ENHANCED LEARNING SESSIONS
(listed by day, alpha order title)

Enhanced Learning Session I: Wednesday, April 15 2026, 10:45 AM - 12:15 PM

AN INNOVATIVE APPROACH TO IMPROVING THE CLINICAL LEARNING ENVIRONMENT: APPLYING RESTORATIVE PRACTICES

The trainees say they are being hazed by the nurses. The nurses say they are being gaslit by the trainees. The faculty say they are overworked and incapable of doing more. Episodes of bias are happening regularly and exhausting your healthcare providers, and no one seems to know what to do about them. You've tried multiple different initiatives to improve the situation, and nothing seems to work.

Sound familiar? If so, you are not alone. The combination of increasingly complex patients with a multitude of physical, mental health, and social determinant of health needs; the exhaustion of the COVID-19 pandemic and its effect on the medical system; political divisions and upheaval; all of this and more has made our jobs and those of our colleagues more difficult. This has led to increasing burnout and feelings of isolation which in turn, have led to increasing tension in our clinical learning environments and a fracture in the culture of the communities in which we work.

While quick fix curricular innovations will not heal culture, Restorative Practices are designed to do just that – build strong, resilient, connected communities which can come together in times of crisis and repair harms that are done to and within those communities. In this workshop, we will explore what Restorative Practices are and how they are enacted, including the different tiers and use of restorative circles. We will discuss different ways we are using Restorative Practices in our academic medical settings and help you brainstorm how you could incorporate Restorative Practices at your own institution. You will leave with an understanding of why prior attempts to heal culture have not worked and a clearer understanding of how Restorative Practices can play a role in healing your culture's fractures.

BARB'S CARDS: A GAME-BASED LEARNING INITIATIVE FOR PEDIATRIC RESIDENTS IN HONOR OF DR. BARBARA FRIEDES

Game-based learning (GBL) is an innovative approach to medical education that integrates elements of gaming and competition with traditional instructional methods. GBL has been shown to be an accessible and cost-effective way to enhance learner engagement with and enjoyment of medical teaching. GBL fosters a low-risk learning environment that promotes collaboration among peers and in which learners can practice and receive real-time feedback on their clinical decision-making.

In this workshop, we will begin by describing how our residency program implemented a program of GBL to facilitate senior resident teaching on the wards and to honor the memory of our late chief resident, Dr. Barbara Friedes. We will then briefly share our data on the impact of our GBL implementation thus far. Thereafter, participants will have the opportunity to practice hands-on GBL techniques by playing a selection of our games. After each round of game play, tables will debrief the experience and appraise their ability to enhance medical knowledge and clinical reasoning skills using GBL. Participants will leave the workshop with a roadmap for implementing GBL at their own institutions.

BEYOND THE BUZZ: REMOVING THE STING FROM BUSY GME PROGRAM ADMINISTRATION WITH ARTIFICIAL INTELLIGENCE (AI)

As artificial intelligence (AI) continues to evolve and transform our world, it is important to explore how we can leverage it responsibly in Graduate Medical Education (GME). Specifically, consideration needs to be taken to ease the administrative burden that many program coordinators and managers face to ensure program compliance, which often leads to dissatisfaction in the role. According to the 2022 ACGME national survey of coordinators, a total of 2,183 respondents (38.4%) screened positive for burnout, and 1,510 (27.9%) reported being likely or very likely to leave their job in the next year. The primary drivers of dissatisfaction for coordinators were mainly in the area of administrative tasks and overall workload, including the level of detail to manage at work. One strategy proposed to reduce administrative burdens would be to integrate task automation and other technology to improve workflows and reduce the amount of time coordinators spend on various duties.

The emergence of AI tools truly has the potential to ease some of these administrative burdens program coordinators and managers face by streamlining processes such as recruitment, drafting policies, summarizing meeting notes, crafting job descriptions, analyzing survey data, improving clarity of communication, and more. While many of these tools can make administrative tasks more efficient, it is essential to address key concerns, including data security, privacy, transparency, accuracy, authenticity, and professionalism.

In this interactive session, we will explore practical and responsible ways that program coordinators and managers can effectively utilize AI tools to perform their administrative tasks. Participants will have an opportunity to engage in real-world examples and hands-on learning experiences to allow them to learn the potential benefits and risks associated with using AI tools. Through small group activities, participants will consider how to incorporate AI into their practice to help streamline administrative tasks, increase efficiency, and support process improvement. All participants will leave the session with a comprehensive resource toolkit to help navigate the evolving landscape of AI.

CATCH-Y WAYS TO ENGAGE RESIDENTS WITH THE COMMUNITY AND MEET EPAS

Pediatricians are trusted sources of information for families and communities. They partner with families and community based organizations using a strengths based approach to identify and address local health inequities. Relevant residency training around community engagement is limited. The ACGME requirements for community advocacy are vague leaving programs questioning on how to meet the requirements in a meaningful way. More recently, EPAs are a metric used to shape residency curriculum and resident assessments. The tools available through CATCH and in the grant writing process map to specific EPAs while helping trainees synthesize what they are learning about child health advocacy and fill gaps in

advocacy training. For trainees, the CATCH program and its resources can provide mentorship support, introduction to a vast pediatric advocacy network, and scholarship opportunities. This highly interactive workshop will allow participants to reflect on strengths and opportunities in their advocacy curricula, map these to EPAs 10, 11, and 12 and learn ways that the CATCH program can address these gaps. The workshop will use breakout groups, small group and large group discussions, and conclude with a commitment to short and long term action items for each participant to implement in their programs.

CHALLENGE ACCEPTED: BUILDING TOMORROW'S SUBSPECIALTY WORKFORCE TODAY

As part of the AMSPDC Pediatrics Workforce Initiative, a subgroup of pediatric medical educators, program leaders, and trainees are identifying strategies to increase exposure to subspecialty training during residency. A multi-pronged approach is required to meet the needs of trainees, faculty, and programs across the training spectrum. This interactive session is an opportunity to discuss current practices and innovative training models, with a focus on individualized curriculum, autonomy, and mentoring. Attendees will brainstorm actionable initiatives to be implemented at home institutions and through national organizations to enhance resident exposure and interest in subspecialty training.

CODE SWITCH TO COACHING: IDENTITY-CONSCIOUS COACHING TO SUPPORT MINORITY RESIDENT PROFESSIONAL IDENTITY FORMATION AND BELONGING

This interactive workshop will equip attendees with practical, identity-conscious coaching skills to better support residents who identify as underrepresented in medicine (UIM). Grounded in qualitative data from UIM pediatric residents across multiple institutions, this session will explore how coaching can promote professional identity formation (PIF) and belonging among UIM trainees while addressing barriers such as identity taxation, tokenism, and imposter phenomenon. Through group reflection and role-play, participants will practice inclusive coaching strategies that foster psychological safety and equity. Attendees will leave with concrete tools and a personalized action plan to enhance inclusivity in their own coaching practices and residency program.

DRIVING PROGRAM IMPROVEMENT, LEARNER AGENCY, AND CBME THROUGH INTERACTIVE CURRICULUM MAPPING

During this session, participants will explore an interactive curriculum map that illustrates coverage of ACGME requirements and ABP Content Outline topics across one residency program. Additional information in the map includes individual rotation objectives and resources, mode of instruction, assessment strategies, and target depth of knowledge. Using case studies, participants will explore ways an interactive curriculum map can be used to guide program improvements and increase learner agency. Participants will also engage in discussions about how they currently collect rotation information, ways to enhance their own curriculum mapping, and challenges and barriers they face in creating and using curriculum maps.

FOSTERING EFFECTIVE TRAINEE DEVELOPMENT BY ENGAGING IN AN ACTIVE FEEDBACK CURRICULUM

Competency-based residency training relies heavily on feedback from superiors, peers, and co-workers. Despite the critical role feedback plays in learning, it is both impossible to standardize due to the large number of variables as well as often reported to be ineffective (Raaum et al, 2019). The Harvard Negotiation Project textbook "Thanks for the Feedback: The Science and Art of Receiving Feedback Well" argues that the

feedback receiver plays the key role in determining the efficacy of a feedback encounter. Using the book as our content foundation, we have created a longitudinal curriculum on feedback literacy skills for pediatrics residents utilizing interactive didactics, small group reflection, and lastly a standardized simulation. This curriculum empowers trainees to recognize their feedback triggers, apply mitigation strategies, and ultimately become more self-directed learners.

In this workshop, attendees will experience an abbreviated interactive version of this curriculum. This workshop aims to enhance participants' ability to receive feedback effectively and teach these feedback literacy skills to their own trainees.

SECOND VICTIM EXPERIENCE IN GME: PRACTICAL TOOLS FOR MEDICAL EDUCATORS

Second Victim Phenomenon (SVP) refers to the emotional and psychological distress that healthcare learners often experience after adverse clinical events, including medical error, tragedy, system breakdowns, or challenging patient interactions. Residents and fellows are especially susceptible due to evolving identity, power differentials, and limited experience. Unaddressed, SVP can contribute to shame, isolation, and burnout, which can impact well-being and patient safety.

