APPD Behavioral/Mental Health Learning Community presents:

Mental Health Rotation Directors Collaborative

October 2nd, 2026

Association of Pediatric Program Directors

Agenda

- Brief Introductions
- Background and purpose of Mental Health RD Collaborative
- Facilitated Discussion – Co-creation of this collaborative
  - Needs Assessment
  - Proposed structure and topics for collab
  - Larger goals of this group ?
- Best Practices Pearl
- Featured Resource
- Wrap-up and Next steps

MHRD Collab – Needs Assessment



Not too late to add your input, please complete if you haven’t already!

Introductions:
The BMH LC Leadership Team



Alison Herndon, MD, MSPH
Assistant Professor of Clinical Pediatrics
Section Head, Division of Hospital Medicine
Assistant Program Director, Pediatric Residency
Department of Pediatrics, VUSM/MCJCHV

Chair



Mary Beth Wroblewski, MD
Assistant Professor of Pediatrics
Pediatric Residency Program Director
Johns Hopkins All Children's Hospital
St. Petersburg, FL

Vice Chair

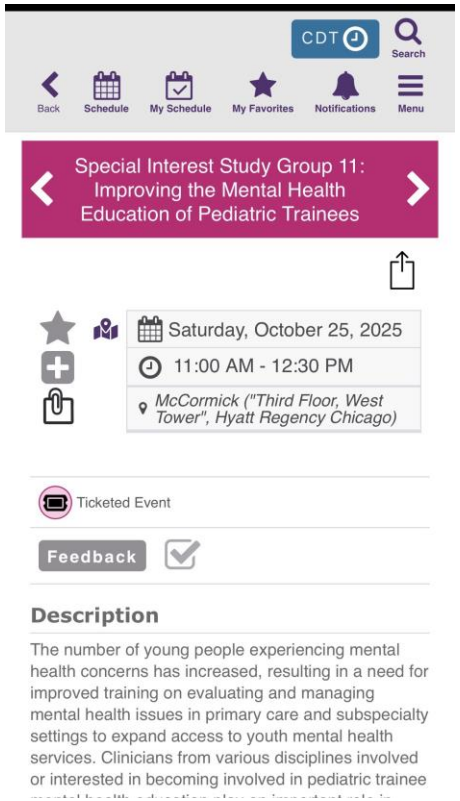


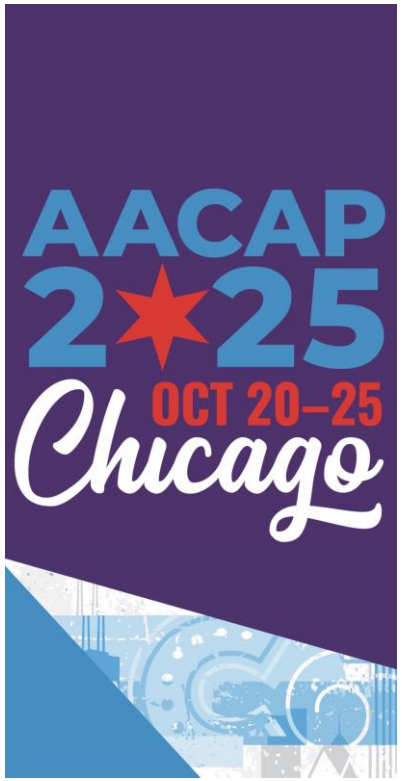
Elizabeth M. Chawla, MD
Associate Professor of Pediatrics
Pediatrics Associate Program Director
Georgetown University School of Med
Washington, District of Columbia

