planning models and person-organization fit theory to understand how to align transitions with our unique individual needs. Participants will be engaged in a collaborative environment that utilizes think-pair share, jigsaw learning, small and large group discussion sessions, small and large group case discussions to encourage active, shared learning among participants.

### **Ensuring psychological safety and emotional well-being during remediation: protecting learners across the continuum...and yourself**

*Elizabeth Nelsen, MD; Lavjay Butani, MD, MACM, University of California Davis; Nathaniel Goodrich, MD, University of Nebraska Medical Center; Priya Jain, MD, MEd, McGaw Medical Center of Northwestern University; Melissa Langan, MD, MHS, Yale-New Haven Medical Center; Su-Ting T. Li, MD, MPH, University of California (Davis) Health System; Katherine McVety, MD, Children's Hospital of Michigan; David Mills, MD, Medical University of South Carolina; Nicola Orlov, MD, MPH; Jennifer Plant, MD, MEd; Jerri Rose, MD, Case Western Reserve Univ/Univ Hosps Cleveland Med Ctr/Rainbow Babies and Children's Hospital; Rebecca Tenney-Soeiro, MD, MEd, Children's Hospital of Philadelphia*

In remediation, the stakes are high for trainees and program leaders. 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. It 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 program leaders across the UME/GME continuum in cultivating psychological safety and emotional well-being in trainee remediation. 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 educational leaders cannot be overlooked. This session will bring together leaders from clerkships, residency programs, and fellowships and will offer a touchpoint for them to focus on their personal emotional well-being as part of remediation. The session will incorporate opportunities for leaders to focus on challenges related to remediation in their specific training areas.

### **Rallying UME and GME Leadership: Addressing the Pediatric Workforce Crisis Together!**

*Stephen Barone, MD; Michael Dell, MD, Rainbow Babies Children's Hospital; Kathy Mason, MD, Hasbro Children's Hospital; Pnina Weiss, MD, MHPE, Yale-New Haven Medical Center; Catherine Shubkin, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital; John G. Frohna, MD, MPH, West Virginia University - Charleston Division; Rebecca R. Swan, MD, Vanderbilt University; Jennifer Maniscalco, MD, MPH, MACM, Johns Hopkins All Children's Hospital*

The results of the 2023-2024 categorical and subspecialty match further highlighted the emerging crisis in the pediatric workforce. Several pediatric organizations have published comprehensive descriptions of the challenges and workable solutions. <sup>(1,2,3)</sup> Pediatric Vice Chairs of Education (VCE's) are in the unique position to build collaboration between UME, GME and medical school leaders at their individual institutions to address the decline in the student interest in pursuing a pediatric career. Factors shown to increase student interest in pediatrics (early clinical exposure, mentoring, research)<sup>4</sup> can be optimized through the spirited cooperation of educational leaders across the continuum. The goal of this workshop is to bring leaders from UME, GME (residency and fellowships) and medical schools to create a workable institutional specific plan, facilitated by Vice Chairs of Education from different institutions.

### **Escape the Room: Enhancing LGBTQ Communication and Care**

*Michelle Brooks, CTACC, Stanford University; Courtney Brantley, MD, Carolinas Medical Center; Jeremiah Cleveland, MD, FAAP, Maimonides Medical Center/Infants and Children's Hospital of Brooklyn; Michael Colburn, MD, MEd, University of Iowa; Sydney Primis, MD, Carolinas Medical Center; Brian Lurie, MD, MPH; Pamela Carpenter, MEd, C-TAGME, APPD*

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

Specific strategies providers can use to help establish a trusting relationship include using neutral inclusive language, understanding the expectations of your patient for the healthcare encounter, designing an inclusive and accepting

office space, documenting respectfully and appropriately, asking questions, and apologizing when a mistake is made.

This 90-minute workshop leverages the engaging format of an "Escape Room" game to educate healthcare professionals on appropriate LGBTQ+ terminology and communication, delivery of care, and gender-affirming clinical practice. Participants will navigate through a series of puzzles and challenges designed to enhance their understanding and skills in providing compassionate, inclusive, and effective care to LGBTQ+ patients. This innovative, active learning approach aims to foster a deeper appreciation for the nuances of LGBTQ+ health needs and illustrate the importance of inclusive and affirming care.

### **In the Room Where it Happens: Compelling Proposals and Innovative Ideas for Increasing Exposure to Pediatrics in the Pre-Clerkship Phase**

*Katherine O'Donnell, Boston Children's Hospital/Harvard Medical School; Sarah Gustafson, MD; Elizabeth Van Opstal, MD, Rush University; Adam Weinstein, MD, Frank H. Netter MD School of Medicine at Quinnipiac University; Courtney Judd, MD, MPH, MHPE, Uniformed Services University; Suzanne Schmidt, MD, Northwestern University Feinberg School of Medicine ; Travis Crook, MD, Dell Medical School*

Curricular reform and shortening of pre-clerkship curricula may adversely impact the amount of pediatric content covered in the pre-clerkship phase of medical school (1,2). However, pediatric content remains crucial in pre-clerkship spaces, for multiple reasons including: 1. Early exposure to pediatric faculty and content is important for recruitment to pediatric careers (3,4). 2. Medical students report feeling underprepared for their pediatric clerkships, especially in the domain of physical exam skills (2). 3. Pediatricians have expertise in multiple widely generalizable clinical skills and topics, including but not limited to communication, observation as a patient assessment tool, and trauma-informed care (3). 4. Many non-pediatric specialists care for pediatric patients as part of their training or career (i.e., general surgery, emergency medicine, dermatology, military physicians).

