

ENHANCED LEARNING SESSION I

THURSDAY, SEPTEMBER 18, 2025: 11:00AM-12:30PM

BUILDING BRIDGES: ENHANCING NETWORKING SKILLS FOR TRAINEES & EARLY CAREER PEDIATRICIANS IN ACADEMIC MEDICINE

Michael Petrus-Jones, DO, MPH, MS; Ovini Rodrigo, MD, MEd, Boston Children's Hospital; Tyree Winters, DO, Sidney Kimmel Medical College at Thomas Jefferson University/duPont Hospital for Children; Andria Tatem, MD, MEd, Eastern Virginia Medical School; Paola Brana-Rivera, MD, University of Florida

Career development is essential to success in academic medicine but is often overlooked and inadequately emphasized when training physicians. There are skills within career development domains that can be honed and perfected to optimize advancement in academic careers, including creating and maintaining professional relationships. Networking is one such skill that many successful academic physicians do well, but there is little training or skill building to hone this skill. Professional relationships with established physicians such as mentors, coaches, and sponsors can help to open doors to early career academic physicians, can nurture career success, and can be mutually beneficial. These relationships can also provide much needed representation to underrepresented groups and women, who are still striving for career equity in all sectors, including academic medicine. It is imperative that time is spent to nurture communication and networking skills to develop such relationships. This session is designed to provide a theoretical framework and basis for networking and professional relationships on which participants can build skills to utilize in their own careers. The session offers several practical applications and participation to practice the skills that will be introduced. We hope that the skills introduced and developed in this session will be easily translated to real-world career scenarios and ultimately help participants to move forward successfully in their academic medicine careers. Although the skills developed in this session are tailored to early career physicians, they are applicable to any phase of careers in academics.

CHANGES ARE COMING, ARE YOU READY? USING IMPLEMENTATION SCIENCE TO SUPPORT ADOPTION OF PROGRAMMATIC CHANGE

Anna Weiss, MD, MEd, Children's Hospital of Philadelphia; Danielle Cullen, MD MPH MSHP, Children's Hospital of Philadelphia/Perelman School of Medicine at the University of Pennsylvania; Meghan O'Connor, MD, University of Utah; Laura Lockwood, MD, MEd, University of Colorado; Rachel Poeppelman, MD MHPE; Patricia Hobday, MD, University of Minnesota; Kathleen Timme, MD MEd, University of Utah; Johannah Scheurer, MD, University of Minnesota; Jennifer K. Sun, MD, PhD, Children's Hospital of Philadelphia; Hannah Kakara Anderson, MBA, PhD, Children's Hospital of Philadelphia/Perelman School of Medicine at the University of Pennsylvania; Pricilla Cabral, Children's Hospital of Philadelphia; Erin Fuchs, MD; Matt Pearce, MD MSCI; Bruce Herman, MD, University of Utah; Emily Borman-Shoap, MD, University of Minnesota; Duncan Henry, MD, University of California (San Francisco); Daniel C. West, MD, Children's Hospital of Philadelphia/Perelman School of Medicine at the University of Pennsylvania

Educators and training programs must nimbly adjust programmatic offerings to meet new guidelines, mandates, and best practices from accrediting bodies, governing boards, and the primary literature-- all while adapting these changes to their local contexts. However, there is rarely centralized or standard guidance for how to do this. Implementation science (IS) provides tools for enacting change that centers the

understanding of determinants (barriers and facilitators) to support adoption of evidence-based practices across contexts. While it is historically unused in the medical education context, IS has potential to bring practical solutions to complex problems across the spectrum of UME-to-CME education, using a systematic and generalizable format -- all while addressing the unique needs of the local educational ecosystem.

In this workshop, we will describe IS and its application to problems in medical education. Participants will gain practical experience applying implementation mapping- a systematic approach for defining strategies to support changes in practice- to challenges in medical education, including adoption of EPAs and new ACGME training guidelines. Participants will be given time to consider real-world educational problems in their local contexts and apply implementation mapping as a means to addressing them. They will have the opportunity to discuss how IS frameworks and methods can be used to address common barriers and facilitators to adoption of recent new guidelines from the ACGME and the ABP. Participants will leave with IS tools they can bring back to their own training programs to support programmatic change.