Immediate Past Chair

Introductions: the AACAP Pediatric Resident Education SIG

- Stephanie Brennan
- Katrina Fletcher
- Katie Soe

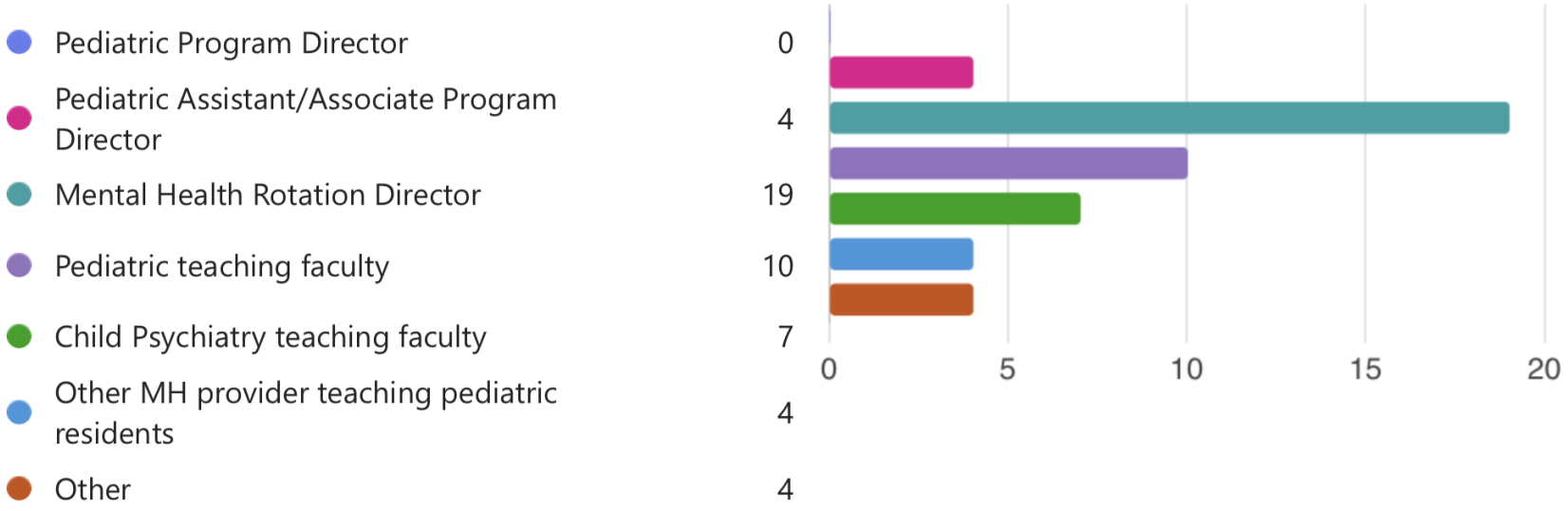




Who is our Collaborative ?

1. What is your professional role (select all that apply)

More details



Mental Health Rotation Directors Collaborative

Goals of the B/MH Learning Community

- To support our APPD membership in developing and sharing best practices for teaching, learning, and assessing behavioral/mental health within pediatric GME training programs through:
  - **Education** – both of trainees and faculty
  - **Research/Scholarship** – developing and sharing best practices
  - **Innovation** – new ideas, perspectives, multi-organizational collaboration

Background and Purpose of this Collab

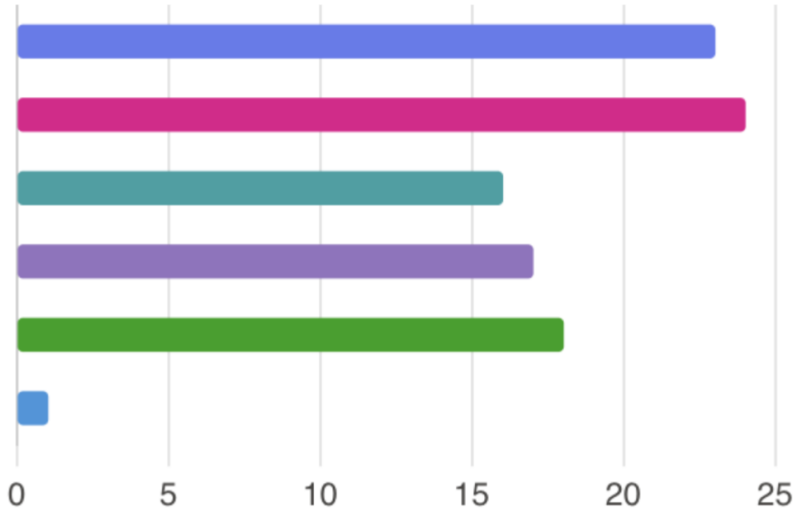
- Disseminate (and create ?) Best Practices for BMH education for pediatric residents within the community doing the work
- Learn from others doing similar work/hear what others are doing, share resources – support one another in our role as rotation directors (equity, support, efficiency)
- Opportunities to bring challenges to colleagues to hear different perspectives and explore creative solutions
- Opportunity to break down silos and dialogue with colleagues from another specialty who may be working on this from another perspective (unique need of this particular rotation)