This interactive workshop led by members of the COMSEP Pre-Clerkship and Clinical Skills Collaborative will provide a forum to discuss these challenges and an opportunity for participants to collaborate in crafting concrete strategies and compelling proposals for inclusion of pediatric content and pediatric educators in the pre-clerkship phase. Workshop leaders are experts in integration of pediatric content in this phase of the curriculum and will share their knowledge and experiences in overcoming barriers, advocating for pediatric exposure, and instituting novel approaches. This workshop is not only relevant to UME educators, but also GME educators and pediatric educational leaders interested in the workforce, and trainees interested in proposing and leading innovative ideas for exposure to pediatrics and pediatricians in the pre-clerkship phase. Training and recruitment to pediatrics should be seen as a continuum that may start as early as the pre-medical school years, with the pre-clerkship phase as an essential part. Participants will leave this workshop with a framework for proposals to bring back to their institutions, a toolkit with example curricula and educational session ideas for the pre-clerkship space, as well as a "guiding coalition" of workshop leaders for ongoing support and mentorship in their efforts.

### **Finding Comfort in Discomfort: Navigating the Wellness-Education Balance in Medical Education**

*Helen Barrett Fromme, MD, MHPE; Chris Mattson, MD, MHPE, Ann and Robert H. Lurie Children's Hospital of Chicago; Nicola Orlov, MD, MPH; Brianna Dillon, MD, Brown University/Hasbro Children's Hospital; Carrie Rassbach, MD, MA Ed, Stanford School of Medicine; Gabriela Betancourt, MD, University of Chicago Pritzker School of Medicine; Pat Poitevien, MD, MSc, Warren Alpert Medical School of Brown University*

"Residents these days are too focused on wellness when they should be learning." "Faculty don't care about us as people, they just want us for free labor." "Medical education is broken." If you work in a training hospital, you have heard some version of these comments over the past few years. A notable tension has emerged between trainees advocating for a learner centered approach that prioritizes resident wellness and faculty advocating that without

moments of discomfort, it's difficult to obtain the skills that are really needed to care for patients independently. This tension is amplified when residents perceive that faculty see them as "lazy" or "unmotivated" and faculty fear learners see them as "old-fashioned" and "toxic". The discourse struck a chord with many after a New England Journal of Medicine (NEJM) Podcast "Not Otherwise Specified" released the 2<sup>nd</sup> episode of Season 2, entitled "Tough Love" and an article the week before in the NEJM on necessary versus unnecessary discomfort (Rosenbaum L, N Engl J Med 2024;390:568-572 DOI: 10.1056/NEJMms2308228). Missing from this Podcast series and the article was a robust dialogue between the key stakeholders.

This panel will bring together trainees and faculty to have this discussion, engage more deeply in a dialogue around the topic, and offer potential solutions. Panelists will leverage both their unique lived experiences as trainees and teachers, as well as their expertise in various educational domains, to offer perspectives and frameworks for how to think about the broader issues. The conversation will cover the tension between wellness and education and the challenge of finding joy and meaning in training and careers. After each section of discussion, the audience will have a chance to ask questions and add their thoughts. The session will end with panelists and participants collaborating on strategies to create a better balance between education and wellness. Of note: participants will be encouraged to listen to the podcast/read the article before attending.

### **Unprofessional or Authentic? Coaching the Learner who Struggles with Professionalism**

*Rachel Poeppelman, University Of Minnesota; Nicola Orlov, MD, University of Chicago; Sarah Williams, MD, MHPE, PCC; Becky Blankenburg, MD, MPH ; Lahia Yemane, MD, Stanford University; Priya Jain , MD MEd, Northwestern Feinberg School of Medicine; Nell Maloney Patel, MD FACS,FACRS, Rutgers Health Robert Wood Johnson Medical School; Simran Singh , MD, Case Western Reserve University; Daniel Richards, MD, The University of Texas at Austin*

Pediatric educators are frequently faced with the challenge of supporting learners identified as struggling and educators often lack guiding principles to support those who are not meeting expected growth milestones. This is even more challenging when the area of concern is around professionalism.

"Professionalism" itself is going through a period of re-definition. Traditional perspectives and expectations are changing within our increasingly diverse workforce and there are more discussions around the role of implicit bias in what is deemed "professional". Coaching is a medical education framework that can be used to help learners identify strategies to grow and also overcome the barriers they are facing. Coaching is founded on the principle that, through guided self-reflection and appropriate probing questions, learners are empowered to find solutions that work for them.

During this workshop, attendees will learn how to think like and act like a coach as well as explore the ever evolving definition of professionalism. They will have an opportunity to roleplay using a coach framework in conversation with a learner who struggles with professionalism. Coaches will also practice utilizing a coaching approach with a faculty member who brings up concerns about professionalism, encouraging curiosity around differing assumptions and definitions of professionalism.

The leaders of this workshop have practical experience in coaching across the continuum- including medical students, residents, fellows, and faculty- and experience with addressing concerns around implicit bias in assessment.

### **Supporting Learners in Addressing the Emotional Health of Children and Families**

*Carole Lannon, MD MPH, Cincinnati Children's Hospital; Elizabeth Chawla, MD, Medstar Georgetown University Hospital; Lori Crosby, PsyD; Sue Poynter, MD MEd, Cincinnati Children's*

Navigating a chronic condition as a child, teen, or family member is challenging, and can cause stress, altered coping, and lasting impacts on both child and family emotional health. Children with chronic medical conditions have high rates of comorbid mental health conditions yet 65% of pediatricians report needing training in recognizing and treating mental health problems. A recent survey of subspecialty fellowship graduates indicated that the majority felt it was important to address emotional health but only 20% felt competent to do so. Adequately addressing the emotional health of our patients and families will take all of us in Pediatrics working together, in every clinical setting. These skill sets must be incorporated into pediatrics training and patient care at all levels – starting in medical school, and continuing through residency, fellowship, and as faculty development.