This interactive workshop equips medical educators with practical knowledge and tools to recognize and respond to trainee distress after difficult clinical events. After reviewing SVP stages and factors impacting recovery, attendees will engage in case-based discussions and apply strategies to strengthen psychological safety, normalize the emotional impact of adverse events, and promote timely support. Participants will evaluate their own training environments and leave with an action plan to integrate support measures that foster trainee growth.

SHERLOCK AND THE MACHINE: A METACOGNITIVE QUEST FOR DIAGNOSTIC CLARITY

Clinical reasoning and problem solving are essential for reducing diagnostic errors. Traditional case conferences, including morbidity and mortality discussions, often lack protected time and a structured approach for reflection. This multimedia workshop closes that gap by making diagnostic reflection more engaging for Gen Z learners. Participants will access a de-identified case via a shared QR code on their phones, develop a differential diagnosis using digital tools, and reason together in small groups to identify missteps. The goal is to help trainees recognize reasoning gaps—illustrating that if initial data are incomplete, diagnostic output will be equally limited. The experience enhances reasoning skills and models how trainees and educators can co-create diagnostic excellence through reflective dialogue grounded in ethical and digital-humanities principles.

Aligned with the National Academies' Forum on Advancing Diagnostic Excellence, this session emphasizes explicit modeling of reasoning, metacognition, and adaptive expertise. AI is positioned not as a replacement for clinicians but as a partner in reflection—helping learners "think through their own thought processes." The format aligns with APPD's priority for active and innovative learning, addressing Bloom's higher domains—Analyze, Evaluate, and Create—through immersive, case-based collaboration.

Evaluation and Feasibility: Outcomes will be assessed through brief pre- and post-session polls measuring confidence in diagnostic reflection and bias awareness. All materials will be shared. The workshop is designed for easy set-up and implementation across programs of any size, promoting a shared culture of diagnostic reflection.

THE SECOND CHANCE CURRICULUM: REMEDIATING PROFESSIONALISM WITH PURPOSE

Professionalism remains one of the most complex and emotionally charged competencies to remediate in medical education. Faculty often recognize when a learner is "in difficulty" but struggle to balance accountability with empathy or to move beyond punitive approaches that can erode trust. This workshop reframes remediation not as a deficit process but as a *second chance curriculum*—an opportunity for growth, reflection, and realignment. Grounded in the ACGME framework and informed by work in psychology, K-12 education, and business leadership, this session emphasizes the *biopsychosocial context* of professionalism remediation. Faculty participants will explore how implicit bias, groupthink, and self-fulfilling prophecies influence their perceptions and actions. Using interactive methods—including case analysis, role-play, and think-pair-share—participants will practice strategies for fostering positive expectations, modeling professional behavior, and crafting achievable remediation plans.

The workshop begins with a brief framing of the definition and dimensions of professionalism, followed by an exploration of common barriers to effective remediation (affinity bias, unrealistic expectations, and inconsistent role modeling). Through case-based exercises, participants will identify specific professionalism concerns and apply structured frameworks to understand the learner's perspective and contributing systems factors.

TINY MOMENTS, BIG IMPACT: MICROREMEDIATION FOR STRUGGLING LEARNERS

Formal remediation is a necessary but challenging process for both trainees and leadership. In theory, successful remediation is rooted in a comprehensive evaluation of a learner, combined with fair and timely delivery of feedback and must be accurately documented. However, in practice, identifying and remediating a struggling learner often comes with many roadblocks, delays, or situations that make it a less than seamless process. Utilizing educational foundational theories of feedback and micro teaching techniques, we propose a process of microremediation, that can be taught to faculty as part of institutional faculty development, to better prepare them to identify and remediate issues in real time, as well as accurately document and communicate with program leadership in a timely manner.

This interactive workshop is designed for all chief residents, clinician educators, APDs, and PDs who work with learners at multiple levels in busy clinical settings, as well as those who provide faculty development. This ELS will help provide a foundation for remediation of individual skills, address a struggling learner in real time on a rotation, provide a toolkit for fair and accurate documentation of the issues. At the conclusion of this ELS, attendees will receive a micro-remediation toolkit with resources for best practice and easily implementable cases that can be used to replicate this session at their home institutions.

WAVING THE CHECKERED FLAG - HOW TO GET YOUR TRAINEE'S QI PROJECT ACROSS THE FINISH LINE

Quality care in pediatrics depends on a workforce with passion and skills to successfully implement Quality Improvement (QI) initiatives. Future pediatric faculty leaders are often introduced to QI during training, so it is the responsibility of pediatric programs to inspire and prepare trainees through meaningful participation in healthcare improvement. The APPD QIPS Learning Community (LC) identified a need for faculty

development in QI project mentorship via a national survey. Despite a desire to engage with trainees in QI work, many eager faculty feel intimidated about their own skills around guiding projects. This interactive workshop, led by a team of pediatric QI educators, will build participants' competence and confidence in guiding project teams through a successful QI journey. Participants will identify successes, barriers, and opportunities within their own Institution. Attendees will then rotate through three facilitated breakout groups using problem focused examples and tools to target key areas: (1) managing scope and timelines, (2) choosing measures and gathering data, and (3) evaluating and disseminating projects. We will address these common challenges in QI education, share practical and tested solutions, and provide curated resources developed by the APPD QIPS LC. Participants will leave with a plan for implementing these tools to support learners through the full arc of a QI project. Where applicable within problem-based discussions, emphasis will be placed on integrating health equity principles throughout the QI process. To sustain engagement beyond the session, participants with similar programmatic needs will be connected to foster ongoing communication, collaboration, and shared learning.

Enhanced Learning Session II: Wednesday, April 15, 2026, 4:00 PM - 5:30 PM

BEYOND ORIENTATION: PROGRAM-LEVEL STRATEGIES FOR SUPPORTING IMG RESIDENTS

International medical graduates (IMGs) bring diverse skills and perspectives to pediatric residency programs, yet face unique challenges navigating new systems, communication norms, and visa-related barriers. This hands-on session invites program leaders to "travel" through real-world cases, reflecting on system-level solutions that improve support and belonging. Using surveys, think–pair–share, and collaborative design, participants will map out program interventions that ensure every IMG resident feels prepared, valued, and equipped to thrive.

CHARTING YOUR COURSE: VISION, CHANGE, AND VITALITY FOR THE PEDIATRIC LEADER

Careers in pediatric medical education span the spectrum from undergraduate and graduate medical education to faculty development. As robust yet diverse clinician-educator tracks become more widely available in academic settings, pediatric educators must be deliberate in aligning their professional work with institutional expectations. However, it can be challenging for academic pediatricians to advance their careers, achieve promotion or advance change when they do not identify their primary passions, define their own career goals, or develop a roadmap to achieve them.

The Vice Chairs of Education Executive Committee brings expertise and skills in mentoring faculty across many different career trajectories. A version of this workshop was presented at the Pediatric Medical Educators Conference in September 2025 and was well-received by a large, enthusiastic, and participatory audience. Based on participant feedback, we revised the workshop to focus first on developing a career mission and vision statement, and then using leadership and change management skills to translate these into meaningful action. Graduate medical education is constantly innovating at the departmental, institutional, or national level. With any innovation, GME leaders need a systematic approach to translate their vision ideas to effective change by using skills of psychology and management well described in Kotter's 8 Steps for Leading Change. Using Kotter's framework, participants will use workshop materials to align their personal mission and vision with a needed change in their clinical learning environment.   Participants will leave the session with change management tools that will be applicable for use within their own context of GME leadership. We will conclude this workshop with an acknowledgement

of perceived and real challenges when implementing change, and create an opportunity for GME leaders to reflect on the support needed to maintain vitality and vision throughout their careers.

EMBEDDED SUPPORT FOR PHYSICIAN TRAINEE WELLNESS: A MODEL FOR SUSTAINABILITY IN GME PROGRAMMING

In the Pediatric Residency Training Program at UT Southwestern Medical Center and Children's Medical Center Dallas, physician trainees receive embedded, evidence-based support for moral distress, secondary trauma, and cumulative stress throughout their residency. Additionally, each of the four Chief Residents complete a Physician Peer Supporter training program prior to new trainee orientation. The training is provided by the Children's Health System of Texas RISE (Resilience, Integrated Ethics, Staff Support, Engagement) program leaders and awards 5 ethics CMEs. Throughout the academic year, the RISE programs and Chief Residents collaborate to facilitate confidential, protected "Reflection Sessions" for residents rotating through the PICU, NICU, Hematology/Oncology, Cardiology, and Gastroenterology services. These sessions provide residents with the opportunity to process their experiences in each rotation, as well as the complexities inherent in medical training as they relate to traumatic experiences, personal stories, identity, meaning, purpose, learning, professional formation, and core personal values, among others. These sessions offer space for trainees to unburden stressful events, process moral distress, alleviate the effects of second victim/secondary trauma, and identify resilience factors that decrease burnout/depletion. Ultimately, we find these sessions allow for validation, affirmation, and personal as well as professional belonging.