DOWN THE RABBIT HOLE- CULTIVATING CURIOSITY IN PEDIATRIC CLINICAL PRACTICE

Inga Aikman, MD, MPH; Jessica Pryor, MD, Northwestern University Feinberg School of Medicine (NUFSM); Kimberlee Hauff, MD, Swedish Medical Center; Sruthi Sridhar, MD; Allison Melling, MD; Ian Grooms, DO; Preston Browning, MD, ECU Health /East Carolina University; Eric Zwemer, MD, University of North Carolina Hospitals

Guiding learners through the looking glass into the world of clinical pediatrics should be an adventure filled with learning and discovery. However, the demands of a busy service can prevent learners and educators from delving into the wonderland of clinical practice – leading to missed opportunities for personal growth, optimal patient care, and improved job satisfaction. This engaging and interactive workshop will explore how curiosity, even in small doses, can be infused into teams to create and harness these opportunities.

Participants will first go down the rabbit hole by watching a video of a patient encounter that purposefully leaves viewers hanging. Next they will share what they most want to know from the patient. Participants will then discover their own curiosity styles using a well-established curiosity tool: the Harvard Business Review Curiosity Inventory. In pairs, they will discuss how their curiosity styles influenced their chosen questions above and what they learned from this inventory.

Once participants have identified *how* they are curious, a brief didactic will define curiosity, review the evidence-based benefits of curiosity in clinical settings, and identify the five dimensions of curiosity. With the recognition that every clinical environment is unique, participants will review their own practice landscape in small groups to identify the factors that threaten and cultivate curiosity. Each table will submit their top three roses and thorns to a collaborative board for a large group discussion.

A second brief didactic will discuss a framework proposed by A. Schnatter to promote the cognitive benefits of curiosity for educators and learners, and the emotional benefits of curiosity for providers and patients. Utilizing their new knowledge about curiosity dimensions, participants will be challenged to apply curiosity dimensions to case-based clinical scenarios. They will brainstorm at least two strategies to invite their learners to foster their own curiosity, while considering that their learner's curiosity styles may differ

from their own. These approaches will be shared via the collaborative board above, and at least one table for each scenario will share their approaches with the larger group.

At the conclusion of the session, participants will leave with a curiosity toolkit including their personal curiosity index, prompts to infuse curiosity into their teams, a crowdsourced list of strategies for encouraging curiosity in their learners, and a list of references supporting the use of curiosity in the clinical space.

FROM PASSION TO PROFESSION: SUPPORTING PEDIATRIC EDUCATOR DEVELOPMENT

Catherine Shubkin, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital; Pnina Weiss, MD, MHPE, Yale-New Haven Medical Center; Jennifer Maniscalco, MD, MPH, MAcM, Johns Hopkins All Children's Hospital; Megan E. McCabe, MD, Hackensack University Medical Center; Katherine Mason, MD, Brown University; Rebecca Swan, MD, Vanderbilt University Medical Center

Careers in pediatric medical education span the spectrum from undergraduate medical education through graduate medical education to faculty development. As robust, yet diverse, clinician educator tracks become more widely available in academic settings, it is important for faculty to align their passions with their career goals. However, it can be challenging for academic pediatricians to advance their careers when they do not define their own career goals and aspirations or develop a roadmap. Mentorship is a critical part of the process to help achieve career goals, yet it is too often underappreciated and underutilized.

The Vice Chairs of Education Executive Committee brings expertise and skills in mentoring faculty along many different career trajectories. This workshop provides activities around developing a mission and vision statement, constructing a mentorship team, and navigating potential career pitfalls. Participants will leave the session with tools for personal use as well as future use as mentors.

GATEWAY TO A CAREER IN PEDIATRICS: ENGAGING LEARNERS THROUGH ADVOCACY

Corinne Lehmann; Jonathan Gold, MD, Michigan State University College of Human Medicine; Kristine Gibson, MD, Western Michigan University Homer Stryker School of Medicine; Chris Peltier, MD, University of Cincinnati College of Medicine; Nicole Johnson, MD, University of Calgary Cumming School of Medicine

Many educators are increasingly concerned about the future of the pediatric workforce (NASEM report). The drivers of medical students' career choice are complex and multifactorial, (Azok, 2024) as are the strategies to influence them. One potential driver not often emphasized is students' interest in advocacy. Several studies have identified advocacy as a strong motivator in the general student population, particularly in underrepresented students. (Chimonas, 2021; Pasquantonio, 2024). Advocacy has long been a central tenet of pediatrics and core for many pediatricians' professional identities. By intentionally incorporating advocacy training in pediatric undergraduate and graduate medical education, we have an opportunity to activate this driver. Instilling advocacy skills may attract service-minded learners into Pediatrics while equipping them with enduring, transferable skills that can be applicable to a broad range of experiences.