The Roadmap Project ([www.roadmapforemotionalhealth.org](http://www.roadmapforemotionalhealth.org)), part of the American Board of Pediatrics’ strategic initiative on mental health, aims to improve the emotional health of children and youth with chronic conditions and their families. Co-produced with patients, families, clinicians, and psychologists, Roadmap tested and refined its tools and strategies with 45 teams from 20 children’s hospitals in year-long learning collaboratives, including four training programs, and with 15 subspecialty teams in an educational webinar series. Settings have included outpatient and inpatient settings, and resources have been found to be useful for both generalist and subspecialty trainees and faculty. Roadmap resources include teaching materials such as slides with facilitator guides, videos and written materials of example conversations, short video didactics, scholarly articles, a “readiness checklist” to adapt to any setting, and self-assessment modules for learners and faculty.

This workshop will introduce Roadmap Project concepts and resources, present examples from experienced medical educators who have incorporated Roadmap into their programs, and allow participants to develop a plan for how they can incorporate Roadmap strategies and resources into their settings. Attendees will learn actionable strategies for effectively supporting learners in addressing the emotional health of children and youth, including initiating conversations and ensuring equitable care. These resources are highly adaptable, and everyone will leave with tools applicable to their educational setting!

### **Thursday, September 19, 2024: 2:30-4:00 PM (ELS Session II)**

#### **Just Try One Bite: Introducing Trainees To Sub-specialties in the Era of New ACGME Requirements**

*Christine Carlos, MD; Jaclyn Eisenberg, DO, University of Chicago; Justin Triemstra, MD, MHPE, Corewell Health Helen DeVos Children's Hospital/Michigan State University; Perry Morocco, MD*

In preparation for the upcoming ACGME requirement changes for pediatric residency programs, many pediatric programs have been making stepwise adjustments to their curriculum to re-organize their trainee experiences. While the new requirements provide additional flexibility for individualized learning, there is the potential to limit or delay a trainees’ initial introduction and exposure to role models, mentors, and clinical experiences known to influence career choice.

Just Try One Bite, a children’s book by Adam Mansbach, chronicles the efforts of 3 children to get their picky parents to try new and healthy foods. Similarly, in the era of the new ACGME pediatric residency requirements, residency program leaders are tasked with designing creative ways to expose residents to “every bite” of pediatrics. How can trainees try new-to-them sub-specialty fields? How can pediatric departments increase interest in the field while ensuring successful fellowship recruitment? Are there creative options for promoting a subspecialty field while engaging trainees in scholarship and research opportunities?

Professional identity formation (PIF) is a useful conceptual framework that draws on the influences of a complex social network of role models, mentors, and other clinical and non-clinical experiences throughout the clinical learning environment. Utilizing PIF as a conceptual framework, facilitators will frame this problem while describing existing tools and strategies that can shape potential solutions. Through interactive learning strategies, participants will then collaborate to develop potential solutions to continue to expose trainees to the variety of pediatric



subspecialty careers with the ultimate goal of maintaining the sub-specialty workforce.

## **No One Came to My Talk! Applying Communication and Marketing Principles to Faculty Development to Enhance Engagement**

*Justin Triemstra, MD, MHPE; Rachel Poeppelman, MD, MHPE, University of Minnesota; Anna Volerman, MD, University of Chicago; Cassandra Kearney, PhD, Corewell Health/Michigan State University; Mike Pitt, MD, University of Minnesota*

Despite the ACGME's noble definition of faculty development (FD) as "structured programming to enhance the transference of knowledge, skill, and behavior from educators to learners", many FD leads struggle with low turnout, engagement, and difficulty tracking outcomes. Additionally, one of the biggest challenges is often the sense that FD is necessary for others but not us. Many of these challenges can be addressed by applying communication and marketing principles with a long history of success in attracting consumers to products to market FD "products". Other industries know the power of utilizing emotion, stories, infographics, and micro-learning training to elevate products or events as 'must-see-events'. Similar tactics can be utilized by medical educators to capture the attention of busy physicians, generate excitement, and encourage participation.

This interdisciplinary, multi-institutional team of educators will introduce core concepts in communication and marketing. The facilitators – pediatric educators with experience leading international FD workshops and applying branding principles in the scholarship arena – will share readily available resources, lessons based on experience, and pitfalls to avoid. Participants will learn how titling, creations of logos, intentional story telling can drive engagement, and how applying one tweak to food ordering was shown to increase attendance, eliminate no-shows, and cut costs in half. Participants will work in facilitated small groups to apply these techniques to enhance their faculty development programming and share via interactive, large group debrief. At the conclusion of the workshop, participants will have developed practical approaches to communicate and market their FD programming.

## **Brave Spaces: Teaching in times of controversy**

*Catherine Shubkin, MD, Dartmouth Health Children's; Sabina Holland, MD, Hasbro Children's Hospital; Raymond Cattaneo, MD, MPH, Albert Einstein Healthcare Network; Jamee Walters, MD, Johns Hopkins All Children's Hospital; Jeremiah Cleveland, MD, FAAP, Maimonides Medical Center/Infants and Children's Hospital of Brooklyn; Molly Rideout, MD, University of Vermont Medical Center; Alison Reise, MD, MPH, Alpert Medical School of Brown University; Brian Lurie, MD, MPH*

Medical educators are responsible to train future pediatricians to care for all children, to mitigate health disparities for children and adolescents, and to maintain high ethical and professional standards. 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 LGBTQ+ 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. This responsibility to train future pediatricians in navigating difficult dialogue rests with all of us across the medical education continuum and will require collaboration, communication and bravery as we empower physicians to practice with humility, compassion, with an eye toward advocacy to reduce health care disparities.

