
**Friday, September 25, 2026, 10:45 AM - 12:15 PM**

**Navigating Mid-Career Across the Pediatric Education Continuum: Strategies for Growth and Renewal**

*Rebecca Swan, MD, Vanderbilt University Medical Center; Marsha Anderson, MD, University of Colorado; Sarah Gustafson, MD, Los Angeles County-Harbor UCLA Medical Center; Sarah Hilgenberg, MD, Stanford Health Care-Sponsored Stanford University; Jennifer Maniscalco, MD, MPH, MAcM, Johns Hopkins All Children's Hospital; Katherine Mason, MD, Brown University; Megan E. McCabe, MD, Hackensack University Medical Center; Molly Rideout, MD, University of Vermont Medical Center; Catherine Shubkin, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital; Richard Shugerman, MD, University of Washington; Bob Vinci, MD, Boston University School of Medicine; Linda Waggoner-Fountain, MD, MACM, University of Virginia Medical Center; Pnina Weiss, MD, MHPE, Yale-New Haven Medical Center*

Description: Faculty in medical education identify mid-career as a time of unique challenges, due to evolving professional and personal responsibilities amidst variable guidance. Increased clinical responsibilities, variably compensated service and administrative roles, and finding time for educational scholarship and other opportunities compete with personal life responsibilities and roles. Identifying and prioritizing the need for mentorship is often overlooked and can hinder career progression and fulfillment. This workshop will be facilitated by senior faculty who will provide an overview of these challenges and engage participants in developing strategies for success. Techniques used will include self-reflection as well as peer interaction in small groups to collaboratively design plans for actionable change while building external peer networks.

Designed for mid-career faculty, this interactive workshop will begin with an icebreaker to allow participants to share a word or phrase to describe their mid-career experience. A brief didactic will cover shared challenges faced by mid-career faculty, before small groups have time to reflect on and share their experiences with interpersonal and institutional barriers and gaps in support. These reflections will be shared with the large group to highlight common themes.

Another brief didactic will focus on strategies for success and support, followed by a small group activity to brainstorm actionable strategies to implement at home. Finally, time will be spent developing a community of support among the participants, to encourage collaboration across institutions. Individual reflection time at

the end to commit to action plans and allow the facilitators to recap key takeaways will close the session. Resources to be provided included articles, toolkits, and faculty development opportunities.

**“Prevention is Better Than Cure”- a Pre-remediation Framework to Reduce the Need for Remediation**
*Roshan George, M.D., Emory University; Mary Moffatt, MD, Children's Mercy Hospital; Maulin Soneji, MD, Children's Hospital of Philadelphia; Kathryn S. Sutton, MD, Emory University; Lisa DelSignore, MD, Yale-New Haven Medical Center; Anna Rodenbough, MD, MPH , Emory University; YoungNa Lee-Kim, MD, MEd, Baylor College of Medicine (Houston)*

Description: Early identification of struggling learners is critical for training program leadership and medical educators. Through this workshop, we explore the framework of "pre-remediation", which includes practical aspects of setting expectations, and normalizing challenges related to learning, so that support for struggling learners could be offered early, reducing the stigma of being labeled as ‘struggling,’ and minimizing the need for extensive, formal remediation later.

Pre-remediation is the planning, assessment, and steps taken before the repair process begins and here, we expand it to include proactive, intentional steps to mitigate the need for remediation. Struggling learners are defined as trainees who do not meet the expectations of a training program. Remediation is defined as “additional teaching above and beyond the standard curriculum, individualized to the learner who without the additional teaching would not achieve the necessary skills for the profession”. Delays in identifying learners who need remediation leads to loss of time and missed opportunities. If timely and adequate remediation does not occur then trainees lacking competence may be promoted to independent practice which can lead to severe consequences to patient care.

Our expert panel of leaders in education from different institutions will help attendees create practical tools to bring back to their own programs for targeted, early support that would set trainees up for success in your institution and help to avoid remediation later.

This workshop has been presented at other settings, including a mini/modified learning session version at the spring APPD Fellowship Learning Community meeting 2026 and was very positively received with robust discussion and endorsement.

**5-Minute Teaching Tree: Framework to Teach Across Learner Levels**
*Edward Zitnik, DO, University of Connecticut School of Medicine; Yifeng Zhang, DO, University of Pittsburgh School of Medicine*

Description: During this interactive workshop, participants will learn and practice a framework called “Trunk, Branch, and Leaves” to effectively teach a common pediatric topic to a mixed group of medical students, pediatric interns, and pediatric residents. The layering approach allows learners at the top or bottom of their learning level to solidify their knowledge on the topic and become exposed to the content of the next level without the teacher having to first evaluate the unknown knowledge gaps of each learner. The “Trunk” represents key foundational information relevant to medical students such as diagnostic criteria and definitions. The “Branches” include the diagnostic work-up and initial management relevant to pediatric interns. Finally, the “Leaves” include finer details such as contingency planning and uncommon complications relevant for senior pediatric residents. We will categorize the key information about the topic on a prepared worksheet before creating a verbal script and an optional written schematic to use as a teaching tool. We will

practice this framework to allow every participant to create an individualized 5-minute teaching script, practice within a small group, and incorporate real-time feedback to retry the presentation within the same group. At the end of the session, each participant will walk away with a fully realized talk on the topic of their choice.