In this workshop, participants will explore data and share firsthand experiences about learner engagement in advocacy experiences and their potential influence on career choice, with an emphasis on pediatrics. They will identify barriers that hinder learner experiences in advocacy. Following a brief didactic on core principles of advocacy, they will write a 'one-pager' proposal with solutions to enhance learner advocacy

experiences. With facilitators' guidance, participants will research key stakeholders and potential partners at their home institutions, keeping in mind their values, perspectives, and motivations for a learner experience in advocacy. Drawing on group wisdom, participants will identify potential allies, both within and beyond their institution, and share examples of learner-led advocacy efforts. The session will conclude with a discussion of effective messaging strategies to build support for existing or new advocacy programming. Participants will leave with a written advocacy plan to implement or expand advocacy opportunities for their learners.

RESIDENCY READY: EMPOWERING INTERNATIONAL GRADUATES FOR US SUCCESS

Monique Naifeh, MD, MPH; Renuka Verma, MD, RWJBH Medical Group; Gray Rivera, University of Oklahoma Health Sciences Center; Sania Saood, MD, RWJBH Medical Group; Monica Sagdeo, MD; Nabil Alhayek, MD, University of Oklahoma Health Sciences Center

International medical graduates make up about 25% of the physician workforce often practicing primary care in rural and underserved areas. Unfortunately, even after overcoming the barriers of testing, residency application and interviews which may take place at all hours of the day and night, IMG residents often continue to face barriers even after they match. Between completing the required tasks to successfully obtain a visa, locating a place to live and moving across the world to an unfamiliar place, often with different cultural norms the time after the match happens can also be quite challenging. IMG residents often also have a more difficult transition to residency than their American medical graduate classmates. Given the decreased number of American graduates applying for residency in pediatrics, IMG residents and (IMG) practicing pediatricians will continue to make up a significant part of the pediatrics workforce. Pediatric Residency programs must work to smooth IMG transition to residency to make sure our environments are as welcoming as possible.

SCAFFOLDING SMARTER: LEVERAGING AI TO TEACH CLINICAL REASONING FROM UME THROUGH GME

Stacy Cooper, MD; Daniel Sklansky, MD, University of Wisconsin Hospitals and Clinics; Melissa Sacco, MD, University of Virginia Medical Center; Julia Ashworth, MD, Inova Fairfax Medical Campus/Inova Children's Hospital

This interactive workshop for medical education leaders provides a blueprint for using artificial intelligence (AI) to teach clinical reasoning skills. Participants will learn how trainees already use this technology, how to ensure appropriate use, and how to leverage AI for clinical reasoning instruction. The session will involve short didactics reviewing AI in medicine and clinical reasoning and interactive sessions applying these concepts to clinical teaching scenarios. Small groups will define current gaps in clinical reasoning education and synthesize AI-integrated solutions to enhance clinical reasoning instruction for their trainees. Participants will take home materials/references from the session and plans created with their groups.

ENHANCED LEARNING SESSION II

THURSDAY, SEPTEMBER 18, 2025: 2:45pm-4:15pm

BELONGING, BECOMING, AND PROFESSING OUR IDENTITY: MEDICAL EDUCATORS AS SCHOLARS ACROSS THE PEDIATRIC CONTINUUM

Amy Creel, MD, MEd; Hayley Gans, MD, Stanford Health Care-Sponsored Stanford University; Michael Dell, MD, Case Western Reserve Univ/Univ Hosps Cleveland Med Ctr/Rainbow Babies and Children's Hospital; Jamie Sutherell, MD, MEd, SSM Health/St. Louis University School of Medicine; Amanda Messer, MD, LSU Health/Children's Hospital New Orleans

The Association of American Medical Colleges and the American Board of Pediatrics recognize medical education scholarship as vital for educational innovation and advancement, and thus should be core to a medical educator's identity. Importantly, scholarly activity is a source of career fulfillment and a means of advancing in the academic world.

This interactive workshop will provide participants with opportunities to reflect on their identities as scholars within pediatric medical education and to develop strategies to expand and elevate their scholarship. Using the framework of Belonging, Becoming, and Professing, participants will engage in self-reflection, small-group discussions, and practical exercises to support their growth and mentor others, including students, residents, fellows, and faculty, in achieving meaningful scholarly engagement.