### **Creating and Optimizing a Visiting Elective at your Institution for Underrepresented in Medicine (URiM) Students**

*Adil Solaiman, Thomas Jefferson University / Nemours Children's Hospital, Delaware; Abena Knight, MD, University of Washington; Emma A. Omoruyi, MD, MPH, University of Texas Health Science Center at Houston; Gabrina Dixon, MD, George Washington University; Jake Deines, MD, University of Rochester; Lahia Yemane, MD, Stanford University; Lindsay Koressel, MD, Lurie Children's Hospital; Lori Singleton, MD, Morehouse School of Medicine; Molly Rideout, MD, University of Vermont Medical Center; Tyler K. Smith, MD, MPH, FAAP, Children's Mercy Hospital*

As the racial and ethnic makeup of US children continues to diversify, building a more diverse pediatric medical workforce is important for building stronger communities and optimizing healthcare outcomes. However, a recent study in Pediatrics showed that in 2019, Under-Represented in Medicine (URiM) residents accounted for just 16.5% of the total number of categorical pediatric residents nationwide. URiM electives for 4th year medical students exist at approximately 30% of pediatric residency programs nationwide, indicating an opportunity for growth of these programs. This interactive and engaging workshop, hosted jointly by leaders from both the Council on Medical Student Education in Pediatrics (COMSEP) and the Association of Pediatric Program Directors (APPD), is designed to help participants optimize existing URiM electives at their institutions, or create new rotations from scratch. Facilitators will share their own experiences with URiM electives at their home institutions. We will review the URiM electives that currently exist nationwide, analyzing common trends and themes to help participants optimize their own rotations. We will also discuss the recent SCOTUS ruling that has limited some DEI efforts, and how to work through some of these challenges at your institution. Through small group discussions, participants will have the opportunity to delve deeper into these issues and consider barriers that exist to designing a successful rotation, both from the student and the program perspective. The workshop will use pre-recorded video interviews from prior URiM elective participants to guide small group discussions. Participants will leave with a “toolbox” of resources that will help them design or optimize a URiM elective rotation at their institution.

### **Bend Don't Break: Building Resilience in Medicine**

*Megan Rashid, MD, MPH, University Of Rochester Medical Center; Latasha Bogues, MD, Morehouse School of Medicine; Elisabeth Conser, MD, Texas Tech University Health Sciences Center; Maya Neeley, MD, Vanderbilt University Medical Center; Deborah Rana, MD, MS, UC San Diego School of Medicine; Melissa Smith-Phillips, MD, PhD, The University of Texas Medical Branch at Galveston*

Resilience is the ability to “withstand, adapt, recover, rebound, or grow from adversity, stress, or trauma.” To prevent burnout and promote wellness, it is imperative that educators have tools to model and teach resilience. Implementing these techniques will lead to a healthier workforce of physicians, ultimately resulting in better patient care.

This workshop will introduce conceptual frameworks for integrating resilience training into medical education. There will be an equity pause to consider what challenges learners who are underrepresented in medicine may face and how we can combat these challenges. We will teach specific models of resilience training, including Ginberg's 7 C's of Resilience, the Adversity-Beliefs-Consequences (ABC) Model of Resilience, and the RISING Resilience Tool. We will then apply these models to case studies. We will conclude by exploring potential organizational changes to promote resilience in both teachers and learners. Participants will be encouraged to decide on the next steps to foster resilience at both an individual and system level. A Resilience Toolkit for Educators will be provided at the end of the session.

### **Supporting the Struggling Clinical Learner with Academic Support Coaching**

*Melissa Brannen, Lehigh Valley Reilly Children's Hospital; Amy Smith, PhD; Katerina Valavanis MD, Lehigh Valley Health Network; Vinita Kiluk, MD, University of South Florida; David Austin Finch, MD, Lehigh Valley Health Network*

It is estimated that between 10 and 15% of US medical students struggle academically (1). A struggling student is defined as one who is "significantly below performance potential" (2) or "at risk of receiving a grade less than pass due to problems with knowledge, clinical skills, professionalism or a combination thereof" (3). Prevalence rates for trainees in graduate medical education who fail to progress at the expected rate (trainees in difficulty) are estimated between 2 and 20 percent (4). Trainees in difficulty were less likely to be board certified after completion of their programs (4). These UME and GME learners can stress the educational system even at institutions with robust resources. The authors have experience at both the UME and GME levels supporting struggling learners. We will review how to identify and categorize areas of concern and create an individualized education plan to target specific gaps. We will encourage participants from academic and non-academic centers to highlight resources used. We will propose the use of academic support coaching to bridge the divide when resources seem challenging. Lastly, we will ask participants to create an action plan for their institutions for their own student support systems.

### **Entrustment Along the Trainee Continuum: How the Subspecialties' EPA Framework Can Inform Approaches to Education and Assessment at all Levels of Training**

*Rashaan Ford, MD; Laura Page, MD, Duke University Hospital; Jennifer King, MD, PharmD, Vanderbilt University; David Turner, MD, The American Board of Pediatrics; Lynn Thoreson, DO, University of Texas at Austin Dell Medical School Pediatric Program*

Entrustable professional activities (EPA) or "everyday pediatrician activities" describe skills needed by pediatricians and pediatric subspecialists to provide competent care. As training programs continue to navigate the transition to competency-based medical education, EPAs provide an important outcomes framework for assessing trainee readiness to practice as they develop competencies for independent practice.

Pediatric fellowship programs have a unique opportunity to inform the use of EPAs across the education continuum. With subspecialty-specific and common subspecialty EPAs, fellowships have developed a trajectory for competence that can be used to support curriculum development, equitable assessment, and mentorship across the medical education continuum. Yet, barriers exist to understanding EPAs value in competency-based medical education and implementation on a wider scale.

