



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

**Associate Program Directors
Handbook**

March 10, 2019

Dear Associate Program Directors,

The Associate Program Director's (APD) Executive Committee of the APPD, has updated the APD Handbook, which serves as a guide through the numerous education and administrative responsibilities of an APD. Our expectation is that the APD Handbook will continue to be updated regularly and that its content is useful to APDs. Please feel free to reach out to the APD Executive Committee with feedback, suggestions, and/or additions to future versions of the handbook.

Sincerely,
APPD APD Executive Committee

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Alphabet Soup

AAMC Association of American Medical Colleges - <https://www.aamc.org>
AAP American Academy of Pediatrics - <https://www.aap.org>
ABMS American Board of Medical Specialties - <https://www.abms.org>
ABP American Board of Pediatrics - <https://www.abp.org>
ACGME Accreditation Council for Graduate Medical Education - <https://www.acgme.org>
AHA American Hospital Association - <https://www.aha.org>
AMA American Medical Association - <https://www.ama-assn.org>
AMSPDC Association of Medical School Pediatric Department Chairs -
<http://www.amspdc.org>
APA Academic Pediatric Association - <https://www.academicpeds.org>
APPD Association of Pediatric Program Directors - <https://www.appd.org>
APS American Pediatric Society - <https://www.aps1888.org>
COMSEP Council on Medical Student Education in Pediatrics - <https://www.comsep.org>
CoRNet Continuity Research Network (part of the APA) -
https://www.academicpeds.org/research/research_CORNET.cfm
CoPS Council of Pediatric Subspecialties - <https://www.pedsubs.org/>

ECFMG Educational Commission for Foreign Medical Graduates -
<https://www.ecfmq.org>
ERAS Electronic Residency Application Service - <https://www.aamc.org/services/eras>
FOPO Federation of Pediatric Organizations - <http://www.fopo.org>
FREIDA Fellowship and Residency Electronic Interactive Database - <https://freida.ama-assn.org/Freida>
LEAD Leadership in Educational Academic Development (part of APPD) -
https://www.appd.org/ed_res/LEAD.cfm
LEARN Longitudinal Educational Assessment Research Network (part of APPD) -
<http://learn.appd.org>
MPPDA Medicine-Pediatrics Program Directors Association - <http://mppda.org>
NACHRI National Association of Children's Hospitals and Related Institutions -
<https://www.childrenshospitals.org>
NRMP National Resident Matching Program - <http://www.nrmp.org>
SHM Society of Hospital Medicine - <https://www.hospitalmedicine.org>
PAS Pediatric Academic Societies (a meeting sponsored by: APA, APS, SPR, AAP)
PRIS Pediatric Research in Inpatient Settings (research network of APA) -
<https://www.prisnetwork.org>
RRC Residency Review Committee of the ACGME -
<https://www.acgme.org/Specialties/Review-Committee-Members/pfcetid/16/Pediatrics>
Society for Pediatric Research (SPR) S -
<https://www.societyforpediatricresearch.org/ociet>

A Year in the Life of an APD

July-August

This is such an exciting time! New interns are just starting in your program, upper levels are transitioning into supervisory roles, and the program takes on a different tone as the new group of residents finds their new dynamic.

TASKS AND TIME-FRAMES:

1. Administer the In-Training Exam to your residents in July
2. Have coordinators submit your WebADS updates in August
3. Meet with your Program Director to discuss the shared vision for the program for the academic year
4. Schedule a Program Evaluation Committee (PEC) meeting to review your program's performance/feedback data and create your action plan
5. Consider when to schedule your Clinical Competency Committee (CCC) meetings in the fall to prepare for milestone submission to the ACGME

September – December

RECRUITMENT TIME!!! This is a very busy time for programs. ERAS opens September 15 to begin to review and invite applicants to interview at your program. It is best to discuss with your program leadership group how to approach recruitment prior to ERAS opening. Discuss recruitment logistics (criteria to invite applicants, logistics of interview days, finding interviewers, etc.) and begin to prepare for the rush that is recruitment season.

TASKS and TIME-FRAMES:

1. Have residency leadership meeting in early September (or before) to discuss how you will approach recruitment as a team
2. ERAS opens September 15 – programs can begin to invite applicants to interview
3. Schedule semi-annual evaluations for your residents
4. Have PEC and CCC meetings
5. Attend the APPD Fall meeting – September/October
6. Submit ELS workshop proposals to APPD in November (through early-December) and poster abstracts in December (through early-January).

January – March

This time signifies the end of interview season and the preparation to submit your rank list and get ready for Match Day. During this time, many programs are in the dead of winter and the busy season for pediatric illnesses. This can weigh on the residents so

keeping a positive and upbeat attitude throughout your program can help with resident wellness and resilience.

TASKS and TIME-FRAMES:

1. Submit individual resident milestone data to the ACGME - January
2. Prepare for the ACGME survey – update resident listing, identify faculty to ACGME for survey to be sent
3. Track submission percentage and encourage resident completion of ACGME survey
4. Submit research and/or QI abstracts to APPD – early January
5. Submit residency program rank list in NRMP (National Residency Matching Program) in mid-February
6. Prepare for Match Week – mid-March
7. Begin to schedule semi-annual evaluations for your residents, making sure to get the final review for your PGY-3's done prior to graduation

April – June

You now have the list of new pediatricians who will be starting in your program in just a few months. Now preparations need to be made for them to be ready to succeed. Schedule requests need to be collected from all residents in your program for the next academic year so you can begin to make their schedules. This is also a time to celebrate all that your residents (and your program) have accomplished.