MHRDC Needs Assessment - Preliminary

7. What are you hoping to get out of this Mental Health Rotation Directors Collaborative? (select all that apply)

More details

learn about best practices for MH education for pediatric residents	23
learn from others doing similar work/hear what other programs are doing	24
opportunity to bring my challenges and get advice/suggestions on how to address	16
opportunity to dialogue with colleagues from another specialty working on this issu…	17
be part of a community of practice of pediatric mental health educators	18
Other	1



Facilitated Discussion

Co-creation of this collaborative

Proposed Topics

- From the needs assessment so far:
  - Curricular best practices
  - Assessment of competence (individual residents)
  - Evaluation of the rotation (is the experience meeting objectives)
  - Expanding beyond Observation-only experiences
  - Finding/motivating preceptors (MH providers, both institutional and community)
  - Engaging learners
  - Advocating for institutional resources
  - Rotation showcase – what are others doing?
  - Others ideas ??

Proposed Structure – Quarterly sessions

- Announcements/updates/new business (ex. new or updated ACGME requirements, new ABP requirements, policy changes, new publications, etc)
- Best Practices Pearl “BPP” – ~ 10 min review
- Semi-structured Participant-led topic discussion ~ 30 minutes
- Featured Resource ~ 5 minutes

Proposed larger goals for the Collaborative

- Better integration and collaboration between pediatrics and child psychiatry
  - In clinical care
  - In teaching and education of trainees
  - In scholarly dissemination, faculty development, training at national meetings
  - Sharing high-quality resources from the different fields
- Advocate for more institutional resources across depts or specialties
  - Admin support
  - Training resources
  - Faculty development and resources
- Other ideas ??

Best Practices Pearl



Best Practices Pearl

- Scope of Practice – BMH EPA as a guide

ACGME Pediatric Requirements - AY2025

The updated (for AY2025) ACGME program requirements for pediatric residency training highlight the importance of training in mental health care.

IV.B.1.c).(2)	Residents must demonstrate knowledge of the full spectrum of inpatient and outpatient care of well and sick infants, children, and adolescents through the transition to adult care. In addition to the diagnosis and management of common presentations, this includes but is not limited to knowledge of the following: (Core)
IV.B.1.c).(2).(a)	the indications, contraindications, and complications for procedures; (Core)
IV.B.1.c).(2).(b)	diagnosis and initial management of behavioral/mental health issues, including attention-deficit/hyperactivity disorder, anxiety, depression, and suicidality; (Core)

- Residents will now be required to complete a 4 week mental health rotation as part of the minimum 40 weeks of ambulatory experiences.

- A week = 8 half-day sessions

Pediatric Outpatient Required Educational Experiences

IV.C.4.a).(2)	4 weeks of subspecialty outpatient experience, composed of no fewer than two subspecialties, in the first 24 months of the program; (Core)
IV.C.4.a).(3)	4 weeks adolescent medicine; (Core)
IV.C.4.a).(4)	4 weeks of mental health; (Core)
IV.C.4.a).(5)	4 weeks developmental-behavioral pediatrics; and, (Core)

General Pediatrics ~~EPA-9~~ EPA-4 (Behavioral/Mental Health EPA)

Mental health and behavioral issues are central to pediatric practice. Care of patients with behavioral and mental health problems requires that the pediatrician engage with the family.