This Enhanced Learning Session will explore EPA use through the lens of the pediatric subspecialty fellowship experience with real world examples of EPA implementation being shared by fellowship directors across multiple subspecialties that will aim to inform how an approach using an EPA framework can be effectively applied in other fellowship, residency, and medical student environments. Participants will explore various aspects of EPA implementation and utilization through small group table work, focusing on topics selected by the participants. Participants will receive resources to take home to support implementation of EPAs for evaluation and curriculum development across the continuum at their own programs.



**Learning and Assessment in a Competency Based Medical Education World: Practicalities and Future State**

*Ann Burke, MD; Daniel Sklansky, MD, University of Wisconsin; Linda Waggoner-Fountain, MD, University of Virginia; Su-Ting T. Li, MD, MPH, University of California (Davis) Health System; Richard Mink, MD, MACM, Los Angeles County-Harbor UCLA Medical Center; Meg Keeley, MD, University of Virginia School of Medicine*

Competency Based Medical Education (CBME) is a framework which can improve medical education and learner assessment across the continuum of medical education, from medical students through seasoned pediatricians.<sup>1-</sup>

<sup>5</sup> The American Board of Pediatrics (ABP), The Accreditation Council for Graduate Medical Education (ACGME), and The Association of American Medical Colleges (AAMC) have adopted CBME frameworks for learner assessment with future associated requirements.<sup>6-10</sup> Specifically, Entrustable Professional Activities (EPAs) delineate discrete units of work in a given specialty that focus on the care patients need, positioning them well as a CBME framework for teaching and assessing learners across the continuum.<sup>2,4,11-13</sup> Bringing the patient into the assessment equation, EPAs provide clinical context about which the six ACGME competency domains and their related Pediatrics Milestone descriptions are less explicit.<sup>14</sup> Implementation of EPAs<sup>15</sup>, planned requirements from the ABP, and maintenance of certification implications of CBME will be distilled into essential, practical shared understanding for participants.

This session will provide a broad overview with specific examples of the current state of implementation of CBME tools at medical schools, residencies and subspecialty fellowship to enhance trainee feedback and learning. Discussions around practical uses and implementation of CBME tools will be robust with examples from the ELS leaders and panelists. Up to date information from Association of Pediatric Program Directors (APPD), Council of Pediatric Subspecialties (COPS) and Council on Medical Student Education in Pediatrics (COMSEP) studies pertaining to CBME will be discussed in large groups. Participants will have plentiful time to thoughtfully discuss and learn about EPA and Milestone utilization in the various training spaces, as well as have time and support for working through possible changes in regard to CBME tools in their own program and/or area of practice. In this ELS, national leaders in CBME research, implementation and practical uses of EPAs and Milestones will briefly review literature and have panel discussions around that information. Themes will emerge and will be highlighted. Later in the ELS various cases will be explored in small groups to exemplify the appropriate use of CBME tools. Attention will be paid to the intertwining of CBME tools across and between the current siloes of medical education and practice.

**Creating Brave Spaces to Mitigate the Impact of Trauma and Global Events and Promote Wellbeing**

*Cherie Ginwalla, UC Davis; Nadia Sabri, MD, FAAP, DipABLM, East Tennessee State University Quillen College of Medicine; Toni Marie Biskup, MD, MPH, FACP, Alaska Native Tribal Health Consortium, University of Alaska Anchorage, University of Washington ; Ellen McMahon, MD, MPH, FAAP, Vanderbilt University Medical Center; Omotoke Odimayomi, MD, MPH, Children's National Medical Center*

Current and global events impact wellbeing and safety of both patients and the members of the medical community. In the wake of the Covid-19 pandemic, targeted violence towards specific populations shed light on the need for better advocacy and protection of vulnerable populations and the crucial need to better understand the impact of secondary trauma, or vicarious trauma, on the medical community.

The impact of adverse childhood events (ACEs), exposure to violence, war, poverty, affects our diverse patient population as well as our learners and colleagues. Acute-on-chronic trauma impacts health and wellbeing, psychological safety (or lack thereof), and burnout. Physicians and trainees often experience racism and discrimination that further exacerbates secondary trauma.

Understanding the impact of trauma on community wellbeing and empowering our medical community to create spaces to discuss sensitive topics is crucial for faculty and trainees to care for themselves while caring for others.

How are academic institutions addressing these topics and providing learners, faculty, and staff spaces and opportunities to discuss sensitive topics in a compassionate way? Are measures being taken to address, protect, and advocate for the diverse workforce? Are our colleagues silently suffering? How can we, as leaders in our distinguished academic institutions, take care of our carers?

In an effort to address this topic, we have developed this workshop to explore the experiences of vicarious trauma in clinical and personal settings and share select clinical experiences of global events that impact patients, learners, and attendees. Through innovative approaches including creative work, case-based discussions, and small group activities, the workshop will provide a supportive environment to examine ways that trainees' and teachers' lived experiences influence the clinical and learning spaces. This workshop will use anonymous online polling to explore experiences of vicarious trauma in the clinical or personal setting that attendees might have encountered using anonymous online polling. The session will guide participants to apply other perspectives to enhance the learning environment. We will provide the participants with tools that foster open communication and provide support to each other, thereby enhancing personal resilience, sense of belonging, and psychological safety. We hope by the end of the session, attendees will feel equipped to begin discussions at their institutions and empower learners with tools for their wellbeing.