**AI Is Here—Now What? A Choose-Your-Own-Adventure Workshop for Pediatric Educators Navigating the Residency Application Process**

*Elisabeth Conser, MD, Texas Tech University Health Sciences Center School of Medicine; Michael Dell, MD, UH Rainbow Babies and Children's Hospital/Case Western Reserve Hospital; Jennifer DeCoste, MD, Duke University School of Medicine; Maya Neeley, MD, Vanderbilt University Medical Center; Rachel Thompson, MD, Boston University Medical Center; Kirstin Nackers, MD, University of Wisconsin School of Medicine and Public Health; Jessica James, MD, Temple University Lewis Katz School of Medicine; Olubukola Ojuola, MD, MPH, Liberty University College of Osteopathic Medicine; Daniel Sklansky, MD, University of Wisconsin School of Medicine and Public Health; Catherine Michelson, MD, MMSc; Kenneth Michelson, MD, MPH, Northwestern Medicine Feinberg School of Medicine; Theresa Scott, DO, MS, Weill Cornell Medicine*

Description: Artificial intelligence is already influencing the pediatric residency application ecosystem on both sides of the UME-GME continuum. Students are using AI for application preparation and editing, as well as interview coaching, sometimes in live time. Residency programs are increasingly encountering AI-enabled tools for screening, summarizing, and decision support. Yet pediatric educators still face practical unanswered questions: How should clerkship and student affairs leaders advise learners for use of AI in their writing processes? How should program leaders critically evaluate AI-assisted review processes? What happens to trust in narrative components such as personal statements and letters of recommendation when polished writing is no longer a reliable proxy for the author’s own voice or perspective? How can UME advisors reassure students about the privacy of their personal information in LLM platforms? Recent literature highlights rapid adoption alongside persistent concerns about fairness, transparency, privacy, bias, validity, and unreliable AI-detection strategies.

This interactive, multi-institutional workshop is designed for pediatric clerkship directors, program directors, student affairs leaders, and other educators who need practical next steps rather than a theoretical overview. Framed around the question, “AI is here- what do pediatric educators do next?”, the session emphasizes specific advising and selection challenges in the residency application process while fostering conversations between UME and GME leaders.

**Becoming, Belonging, Leading: Professional Identity Formation across the career spectrum for Women in Medical Education**

*Joanne Mendoza, MD, Eastern Virginia Medical School; Nana Adwoa Bamfo, MD, Eastern Virginia Medical School/Children's Hospital of The King's Daughters; Kate Donowitz, MD, University of Virginia Children's ; Rupa Kapoor, MD, Children's Hospital of The King's Daughters; Sanaz Devlin, MD, MMEL, Eastern Virginia Medical School; Karen Hendricks-Munoz, MD, MPH, Virginia Commonwealth University SOM, Children's Hospital of Richmond*

Description: In this highly interactive session, a panel of pediatric faculty from across the career spectrum in time (trainee to late career), roles (resident to Chair), and institutions will lead self-reflection on professional identity formation (PIF). PIF refers to the evolving integration of values, ethics and responsibilities (or values, norms and behaviors) shaped over time by personal and educational experiences, role models and mentors,

socialization, and self-reflection (1,2,3). Importantly, gender plays a significant role in this process, influencing experiences, expectations, and opportunities throughout medical training and practice. Moments for self-reflection are rarely built into a career in medical education, especially once formal training ends. In this session, panelists will share personal reflections in response to guided prompts, highlighting key moments and influences in their own identity formation. Participants will then engage in structured activities to reflect on their own professional journeys, followed by small- and large-group discussions to foster shared learning and connection.

This session will provide participants at any stage of their career time to reflect upon their journey and share their PIF with others. The panel, composed of women physicians, will also discuss how gender has shaped their experiences and PIF in medicine. Open to all attendees, this workshop will focus especially on the experiences of women. Participants of any gender are welcome to attend in any capacity as allies, mentors, or colleagues of women physicians or simply as individuals reflecting on their own professional identity formation.

**Building Capacity as a Scholarly Activity Mentor: A Toolkit for Project Management with All Levels of Medical Trainees**

*Robert Trevino, MD, PhD, Children's Mercy; Christine Rukasin, MD, Phoenix Children's Hospital; Monique Naifeh, MD, MPH, University of Oklahoma Health Sciences Center; Audrea Burns, PhD, Baylor College of Medicine (Houston); Sabrina Ben-Zion, MD, Akron Children's ; Su-Ting T. Li, MD, MPH, University of California (Davis) Health System; Becca Hart, MD, University of Louisville*

Description: Faculty time and energy are limited resources. Many faculty interact with learners at different stages in medical training, from students to residents to fellows, whose experience varies widely and their schedules impact the time and consistency to participate in scholarly activity. Supporting trainees in scholarly work requires an understanding of their clinical and educational schedules, motivations for pursuing scholarly activity, prior scholarship experience, and project goals. Faculty often feel unprepared to mentor trainees in scholarly activity due to complex trainee needs and differing trainee experiences. Having tools to help guide through this process can optimize time and ease project management for faculty as well as increase autonomy and successful project completion for trainees. This workshop will discuss findings from surveys of program directors related to gaps in scholarly training for residents and what this looks like in the context of ACGME and ABP requirements/ EPAs. We will walk through considerations research mentors should have for all trainees when developing research agendas. Lastly, we will provide faculty with a scholarly activity toolkit that can be immediately used to support trainees of all stages in their scholarly pursuits by bridging the gap between needs and barriers to project completion.