The specific functions which define this EPA include:

- Identifying and managing common behavioral and mental health issues (e.g., low mood, inattention and impulsivity, disruptive behavior and aggression, anxiety, learning difficulty, substance use, and social-emotional issues in young children), including the initiation and monitoring of treatment effects for psychosocial interventions and when indicated for certain disorders (ADHD, depression, anxiety), pharmacotherapy
- Referring and co-managing patients with the appropriate specialist(s) when indicated to match the patient's needs, including pharmacotherapy (e.g., cognitive behavior therapist (CBT) for depression, specialist in trauma focused CBT for post-traumatic stress disorder, child psychiatrist for assistance in medication management)
- Knowing the mental health resources available to patients in one's community and utilizing the appropriate resources for each patient's needs
- Knowing the role of each member of the interprofessional team and coordinating and monitoring care provided outside one's practice (e.g., mental health professionals, community social services, support

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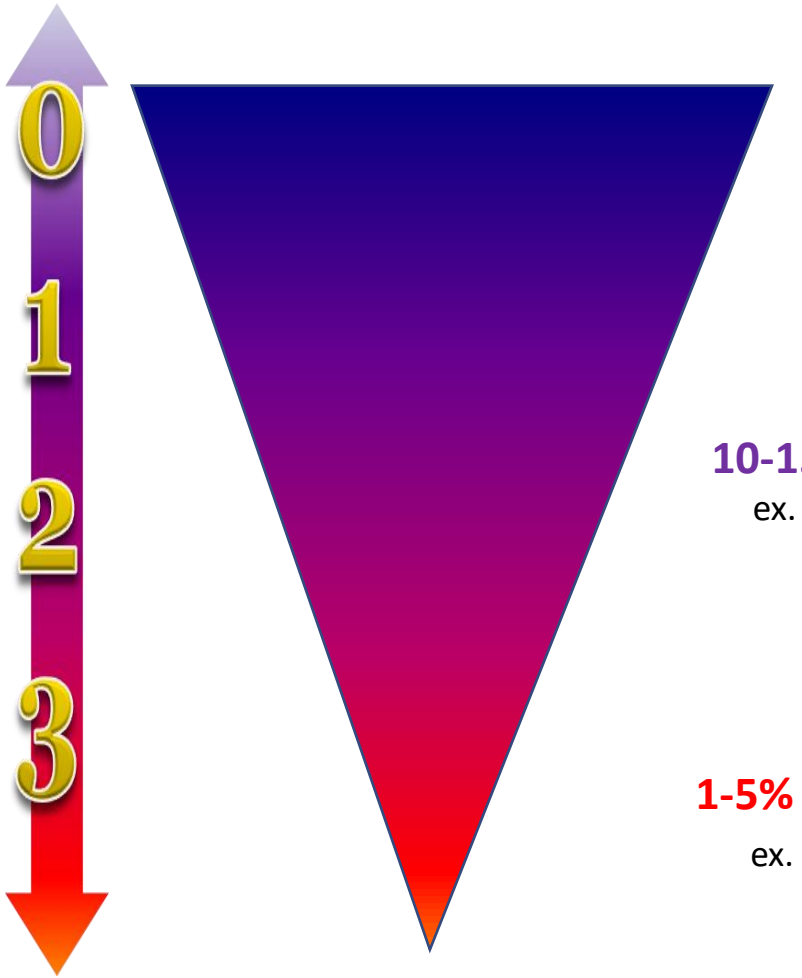
What residents need to learn…

- How to identify, evaluate, manage:
  - low mood, anxiety
  - inattention and impulsivity
  - disruptive behavior and aggression
  - substance abuse
  - social- emotional issues in young children
  - Suicidal ideation