At the foundation is Belonging. Participants will reflect on their identity as pediatric educators within the broader landscape of academic medicine and examine how this aligns with, or diverges from, institutional expectations. Leveraging this, participants will identify strategies to elevate the visibility and value of educational scholarship, often under recognized in academia, at both local and national levels.

In the Becoming segment, we will examine diverse forms of medical education scholarship, including curriculum design, program evaluation, educational research, and advocacy, and highlight the distinction between teaching and scholarly activities. Participants will consider how routine teaching and leadership activities can be reframed as scholarship, using practical frameworks to transform everyday tasks into recognized, impactful contributions.

Finally, in Professing, the focus is on strategies to promote the role of pediatric medical educators as scholars and as mentors in building scholarly identities. Against the backdrop of pediatric workforce challenges, participants will explore how strengthening scholarly identity can enhance educator retention, attract future pediatricians, and foster a culture that values education as a driver of the field's vitality. By elevating the visibility of education scholarship, we strengthen both individual careers and the broader pediatric academic community.

Participants will leave with a personalized action plan for embracing their scholarly identity, enhancing their contributions to academic medicine, and fostering a thriving community of pediatric medical education scholars by mentoring the next generation of pediatric educators.

FROM RESIDENT TO FELLOW-SHIP: NAVIGATING THE CURRICULUM SEA! CHARTING A COURSE FOR SUCCESSFUL TRANSITIONS IN PEDIATRIC TRAINING

Kelsey M. Thetford, MD; Jordan W. Newman, MD; David Taylor, MD, MPH; Michele Nicholas, MD, University of Alabama at Birmingham; Tara J. Minor, PhD, MA, MAT; Christine M. Smith, MD; Rebecca Swan, MD; Devang Pastakia, MD, Vanderbilt University Medical Center

Residency leadership recognize a responsibility to prepare residents for post-graduate positions, either as clinicians or advanced trainees. However, residency training may not intentionally address skills needed for successful entry into fellowship. While literature exists examining the clinical preparedness of resident trainees entering fellowship, there is a lack of literature focused on training residents for important non-clinical aspects of the transition to fellowship (1, 2, 3). These additional competencies include conducting scholarship, teaching, and professionalism, among others (1, 2, 3). A lack of preparedness for a training transition can place emotional and mental stress, financial burdens, and professional challenges on trainees. Two residency programs independently identified the need to fill this gap and created curricula within their local institutions to address these and other topics.

During this workshop, each institution will share their experience identifying trainee needs and developing unique fellowship preparation programs for pediatric residents going on to subspecialty training. Workshop participants will actively work through identifying key topics appropriate for their trainees, how to best deliver the curriculum, and how to evaluate the curriculum in a scholarly way through small group discussion and report outs. Participants will leave with tools and ideas to implement programs at their institutions.

MEETING IN THE MIDDLE: FACULTY AND TRAINEE MODELS OF PROFESSIONAL IDENTITY FORMATION (PIF) IN MEDICAL EDUCATION

Nicola Orlov, MD, MPH; Ingrid Walker-Descartes, MD, MPH, MBA, Maimonides Medical Center/Infants and Children's Hospital of Brooklyn; Alan Chin, MD, UCLA David Geffen School of Medicine/UCLA Medical Center; Daniel Sklansky, MD, University of Wisconsin Hospitals and Clinics; Caren Gellin, MD, University of Rochester; Caroline Rassbach, MD, MEd, Stanford Health Care-Sponsored Stanford University; Sydney Reyes, University of Chicago Pritzker School of Medicine; Courtney Sniffen, MD, Comer Children's Hospital; Kellie Barsotti, MD, Oregon Health and Science University

Professional identity formation (PIF) in medical education is a crucial process where medical students, residents, and fellows internalize the values, beliefs, behaviors, and roles needed to become a physician. While some medical schools incorporate formalized curricula to address this work, it is often left to the hidden curriculum and is rarely addressed formally, particularly at the GME level. APPD's Program Director Executive Committee is bringing this ELS proposal to address evolving gaps in professional identity definition and to allow for learners and faculty at all levels to find a shared mental model of PIF.

Attendees of this workshop will apply evidence based approaches of PIF as they consider training the next generation of physicians in a culture of professionalism and accountability to patients, to colleagues, and medical teams.