### **Bridging the Gap: Towards a Shared Understanding of Signals & Geographic Preferences between UME Career Advisors and GME Program Directors**

*Elisabeth Conser, MD, Texas Tech University Health Sciences Center School of Medicine; Maya Neeley, Vanderbilt University School Of Medicine; Megan Aylor, MD, Oregon Health & Science University; Joanna Lewis, MD, Advocate Children's Hospital; Jenny Soep, MD, University of Colorado School of Medicine; Rachel Thompson, MD, Boston Medical Center; Jessica James, MD, Lewis Katz School of Medicine at Temple University; Gwen McIntosh, MD/MPH, University of Wisconsin School of Medicine and Public Health; Amalia Guardiola, MD, McGovern Medical School at UT Health Houston; Abena Knight, MD, University of Washington School of Medicine; Kanika Gupta, MD, Nemours Children's Health Delaware; Elizabeth Goodman, MD, Robert Wood Johnson University Hospital*

Program signals and geographic preferences are elements in the ERAS program that have the potential to 1) provide applicants a meaningful way to express their interest in residency programs and 2) provide program directors a meaningful way to identify which applicants are most interested in their programs. The goal of this workshop is twofold. We aim to first explore areas of misalignment, evident in the data, in how career advisors counsel applicants on the use of signals & geographic preferences and in how program directors actually use these elements. Our second aim is to create, through collaborative dialogue using case-based scenarios, a shared perspective of how to employ these tools moving forward in a way that best supports both student and residency program success. Our enhanced learning session will be facilitated by both career advisors and program directors to promote understanding of the multiple perspectives involved in the application process.

### **Join Our Parade! Inviting students into our community of pediatricians**

*Margaret Huntwork, Tulane University School Of Medicine; Molly Rideout, MD, University of Vermont Medical Center; Adam Weinstein, MD, Frank H. Netter MD School of Medicine at Quinnipiac University; April Buchanan, MD, University of South Carolina School of Medicine Greenville; Gabrina Dixon, MD, MEd, George Washington University*

*School of Medicine and Health Sciences, Children's National Hospital; Abena Knight, MD, University of Washington; Natalie Guerrier McKnight, MD, UVA School of Medicine, Inova Regional Campus; Terry Kind, MD, MPH, George Washington University School of Medicine and Health Sciences, Children's National Hospital; Amy Creel, MD, LSU Health New Orleans*

Pediatricians have undoubtedly one of the most important societal roles to provide care for the next generation, and yet the future of the pediatric workforce is under threat. Given declining numbers of students applying to pediatrics residency programs, the future of the pediatric workforce requires scrutiny and strategic investment. Efforts to increase the number and diversity of high quality pediatricians and pediatric subspecialists are more important than ever so that pediatricians can meet the healthcare needs of children.

This workshop invites participants to review best practices for recruiting students into the field of pediatrics and to design an action plan to improve the recruitment efforts of their home institution and community.

Using a variety of active learning techniques including small and large group discussion, learner panels with Q&A, gamification, and reflection activities, participants will explore methods and review existing data on efforts to recruit students into pediatrics. Recruitment methods will be organized chronologically, and will include endeavors that begin as early as elementary school.

Participants will actively acquire and apply knowledge and skills in real time as they evaluate and create or refine plans for the recruitment of students into pediatrics. At the end of the workshop, participants will leave with references, best practices, a network of similarly engaged individuals, and an individually tailored roadmap for taking next steps back to their institution.

### **PROFESSIONAL: A Practical and Equitable Approach to Assessing Professionalism**

*Stacey Rose, Children's Hospital Of Philadelphia/Univ Of Pennsylvania; Lauren Cochran, MD, CUNY School of Medicine; Jennifer Thompson, MD, University of Louisville School of Medicine; Charles Hannum, MD, Tufts University School of Medicine; Antoinette Spoto-Cannons, MD, University of South Florida Morsani College of Medicine; Veronica Gonzalez, MD, McGovern School of Medicine, University of Texas, Houston; Craig DeWolfe, MD, MEd, Children's National Hospital/George Washington University School of Medicine*

Professionalism is a core competency in both undergraduate and graduate medical education. There is evidence that pediatric residency program directors look for examples of professionalism behaviors, both positive and negative, when making decisions about interview offers and rank order<sup>1</sup>. Studies also indicate that medical students who struggle with professionalism are significantly more likely than their peers to face ongoing professionalism issues in their careers<sup>2</sup>. It is, therefore, critical to develop and assess this competency through each stage of medical training. However, it can be challenging to define objective standards of medical professionalism<sup>3</sup> and assessment can be particularly prone to bias.<sup>3,9,10,11</sup> Like other core competencies, professionalism is not a binary yes or no, but rather a broad spectrum of skills that physicians develop over time, ideally guided by clear expectations and frequent, concrete feedback on both strengths and areas for improvement. Pediatric educators could benefit from a streamlined framework that emphasizes observable behaviors and facilitates specificity and equity when evaluating professionalism. During this workshop, first introduced at the 2023 COMSEP National Conference, participants will engage in three large-group, small-group and pair exercises utilizing a novel framework for describing professionalism, PROFESSIONAL. Participants will first work together in small groups to familiarize themselves with the PROFESSIONAL acronym. In the second activity, participants will again work in small groups to create narrative comments about professionalism behaviors based on a video depicting a team on rounds. Finally, participants will work in pairs to role-play ways to deliver feedback on challenging professionalism scenarios.

### **Building Leadership Capacity: Connecting Personal and Programmatic Tools from Entrepreneurship and Project Management to Medical Education**

*Robert Trevino, MD, PhD; Brandi Freeman, MD, MS, University of Colorado School of Medicine; Tyree Winters, DO, Atlantic Health/Goryeb Children's Hospital*

Many of us strive to find meaning in what we do, value in how we spend our time, and impact with our leadership decisions. We understand the importance of professional development to find tools and strategies that can move the meaning, value, and impact forward. Sometimes, though, with life moving fast, it can be difficult to set aside the time and thinking needed to address the personal and professional development needs, including ways to look at programmatic development needs.

