ENHANCED LEARNING SESSION III
FRIDAY, SEPTEMBER 19, 2025: 9:00AM-10:30AM

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

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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 EPAs[15] 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

H. Barrett Fromme, MD, MHPE; Audrea Burns, PhD, Baylor College of Medicine (Houston); Joanna Lewis, MD, Advocate Health Care (Advocate Children's Hospital/Park Ridge); Nicola Orlov, MD, MPH, University of Chicago; Joseph Gigante, MD, Vanderbilt University; Tatiana Ndjatou, MD, Donald and Barbara Zucker School of Medicine at Hofstra; Dannielle Brown, MD, Ann & Robert H. Lurie Children's Hospital of Chicago; Summer Reyes, University of Chicago Pritzker School of Medicine; Becky Blankenburg, MD, MPH , Stanford Health Care-Sponsored Stanford University

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.