MORE THAN ANOTHER MEETING: MEANINGFUL USE OF CLINICAL COMPETENCY COMMITTEES TO DRIVE CBME ACROSS THE CONTINUUM OF PEDIATRIC EDUCATION

Meghan O'Connor, MD; Joanna Lewis, MD, Advocate Health Care (Advocate Children's Hospital/Park Ridge); Sara Multerer, University of Louisville; Patricia Poitevien, MD, MSc, Brown University; Oriaku Kas-Osoka, MD, MEd, University of Arkansas for Medical Sciences; Daniel Schumacher, MD, PhD, MEd, Cincinnati Children's Hospital Medical Center; David A. Turner, MD, The American Board of Pediatrics; Ariel Winn, MD, Children's Hospital/Boston Medical Center

Clinical competency committees (CCCs) should provide insights to support learner-centered education and assessment efforts and ensure graduates are truly prepared to practice unsupervised and meet the needs of their patients.

This session will begin with a deep dive into CCC practices and how they can be utilized to support all five core components of competency-based medical education (CBME), including the integration of an outcomes-based framework such as Entrustable Professional Activities (EPAs) and the development of a robust approach to assessment that integrates multiple data points from a variety of sources to support learner development. We will build on this foundation to focus on practical implementation strategies and advice. Participants will be guided through a reflection of their own program's current CCC structures and processes and how they align with efforts to promote CBME. This interactive and individualized exercise will be followed by an expert panel discussion where participants will have an opportunity to ask questions and receive advice from experts who are actively engaged in leading CBME efforts at the undergraduate (UME) and graduate medical education (GME) levels, including leaders from the American Board of Pediatrics (ABP) and APPD. Through the process of delivering background information and providing an opportunity to reflect and engage with experts, this workshop supports programs in making incremental improvements in their approach to CCCs.

In the second part of the session, we will discuss entrustment decision-making in CCCs, beginning with theoretical foundations and moving into practical advice to address and overcome common barriers to successful decision-making. Entrustment-supervision scales will be presented and reviewed, as well as resources to support faculty development to promote a shared understanding of what the entrustment levels signify and how to differentiate learners along the developmental continuum. Participants will then be given an opportunity to practice using learner scenarios, engaging first in a small group activity followed by a large group discussion. In the activity, groups will be presented with a trainee's assessment data and asked to serve as a CCC to make prospective entrustment decisions using the information presented in the workshop and the resources provided to guide them.

Throughout this interactive session, participants will have the opportunity to engage in discussion with other program leaders in pediatric UME and GME, as well as experts from the APPD community and ABP.

SOLVING THE COMMUNITY PRECEPTOR CRISIS: HOW TO SUCCESSFULLY RECRUIT, DEVELOP AND RETAIN YOUR COMMUNITY PRECEPTORS.

Chris B. Peltier, MD, FAAP; Joseph Gigante, MD, Monroe Carell Jr. Children's Hospital at Vanderbilt.; Hilary Haftel, MD, MHPE, University of Michigan

Community preceptors play a valuable role in pediatric learner education and can serve as role models to increase interest in Pediatrics as a career. It has become increasingly difficult to recruit and retain community preceptors coinciding with a time when the Pediatrics is experiencing a workforce crisis. This ELS session, led by senior pediatric educators with extensive experience in recruiting community preceptors at both the UME and GME level, will facilitate an interactive discussion to explore strategies to recruit, develop, and retain these preceptors.

After introductions we will present challenges and barriers to the recruitment of community-based preceptors in today's work environment. Following a think-pair-share discussion we will have a large group report out where participants will share challenges as well as incentives that have worked for them.

Next, recognizing that educator development is vital for successful preceptors, participants will examine the multiple aspects involved in the creation and implementation of a teaching skills program including performing a needs assessment, evaluating resources, developing a curriculum, and comparing potential venues and delivery methods in small group work and large group discussions.

The session will then turn to a discussion of why preceptors stop having learners in their office and how to overcome these barriers. Strategies for retaining preceptors, both monetary and non-monetary, will be discussed. Attendees will share their own program efforts in small groups and explore creative ideas for the future, which will be discussed with the larger group. Attendees will leave the session with an action plan to bring back to their home institutions. All contributions will be collated and shared with the group and additional resources will be provided.