This session, facilitated by two of the Children's Health RISE program leaders, as well as four previous trainees (now all current Chief Residents), will describe the theoretical frameworks underlying RISE interventions. Additionally, we will outline the real-life touchpoints between the RISE programs and trainees, including Reflection Sessions for each clinical rotation described above, a Narrative Medicine workshop, proactive and reactive rounding on clinical units, provision of resources within both institutions and in the community, and ongoing availability of Chief Residents trained as RISE Physician Peer Supporters to offer confidential/protected 1:1 support to trainees. This presentation will offer theoretical grounding, interactive engagement with participants, brief experiential exercises, and a panel discussion and dialogue with the audience.

FEEDBACK AS CONNECTION: STRENGTHENING BELONGING THROUGH BIDIRECTIONAL FEEDBACK

As self-described "life-long learners," many in medicine seek opportunities to continually expand their clinical knowledge, advance with evolving literature, and build their teaching repertoire. Feedback plays a vital role in this professional development, allowing for the identification of strengths and opportunities for growth with the ultimate goal of continuous improvement. Despite an emphasis on feedback as an integral part of workplace learning in medicine, current literature focuses on feedback as unidirectional, from supervisor-to-trainee. This exposes gaps within the literature as it relates to trainee-to-supervisor feedback and the supervisors' ability to elicit feedback for the purposes of professional development and life-long learning. In working to fill these gaps, we have an opportunity to build a more psychologically safe environment within medicine that ultimately flattens the feedback hierarchy. When feedback flows only one way, we reinforce hierarchy. When it becomes bidirectional, we foster mutual trust and belonging. Our goal in this workshop is to cultivate a culture of feedback equity. There is a growing body of evidence that highlights the relationship between psychologically safe environments and effective feedback. Clark's

stages of psychological safety emphasize an ideal environment in which all members feel safe to belong to the team, ask questions, contribute their ideas, and challenge the ideas of others, regardless of role on the team.[7] The ascent of these stages allows for a redistribution of feedback power. Through this interactive workshop, we strive to inspire a culture shift toward feedback partnerships that strengthen learning, belonging, and professional growth across the continuum.

We will open with individual reflection and small group discussions on approaches to obtaining feedback from trainees and how this information is processed when obtained. After a brief literature review, participants will brainstorm ways to create psychologically safe environments that promote feedback reciprocity. Small-group analysis of these ideal practices will be transformed into a group-derived framework for feedback reciprocity. Workshop attendees will receive a toolkit that includes the group-created framework, a literature-derived framework, and literature-supported best practices to bring back to their home institutions to support reframing expectations and feedback techniques. Before departing from this session, participants will practice the toolkit strategies and receive real-time feedback from their peers. By the end of this workshop, educators will be equipped to foster environments that promote trainee-to-supervisor feedback. We hope that creating this new framework will encourage attendees to move toward cultivating psychologically safe environments that promote feedback reciprocity.

FROM CAUTION TO CAPABILITY: CREATING AND AI TOOLKIT FOR PEDIATRIC RESIDENCY LEADERSHIP

Artificial intelligence is rapidly reshaping pediatric residency programs, yet residency leaders often lack practical frameworks for guiding safe, equitable, and effective use. At the same time, residents and fellows are already using AI tools for studying, clinical reasoning, presentation development, communication, and teaching. This mismatch between learner behavior and program expectations underscores the urgent need for shared language, practical skills, and thoughtful boundaries.

This highly interactive 90-minute workshop prepares pediatric residency leaders to develop AI fluency through focused, active learning. The session begins with a discussion of how trainees, faculty, and program coordinators are currently using AI; then introduces a structured prompt framework (Role + Task + Context + Format) with live demonstration of cross-tool workflows across multiple platforms (ChatGPT, Claude, Gemini, Perplexity, NotebookLM); and concludes by formulating program-level strategies that promote equitable, safe, and responsible integration.

The workshop's central activity blends hands-on skill development with structured ethical analysis. Working in pairs, participants use the prompt framework to generate a role-relevant educational or administrative artifact. They then rotate through five carousel stations: accuracy, bias, data privacy, academic integrity, and environmental impact, each featuring pre-made examples illustrating common AI pitfalls alongside peer-generated outputs. Using a rapid appraisal checklist and ethical lenses, participants critique outputs, discuss safeguards, and consider program-level implications. Participants leave with a clear action plan and a practical take-home toolkit including an AI glossary, workflow templates, a prompt quick-start guide, and a bias appraisal checklist, equipping residency leaders to guide their programs confidently and responsibly in an AI-enabled educational environment.

FROM DISCONNECTION TO CONNECTION: TEACHING TRAINEES TRAUMA RESPONSIVE COMMUNICATION USING SELF-AWARENESS EXERCISES AND SKILL-BUILDING

Trainees interface with parents and caregivers experiencing both acute and chronic or repeated trauma on a daily basis. In addition, rates of mistreatment of healthcare staff from parents/caregivers has increased over the years – with trainees being a specifically vulnerable population.1   We posit that mistreatment and verbal abuse from patients/caregivers is likely an extreme yet predictable behavioral response to the trauma that parents and caregivers experience when their loved one is ill. Thus, it is important that we equip trainees with the necessary skills to intervene on this experience by 1. Tracking emotions and identifying trauma response behaviors in patients/caregivers 2. De-escalating strong emotions using validated tools (NURSE statements2, Co-regulating with their communication partner using the 3 Rs (Regulate, Relate, Reason) 3) 3. Self-regulating in moments of significant stress and vicarious trauma. 4. Employing healthy empathetic boundaries in situations when necessary. We will use our expertise in VitalTALK Communication Simulation methodology as well as expertise in trauma-responsive coaching to facilitate a session that both teaches participants how to do this work in their own daily practice and also teaches them how to teach others. We hope that this session models the way in which we can only connect with others (our patients/families) and create more meaningful, compassionate, and resonant relationships when we are connected to and compassionate towards ourselves. This dynamic session will employ a combination of didactic, role plays, and small group work to give the lived experience of a learner.

FULL DISCLOSURE, A.I. HELPED ME WRITE THIS TITLE (AND WE SHOULD TALK ABOUT THAT); A PRACTICAL GUIDE TO THE ETHICAL USE OF A.I. IN SCHOLARSHIP

Artificial intelligence (AI) is a quickly evolving technology that is transforming scholarly work, often at a pace that can feel overwhelming for educators. As trainees are adopting these tools at an increasing rate, many faculty worry about being able to keep up with their more AI-literate learners. At the same time, the lack of universal policies or consensus only adds to the uncertainty of how to navigate the ethical grey areas that accompany the use of these technologies. This interactive workshop provides participants with the knowledge and confidence to engage in responsible AI use in academic scholarship and offers practical strategies for advising learners who incorporate AI in their own scholarly work. During this lively session we will explore how institutions, journals, and professional organizations are shaping expectations for AI in scholarly work. Through collaborative discussions, role-playing conversations, and a real-time review of existing policies, the group will share insights, debate best practices, identify common pitfalls, and develop strategies for addressing ethical challenges in real-world scenarios. Upon conclusion, attendees will leave with a toolkit containing resources to help put these principles in practice. Join us as we work to turn AI uncertainty into preparedness and gain the tools and confidence needed to support learners in the ethical use of AI in scholarly work.

MATCHMAKER, MATCHMAKER MAKE ME A MATCH: A MISSION-DRIVEN APPROACH TO HOLISTIC REVIEW

Many program directors, recruitment committee members, and program coordinators experience a feeling of unease at the beginning of recruitment, wondering, "How in the world can we fairly identify future pediatricians who are going to thrive in this environment?" Traditional selection methods such as test scores, societies, and class ranks provide an incomplete story. However, determining how to incorporate a candidate's life experiences, resilience, and dedication to inclusive care is challenging and therefore often fades into the background of the selection process.

Every exceptional pediatric training program is bolstered by a mission, and every outstanding trainee has an untold story. This interactive workshop helps pediatric residency and fellowship program leaders define candidate experiences, attributes, and competencies that genuinely correlate with their program's mission. Through interactive activities and real-world examples of programs that have already implemented this model, participants will design a mission-oriented scoring rubric and leave with tools to recruit mission-aligned trainees at their home institutions.

This hands-on workshop encourages participants to apply the AAMC Holistic Review model, which characterizes applicant qualities such as Experiences, Attributes, Competencies, and Metrics (E-A-C-M) to the selection process. This workshop will be led by multi-institutional residency and fellowship program directors, associate program directors, program coordinators, and diversity and inclusion leaders who have successfully implemented diverse review frameworks at their own institutions.

MYTHBUSTERS: THE REMEDIATION EDITION

Remediation is a labor-intensive process that comes at a cost to both residents and program leadership. Decisions to remediate do not come lightly to program directors (PDs), and 79% report having graduated residents despite concerns. This may be due to the challenges of effective remediation - from the lack of adequate resources to the concern that formal remediation could cause harm to the institution or to the future of the resident. Despite these high stakes, there is limited literature and no formal consensus within the graduate medical education (GME) community regarding best practices. We remain limited by pervasive myths that prevent us from effectively improving both our training programs and the physicians we teach. By filtering out remediation myths from the evidence (or lack thereof) behind them, we can successfully support our struggling trainees, better preparing them for independent practice.