- Initiate treatment for
  - ADHD
  - depression
  - Anxiety

American Board of Pediatrics, BMH EPA

Epidemiological Hierarchy



20-40% = At-risk or sub-syndromal

ex. Disruptive behavior from family stress, common behavioral problems

10-15% = Single straightforward diagnosis

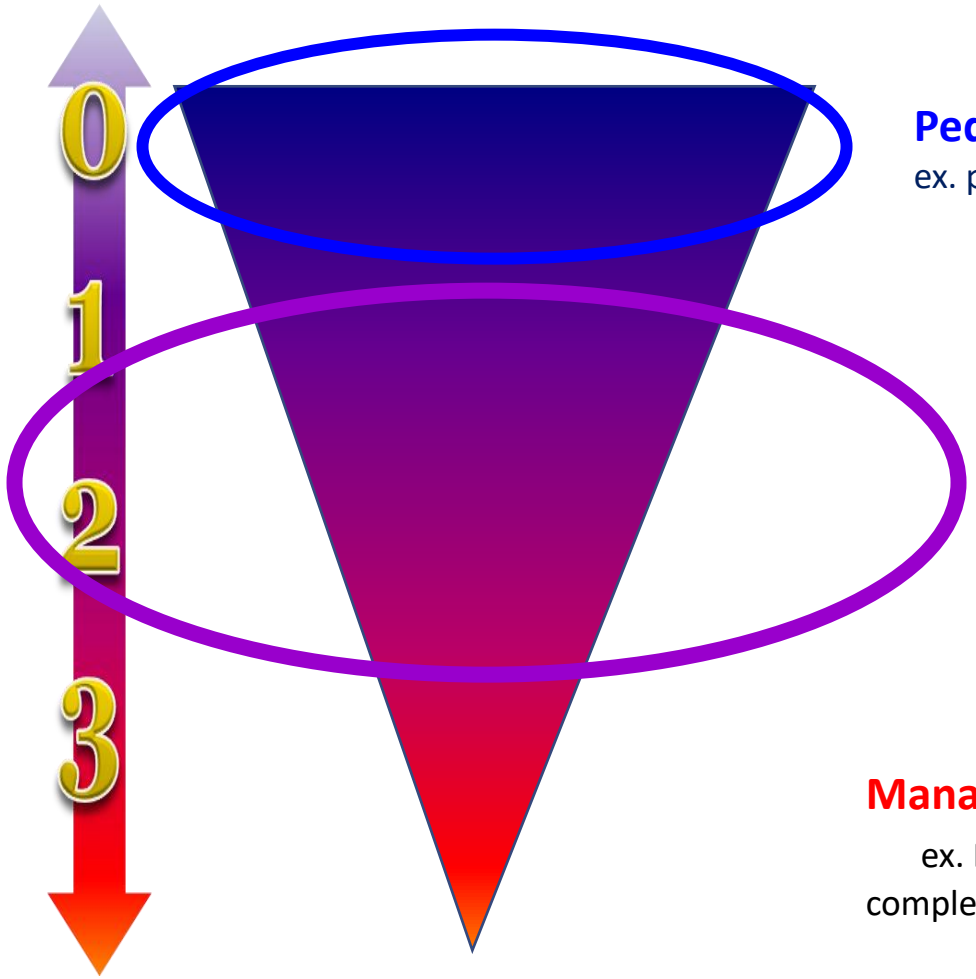
ex. ADHD, anxiety, depression, etc.

1-5% = Severe or comorbid mental illness

ex. Bipolar DO/Psychosis on AAP

Slide from Sean Pustilnik, MD

Evolving Pediatric Scope of Practice – requires culture change



Pediatrician Can Intervene/Treat
ex. parental coaching, behavioral strategies

How do we best meet the needs of kids with mild-moderate MBH concerns? → moving the needle will take collaboration between Peds/CAP