U + ME + GME: NAVIGATING COMMUNICATION BETWEEN STUDENTS, MEDICAL SCHOOL REPRESENTATIVES, AND PROSPECTIVE RESIDENCY PROGRAMS DURING THE APPLICATION PROCESS

Jennifer Soep, MD; Jennifer DeCoste, MD, Duke University School of Medicine; Kristen Sandgren, MD, University of Iowa Stead Family Children's Hospital; Lindsay Koressel, MD MEd, Northwestern University Feinberg School of Medicine; Kanika Gupta, MD, Delaware/Sidney Kimmel Medical College at Thomas Jefferson University; Maya Neeley, MD MA, Vanderbilt University Medical Center; Gwenevere McIntosh, MD, MPH, University of Wisconsin School of Medicine and Public Health; Michael Dell, MD, Case Western Reserve University School of Medicine; Elisabeth Conser, MD, Texas Tech University Health Sciences Center; Daniel Sklansky, MD, University of Wisconsin Hospitals and Clinics; Erin Pete Devon, MD, Children's Hospital of Philadelphia; Rachel Thompson, MD, Boston University Chobanian & Avedisian School of Medicine

Outreach from students or their medical schools' representatives to prospective residency programs outside of the formal application is widespread. The impact of these communications on student outcomes is context-dependent, and raises concerns regarding equity, transparency, and fairness. This session, facilitated by program directors, student affairs leaders, and pediatric UME educators from multiple

institutions, will promote discussion and collaboration amongst participants, and lead us to the development of best practices for UME/GME communication, so we can more effectively and ethically advocate for students.

ENHANCED LEARNING SESSION III

FRIDAY, SEPTEMBER 19, 2025: 9:00AM-10:30AM

CONFLICT HAPPENS: HANDLE IT LIKE A PRO, NOT A PORCUPINE

Stew Mackie, M.D.; Molly Senn-McNally, MD, UMass Chan - Baystate; Lisa DelSignore, MD, Yale-New Haven Medical Center

Have you ever left a conflict or difficult conversation feeling unsettled and wishing you could have done it better? Conflict is common in our professional and personal lives, yet we don't always feel equipped to manage it. In this interactive, case-based workshop, participants will apply evidence-based skills for challenging conversations.

Effective conflict resolution promotes positive learning environments, improves collegiality, and benefits patient safety.¹ The Thomas-Kilman Conflict Model Framework describes five major conflict management styles (competing, avoiding, collaborating, accommodating, compromising) and can be used to identify one's preferred style and how to adapt different resolution strategies when conflicting goals/opinions exist.² It also provides the basis for practical strategies that leaders can use to prepare for difficult conversations.^{3,4,5,6} The social context also matters when thinking about resolution strategies. For example, the majority of postgraduate learners represent a new generation ("Gen Z") and are the most diverse cohort of learners yet. With that comes an increase in diverse perspectives from the generation as a whole and from each individual's lived experiences. These factors may affect a cooperative versus contentious approach to conflict mitigation.⁶ Many pediatric educational leaders are not formally trained in challenging conversations and conflict resolution, yet difficult conversations occur nearly daily. Being skilled in having difficult conversations and conflict resolution is highlighted by the ACGME's Clinician Educator Competencies, is a part of COMSEP's 2020 Beyond Strategic Plan, highlighting the importance of developing and delivering a leadership development program, and is aligned with APPD's 2025 Strategic Plan to develop leadership skills in program leaders.⁷ In this workshop, participants will engage in dynamic conversations and apply the Thomas-Kilman Conflict Model framework to case scenarios through role-play. Participants will also have the opportunity to share challenging discussions they've had as educational leaders and reflect on how they might approach a similar conflict differently in the future.

ENGAGING EDUCATORS: THE IMPACT OF COORDINATORS ON CURRICULUM SUCCESS

Rachel Bernstein, EdS; Gretchen Shawver, BS, Stanford Health Care-Sponsored Stanford University

As the landscape of medical education continues to evolve, it is imperative for fellowship and residency programs to adapt their curricula to meet the changing needs of healthcare delivery and the expectations of trainees. This workshop aims to engage education coordinators and curriculum developers in a

collaborative discussion on innovative educational strategies that can enhance the training experience for fellows and residents. Participants will explore best practices in curriculum design, assessment methods, and the integration of technology in medical education. By fostering an environment of shared knowledge and experience, this workshop seeks to empower coordinators to implement effective changes that promote competency-based education, interprofessional collaboration, and lifelong learning among trainees.