In this interactive workshop, participants across program leadership including chief residents, residency PDs, fellowship PDs and APDs will discuss common remediation-related myths pertaining to generational differences in work ethic, success rates of remediation (particularly professionalism remediation!), impact of remediation on future professional placement and licensing, and legal implications of remediation for the institution. After discussion, the facilitators will shed light on these myths and share a more complete understanding with participants of fact versus fiction as supported by the literature. Presenters will highlight key takeaways and discuss implications for practice at home institutions. At the conclusion of the ELS, participants will receive a remediation toolkit with resources for best practices and review of the discussed myths that can be used to educate other program faculty.

READY, SET, DEBATE! FELLOWSHIP HOT TOPICS

Back by popular demand! "Ready, Set, Debate!" is a forum for leaders in subspecialty programs to learn about upcoming topics in the education space that affect fellowships in unique ways. In this interactive PRO-CON style session, participants will learn from a panel of program directors, coordinators, and Directors of Fellowships on national and institutional approaches to and current data on three hot topics in the subspecialty space: individualized fellowship training, required in-person didactics, and fellow use of artificial intelligence for clinical work. After hearing from panelists, attendees will be asked to choose a side of the debate and justify their positions, allowing for a rich discourse on topics on which the fellowship community has not reached consensus. Open to all involved in fellowship education, or those who wish to learn more about the subspecialty perspective, this session will leave attendees with a better understanding

of the issues facing fellowship programs and a clearer picture of where they stand on the issues.

TRAINING APPETIZER: ADVANCED PRACTICE PROVIDER INTEGRATION IN THE CLINICAL LEARNING ENVIRONMENT

Advanced Practice Providers (APPs) are increasingly prevalent in the pediatric healthcare landscape, especially with pediatric centers facing inpatient team expansion from health care regionalization and concurrent decreases in resident inpatient service time following changes to training requirements. As APPs are added to inpatient pediatric teams to bridge staffing gaps, new challenges arise in onboarding, team cohesion, trainee supervision, and role definition. APPD's Program Director Executive Committee is bringing this ELS proposal to address APP integration into the clinical learning environment and to allow for learners and faculty at all levels to share best practices. Attendees of this workshop will share approaches to defining roles, expectations, and culture in teams with APPs and residents, considering the goals of trainee development, ways to partner with APPs and outcomes for our teams, patients, and systems. ELS leaders will provide an organizational framework, worksheet, and references to empower APP and resident partnerships in their local teams.

USE OF ARTIFICIAL INTELLIGENCE IN CLINICAL COMPETENCY COMMITTEE PROCEEDINGS: IT'S DEBATABLE!

CCCs are charged with reviewing and synthesizing resident assessment data to inform learning plans and making high-stakes decisions, including decisions regarding promotion, graduation, and the level of supervision needed to perform Entrustable Professional Activities (EPAs), the key activities of our profession. Data demonstrate that narrative assessment comments are critical for CCC decision-making but can be time consuming and challenging for CCC members to synthesize, and there may be inconsistency from one CCC member to the next in approach. Applications of AI in assessment are growing rapidly and CCC use of AI to synthesize narrative comments represents a promising yet under explored opportunity. AI is currently being used on an ad hoc basis by individual CCCs or their members, potentially without concern to its limitations and risks. In contrast, many CCCs and their members do not yet use AI and may be missing out on opportunities for efficiency.

In this ELS, attendees will define their current use of AI in CCC proceedings and early findings from an ongoing research investigation focused on this topic will be shared. ELS leaders, including chief residents, residency and fellowship program leaders, and experts in assessment, AI, entrustment, and bias in assessment, will then debate in a "hot topics" format how best to incorporate AI in CCC synthesis of narrative comments, with ample opportunity for attendees to share their experiences, reservations, and recommendations. Debates will focus on topics such as whether AI should be used to organize data or generate summaries, how AI can be used to organize data, the role of AI in screening for bias, and whether AI use in CCCs should be standardized across programs. We will conclude with an opportunity for participants to reflect on best next steps based on the proceedings and practical next steps will be shared.

WOULD YOU RATHER… TEACH SMARTER? CREATING A PLAYBOOK OF GAME-BASED STRATEGIES FOR CLINICAL EDUCATORS TO SHARPEN CLINICAL REASONING SKILLS

Join us for a uniquely fun and practical workshop where we fuse the science of clinical reasoning with the art of gamification. We'll show you how to harness the power of familiar party games—like "Would You Rather...?", "Two Truths and a Lie," and "Desert Island Dilemma"—and turn them into powerful pedagogical tools. These engaging methods create a low-stakes, high-impact environment that encourages active participation and deepens understanding.

This is more than just fun and games; it's about forging expert clinicians. You will leave with a toolkit of immediately applicable techniques to make your clinical teaching more interactive, expand differential diagnoses, and build the flexible, critical thinking skills essential for excellent patient care. This workshop is designed for educators of all levels, promising a powerful new approach you can use on your very next shift.

Enhanced Learning Session III: Thursday, April 16 2026, 10:45 AM - 12:15 PM

BRAVE CONVERSATIONS: PRACTICING THE STRATEGY AND SKILLS REQUIRED FOR DIFFICULT DISCUSSIONS IN MEDICAL EDUCATION DURING TIMES OF SOCIOPOLITICAL TURMOIL

Building on last year's impactful Brave Conversations ELS, this session will use interactive discussion and scenario-based roleplay to help pediatric educators strengthen their skills in engaging in and facilitating difficult conversations within medical education. Participants will learn and practice a five-pronged strategic framework for navigating sensitive or divisive sociopolitical topics. The session will also introduce and apply two complementary approaches—the "Cup of Coffee Conversation" and the "5-R Approach"—both for addressing harmful or inappropriate behaviors and language and for empowering and equipping trainees with skills to advocate for themselves and others effectively, with particular emphasis on professionalism in the advocacy space. The format includes a brief large-group didactic and two small-group role-play simulations for applied skill-building.

BRIDGING THE GAP: NAVIGATING BIAS FOR EQUITABLE EDUCATIONAL HANDOVER

While educational handovers, or handoffs, can occur on the "macro" level (i.e. major transitions in training, such as between medical school and residency,) they also happen regularly between supervisors on the "micro" level during clinical training (e.g. between supervising shifts). These communications should provide meaningful assessments about performance and growth areas, thereby informing learning plans and entrustment decisions with a competency-based framework and supporting learners in their development longitudinally.

Ideally, educational handovers facilitate maximal learner growth with supportive feedback while also creating a safety net for patients when a learner has not yet achieved competency in clinical knowledge or skills. However, as with all assessments, historical and structural inequities along with the implicit biases of assessors and the language used in handovers can introduce framing bias of a learner through inequitable deficit focused lenses. This can then result in unfair or inaccurate assessments and further perpetuate injustices to the learner through limited learning and growth opportunities, creation of a psychologically unsafe learning environment, and adverse mental health impacts. Therefore, supervisors and educational leaders must learn how to identify and mitigate these biases during educational handovers.

This workshop will be facilitated by a team of faculty and trainees with expertise in education and equity in assessment. Through active learning strategies and community building, participants will learn about educational handovers through the lens of equity, identifying and naming sources and displays of positive

and negative bias, and applying evidence-based strategies to mitigate the impact of bias during educational handovers including perspective taking and upstander skills. The SKAIR model and the 6 D's of upstander behaviors will be introduced. They will practice these skills in small groups, working through different handover cases from the perspectives of the learner, the person giving the handover, and the recipient of the handover. Large group report outs will follow small group work to allow for shared learning and reinforcement of skills applied in different situations. Resources will be shared for continued reflection and learning after the session. Educational outcomes will be measured both quantitatively and qualitatively using post-session surveys.

CROSS COUNTRY COLLABORATION (CCC) – THE OTHER CCC: FOSTERING INNOVATION IN PEDIATRIC GME THROUGH MULTI-INSTITUTIONAL PARTNERSHIPS

This 90-minute interactive workshop for a medium-sized audience (50-100 participants) highlights a replicable model for cross-institutional collaboration in pediatric graduate medical education (GME). Drawing from the experiences of three GME leaders from diverse pediatric-focused institutions—Northwell Health, Phoenix Children's, and Allegheny Health Network—the session demonstrates how networking sparks partnerships that enhance scholarly productivity, administrative excellence, wellness, and AI-driven innovations. Aligned with Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements (CPRs), this model addresses timely topics in pediatric education, including technology integration and professional development.

DON'T HATE, AI GENERATE: METHODS FOR IMPROVING EFFICIENCY FOR PEDIATRIC MEDICAL EDUCATION

Artificial Intelligence (AI) is reshaping education by introducing innovative approaches to content delivery, learner assessment, and individualized instruction. In pediatric graduate medical education—where program directors, chief residents, and faculty face increasing administrative and teaching demands—AI tools can streamline curriculum design, optimize learner assessment, and personalize individual instruction. When applied intentionally, AI reduces educator burden while enhancing learner engagement and competency development. These benefits, however, require critical appraisal and proficiency in prompt engineering—the emerging skill of crafting effective inputs to generate accurate, contextually relevant outputs when using AI.