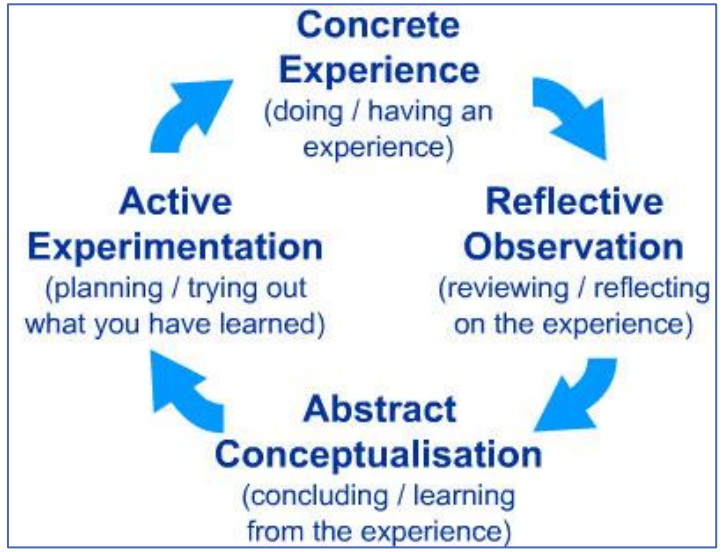
Managed By Child & Adolescent Psychiatrist
ex. Bipolar DO/Psychosis, multiple comorbidies, complex trauma, etc.

Slide from Sean Pustilnik, MD/ Elizabeth Chawla, MD

Questions to Consider….

- Who “owns” this rotation? How can you collaborate locally?
- How will training during this rotation align with/ impact mental health training in the continuity clinic and other settings? How does this fit into the larger context?
- How do we ensure all residents get the same foundational content?
- How can we support peds faculty in teaching/precepting this expanded scope of practice?

Kolb's Experiential Learning Theory



How does your "MH rotation" fit into your larger BMH teaching?

Meeting the requirement vs
teaching BMH to future pediatricians….

Featured Resource

BMH curriculum: EMPOWER

EMPOWER: Education in **M**ental health improves **P**atient **O**utcomes, **W**ell-being, and **E**motional **R**esiliency