This session is not about life hacks but rather finding new tools that can be incorporated in work states to cultivate positive rituals and habits to improve our capacity as leaders in medical education. This includes looking at tools for our personal work and our programmatic work in medical education. Our main lens for understanding will be through different leadership frameworks and styles. From there, we will discuss tools to grow our capacity as leaders, including ideas from medical education, business & entrepreneurship, and engineering & project management. Ideas such as ikigai, professional identity formation, change management, and human-centered design thinking will be explored as well as tools such as logic models, odyssey plans, and value effort matrix. This interactive workshop will have time for personal reflection as well as case-based application of tools with small and large group discussions. At the end of the workshop, participants will walk away with new tools for both personal and programmatic growth with the ultimate goal of building your leadership capacity.

### **Friday, September 20, 2024: 10:15 AM-11:45 AM (ELS Session IV)**

#### **Making your Work Count Twice: Thriving as a Pediatric Medical Educator**

*Ross Myers, MD; Priya Garg, MD, Boston Medical Center; Sarah Hilgenberg, MD, Stanford University; Maheen Quadri, MD, MS, Lurie Children's Hospital; Alefiyah Malbari, MD, Dell Medical School | The University of Texas at Austin; Melissa Klein, MD, MEd, Cincinnati Children's Hospital Medical Center*

Pediatrics as a specialty is undergoing a crisis with poor match rates in both residency and fellowships. Pediatricians are increasingly leaving academic medicine. It is imperative to keep academic pediatricians involved in non-traditional research that suits their interests and allows growth and promotion. University-based institutions are increasingly recognizing educational scholarship led by clinician-educators as critical for trainees and patients. Still, it remains difficult for educators to be promoted on educational scholarship alone and many lack the training to lead rigorous and publishable educational projects. Providing academic pediatricians with the tools to turn their education work into scholarship may enhance their professional fulfillment and their ability to get promoted.

In this highly interactive workshop led by a group of successful, early to senior career pediatric educators with expertise across the medical education continuum, participants will review the importance of educational scholarship in both promotion and meaningful educational work to enhance trainee experience. In small groups, participants will discuss their experiences with academic scholarship and the promotion criteria at their institutions. In facilitated small groups, participants will learn best practice models for creating and evaluating educational activities and discuss strategies to turn their educational activities into scholarship critical for academic success. By the end of the workshop, participants will leave with a roadmap to create and disseminate educational scholarship in order to thrive in their academic institution. |

#### **Belonging Is Me, You, And Us Within The Clinical Learning Environment**

*Amy Creel; Terry Kind, MD, Children's National Hospital George Washington University; Chris Peltier, MD, Cincinnati Children's Hospital; Amal Khidir, MBBS, Weill Cornell Medicine; Joseph Jackson, MD, Duke University School of Medicine; Gary Beck Dallaghan, PhD, University of Texas at Tyler School of Medicine*

Sense of belonging, influenced by individual identity and interactions with patients, medical providers, and healthcare systems, impacts professional identity formation (PIF). Acknowledging and understanding these interactions and their potential impacts allows educators to move beyond reflection activities that focus on the individual, and actively facilitate the transition of learners into the community of medicine. Sense of belonging is a crucial modifiable component. When individuals feel alienated, unproductive states of mind such as imposter syndrome, stereotype threat, and self-handicap occur, resulting in poor acceptance of feedback, avoidant behaviors, and burn-out. Medical educators have a duty to foster medical students' sense of belonging in clinical settings, and train faculty, fellows, residents, and other providers on this process. This workshop, well reviewed by participants at an international and local conference, will provide participants with skills and a toolkit to foster learners' belonging in clinical settings.

Through self-reflection and small group activities, participants will explore the 'what,' 'why,' 'where,' and 'how,' of belonging. Small groups will consider common clinical scenarios and devise how to best support the learner's sense of belonging. Guided by facilitators, participants will discuss their strategies with the larger group for additional reflection and review. Participants will discuss specific situations and settings where they seek to enhance inclusion and belongingness and create individualized action plans. A toolkit of resources to promote learners' sense of belonging will allow for continued learning and support for faculty development at their home institution.

### **Connecting with Meaning in Medicine**

*H. Mollie Grow, MD MPH, Seattle Children's Hospital; Alan Chin, MD, UCLA; Sydney Primis, MD, Atrium Health*

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 connecting with meaning 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 connecting with meaning as health care professionals. The session will provide activities for practicing individual reflection skills to connect with meaning in medicine and will highlight strategies to intentionally make space for sustaining meaning in pediatric residency programs. Physicians who are able to seek and find satisfaction in the work, spend time on meaningful pursuits, and retain connection to what is important are more likely to remain engaged and fulfilled and be resilient in the face of setbacks. Meaning is cultivated through an intentional focus on our values, often related to enhanced connections and relationships, as well as appreciation for important influences on our journey. A number of evidence-based methods will be included from the psychological and humanities literature to help participants learn intentional practices to connect with meaning in the workplace including connecting with our unique stories and the people and events on our path that allow us to find and maintain personal meaning. We hope to help health care professionals connect to meaning in the profession in the day-to-day work and use that as a buffer when facing adversity and setback.