This Enhanced Learning Session will examine practical and theoretical foundations of AI integration in pediatric GME, focusing on generative and adaptive technologies across three domains: (1) interactive teaching, (2) board preparation and knowledge assessment, and (3) individualized and asynchronous learning. The session emphasizes AI literacy and prompt engineering as essential educator skills, drawing on adult learning theory, cognitive load theory, and principles of self-directed learning. The goal: empower educators to use AI as a collaborator that augments—not replaces—their role in training.

Participants will explore tools such as *Brisk* and *Eduaide*, originally designed for K–12 lesson planning, assessment generation, and real-time feedback. Faculty will learn to adapt these platforms for pediatric residency education using medical-specific prompts and validation workflows. Evidence suggests adaptive interactivity promotes higher-order cognition and engagement while reducing preparation time. Attendees will practice prompting strategies that balance specificity and creativity to generate clinically relevant, level-appropriate materials.

Using *Open Evidence* and *ChatGPT,* participants will co-create board-style questions, rationales, and summary tables to support mastery learning. These tools can analyze reference texts, generate differential diagnoses, and simulate test scenarios when prompted effectively. Discussion will address verification workflows, bias mitigation, and item validity. Hands-on exercises will focus on structured prompting techniques—such as layering context, specifying learner level, and iterative refinement—to improve accuracy and reproducibility of AI-generated questions.

The session will highlight *NotebookLM* for curating and synthesizing content to support Individualized Learning Plans (ILPs) and asynchronous learning. Participants will examine how AI can identify knowledge gaps, summarize complex readings, and provide feedback aligned with ACGME milestones. Integrated into asynchronous learning, these tools enhance autonomy, longitudinal tracking, and adaptive goal-setting—core components of self-regulated learning theory.

EMPOWERING RESIDENTS, INSPIRING CAREERS: PROMOTING AUTONOMY TO GROW THE PEDIATRIC WORKFORCE

The provision of graduated autonomy is a core tenet of graduate medical education. The appropriate integration of progressively increasing responsibility in residency training programs fosters meaningful resident engagement, professional identity formation, and well-being. Furthermore, it is pivotal for the development of clinical competence and preparing trainees for unsupervised practice. However, the clinical learning environment is dynamic and complex. It is challenging for supervising physicians to achieve the right balance of autonomy and supervision given the individual and system-level competing factors, such as learner trustworthiness, supervisor experience and comfort, patient acuity, rotation structure, and the priorities of patient safety and clinical productivity. All these factors present different challenges for achieving the optimal level of trainee autonomy while ensuring the provision of safe, high-quality patient care. There is growing concern that limited autonomy may prevent meaningful resident exposure to and interest in pediatric subspecialty care, ultimately, contributing to the pediatric subspecialty workforce shortage.

In this ELS, we will lead attendees through an exploration of the individual and system-level barriers to providing optimal resident autonomy across pediatric training environments and patient populations and share known practices and solutions to address these barriers. Attendees will leave with a toolbox of effective practices and innovative strategies to promote trainee autonomy at an individual faculty and programmatic level.

IT'S GIVING DOCTOR: REEXAMINING PROFESSIONAL ATTITUDES THROUGH A LENS OF GENERATIONAL DIVERSITY

Generational theory in the workforce posits that individuals born in the same chronological period share similar values, work styles, and communication preferences based on shared historical events and social contexts. While flawed, this framework remains a popular lens through which professional identity is discussed and understood within the pediatric workforce. The proportion of Millennial and Generation Z pediatricians entering the workforce continues to grow each year, whereas current educational leaders and academic policymakers are more likely to be from the Generation X or Baby Boomer generations.

Trainee competency in professionalism is required by Accreditation Council for Graduate Medical Education (ACGME), defined as "recognizing a sense of duty to patients, upholding ethical standards, and performing professional obligations promptly and accurately". Differences in professional beliefs and actions may differ by generation, and as a result, "professionalism lapses" may in part be secondary to attitudes and values developed outside of the clinical space. This disconnect may lead to poor communication and outcomes in achieving a shared mission. This workshop will serve to illuminate generational values, allow junior trainees and faculty to develop skills in communicating their needs and priorities in the workplace, while providing more senior faculty with skills to lead a values-based discussion on professional concepts.

In this workshop, our multigenerational team ranging from current pediatric residents to vice chairs of education will review generational theory as it pertains to behaviors in the pediatric workforce and explore how perceived lapses in professional behavior may be affected by a learner's assumed generational values. We will introduce the Appreciative Inquiry framework toward a collaborative view of desired professional behaviors. We will then provide participants across the spectrum of the pediatric workforce a space to engage in an Appreciative Inquiry dialogue around these behaviors. As we know "the only constant is change," and as the APPD theme is "Through change and challenge our mission endures," this workshop and the Appreciative Inquiry framework will directly support our collective ongoing mission, and give participants another tool in their tool belt to grow and thrive through change.

MISSION POSSIBLE: THRIVING THROUGH CHANGE

Change is inevitable—but in GME, our mission endures because of the creativity, resilience, and heart of our coordinators! From navigating residency management system updates to juggling ACGME deadlines, onboarding new learners, and managing shifting institutional expectations, coordinators are the steady heartbeat of every GME training program.

This highly interactive session transforms everyday challenges into opportunities for collaboration, laughter, and professional growth. Participants will engage in fast-paced activities, realistic GME case scenarios, and guided reflection to explore how psychological safety, trust, and adaptability strengthen teams and sustain program excellence through times of uncertainty.

Through hands-on group work and reflection, coordinators will learn and practice skills such as:

- Building psychological safety within their GME teams by fostering open communication and trust

- Applying adaptive leadership and change management techniques to maintain stability during transitions

- Using effective communication frameworks to navigate difficult conversations and support learner and faculty well-being

- Developing a personal Mission Map that connects individual purpose to program goals and long-term professional growth

You'll leave this session feeling reconnected to your purpose and your people—energized by shared experiences and equipped with strategies to strengthen trust, foster psychological safety, and navigate change with confidence. Together, we'll reflect, laugh, and learn from one another as we rediscover the

enduring "why" that anchors our work in GME—ensuring that through every challenge, our mission not only endures but thrives.

NAVIGATING THE ERA OF MISINFORMATION: BUILDING BRAVE AND RESILIENT EDUCATORS

In an era defined by medical misinformation, pediatric educators frequently face moral distress as they strive to uphold truth, compassion, and advocacy in their teaching and clinical care. Recent studies highlight the high prevalence and negative impact of moral distress among pediatric residents and faculty, underscoring the need for educational interventions that foster meaning, humanism, and resilience. Over time, as moral distress builds, we are at risk for more significant moral injury, which is characterized by an erosion of empathy, disengagement, and diminished professional fulfillment. To sustain a fulfilling and purposeful career, it is essential that pediatricians build moral resilience to combat moral distress. While wellness programs have traditionally targeted burnout, fewer have addressed the deeper ethical and relational dimensions of moral suffering. Moral resilience, the ability to preserve or restore integrity amid moral adversity, has emerged as a transformative framework for this work. As educators, we have the unique ability to translate our distress into action and build moral resilience through education as we focus on training the next generation of pediatricians. In this interactive workshop, we aim to build resilience in ourselves as educators as we navigate this era of misinformation through educational initiatives.

At previous APPD conferences, workshops have centered on using Brave Spaces to navigate this challenging environment and reframe our work. With Brave Spaces, discomfort is acknowledged and diverse perspectives are engaged. To dive further, we aim to share different educational approaches in which a Brave Spaces framework is actively used to navigate pediatric health misinformation and educate trainees. We will explore different educational strategies for addressing misinformation. We aim to build moral resilience by strengthening community connection, enhancing ethical reflection, and empowering educators to model courage and compassion. This interactive workshop will explore how misinformation and moral injury intersect within pediatric training and will equip participants with practical tools to foster resilience and integrity. Through case-based discussion, small-group learning stations, and exercises grounded in Brave Space principles, participants will learn strategies for navigating ethical tension, facilitating difficult conversations, and supporting moral resilience in the face of increasingly public medical misinformation. Participants will leave the session with an individualized action plan to bring back to their home institution with ideas to foster moral resilience for both trainees and faculty.

PRACTICE MAKES PROGRESS: USING SIMULATION TO REMEDIATE STRUGGLING LEARNERS

An estimated 4-12% of pediatric residents require extra support or remediation during their training. Commonly identified areas of concern include medical knowledge, clinical skills, clinical reasoning, time management/efficiency, communication, and professionalism.

Simulation offers a powerful and psychologically safe framework for remediation as it:

1. Allows direct observation of learner performance to identify knowledge and skills gaps.

2. Enables educators to provide immediate, specific feedback through structured debriefing.

3. Provides opportunities for deliberate practice and application of new knowledge and skills in a low-risk environment.

4. Is a supportive and non-punitive approach to remediation.

This interactive, small-group session (maximum 50 participants) will equip both early-career and experienced educators with practical strategies to use simulation for clinical remediation. The session will be interactive and actively engage participants. The facilitators for this session represent diverse perspectives as faculty, fellows, and current and former chief residents, with direct experience using simulation for remediation.