**What Comes Next? Handoffs on Learners Experiencing Difficulty Across the Continuum**

*Elizabeth Nelsen, MD, FAAP, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital; Nicola Orlov, MD, MPH, University of Chicago; Michael Fishman, MD, Boston Children's Hospital; H. Barrett Fromme, MD, MHPE, University of Chicago; Mackenzie Frost, MD, MEd, Children's Hospital of Philadelphia; Chas Hannum, MD, Tufts University School of Medicine; Bhavana Kandikattu, MD, University of Illinois College of Medicine at Peoria; Erin King, MD, University of Chicago; Ben Kolker, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital; Suzanne Reed, MD, Nationwide Children's Hospital/Ohio State University; Catherine Shubkin, MD, Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital; Rebecca Tenney-Soeiro, MD, MSEd, Children's Hospital of Philadelphia*

Description: Learner handover is the transfer of information about a learner's performance between and among supervisors. The medical education literature in this area continues to grow with varying perspectives and opinions. One aspect of literature that remains less explored and more charged is the role of handoffs with learners who struggle. What should we do with the learner who is performing below expectations? What should we do with someone who has had formal remediation? *Like the rivalries that shaped our nation*, arguments can be made for and against using handoffs around these individuals, and this session aims to provide perspectives on handoffs as these learners move through their training from medical school to residency and to fellowship. *After all, every learner deserves their shot.* We will open the session by defining learner handoffs and what constitutes a learner with difficulty. A "*Cabinet Battle*" (debate) format will be used to share current evidence and practices and offer different perspectives on the routine use of handoffs for a learner with difficulty. The session will specifically examine the transitions from medical school to residency, from residency to fellowship, and from fellowship to independent practice - because in medical education, as in life, it matters deeply *who tells your story*. Attendees will have the opportunity to participate throughout the session using polling. The session will wrap up with a reflection on the perspectives that were shared and a discussion of practical next steps: the handoff *commandments* programs can actually use.

**Friday, September 25, 2026, 1:45 PM - 3:15 PM**

**Cards Against Ableism: Addressing Ableist Microaggressions in Medicine**

*Sarah Calardo, DO, Nemours Children's Health, Delaware; Casey Coleman, MD, Nemours Children's Health; Peppar Cyr, MD, Sidney Kimmel Medical College at Thomas Jefferson University/Nemours Children's Health, Delaware; Bridget Cichon, MD, Sidney Kimmel Medical College at Thomas Jefferson University/ Nemours Children's Health, Delaware ; Matthew Eiman, MD, Christiana Care/Nemours Children's Health, DE; Robyn Miller, MD, Nemours Children's Health*

Description: Although 26% of the US adult population lives with a disability, only about 11% of first-year medical residents have been shown to self-report disability and only 2.6% total US physicians self-identify as disabled. This leads to a significant underrepresentation of disability in healthcare, enabling ableism towards colleagues and patients due to bias, and worsened by a lack of knowledge about disability. While we know that microaggressions and overt acts of discrimination have a negative impact on trainees, educators also require faculty development to appropriately support learners and create a positive learning environment.

This anti-ableism workshop was designed as a stand-alone 90-minute workshop in a curriculum series created to teach trainees and colleagues to better address microaggressions in healthcare, as upstanders or recipients. Each workshop is case-based and simulation-focused. Participants learn tools to respond to microaggressions in the clinical environment and then roleplay clinical scenarios with realistic acts of bias that we ask participants to address using various recommended response strategies.

The anti-ableism workshop encourages adult learning with an educational game designed to emulate the popular "Cards Against Humanity" game. We introduce a toolkit for responding to microaggressions designed by Dr. Walker et al and published in MedEDPORTAL: VITALS (Validate/Inquire/Take Time/Assume/Leave Opportunities/Speak Up). For participants who have completed our other microaggressions workshops, this acts as a review. We then introduce six-card decks for participants with each card corresponding to a VITALS strategy. They "play" their cards with their proposed response to an ableist

microaggression in our three clinical scenarios and then continue to role play as a small group for continued low-stakes guided-practice and simulation.

This workshop could be taught to faculty as well as trainees and is easily adaptable to any healthcare workers or learners. We hope our highly interactive workshop provides participants with the skills and tools needed to personally respond to instances of ableism and to have more substantive conversations with learners about ableism in medicine at their home institutions.

**From White Coat Ceremony to Reality: Evolving a Shared Mental Model for Professionalism That Applies Across the Pediatric Education Continuum**

*Nicola Orlov, MD, MPH, University of Chicago; Daniel Sklansky, MD, University of Wisconsin Hospitals and Clinics; Caren Gellin, MD, University of Rochester; Caroline Rassbach, MD, MA Ed, Stanford Health Care-Sponsored Stanford University; Ingrid Walker-Descartes, MD, MPH, MBA, Maimonides Medical Center/Infants and Children's Hospital of Brooklyn; Alissa Darden, MD, University of Washington; Erin King, MD, University of Chicago Pritzker School of Medicine; Alan Chin, MD, UCLA Medical Center; Anne Nofziger, MD, University of Rochester ; Deborah Lehman, MD, UCLA David Geffen School of Medicine/UCLA Medical Center*

Description: Professionalism is one of the most consequential — and least consistently defined — competencies in medicine. The ABP requires program directors to attest to resident professionalism annually, encompassing behaviors that span reliability, honesty, communication, and self-regulation. At every stage of the continuum, educators consistently work from different mental models of what professionalism means, how it develops, and who is responsible for cultivating it.

A critical yet underexamined layer of this challenge is generational. Learners entering medical school today have been shaped by different institutional relationships to authority, feedback, work-life expectations, and professional identity than the educators teaching them. They arrive from educational environments that increasingly emphasize psychological safety, validation, and protection from failure — not as character flaws, but as the cultural context in which they were formed. This often leads to mismatched expectations across the training continuum from pre-clinical through fellowship at with leaders at each stage navigating the definition of this concept using a siloed approach, without shared language or strategy.