EPA IMPLEMENTATION ACROSS THE CONTINUUM: HOW TO MAKE WORKPLACE-BASED ASSESSMENTS WORK FOR YOU

Sue Poynter Wong, MD, MEd; Ann Burke, MD, MBA, Dayton Children's/Wright State Boonshoft; Su Ting Li, MD, MPH, University of California (Davis) Health Care System; Richard Mink, MD, MACM, LA County-Harbor UCLA Medical Center; Meg Keeley, MD, University of Virginia School of Medicine; Linda Waggoner-Fountain, MD, University of Virginia Medical Center; Daniel Sklansky, MD, University of Wisconsin Hospitals and Clinics

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.¹⁻⁵ The Association of American Medical Colleges (AAMC), the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Pediatrics (ABP) have adopted CBME frameworks for learner assessment with future associated requirements.⁶⁻¹⁰ Entrustable Professional Activities (EPAs) are a CBME framework for teaching and assessing learners across the continuum that are based on "observable every day activities". In contrast to context-independent ACGME competency domains and their related Pediatrics Milestones, EPAs are context-specific; EPAs are defined as discrete units of work in a given specialty that focus on the care that patients need.^{2,4,11-14} Principles of CBME and implementation of EPAs¹⁵ will be distilled into practical shared understanding for participants.

This session will provide a broad overview with specific examples of the current state of implementation of CBME tools including EPAs at medical schools, residencies and subspecialty fellowships to enhance trainee feedback and learning. Discussions around practical uses and implementation of CBME tools will be robust with examples from the ELS leaders from UME and GME (residency and fellowship). Current examples of EPA use in undergraduate medical education may inform implementation of EPAs in the graduate medical education arena and beyond. Participants will have ample time to thoughtfully discuss and learn about EPA utilization in the various training spaces, as well as 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 share implementation examples from their programs. Practical implementation ideas at different levels will be explored in small groups to start plans for home institution implementation. There will be particular focus on the intertwining of CBME tools, especially EPAs, across and between the current siloes of medical education and practice. Participants will be afforded time and coaching for identifying and planning two action steps in their implementation journey.

GAMIFICATION AND SIMULATION: UTILIZING CREATIVE WAYS TO AUGMENT PEDIATRIC PRIMARY CARE EDUCATION

Alyssa Vigliotti, MD, UPMC Children's Hospital of Pittsburgh; Alexandra Mientus, MD, University Of Louisville; Aaron Altman, MD, PhD; Vildan Tas, MD, UPMC Medical Education; Katherine Kendall, MD; Kelsey Schweiberger, MD, MS, UPMC Children's Hospital of Pittsburgh; Jacqueline Saladino, MD, UPMC Children's Hospital of Pittsburgh

Pediatric primary care and preventative medicine is a crucial part of pediatric graduate medical education, being highlighted under both the “medical knowledge” and “patient care and procedural skills” ACMGE core competencies (1). Underscoring its importance, the American Board of Pediatrics recently increased the “Preventative Pediatrics/Well-Child Care” content domain from 8% of pediatric board questions to 12% of questions, making it the most tested subject on the boards (2). Unfortunately, pediatric residents feel less prepared for primary care practice now than they have in the past, with only 42% of graduates feeling prepared in 2022 compared to 69% in 2015 (3). With fluctuating pediatric residency fill rates from 97.1% (2023) to 91.8% (2024) to 95.3% (2025) and a projected national shortage of primary care physicians, it is imperative that we improve our primary care education to prepare pediatric residents for primary care careers (4, 5, 6).

Over the past decade, the use of gamification and simulation in pediatric medical education has increased, with programs utilizing gaming elements such as team competitions, and simulation elements such as mock codes to improve learning and outcomes (7, 8, 9, 10,11). While primarily used in the inpatient or emergency department settings, studies evaluating simulation training in particular have noted positive impacts on pediatric trainees’ comfort with emergency management, confidence and improved team leadership performance (12,13,14).

In this session, we will explore how gamification and simulation can be utilized to enhance pediatric primary care education. Attendees will receive a brief overview of these educational methods and will participate in three unique, hands-on stations highlighting feasible implementations of gamification and simulation in the outpatient primary care setting. The session will conclude with small group discussions and brainstorming sessions equipping participants with a tangible model and resources for implementing these creative learning modalities in their own institution.