The session will start with a 15-minute introduction covering identification of struggling learners, frameworks for designing remediation-focused simulations, and strategies for effective debriefing.

Participants will be split into small groups (at tables within the same large room) and take turns running 2-3 prewritten remediation simulations where they will practice these concepts and skills:

- Part 1: Implementing a Simulation. Participants will receive a performance summary of a struggling trainee highlighting deficiencies in one of the following domains based on commonly deficient EPAs: Interprofessional Communication, Systems-Based Practice, Content Knowledge, Task Prioritization, Escalation of Care, Documentation, or Practice-Based Learning. Each group will conduct a pre-written simulation addressing the identified gaps. Facilitators will play the role of the learner while 1–2 participants lead the simulation.

- Part 2: Debriefing for Growth. Participants will practice debriefing the simulation with the trainee using the PEARLS Health Care Debriefing tool, focusing on providing a psychologically safe and constructive dialogue.

- Part 3: Reflecting and Identifying. Participants will discuss any challenges encountered during simulation and debriefing and identify any areas for improvement. They will anticipate challenges unique to remediation-based simulation. They will then run 1-2 additional simulations addressing a different domain.

SHAKE IT OFF: TEACHING AND MODELING THE ART OF FAILING WELL

Every physician has at one time or another stumbled on rounds, missed a diagnosis, or felt the sting of being turned down or told "not yet." The distinguishing factor between those who are stagnant and those who thrive often lies in how we—chief residents, attendings, mentors, and program leaders—model and frame failure. This interactive workshop draws from Amy Edmondson's *Right Kind of Wrong: The Science of Failing Well* and Carol Dweck's theory on growth mindset to help medical educators transform experiences of perceived failure into opportunities for reflective growth, resilience, and adaptive learning.

Even though growth mindset has become part of our professional lexicon, operationalizing it in the fast-paced, high-stakes world of medical training can be challenging. Faculty often struggle to balance accountability with feelings of psychological safety or to recognize the subtle cues that indicate a fixed mindset in themselves or their learners. In this workshop, participants will practice strategies for modeling curiosity, embracing uncertainty, and reframing "failure" as data for learning instead of a deficiency.

The workshop begins with facilitators and participants establishing psychological safety – creating space for everyone to reflect on their own experiences with "failure" and learning. A brief didactic follows, introducing Edmondson's taxonomy of failure (avoidable, complex, and intelligent) and Dweck's two mindsets (fixed and

growth). Attendees will then participate in three interactive small-group activities designed to bring these concepts to life. By the end of this workshop, participants will leave with practical tools—a "Failure Mapping" worksheet and a language guide for growth-oriented feedback. More importantly, participants will leave with renewed confidence that "shaking it off" reflects strength, not weakness, and that modeling "failing well" defines the kind of learning culture where everyone in academic medicine can truly thrive.

SMALL BITES, BIG IMPACT: USING MICROLEARNING TECHNIQUES TO BOOST FACULTY DEVELOPMENT

Traditional faculty development approaches often fail to engage educators sufficiently to meet their faculty's needs. Common challenges related to implementing educator development include limited time, energy, and resources—along with competing faculty priorities. To overcome these challenges, it is essential for program leaders to identify strategies and resources for delivering faculty development in a way that is practical, efficient, and engaging. Program leaders and educators with an interest in faculty development are invited to attend this interactive learning session to explore applications of microlearning, an approach to learning that conveys information about a specific topic or concept in a compact and focused manner, to faculty development. Microlearning has gained popularity across medicine and other industries for its ability to effectively reach groups of individuals with content on a focused topic using techniques that make the information easy to access and incorporate. It provides short, informal learning opportunities that can be accessed on one's own time and schedule. This session will identify opportunities to apply microlearning techniques to fill the gap where traditional methods fall short for faculty development. Attendees will engage with different microlearning techniques and resources through hands-on practice; we will showcase how to leverage published "primers" (such as APPD Nuts & Bolts), create educational tools using NotebookLM, and use interactive tools like flip cards and Padlet to develop high-yield educator development activities. Participants will identify and commit to feasible action items to incorporate microlearning approaches to trial in their home educational settings to advance faculty development.

SURVIVING (AND THRIVING!) AS A PROGRAM DURING EPA IMPLEMENTATION

Program leaders and the pediatric education community are working towards transitioning to a competency-based medical education (CBME) system in their programs. Entrustable Professional Activity (EPA) assessments are a key part of this system, and collectively reflect the outcomes our learners need to achieve by the end of their training. In 2028 (just 2 years away!), EPA assessments will be used by the American Board of Pediatrics (ABP) as part of certification decision-making for all pediatric trainees. Many programs have begun implementing EPAs, providing an important and timely opportunity to share successes and also to address questions and barriers that have arisen in this process. The Assessment Learning Community has offered a number of educational experiences for the APPD community to facilitate the transition to CBME. For this ELS, the focus will be on the program's perspective as we dive into common program leadership *Survivor Challenges* to CBME. Who will Survive (and thrive)?

During this bingeworthy workshop, participants—castaways to the Isle de CBME—will have a quick refresher on the foundation of CBME and EPAs, and then move quickly toward practical and collaborative problem-solving. In small groups, participants will work through two common programmatic challenges that may occur during the implementation of EPA-based assessments: 1) Faculty buy-in and development, and 2) Learner engagement in the assessment process. In small groups, teams will strategize solutions to a common challenge, then present these solutions to the Tribal Council, comprised of frontline faculty and trainees, for review. While no one will be voted off the Isle de CBME, the Tribal Council will provide feedback

from the perspective of those directly affected by programmatic interventions and choose which team is granted immunity.

Participants will have the opportunity to learn through others' experiences and through collaborative problem -solving with colleagues. In the attempt to *Outwit, Outplay, and Outlast,* participants will leave with practical ideas and strategies for use in similar situations in their own programs.

THE GROUP CHAT RX: HEALING, BELONGING, AND RENEWAL IN MEDED

In the demanding landscape of medical education, isolation and burnout threaten even the most passionate clinicians and educators. Many of us have found connection and renewal in unexpected places – one text thread, one voice note, one "group chat" at a time. This workshop explores how these informal, near-peer networks function as communities of practice that sustain careers, foster joy, and transform shared struggle into innovation.

Drawing on scholarship in near-peer mentorship, social support theory, and communities of practice (Fraiman et al., 2022), facilitators will guide participants through an interactive exploration of how affinity- and interest-based peer spaces promote belonging and well-being. Using storytelling, small-group dialogue, and design thinking, we will translate the lived experience of "the group chat" into replicable strategies for professional resilience.

Participants will hear an original narrative poem describing how peer connection sustained a career in academic medicine, then engage in structured "story circles" to share how their own communities have supported them. We will connect these reflections to literature on near-peer mentorship, highlighting how informal, reciprocal relationships can buffer stress, nurture leadership, and generate scholarship. Discussion will include how to maintain healthy group dynamics-avoiding "vent-only" cultures-and how to recognize when a peer may need professional or institutional support.

The session culminates in a design lab, where each participant creates a personalized blueprint for building or strengthening their own "Group Chat Rx": defining purpose, choosing platforms, fostering trust, and planning for sustainability. Through collective reflection, participants will leave with renewed energy, actionable next steps, and a reminder that connection itself is medicine.

This workshop welcomes all UIM and non-UIM leaders, trainees, and faculty who seek to create supportive spaces that heal, uplift, and inspire.

Enhanced Learning Session IV: Thursday, April 16 2026, 3:30 PM - 5:00 PM

ARE GRADUATES PRACTICE READY? PREPARING CLINICAL COMPETENCY COMMITTEES FOR EPA-BASED DECISION MAKING

With the American Board of Pediatrics incorporating the expectation that graduates are ready for practice using the Entrustable Professional Activity (EPA) framework in 2028, Clinical Competency Committees (CCCs) will play a critical role in synthesizing and interpreting quantitative and qualitative assessment data to inform these decisions. EPAs are the essential clinical tasks that general pediatricians and pediatric subspecialists need to perform safely and effectively without supervision to meet the needs of patients, and therefore, in a competency-based approach, represent the expected outcomes of training. However, most residency and fellowship CCCs are unfamiliar with making *practice ready* decisions using EPAs and the

unique considerations and approach required to make them. This interactive workshop provides practical tools and strategies to help CCCs develop expertise in EPA *practice ready* decisions in preparation for the 2028 transition.

We will begin by briefly presenting current issues and challenges that CCCs encounter and explore competency-based medical education (CBME) principles critical to decision making using the EPA framework. We will discuss the new CCC entrustment-supervision scale designed by the ABP in partnership with the pediatric community, specifically designed to provide guidance on determining supervision levels. We will focus on the concept of practice readiness and explore common misconceptions related to *practice ready* decision making. Participants will then tackle real-world CCC challenges through case-based practice, where small groups will analyze realistic learner scenarios using the new scale. Scenarios will highlight common CCC challenges including issues with the quality and quantity of data, faculty development, and bias. Small groups will discuss these challenges, work through solutions, and assign supervision levels as if they were a CCC. This will be followed by a structured large group sharing of insights, strategies, and approaches that participants can adapt to their own program context.