The result is that educators at every level may have learners whose professionalism expectations were shaped — but not always named — long before they arrived at the current stage of training. Employing a collaborative approach with leaders and learners, we advocate  creating a shared framework for professionalism applicable and relevant to all stages of the continuum.

This session invites educators from across pediatric UME and GME to build that shared definition together, starting with a common mental model that can travel with learners from their first day of medical school through independent practice. We propose a venue that will give educators a platform for centering a shared mental model and the developmental arc rather than any single stage's challenges. Rather than a reactive conversation about professionalism in medical education that is triggered by a difficult learner or a remediation case, this session will be proactive, collaborative, and unifying for leaders in medical education.

**Handling Hard Better: Practical Educational Techniques to Help Learners Foster Resiliency**

*Linda Waggoner-Fountain, MD, MACM, University of Virginia Medical Center; Heather McPhillips, MD, MPH, University of Washington; Ryan Visser, MD; Lena Bichell, MD, University of Virginia Medical Center; Anneliese Grewing, DO, MS; Michelle Kiger, MD, PhD, University of Colorado; Ann Burke, MD, MBA, Wright State University*

Description: Pediatric training occurs in emotionally complex, cognitively demanding, and often unpredictable clinical environments. Learners across the continuum including students, residents, and fellows are routinely exposed to high stakes decision-making, uncertainty, moral distress, patient suffering, and system pressures, often while simultaneously forming their professional identity. These experiences are formative, yet without intentional guidance, they may contribute to maladaptive coping, erosion of meaning or narrowing of professional identity rather than growth.

Resilience in pediatric learners is therefore not solely an individual trait or personal skill set, but a developmental capacity shaped by learning environments, role modeling, and everyday teaching interactions. Faculty and clinical supervisors play a central role in this process and implicitly communicate what it means to "be" a pediatrician. As a result, resilience is often taught informally through the hidden curriculum rather than explicitly or intentionally.

Despite increasing attention to learner wellbeing, many resilience efforts remain additive, time limited, or learner-directed**,** such as standalone workshops or wellness sessions that exist outside routine educational experiences. These approaches may feel disconnected from clinical reality, compete with curricular time, or place the burden of resilience solely on learners rather than on the educational system and its educators. In contrast, resiliency microskills, which are brief, teaching behaviors embedded within existing clinical and didactic experiences, offer a practical and sustainable alternative.

Resiliency microskills include practices such as normalizing uncertainty, naming emotional responses to clinical events, reframing challenge as part of growth, modeling reflective practice, and making coping strategies visible during routine teaching. These microskills require little additional time, can be tailored to learner level, and leverage moments already present in pediatrics education - e.g., rounds, case discussions, feedback conversations, and didactics. When used consistently, they reinforce adaptive ways of thinking, responding, and meaning-making that align with the values of pediatrics. This session will guide educators to recognize resilience as a teachable skill, recognize their implicit role modeling, and identify where small shifts in language or approaches can make a meaningful impact.

Embedding resiliency microskills within existing teaching experiences supports professional identity formation by helping learners integrate values, emotions and roles into who they are becoming as pediatricians. It also supports adaptive learning by encouraging reflection, flexibility, and learning from challenge. In this way, resilience is not taught as endurance or "toughness," but as a core professional capability that supports lifelong learning and sustainable practice in pediatrics.

This session is designed to help participants learn about resiliency microskills, recognize where these skills naturally fit within their current teaching and clinical roles, and consider where and when to apply these microskills in context. By focusing on feasible, relationship-centered strategies rather than new curricular demands, the session aims to empower teachers to shape learning environments that support both

educational excellence and healthy professional development for pediatric learners across the continuum. Participants will be introduced to the concept of resiliency microskills and will discuss how to use these microskills in daily teaching and clinical vignettes. These cases will vary by both level of pediatric learner and clinical settings. Following these discussions, participants will reflect on how to embed these techniques in their teaching activities at their home institutions.

**JUST D.O. IT! HOW PEDIATRIC CLERKSHIP AND PEDIATRIC RESIDENCY LEADERS CAN BETTER ADVOCATE FOR OSTEOPATHIC MEDICAL STUDENTS TO MATRICULATE INTO PEDIATRIC RESIDENCIES**

*Tyree Winters, DO, Sidney Kimmel Medical College at Thomas Jefferson University/duPont Hospital for Children; Oriaku Kas-Osoka, MD, MEd, University of Arkansas for Medical Sciences; Joanna Lewis, MD, Advocate Health Care (Advocate Children's Hospital/Park Ridge); Sara Kane, DO, MSEd, Indiana University School of Medicine; Stacy Laurent, DO, University of Illinois College of Medicine at Chicago; Tabitha Jones-McKnight, DO, MPH, Ohio University Heritage College of Osteopathic Medicine; Rand Hashim, DO, Advocate Health Care (Advocate Children's Hospital/Park Ridge); Lynn Thoreson, DO, MS, University of Texas at Austin Dell Medical School Pediatric Program; Meghan Harding, DO, University of Illinois College of Medicine at Chicago; Jessica Tomaszewski, MD, Sidney Kimmel Medical College at Thomas Jefferson University/Nemours Children's Hospital; Scott Cyrus, DO, Burrell College of Osteopathic Medicine, New Mexico Campus*

Description: Over the past decade, an increasing number of pediatric residency positions were filled by osteopathic medical students, while US-trained allopathic medical students entering these positions declined sharply. [1,2] Despite ongoing pediatric workforce challenges, osteopathic medical students' enrollment into pediatric residency programs has remained stagnant over the past several years. [3] Variability in pediatric clinical exposure within osteopathic medical schools, limited pediatric training resources, and inconsistent interpretation of osteopathic-specific assessment tools (e.g., COMLEX scores and MSPE narratives) can inadvertently lead qualified candidates to choose careers in other medical specialties. Pediatric educators across the undergraduate and graduate medical education continuum are uniquely positioned to address these gaps through intentional advising, advocacy, and holistic application review practices.