Funded by APPD → LESSON to house the curriculum

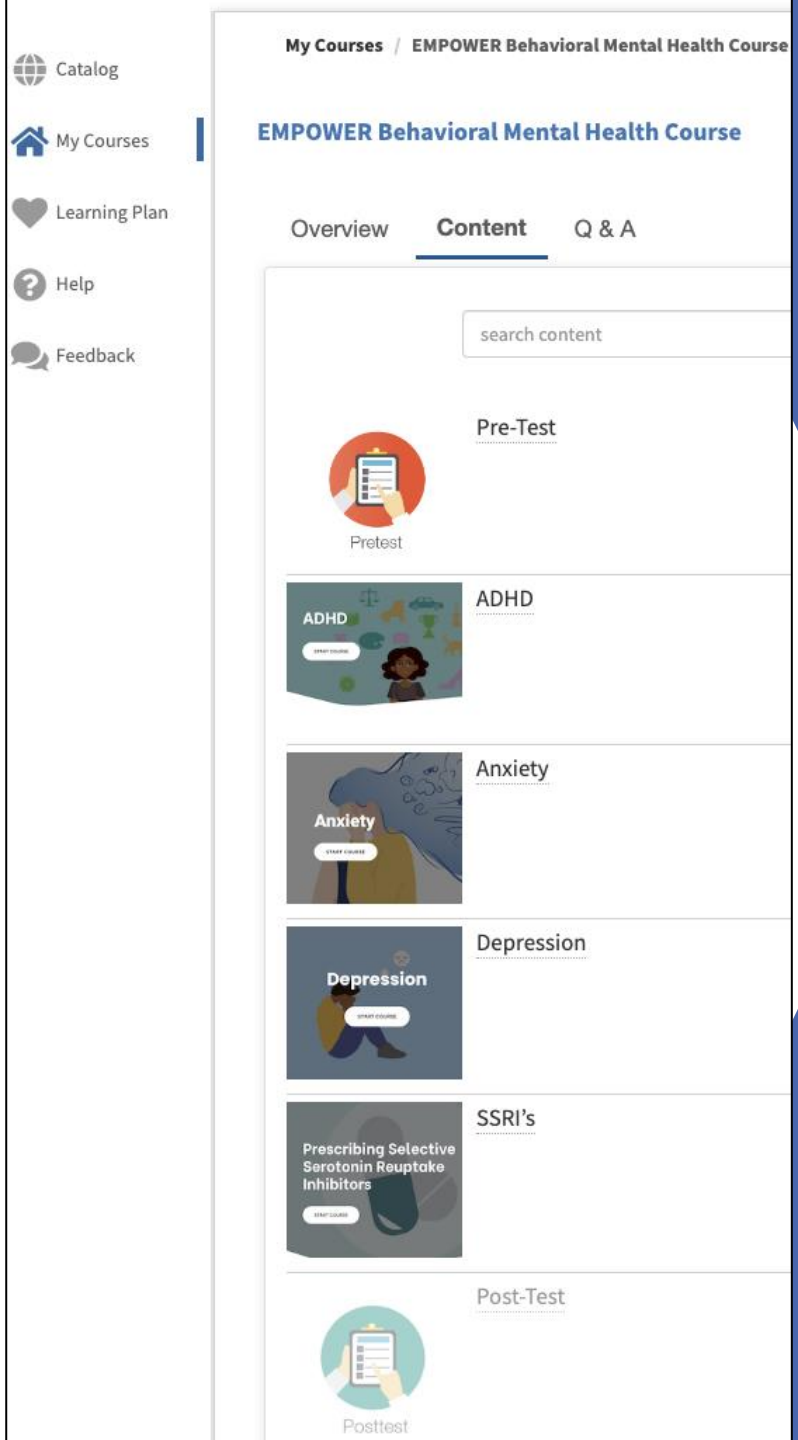
EMPOWER Curriculum

Built on the framework of the BMH EPA, there are 6 modules:

1) Common Skills
2) ADHD
3) Anxiety
4) Depression
5) Mini module on SSRI's
6) Suicidality