Following the large group discussion, small groups will revisit the cases with prompts that highlight considerations in adopting a learner-centered approach to CCC decision making- from performing holistic reviews to sharing CCC decisions with trainees. Using the question prompts as a guide, small groups will reflect on the cases as well as their local CCCs and start to consider how they can incorporate strategies to support individual learners as they work towards readiness for unsupervised practice. After small group reflection and discussion, participants will have an opportunity to ask questions and learn from trainees, experts and other audience participants who are actively engaged in efforts across the continuum of pediatric education in CBME, CCC processes and decision making, and bias in assessment.

Participants will leave with concrete strategies, practical tools, assessment frameworks, and resources they can immediately implement to build their CCC's expertise in both EPA-based decision making and sharing these decisions with trainees to guide their continued learning and development.

CHATGPT, CHIEFS, AND CHANGE: CREATIVE USES OF AI TO SUPERCHARGE RESIDENT ENGAGEMENT AND PROGRAM OPERATIONS

As artificial intelligence tools become increasingly accessible, pediatric residency programs have opportunities to reimagine how they communicate, orient, and engage learners — beyond the clinical sphere. This highly interactive workshop, co-led by program leadership and chief residents from multiple institutions (OHSU, Boston Children's, UCSF), explores creative ways to integrate AI into everyday educational operations. Participants will experiment with tools to transform static rotation guides into dynamic podcasts and convert conference content into curriculum digests— all while developing essential guardrails for ethical, safe, and equitable use. Through live demonstrations, guided small-group work, and collaborative design opportunities, attendees will leave with ready-to-implement tools and templates that can immediately enhance engagement, reduce administrative burden, and empower chiefs and faculty as AI-enabled educational leaders.

LEADING THROUGH CHANGE AND CHALLENGE: COACHING GRIT, RESILIENCE, AND ACCOUNTABILITY IN PEDIATRIC TRAINEES

Learning to be a pediatrician is both profoundly meaningful and also deeply difficult. The emotional weight of caring for children, the high expectations for excellence, and the reality that some mistakes have serious consequences all test our learners' resilience. This enhanced learning session explores how grit, resilience, and effective coaching intersect to support growth in pediatric trainees. Together, we will examine strategies for guiding learners through challenge and change while maintaining high standards of care and professionalism. This ELS introduces practical coaching approaches to strengthen emotional endurance and professional accountability within our learning environments. The ELS will begin with an orientation to the challenges of developing resiliency while learning to become an excellent pediatrician. Participants will begin the session with sharing moments that demonstrate times when trainees demonstrated resiliency during growth opportunities.

The workshop leaders will then present a brief didactic session on four different frameworks including the GRIT framework, resilience theory, the stress continuum and the flourish model. These four frameworks have different lenses viewing the concept of resilience in learners, however they have overlap as well. The workshop will explore the strengths of the models when considering when to use different frameworks. The GRIT framework to be discussed in this ELS uses GRIT to stand for Growth, Resilience, Integrity, and Time. This framework highlights a growth mindset and perseverance. The second framework to be presented is resilience theory in which explores the relationship of an individual being exposed to significant adversity and the manifestation of positive adaptation focusing on resilience as a process that includes adaptation through relationships along with reflection and meaning making. The third framework is based on the stress continuum and the 4Rs (Recognize, Reframe, Respond, and Recover). The stress continuum recognizes how different individuals respond to stress which can aid the teacher in how to approach the learner for coaching during these times. The fourth framework stems from positive psychology and utilizes the physician flourishing model. This model is used in health systems to improve autonomy, competence, and relatedness in physicians. Each of these four frameworks adds a distinct layer or approach to the consideration of how to help learners develop resiliency in challenging settings while maintaining both well-being and accountability for excellent patient care.

After the didactic portion, participants will work in small groups applying these four frameworks to vignettes with an emphasis on learner reflection to drive learner resilience. Participants will report out how they applied these frameworks to the larger group. There will be discussion on possible coaching interventions and specific language to be considered. The discussion of these interventions will be targeted at both a systems level and an individual learner level with the goal of helping provide strategies that focus on supportive leadership, reflection time with healthy role model all while maintaining high professional standards.

At the end of the ELS, participants will be able to identify the challenges associated with maintaining accountability in trainee development while coaching these learners to enhance their individual grit and resiliency. The ultimate goal of this ELS is to be able to coach trainees in learning how to 'handle hard better'.

LEADING WITH IDENTITY: CULTIVATING PROFESSIONAL IDENTITY FORMATION IN PEDIATRIC FELLOWSHIP LEADERSHIP

Professional identity formation (PIF) is the process of defining one's identity within a specific community. A strong professional identity positively correlates with motivation, engagement, and self-efficacy. In an academic context, this translates to faculty and students who are more invested in their work, clinical activities, and research: essential elements of academic success. A strong PIF is linked to increased institutional visibility, innovative practices, and team stability. This can have significant impacts on professional progression and promotion. Although experienced medical educators, including training program leaders, have cultivated specialized knowledge and skills to lead their trainees and programs successfully, their contributions to academic institutions are often undervalued and overlooked.   Educators are not recognized with the same clout and respect as other colleagues, due to the perception that their work is less rigorous and less challenging. However, these roles are invaluable and require unique skills, and are associated with critical academic outcomes that should be recognized with the same validity as other academic metrics.

This interactive workshop will provide participants with opportunities to reflect on their identities as pediatric medical educators and to develop strategies to expand and elevate their visibility and scope of influence. Using the framework of Belonging, Becoming, and Broadcasting, participants will engage in self-reflection, creative small group activities, and impactful exercises to support their development of PIF, which includes a strong sense as a medical educator.

To begin, participants will reflect on their current identity as pediatric educators within the broader landscape of academic medicine and consider their current networks to explore the idea of belonging. Leveraging this, participants will identify strategies to elevate the visibility and value of pursuing a career as a medical educator at both local and national levels. The role of the community in fostering a sense of personal belonging will be explored, as well as how the community can take control of our shared professional identity and influence how they are perceived.

In the Becoming segment, "storytelling through art" will be applied to help participants envision their 10-year career goals. Utilizing provided supplies, participants will draw an image of themselves as a successful academic medical educator. This reflection exercise can prompt discussions on potential opportunities to enhance knowledge, skills, and experiences, thereby optimizing chances for professional success.

Finally, broadcasting focuses on strategies to promote the role of pediatric medical educators in academic departments. Combatting the perceived value inequity, attendees will participate in a "Reverse Shark Tank" experience. In this model, participants will be encouraged to "pitch" solutions to this issue and subsequently collectively explore effective strategies. Against the backdrop of pediatric workforce challenges, participants will explore how strengthening professional identity can enhance retention, attract future pediatricians, and foster a culture that values education as a driver of the field's vitality. By elevating the visibility of educators, we strengthen both individual careers and the broader pediatric academic community.

Participants will leave with a personalized action plan that enables them to embrace their professional identity as medical educators, enhance their contributions to academic medicine, and foster a thriving community of practice.

MANO A MANO: HOT TOPICS IN MEDICAL EDUCATION

In this interactive, debate-style session, attendees will hear colleagues and leaders in the field face off to address important issues in medical education. Three hot topics will be discussed with an affirmative and negative speaker for each. After opening remarks and framing by the moderator, each debater will present briefly their major points and closing remarks and address follow-up questions from the moderator. Each debate will end with questions from the audience. Audience response will be used to poll attendees on their stance prior to and at the conclusion of each topic. The three proposed topics for 2026 are:

1. APP/Resident integration on teams: better together or keep it separated?

2. How many signals is the right number?: Keep at 5, or do we need gold and silver?

3. Alternative IMG pathway: US residency necessary or US fellowship enough?

MAXIMUM IMPACT: USING THE APPD'S EMPOWER CURRICULUM TO IMPROVE BEHAVIORAL/MENTAL HEALTH TEACHING IN WAYS BIG AND SMALL

Are you using the EMPOWER curriculum in your training program and love it? Are you assigning the curriculum to your trainees but don't know exactly what is in it, or feel like you could use it more intentionally? Are you not using the EMPOWER curriculum at all because you aren't sure if it could add much to your existing Behavioral/Mental Health (BMH) teaching, or you haven't even had time to look into it? If you answered yes to ANY of the above, this session is for you! Come to this highly interactive workshop co-sponsored by the BMH Learning Community and the EMPOWER Curriculum Working Group to take a deep dive into EMPOWER, the APPD's national mental health curriculum. Participants will learn useful pearls from the curriculum's authors, including mental health experts, as well as hear from colleagues who are already using the curriculum in a wide variety of rotations, clinical settings, and program sizes. Participants will work in small groups with peers from similar sized/resourced programs to strategize different ways to apply the EMPOWER modules to enhance BMH teaching across various educational settings. The group will also discuss ways in which pieces of the curriculum may be utilized to facilitate or augment BMH teaching in established clinical settings, and participants will be the first to receive new "EMPOWER Facilitator Guides" as a resource. Whether your program has fully implemented the EMPOWER curriculum or you are just curious to know more, sharing your perspective and experience will add to the discussion as we work towards maximizing the impact of this important APPD resource for BMH learning.