This interactive workshop will bring together osteopathic pediatric clerkship leaders, pediatric residency leaders from programs with historically high numbers of osteopathic residents, and osteopathic pediatric trainees to examine these barriers and identify practical, evidence-informed strategies to support osteopathic medical students entering pediatric residency programs. Faculty will share perspectives from both undergraduate and graduate medical education to promote greater alignment and equity in the pediatric residency selection process.

Educational impact will be assessed using paired pre- and post-session polls to measure participant understanding of barriers, confidence in holistic application review, and planned application of advising or selection strategies within their home institutions.

**Mistakes I Made in Education Leadership: Learning From Peers**

*Meredith Laguna, MD, University of California (San Francisco); Beth Torwekar, MD, Oregon Health and Science University; Tyree Winters, DO, Nemours; Kiley Alpert, C-TAGME, Atlantic Health/Goryeb Children's Hospital; Zarina Norton, MD, University of Michigan; Andrew Arndt, MD, Oregon Health and Science University; Anne Lyon, MD, University of California (San Francisco); Jill Fennell, MD, University at Buffalo; Akanksha Hanna, MD, Advocate Health Care (Advocate Children's Hospital/Park Ridge)*

Description: As UME/GME leaders who were in your shoes recently, we know that the first year in a new role can be accompanied by a mix of emotions – pride, anxiety, uncertainty, doubt and more. Starting as an APD, fellowship or clerkship director, program coordinator, or vice chair does not come with a roadmap, yet stakes are high as your students, residents, fellows and faculty count on you to be effective in your job. What happens when you make a mistake? Shame in medical culture is a well-described phenomenon that may prevent many physicians from effectively problem-solving and recovering from errors [1]. Although the literature regarding recovery from error is still evolving, some approaches suggest that peer support, acknowledgement, vulnerability, and empathy are effective in mitigating shame [2,3]. In addition, finding near-peer mentors in a new job has been shown to improve physician engagement, decrease reported burnout symptoms, and lessen the chance that physicians report they will leave their role [4].

In this ELS we will present an expert panel across UME/GME roles sharing stories of non-clinical mistakes they made in their careers and lessons learned, and then revisiting these stories through a framework provided by professor Brené Brown, examining these stories for evidence of cognitive bias and automatic appraisal, meaning-making after error, assessing for the presence of shame vs. guilt, awareness of the role of coping mechanisms, and approach to communication after error [5]. Time for individual and paired reflection on one's own experiences is included throughout the session to promote formation of near-peer relationships and facilitate connection across institutions. Expert panelists will also be asked to describe the roles of near-peer mentors in their own growth after mistakes. The session will use a variety of educational techniques, including an expert panel using storytelling as didactic modality, and near-peer discussion in small groups.

**Overcome Obstacles: Multilevel Strategies for Completing and Disseminating Educational Scholarship**
*Brittany Schwarz, MD, MEHP, John's Hopkins; Carolyn Wilhelm, MD, MSc, Case Western Reserve Univ/Univ Hosps Cleveland Med Ctr/Rainbow Babies and Children's Hospital; Lahia Yemane, MD, Stanford Health Care-Sponsored Stanford University; Melissa Klein, MD, MEd, Cincinnati Children's Hospital Medical Center; Ross Myers, MD, Case Western Reserve Univ/Univ Hosps Cleveland Med Ctr/Rainbow Babies and Children's Hospital*

Description: Dissemination of educational scholarship is essential for sharing innovations, supporting professional growth, and achieving academic promotion. However, many clinician educators face barriers to completing and publishing their work, especially when time and resources are limited. These barriers occur at multiple levels—individual, team, and system—and can impede even strong and innovative projects from reaching dissemination. This interactive workshop, led by a team of medical education leaders from across the nation, and representing various education organizations and learner types, is designed for clinician educators with limited time and funding who want to advance their educational scholarship through publication. The workshop will begin with reflection on what dissemination of educational scholarship is and what types of scholarship are valued at each participant's institution. Participants will then work in small groups using case examples to identify common barriers at the individual, team, and system levels, and brainstorm strategies to overcome them. Large group report out will allow broader sharing of tools and strategies. Workshop leaders will integrate examples of successful approaches and best practices from the literature and their own experiences. At the end of the workshop, participants will leave with a curated list of tools, resources, and strategies, and an action plan to move their educational scholarship to publication.

**Transforming Pediatric Fellowship Training: Applying Kotter's Change Process to CBME Implementation**
*Jennifer Soep, MD, University of Colorado; Erika Friehling, MD, MS, University of Pittsburgh; Mackenzie Frost, MD, MEd, University of Pennsylvania; Mykael García, MD, University of Rochester; Lindsay Johnston, MD, MEd, Yale University; YoungNa Lee-Kim, MD, MEd, Baylor College of Medicine; Amy Levenson, MD, University of North Carolina; Katherine Nowicki, MD, University of Colorado; David A Turner, MD, The American Board of Pediatrics*

Description: Pediatric fellowships are on the verge of a significant transformation. In response to concerns that trainees are not consistently ready for unsupervised clinical practice, in the context of a pediatric subspecialty workforce crisis, the ABP has proposed a new model of subspecialty training. The proposal includes a shift to competency-based training that emphasizes outcomes and readiness for practice while allowing for flexibility and a shortened training period.