GATEWAY TO RESIDENCY: HOT TOPICS IN THE APPLICATION PROCESS - A DISCUSSION BETWEEN UME AND GME

Rachel Thompson, MD, Boston University Chobanian & Avedisian School Of Medicine; Aisha Barber, MD, MEd, FAAP, Children's National Medical Center; Elisabeth Conser, MD, Texas Tech University Health Sciences Center; Michael Dell, MD, Case Western Reserve Univ/Univ Hosps Cleveland Med Ctr/Rainbow Babies and Children's Hospital; Erin Pete Devon, MD, Children's Hospital of Philadelphia; Kathrine Gaiko, DO, Geisinger College of Health Sciences/Internal Medicine and Pediatrics Residency at Geisinger Medical Center; Estelle Green, MD, Havard Medical School & Boston University School of Medicine/Boston Combined Residency Program; Joanna Lewis, MD, Advocate Health Care (Advocate Children's Hospital/Park Ridge); Jennifer Soep, MD, University of Colorado; Maya Neeley, MD, Vanderbilt University School Of Medicine

The pediatric residency application landscape continues to evolve, shaped by changes in ERAS, shifting applicant demographics, and the transition to virtual interviews. These changes have impacted applicants, their advisors, and program directors alike. While all stakeholders share the common goal of a successful Match, there remain areas where improved alignment could enhance support for both students and programs.

Areas of variability/tension across the UME-GME continuum include:

- Ideal number of applications and interviews
- Utility of visiting electives
- Advocacy for students with complexity (academic/professional issues; dual applications)
- Emerging role of artificial intelligence in the application process

Through review of available data, high-fidelity case discussions, and insights from an expert panel – including recent applicants, student affairs deans, advisors, and program directors – this workshop will explore complex issues, identify misperceptions, and highlight trustworthy resources. Participants will work toward shared understanding and actionable strategies to support effective advising and equitable resident recruitment.

MINDSET MATTERS: REVOLUTIONIZING HOW WE SUPPORT STRUGGLING LEARNERS WITH GROWTH-ORIENTED FEEDBACK

Nicola Orlov, MD, MPH; Su-Ting T. Li, MD, MPH, University of California (Davis) Health System; Elizabeth Nelsen, MD, SUNY Upstate Medical University; David Mills, MD, Medical University of South Carolina; Nathaniel Goodrich, MD, University of Nebraska Medical Center College of Medicine; Christine Cahaney, MD, University of Chicago Pritzker School of Medicine; Capri Alex, MD, Northwestern University; Emily Kramer, MD, Nationwide Children's

Effective feedback is the cornerstone of medical education, and delivering it meaningfully remains a arduous skill for pediatric educators to master. The challenge intensifies when working with struggling learners, where constructive feedback becomes both more crucial and more complex.

Our work with pediatric residents who had undergone remediation revealed a critical insight that is often overlooked in remediation processes: the fundamental need for an established culture of feedback within residency programs, where growth mindset is consistently nurtured. Without this foundation, interventions for struggling learners are often delayed and are perceived as punitive rather than developmental.

Establishing a robust culture of feedback before remediation or intervention is necessary, and educators can create learning environments where all pediatric trainees improve and where struggling learners receive the support they need within a normalized framework of growth and development.

Participants will leave with actionable plans to enhance feedback culture within their medical schools, residency programs, and fellowships. We strongly encourage students, residents, and fellows to attend this session alongside faculty, as multiple perspectives will enrich our collaborative learning experience.

PEDIATRIC PATHWAY INCUBATOR: SPARKING BOLD IDEAS TO GROW THE FIELD

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It comes as no surprise to any medical educator (or most pediatricians for that matter), that there are significant concerns about the future pediatric workforce. The field is at an inflection point for creating sustainable impact on recruiting the best applicants to both general pediatrics and pediatric subspecialties. While a large focus of this disparity has been on finances, it's imperative that educators work on rebranding our craft to improve interest and to appeal to the motivators of the current generation of young physicians.

In this engaging and interactive workshop, participants will take a deeper dive into the barriers and potential solutions to the pathway threats in pediatrics. We will leverage personal reflection, a framework developed from the literature, as well as existing programs that have shown promise, to expand thinking about what can work to build the next generation of pediatricians. After an overview of our current knowledge, participants will work in small groups to determine challenges to pediatric recruitment. After these are briefly reviewed, small groups will engage in innovation labs: assigned a challenge, they will develop and share solutions. Workshop leaders (faculty and trainees) who are currently engaging in innovative ideas will share what they are doing, and finally, each participant will select one thing to develop at their institution or in collaboration with others. Workshop leaders will share these with all participants and follow up for accountability through early 2026.