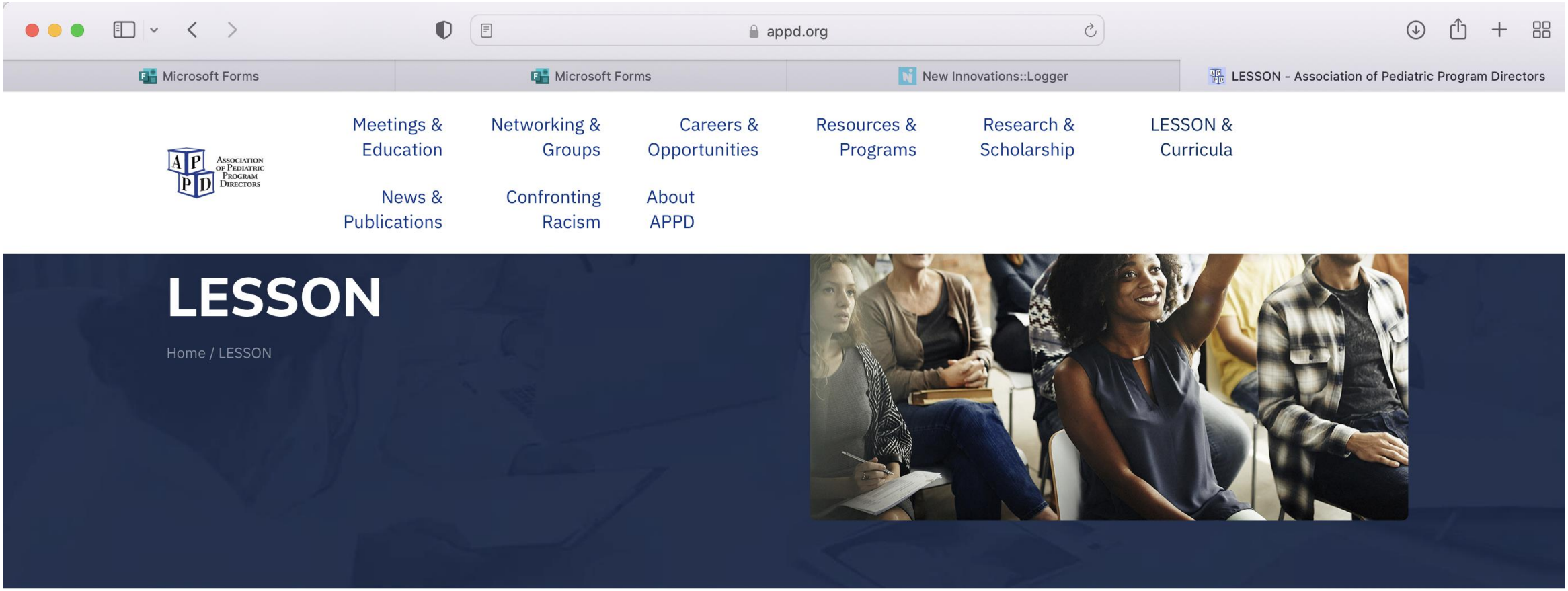
Navigating the LMS

- Demographic questions
- Pre-test
- Modules
  - Must complete all modules before advancing to Post-test
- Evaluation of Curriculum
- Certificate



EMPOWER BMH Curriculum

- Free access to residents and program faculty/staff who are included within the program APPD membership
- NEW- Programs can add ***any additional faculty*** to the APPD membership roster
- Program leadership will have access to their residents' data (percent completion, pre-/post-test scores, etc.)
- Enrollment information is on the "Lesson & Curricula" tab on the APPD website
- Contact Pamela Carpenter at lesson@appd.org for questions about enrollment



LESSON
Longitudinal Educational Software Solutions and Outcomes Network

APPD LESSON: Longitudinal Educational Software Solutions and Outcomes Network

Our Learning Management System

Oasis is our **comprehensive learning management system.** It provides an intuitive, robust, and customizable platform that streamlines curriculum management, trainee tracking, and educational research, ensuring **efficient learning and compliance** with ACGME and ABP standards.

Login to OASIS Learning Management System

Read our FAQ's for LESSON

Available Curricula

EMPOWER Pediatric Mental Health Curriculum

APPD LESSON is excited to announce the release of our new interactive, online curriculum (EMPOWER: **E**ducation in **M**ental Health improves **P**atient **O**utcomes, **W**ell-being, and **E**motional **R**esiliency), focused on educating your pediatric residents on the diagnosis and clinical management of pediatric behavioral mental health (BMH) conditions.

Learn More & Enroll Your Trainees

Additional Resources

To access full Resources List scan QR code

Wrap-up and next steps

Additional Opportunities

BMH Assessment Tool study

Pilot study of a workplace-based assessment tool of BMH skills

Requirements:

- At least 3 faculty members to participate per site, at least one must be Peds faculty (no max)
- About two hours of pre-work and training videos, does not have to be done in one sitting
- Complete minimum 3 tools over 6-month period (can do as many as you want)
- Brief post-survey (~10 minutes)

- Currently recruiting programs
- Programs will need to get local IRB approval/ exemption – toolkit available
- Email Elizabeth at Elizabeth.chawla@gunet.georgetown.edu if you or anyone at your program may be interested in participating

**** this is NOT the same as the SMPL study – which is a study of evaluating EPAs in the workplace (more generally) → this is *a study of assessing Mental Health skills in peds residents***

Next steps:

- We will review the Needs Assessment for preferred days/times and preferred cadence and make final decision – please complete Needs Assessment if you haven't had a chance yet!
- Next session likely January at the end of interviews – watch for dates
- We will discuss with APPD the possibility of our own APPD connect channel or something similar – please ask your PD to add you to the program's APPD membership!!



Questions or ideas?

Contact Us:

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Mary Beth Wroblewski: mwroble3@jhmi.edu

“Be well, do good work, and keep in touch”

- Garrison Keillor