The ABP announcement has created a sense of urgency, the first step in Kotter's eight step change process. The APPD medical education conference provides an ideal setting to focus on subsequent steps in Kotter's framework: form a powerful guiding coalition, develop a vision and strategy, communicate the vision, remove obstacles, and create short-term wins. Facilitators of this session represent diverse perspectives including fellowship leaders from different pediatric specialties and multiple institutions. We will also include learners and residency leaders as facilitators. We welcome participants across the continuum since lessons learned from this process can inform transformations in other areas of pediatric medical education. The connections and task forces formed will set the foundation for successful future changes in our individual programs and nationally.

**Saturday, September 26, 2026, 9:00 AM - 10:30 AM**

**Beyond the Buzz: Practical AI Use in Medical Education Content Development**
*Lisa Cheng, Children's Hospital Los Angeles/Keck USC; Jill Forbess, MD, Belmont University; Stephanie Berger, MD, University of Alabama at Birmingham; Olubukola Ojuola, MD, MPH, Liberty University College of Osteopathic Medicine; Samantha Roberge, MD, MEd, University of Cincinnati College of Medicine*

Description: As artificial intelligence (AI) continues to grow in prominence and usage, it is important to acknowledge its capabilities, strengths, and limitations. AI's potential to increase medical student engagement and improve educational content delivery can be both exciting and overwhelming. For medical educators, the rapid evolution with seemingly boundless potential of AI can create a high cognitive load when choosing tools to create content that promotes active learning. This workshop will focus on using AI to help the clinical educator improve the efficiency and effectiveness of their own teaching through the development of educational materials. Whether you are comfortable using AI or just getting your feet wet, this workshop will progress through three increasing levels of AI integration in educational content development.

To begin, we will review the Americans with Disabilities Act (ADA) Title 2 requirements and Multimedia Learning Theory as guiding principles to enhance lectures. Participants will then identify and apply common AI tools (eg. chatGPT, Claude, Gamma) to an existing teaching session for AI-generated feedback to enhance learner engagement, visual appeal, and accessibility features, such as readable slide design or alt text. Building to more complex AI-assisted content development, we will explore how AI can be used to help develop an

educational session from scratch, decreasing the cognitive load and overcoming the inertia of initial steps of development. Participants will break out into small groups, where they will start with an educational topic using provided resources and use an AI tool (eg. NotebookLM) to expand and transform it into engaging educational content (outline suggestion, gamification possibilities, practice questions development, etc). Finally, to showcase a high level of AI-assisted teaching tool, an educator will exhibit a self-made AI teaching module, demonstrating how to build a comprehensive teaching module using accessible, user-friendly AI tools (eg. chatGPT). Participants will then engage with this interactive, asynchronous learning module as a learner to experience and share its flexibility and limitations.

Throughout the workshop, we will touch on AI myths, ethical considerations, and best practices. Participants will have opportunities to share their own experience and AI usage, ultimately leaving with a set of AI tools and shared resources they can use for quick tasks or to support more extensive curriculum design projects.

**Choreographing Development: Original Dance and Spoken Word as a Participatory Instructional Design for High-Yield Pediatric Learning**

*Jacob Schulman, MD, MHPE; Jaclyn Eisenberg, DO, University of Chicago; Dennis Ren, MD, MEd; Xian Zhao, MD, MEd, Children's National Hospital*

Description: What if learners could see, hear, feel, and perform pediatric development rather than memorize it from a chart? High-yield pediatric topics such as developmental milestones are traditionally taught through static charts and didactic approaches that emphasize memorization over synthesis. Learners frequently struggle with retention and application, particularly when integrating multiple developmental domains including gross motor, fine motor, language, and social-emotional. Educational theory suggests that learning is enhanced when knowledge is grounded in physical and sensory experience and when learners actively engage in meaning-making (1–3).

Arts-based pedagogy has demonstrated value for engagement and reflective learning but has been largely limited to professionalism and humanities content rather than high-yield clinical topics (4,5). There is a critical opportunity to position performance not as an adjunct, but as a primary instructional modality for teaching complex clinical content. This approach also aligns with frameworks of professional identity formation described by Richard Cruess, in which learners develop through experiential engagement, reflection, and participation in a professional community (6). Importantly, this model is intentionally designed to be accessible to all learners and does not require prior dance or performance experience.

This 90-minute Enhanced Learning Session centers on an original participatory dance and spoken word performance as the core teaching intervention. Participants actively embody developmental progression through structured, low-barrier movement prompts and narrative cues. Gross motor development is explored through evolving movement patterns and posture, fine motor through increasingly precise hand and upper-extremity movements, language through rhythm and vocalization, and social-emotional development through interaction and relational movement. These domains are intentionally layered to highlight their interdependence and reinforce integrated clinical reasoning.

Facilitators scaffold the experience in real time with accompanying music, encouraging participants to observe, perform, and reflect simultaneously. Following the participatory performance, a structured debrief guides participants in mapping their embodied experience to developmental frameworks such as sequencing, domain

integration, and progression, aligned with standards from the American Academy of Pediatrics. Participants are then introduced to a performance-centered instructional design framework consisting of embodiment, pattern recognition, and clinical application, providing a clear and transferable structure for future teaching.

Participants work in small groups to translate this model into their own teaching contexts, redesigning a high-yield topic using accessible, participatory strategies. Facilitators provide real-time coaching to support feasibility and scalability across diverse educational settings. Participants also outline a brief evaluation plan including pre- and post-assessment, delayed retention measures, and alignment with in-training exam content, reinforcing the connection between instructional design and measurable educational outcomes.