### **Cleaning up the SOAP - Preparing for Success for Applicants and Programs**

*Joanna Lewis, MD; Sabrina Ben-Zion, MD, Children's Hospital Medical Center of Akron/NEOMED; Kris Rooney, MD, FAAP, Lehigh Valley Reilly Children's Hospital; April Buchanan, MD, University of South Carolina School of Medicine Greenville/Prisma Health; Laurice Ramirez Jones, MHA, Akron Children's Hospital; Rachel Schindler, BS; Cecilia Galarza, BA, Advocate Children's Hospital - Park Ridge; Nami Jhaveri, MD, Kaiser Permanente Medical Group (Northern California)*

This workshop will allow participants from UME and GME to work together in understanding and developing best practices for the SOAP process. As evidenced in the NRMP Match 2024, the number of applicants to pediatrics



declined significantly and the number of unfilled programs was dramatically higher than in previous years. Many programs faced the SOAP process for the first time, and given this climate, it is likely that additional pediatric residency programs will need to participate in SOAP going forward. In addition, student advisors will need to counsel applicants on how to approach pediatrics as a career choice during SOAP. This workshop will allow for advanced planning on both sides that will hopefully result in successful matches between applicants and programs.

### **Maintaining Mission Alignment and Mitigating Moral Injury: Continuing the Conversation on Recruitment and Retention in the Post-SCOTUS Era**

*Nicola Orlov, MD, MPH; Rochelle Naylor, MD, University of Chicago Pritzker School of Medicine; Lahia Yemane, MD, Stanford School of Medicine; Tyree Winters, DO, Goryeb Children's Hospital; Hannah Demming, MD; Alissa Darden, MD, Seattle Children's Hospital; Shaunte Anum-Addo, MD, Children's National Medical Center; Ashley Mackey, MD; Madan Kumar, DO, Comer Children's Hospital at University of Chicago Medical Center*

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 and retention 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. Additionally, various UME and GME programs aimed to provide an inclusive environment and supporting individuals from marginalized groups in medicine have been dismantled following the SCOTUS decision. This threatens the retention of underrepresented trainees in the field of medicine.

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 UME and GME environment develop tangible solutions to recruit, support and maintain a diverse workforce in an evolving political environment, as well as to build community and resiliency around this important work.

### **Matchmaker 2.0: Innovative Opportunities to Enhance Medical Student Engagement in Pediatrics**

*Nitin Vidyasagar, BS; Gabi Betancourt, BS, Pritzker School of Medicine, University of Chicago; Christopher Chow-Parmer, MD, Stanford University; Madan Kumar, DO, University of Chicago; Becky Blankenburg, MD, MPH, Stanford University; Elizabeth Van Opstal, MD, FAAP, FACP, Rush University; Joseph Gigante, MD, Vanderbilt University; Nicola Orlov, MD, MPH; Lolita Alkureishi, MD, FAAP, University of Chicago; Amy K. Bugwadia, MS, Medical Student, Stanford University School of Medicine; Vongai Christine Mlambo, Medical Student, Stanford University School of Medicine; Joshua Jones, Medical Student, Rush University School of Medicine; Olivia K Sandhu, Medical Student, Rush University School of Medicine; Margarita Ramos, MD, MS, FAAP, Associate Medical Education Director, Howard Medical Student Inpatient Rotation Director, Children's National Hospital*

From 2019-2023, pediatrics residency applicants declined 10% (6,186 to 5,545), amid a 6% increase in applicants to any residency(1). Further, the 2024 pediatrics match saw 251 unmatched positions with a 7% decrease in allopathic students matching into pediatrics(2). If continued, this trend will jeopardize the future of a sustainable workforce to care for our nation's children(3). How medical schools, residencies and healthcare systems respond in the coming

years will be critical in ensuring a sustained workforce. This session will help facilitate an interactive discussion on improving recruitment and mentorship of future pediatricians, particularly since mentorship and clinical experiences are the most important factors for why students choose pediatrics(4). By gathering key stakeholders spanning students, UME & GME leaders, we will provide the forum to discuss innovation in meeting medical students' needs in pediatrics. Our panel also features the voices of pre-clinical & clinical learners, highlighting their needs and opportunities to reimagine medical education to nurture interest in pediatrics in line with recommendations of national workforce collaboratives.(5)

## **Effective Remediation of Medical Learners**

*Christine Barron, MD; Katherine Mason, MD, Warren Alpert Medical School of Brown University; Catherine Shubkin, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital*

Several medical learners will be identified as underperforming in one or more area(s) of competency across the continuum of their education (medical school, residency, fellowship). Educators are responsible for providing feedback and guidance to medical learners in both academic and clinical settings. Faculty often lack confidence, competency, and comfort with providing timely and constructive feedback for many reasons. This can result in learners receiving vague or only positive feedback, despite notable concerns. Faculty development is necessary to avoid missed opportunities to identify underperformance early and with the specificity that is necessary to identify and implement effective interventions. Remediation is often seen as a punitive action but should be identified as a process of learner-focused, team-facilitated improvement. The goal of remediation is for a learner to demonstrate sustainable improvements to meet at least minimum competency. Therefore, it is imperative to provide faculty development specifically on remediation to create a learning environment that normalizes and destigmatizes the process of iterative focused improvement and learning, instead of punitive interventions at times of failure. Effective remediation requires several important components. The early identification of underperforming medical learners is essential. Gathering additional detailed information to correctly identify the specific deficit(s) is necessary to accurately identify the appropriate interventions. For interventions to be effective, it is important to engage learners throughout the entire process with a shared goal of improving their performance within a supportive team approach. This process will require on-going assessments to demonstrate sustainable improvements.

Developing a Focused Individualized Learning Plan (FILP) allows for clear and precise identification of the deficit(s) and understanding of minimal competency based upon EPAs and Milestones. The FILP details SMART goals to identify measurable improvements within a specific timeframe and anticipated next steps (successfully complete the FILP, require an extension of the FILP, or imposing probation and/or termination). The FILP is also used to document the entire process. This workshop will provide both didactic and interactive components that will provide faculty development on effective remediation. Participants will work through components of a presented case from identifying the specific deficits through documenting a FILP. A toolkit including resources for different components of remediation will be provided to all participants at the end of the workshop.