PATHWAYS TO FLOURISHING: ALIGNING ILPS AND COACHING FOR TRAINEE SUCCESS

This interactive 90-minute workshop equips pediatric program directors and GME leaders with practical strategies to foster trainee flourishing through individualized learning plans (ILPs) and coaching. Participants will explore how ILPs can serve as reflective tools, compare models for structuring ILPs, and learn how to align with program missions and priorities. The session will also introduce coaching frameworks that activate ILPs and transform reflection into actionable growth. Through case examples and hands-on activities, attendees will gain the necessary tools to implement ILPs and coaching in their programs effectively.

PATHWAYS TO INCLUSION: AN INTERACTIVE ESCAPE ROOM FOR METHODS TO OPERATIONALIZE EQUITY

In recent years, the medical community has increasingly recognized the urgent need to integrate anti-racism and equity into every aspect of professional practice, including education, patient care, research, and workforce culture. At the same time, we are operating in a shifting socio-political landscape where initiatives for diversity, equity, and inclusion (DEI) face growing legislative and public backlash.

While ample discussions, workshops, and commentaries about how to increase diversity and inclusion in medicine have been initiated, fewer avenues provide actionable guidance on how to implement anti-racism and equity initiatives into professional practice. This highly interactive workshop bridges the gap between awareness and action by guiding participants through practical approaches in the form of escape rooms to operationalize anti-racism and equity in clinical, educational, and organizational contexts. Using gamification to foster engagement, participants will take part in a collaborative escape-room exercise designed to promote psychological safety, iterative learning, and team-based problem solving.

Through authentic case scenarios (patient and family belonging, workforce equity, research practices, and trainee retention and remediation), participants will apply the Academic Pediatric Association's Anti-Racism & Equity Toolkit and other resources to craft context-specific professional and institutional strategies. By the end of the session, attendees will leave with actionable tools, deeper insight into how to facilitate difficult conversations and build equitable and inclusive systems.

PUTTING EDUCATIONAL SCHOLARSHIP INTO PRACTICE: TOP ARTICLES IN GRADUATE MEDICAL EDUCATION 2025

Everyone loves the "Top 10 Articles" sessions at PAS and PHM, so we're bringing it to APPD! With all the clinical, administrative, and educational work we all have to do, it's a constant struggle to find the time to stay up to date on the medical education literature. So let us help. We have reviewed and scored papers about graduate medical education published in 2025, to find the 10 best, aiming to highlight curricular innovations that all of us can learn from and bring home to better our own programs. We will present the articles and then use polls and group discussion to help participants think and plan how to incorporate these new ideas into their own programs. Participants will leave the session with at least one (maybe more!) concrete idea of something new to try in their own program.

RESTORING THE RESTORERS: USING RESTORATIVE PRACTICE CIRCLES TO SUPPORT REMEDIATION LEADERS

Leading remediation is often isolating work, and opportunities to share knowledge about techniques and systems along with connecting with colleagues who understand this challenging work is needed in our community of educators. Program leaders need dedicated venues where they can process the complex emotional and professional challenges inherent in supporting struggling trainees. This ELS is dedicated to the use of Restorative Practice Circles for leaders navigating challenges in remediation. The circles will be facilitated by faculty who participated in the AAMC Restorative Practices in Academic Medicine (RPAM) Training. The session will center on the use of structured prompts to explore common themes in remediation leadership. The session will aim to foster peer connection and mutual support in a confidential space to encourage the authentic sharing of experiences, challenges, and emotions. The session will conclude with a brief didactic where facilitators will "unpack" the circle experience and will share principles

on leading restorative circles. Participants will leave the session with an understanding of the relevant literature on restorative practices in medical education and with strategies to equip them to implement circles at their home institutions. Due to the nature of this ELS, the number of participants will be limited to 60 individuals.

SHAPING THE MEDICAL EDUCATORS OF TOMORROW: DEVELOPING RESIDENTS' TEACHING AND EDUCATIONAL SCHOLARSHIP SKILLS

It is widely accepted that residents play an integral role in educating medical students (Reference 1). It is estimated that medical students receive approximately one-third of their clinical education from residents (Reference 2). It has been demonstrated that good education from residents positively impacts medical student clerkship satisfaction and influences career choices (Reference 2). Despite the fact that residents participate in educational responsibilities and many residents want to incorporate medical education into their future careers, residencies often do not have programs that provide a foundation for developing future medical educators (Reference 3). Dedicated programs may also serve as an avenue through which residents can explore medical education careers and kickstart ways to incorporate medical education into their long-term academic goals.

The presenters will discuss their experience in a longitudinal program designed to meet the needs of residents interested in medical education and assist participants in meeting these needs in their own programs. The panel consists of lead faculty in our Education Academic Community (EAC) and graduates of the program who have continued their academic work in medical education as fellows and junior faculty across multiple institutions. We will focus on three areas of medical education that we have identified as being crucial to the success of future medical educators. First, to facilitate effective resident mentorship, programs should provide appropriate faculty development for educational mentors. Second, the program should teach the foundations of medical education scholarship to residents. Third, the program should help residents acquire practical skills needed to be successful clinical teachers. With a focus on these components, workshop attendees will participate in small-group discussions with the goal of identifying gaps in their current approaches to the development of resident educators and developing intervention plans to address those gaps. Participants will share out with the group-at-large to facilitate the formation of actionable interventions aimed at the growth of resident educators.

TRANSFORMING TRAINING: STRATEGIC APPROACHES TO OPTIMIZING PRIMARY CARE EDUCATION IN PEDIATRICS

Recent updates to ACGME program requirements challenge pediatric residency programs to rebalance their curricula, ensuring equitable emphasis on ambulatory and inpatient education. As programs have transitioned to the new standards, many face the complex task of expanding primary care experiences while maintaining robust clinical training and meeting evolving learner needs. This interactive workshop will provide a framework and practical strategies for program leaders to transform their curricula and sustainably enhance primary care education.

Facilitators representing diverse institutions will first review the ACGME updates, highlight current national trends, and summarize evidence-based approaches to optimizing ambulatory learning. Participants will engage in guided discussions to identify challenges and successes in their own programs and then work in small groups to explore key domains of primary care education—continuity clinic, individualized

curriculum, mental health integration, X+Y scheduling models, and ambulatory rotations. Each group will design an "optimized plan" or curricular innovation that can be adapted to their local setting.

The session will conclude with large-group sharing, synthesis of emerging themes, and actionable next steps for implementation. Participants will leave with concrete strategies, shared resources, and a network of peers committed to advancing primary care education in pediatric residency training.

WE'RE ALL IN THIS TOGETHER: TAILORING PEER SUPPORT PROGRAMMING TO RESIDENT WELLBEING

Peer support programs are structured interventions that train medical professionals to provide support to their colleagues who are experiencing distress from adverse events, such as a medical error or unanticipated patient outcome.[1,2] These programs additionally often incorporate outreach systems to provide reactive support to affected individuals.[3,4] Residents face unique challenges and stressors that result in higher rates of depression, emotional exhaustion, and hopelessness compared to the general public, supporting a need for more programmatic and/or organization-level interventions to meaningfully improve wellbeing for trainees.[5] Despite preliminary positive reports on the uptake of peer support programs from faculty participants,[6] there are few residency-specific adaptations described in the literature.[7] Given the critical personal and professional identity development that occurs during residency, careful adaptations should be made to tailor peer support programming to fit the needs of this population. To address this gap, we propose an interactive workshop designed to familiarize program leaders and other pediatric educators with peer support training and inspire residency-specific adaptations to promote improved wellbeing among trainees.

We will open this workshop with individual reflections followed by small group discussion on the unique stressors that impact trainees' experiences during residency. After a brief review of the literature on factors that influence trainee stress and burnout, participants will be introduced to the concept of structured peer support programming, including its role in addressing stress, burn out, and second victim syndrome. An interactive demonstration of peer support training, including a modeled one-on-one interaction, will provide participants with introductory insight into the basic steps of peer support. This introduction will be followed by breakout practice sessions, in which participants will have the opportunity to apply these skills as they take on the role of supporter, supportee, and observer over a series of three cases. Finally, we will utilize individual reflection and small group discussion to propose program modifications to better meet the needs of the residency population and develop a tailored action plan to implement or enhance a resident-specific peer support program within participants' individual residency programs. At the end of this workshop, participants will receive a toolkit containing sample peer support training materials, a guide on how to develop a peer support program, examples of residency-level modifications of peer support programming, and additional practice cases. Upon leaving this workshop, educators will have the tools necessary to not only provide basic peer (or near-peer) support to colleagues and/or trainees in crisis, but to also develop a residency-specific peer support program at their home institution.