This session is designed to improve retention of high-yield pediatric content through active participation and embodied learning, which are key drivers of performance on in-training examinations and the American Board of Pediatrics certifying exam. Anticipated outcomes include improved short- and delayed retention of developmental milestones, enhanced integration of multiple developmental domains in clinical reasoning, and improved accuracy on development-related questions in formative and board-aligned assessments. The participatory and engaging nature of the session is expected to further enhance motivation, enjoyment, and durable knowledge retention (7,8).

This session positions participatory performance as a rigorous, scalable, and engaging instructional modality for teaching high-yield pediatric content. By centering learning on active embodiment and shared experience, this approach transforms memorization-heavy material into durable, clinically meaningful knowledge. It also supports professional identity formation through experiential, reflective, and collaborative learning. The model is adaptable across content areas and training levels and offers a novel and practical approach to advancing pediatric medical education.

**Cultivating Moral Resilience Through Brave Spaces: An Innovative Approach to Address Misinformation**

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Description: 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 learners across the medical education continuum, underscoring the need for educational interventions that foster meaning, humanism, and resilience. 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 reconnect to their values and shared goals to build moral resilience. Moral resilience, the ability to preserve or restore integrity amid moral adversity, has emerged as a transformative framework for us to combat moral distress. Although wellness programs are aimed at targeting burnout, few have focused on building resilience through educational initiatives. In this interactive session, we aim to build resilience in ourselves as pediatric educators by translating our distress into action and creating educational initiatives to address misinformation. We will highlight what drives us as pediatric educators and consider ways to empower students and trainees across the medical education continuum to engage in discussion of difficult topics in this era of misinformation.

Throughout the workshop, we will use a Brave Spaces framework in which discomfort is acknowledged and diverse perspectives are engaged. We will share innovative educational approaches using Brave Spaces to navigate pediatric health misinformation and educate students and trainees of all levels of training. We aim to build moral resilience by strengthening community connection, enhancing ethical reflection, and empowering educators to model moral courage and compassion as they navigate this environment with learners. This workshop will explore how misinformation and moral injury intersect within pediatric education to equip participants with practical tools to foster resilience and integrity through educational innovations.

During this highly interactive session, we will introduce the pillars of Brave Spaces, invite participants to reconnect to their values, and then explore opportunities to address misinformation through educational initiatives. Through active-learning small group discussion, all 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 Brave action plan to bring back to their home institutions to build educational curricula to address misinformation and foster moral resilience in learners and educators alike.

**From Writer to Reviewer: Strengthening Your Scholarship Through High-Quality Peer Review**

*Alexandra Corley, MD, MPH, Children's National Hospital; Su-Ting Li, MD, MPH, University of California Davis; Melissa Klein, MD, MEd, Cincinnati Children's Hospital Medical Center; Michael Ryan, MD, MEHP, University of Virginia School of Medicine ; Sarah Hilgenberg, MD, Stanford Medicine Children's Health*

Description: Writing peer-reviewed manuscripts is an often daunting but critical skill for clinician-educators. One method for increasing the quality of one’s own scholarship involves serving as a peer-reviewer. Through peer-review, clinician-educators further their understanding of the literature, reflect on their own skills as writers, and influence the quality of science. Completing high-quality reviews is an important component of professional development for faculty members and represents a portion of the scholarly developmental trajectory for trainees; thus, mentoring trainees and junior faculty is crucial to create a workforce with proficient skills. During this highly interactive workshop, led by editors from Academic Pediatrics and Academic Medicine with expertise across the educational continuum, participants will discover the most important elements in reviewing – the big picture, depth of the literature review, clarity of the methods and results, integration of the discussion and tips on reviewer etiquette. Facilitators will share tips on mentoring others through the review process. There will be a specific focus on reviewing educational scholarship, with principles that are generalizable to the review process for various article types. By recognizing key constructs and pitfalls in reviewing, participants will learn how to review, improve their own reviews, assist trainees in developing competence in scholarship, and improve the quality of their manuscript submissions. By the conclusion of this workshop, participants will be equipped with a toolkit to assist them to effectively review manuscripts and mentor others to complete high quality manuscript reviews. With an intended audience of trainees and faculty across the educational continuum, we see this content as highly valuable to a diverse audience and an important skillset in nurturing careers in academic pediatrics.

**Navigating Peaks and Valleys: Strategic Negotiation for Career Growth in Medical Education**

*Susan Nofziger, MD, West Virginia University; Andrew Galligan, MD, University of South Florida; Sherilyn Smith, MD, University of Washington; Joseph Gigante, MD, Vanderbilt University*

Description: Physicians frequently enter negotiation scenarios—whether related to contracts, roles, schedules, or resources—without formal training in negotiation strategy. Many feel underprepared or uncomfortable in these situations. Strong negotiation skills are critical for effective leadership and advocacy, yet they are not consistently taught. Instead, these skills are often developed informally through trial-and-error or mentorship over time. This interactive workshop addresses this gap by introducing a structured framework grounded in principled negotiation. Through a mix of case scenarios and reflection on their own real-world challenges, participants will identify personal interests, work to recognize areas of mutual gain and identify objective criteria to guide decision making. The session will also focus on anticipating common barriers and developing a BATNA (Best Alternative to a Negotiated Agreement) to support strategic planning when a mutual agreement cannot be reached. Attendees will engage in small-group discussions to share challenges and explore strategies for overcoming barriers. By the end of the workshop, attendees will leave with a practical, adaptable, negotiation framework to enhance their leadership effectiveness and strengthen their ability to advocate for themselves, their teams, and their programs with greater confidence.

**We've got T.I.M.E.: Addressing Student Moral Distress Through Trauma-Informed Medical Education**

*Lexi Crawford, MD, Children's National; Wilhelmina Bradford, BA; Margarita Ramos, MD, MS, Children's National Hospital; Shaunte Anum-Addo, MD, FAAP, Children's National Medical Center; Olivia Winant, BA, Children's National; Justin Zaslavsky, MD, George Washington School of Medicine; Lucile Packard Children's Hospital Stanford University ; Jeremy Kern, MD, Children's National Hospital*

Description: Medical students frequently encounter clinical situations that conflict with their personal and professional values or exceed their perceived capacity to respond, resulting in moral distress. This experience is often compounded by hierarchy, evaluation pressure, and identity-based or systemic stressors within the learning environment. When unrecognized or unaddressed, moral distress may progress to moral injury, contributing to disengagement, diminished empathy, and impaired learning and professional identity formation. Despite its prevalence, many educators and administrators feel ill-equipped to identify or respond to moral distress in learners, representing a critical gap in pediatric medical education across the continuum.

This 90-minute Enhanced Learning Session uses an interactive, case-based workshop format to equip participants with practical strategies to recognize and address medical student moral distress through Trauma-Informed Medical Education (TIME). Grounded in the TIME framework and the "4 Rs" (Realize, Recognize, Respond, Resist), this session emphasizes both individual educator actions and system-level approaches to fostering psychologically safe and inclusive learning environments.

The session begins with an interactive icebreaker and guided reflection to surface participants' prior experiences with moral distress. Brief didactics introduce the definition, drivers, and downstream impacts of moral distress on learning, clinical performance, and professional identity formation. Participants are then guided through recognition strategies, including observable learner behaviors and structured approaches to identifying distress.

Participants engage in small group case discussions using realistic clinical education scenarios. In the first phase, learners explore cases without a formal framework, encouraging authentic reflection and identification of distress signals. After a targeted introduction to TIME principles and trauma-informed care, participants revisit the same cases to apply structured strategies focused on responding to and preventing moral distress.

Facilitated prompts support strategy development, peer learning, and translation to participants' own educational contexts.

The workshop incorporates multiple active learning strategies, including interactive polling, storytelling, concept mapping, small group problem-solving, and large group synthesis. This layered approach promotes engagement, reflection, and practical skill-building. Participants will leave with concrete tools, shared language, and actionable strategies to integrate trauma-informed approaches into their teaching, mentorship, and educational leadership roles.

This session aligns with key priorities in pediatric medical education, including faculty development, learner well-being, and equity in the learning environment. By centering trauma-informed approaches, the workshop supports educators in creating learning climates that promote psychological safety, resilience, and professional identity formation. The content is broadly applicable across undergraduate and graduate medical education and relevant to educators, program leaders, and administrators working with trainees in diverse clinical settings.

**Words Matter: Writing Non-Biased, Competency-Based Narratives for Struggling Learners Across the UME-GME Continuum**

*Lindsey Daggle, MD, Inova Children's Hospital; Patricia Seo-Mayer, MD, Georgetown University and Inova Children's Hospital; Nisha Gupta, MD, Inova Children's Hospital; Heather Bernard, MD, Inova Fairfax Medical Campus/Inova Children's Hospital; Kamilah Halmon, MD, Inova Children's Hospital; Natalie McKnight, MD, Inova Children's Hospital/UVA SOM Inova Campus*

Description: Narrative evaluations have become increasingly central to trainee assessment and residency selection, particularly in the context of USMLE Step 1 pass/fail and growing reliance on qualitative data in the MSPE. However, narrative comments are frequently limited by challenges such as the use of coded, vague, or overly "polite" language when describing learners with performance gaps. In addition, there is evidence that trainees who identify as female and/or underrepresented in medicine (UIM) are described differently as compared to white and/or male learners. Together, these issues undermine the utility of the written record, particularly at the critical transition from undergraduate to graduate medical education. Program directors report valuing narrative comments highly while simultaneously expressing limited trust in their accuracy and transparency. At the same time, early indicators of learner difficulty are often present in narrative data but obscured by hedging language or descriptions focused on personal attributes rather than observable behaviors. These patterns may delay recognition of struggling learners and contribute to inequities in how performance concerns are communicated and addressed.

This 90-minute interactive workshop addresses this gap by equipping participants with practical skills to write clear, specific, and equity-conscious narrative evaluations - particularly for learners with identified or emerging performance concerns. Grounded in competency-based medical education frameworks (RIME, EPAs, and ACGME competencies), the session emphasizes translating subjective impressions into behaviorally anchored language that can be meaningfully interpreted across training contexts.

After a brief framing of the problem and review of relevant evidence, participants will engage in facilitated small-group exercises using examples of narrative comments. Participants will identify coded or ambiguous language, examine how bias may manifest in subtle ways, and rewrite comments to improve specificity and

transparency. Particular emphasis will be placed on describing responsiveness to feedback and growth trajectories in ways that support learner development and growth mindset rather than stigmatization.

Facilitators will introduce a practical framework for narrative writing that helps distinguish attribute-based descriptors from observable behaviors and aligns comments with competency-based constructs. Participants will leave with tools, including a structured approach to writing narrative comments.

The session will conclude with guided reflection and action planning, enabling participants to consider how to implement or scale improvement efforts within their own institutions. By emphasizing competency-based and bias-conscious narrative practices, this workshop aims to improve the quality and utility of written evaluations for struggling learners across the UME–GME continuum.