TASKS and TIME-FRAMES:

1. Finalize graduation plans – date, location, logistics, etc.
2. Plan and organize incoming intern orientation activities
3. Schedule your end-of-year CCC meeting
4. Begin to develop your Annual Program Evaluation document
5. Schedule semi-annual evaluations for your residents
6. Submit individual resident milestone data to the ACGME – June
7. Complete the block and call/float schedule for the new academic year

Getting to Know the APPD

Welcome to your role as an Associate Program Director and to the Association of Pediatric Program Directors! We hope you will find the APPD to be your professional home. Below, we highlight the many ways to get involved and get the most out of your membership. Each year the APPD has a Fall Meeting and a Spring Meeting. The Fall Meeting is smaller and targeted towards new program directors. The Spring Meeting is an invaluable way to meet colleagues from around the country who are doing the same excellent work as you.

Our tips for getting the most out of the meetings:

- [Fall Meeting](#) - a small, more intimate way to acclimate into the organization and is designed for newer program directors. This is a great way to meet other members and learn from more experienced APDs.
 - At the Fall Meeting attend the APD session
- [Spring Meeting](#) - large, educational, and fun meeting. There are also many attendees who are new to this meeting. Reach out to fellow new members and exchange contact information (bring business cards!). Colleagues from other programs can be excellent peer supports for your new role. Useful sessions include:
 - APD Grassroots Forum - it is APD-specific and a great place to meet other like-minded APDs and make some new friends.
 - Networking Session - great way to meet people; food and drinks provided!
 - Mentorship or Table to Able session – a great way to meet experienced members of the APPD and get their thoughts and advice on career development, program requirements, scholarship, and more!
 - Enhanced Learning Sessions -interactive and educational experiences to help you do your job and bring innovation back to your Residency or Fellowship program
 - Regional lunch – opportunity to meet program leaders in your geographic area
- APPD is a very down to earth group and people are very approachable. Though some members may be shy, they are all personable and will want to talk with you if you reach out!
- Do not be afraid to separate from your own tribe. Sit at a table with people you do not know for at least ONE session.
- The [APPD Share Warehouse](#) has some great resources you can use to develop the seed-ideas you come up with. Check it out!

- If the opportunity arises for you to get involved, do not shy away from it. If you would love it or learn from it, you should do it. Don't be discouraged into thinking that someone else is better for the job.
- Have fun and soak up as much as you can!

Resources and Opportunities for Involvement in APPD

- **Learning Communities**: A group of APPD members who share learning interests and goals and who communicate regularly to collaborate on projects. These communities may serve as a platform for cohort-based, interdisciplinary approaches to deeper learning and sharing, as well as work on common projects to develop new innovations and define effective methods to meet their shared goals. Below is a list of all Learning Communities. Check out the APPD website for a description of each one.
 1. Assessment
 2. Behavioral and Mental Health
 3. Community Health and Advocacy Training
 4. Curriculum
 5. Faculty and Professional Development
 6. Healthcare Simulation in Pediatrics
 7. Educational Technology -
 8. LGBTQA+
 9. Pediatric Global Health Educators
 10. Research and Scholarship
 11. Underrepresented Minorities in Pediatric Graduate Medical Education
- **The Share Warehouse**: A collaborative project that provides a platform for members to share their contributions with others. APPD Share Warehouse is restricted to only APPD members and only APPD members can submit materials to the Share Warehouse. A non-member can collaborate with an APPD member to submit material as a co-author. Authors can submit material that fall into the following five categories (Program Administration, Policies, Curriculum, Assessment Tools, and Faculty Development).
- **APPD LEAD**: A nationally recognized program that provides a unique opportunity for pediatric academic leaders in medical education to engage and learn from seasoned program directors, pediatric educators, and other national leaders in pediatrics. The LEAD curriculum focuses on organizational leadership, competency-based curriculum development, faculty development, residency and fellowship program administration, scholarship and career development. The curriculum is paced over three educational conferences, with additional group activities, readings and project work expected between conferences.

- **APPD LEARN**: APPD's Longitudinal Educational Assessment Research Network which provides infrastructure for multicenter, collaborative research projects by and for pediatric residency programs. APPD LEARN is an AHRQ-registered Practice-Based Research Network.

- **Grants/Special Projects**: Provides financial support for projects that further the APPD's mission and strategic plan. The APPD may grant up to \$10,000 per selected project. The Board of Directors will determine the funds available for this program annually. The number of awards will be dependent on the funds available and the size of the grant requests of the selected projects. Proposals are due each January.

- **The APD Executive Committee – What we do!**
 - We represent you and the best interests of the Associate Program Directors
 - Ensure close communication/collaboration with APPD Board and Management
 - Hold monthly conference calls of the Section Executive Committee
 - Communicate with Section members as often as necessary to assure that member perspectives are represented
 - Develop recommendations to the Board regarding issues pertaining to, or affecting, Section members, including how these align with the APPD Strategic Plan
 - Help implement strategic plans in concert with the Board
 - Help implement and communicate requests from the Board
 - Encourage Section members to get involved with the work of APPD, including taking on leadership positions
 - Develop an election/appointment process to be ratified by the Board of Directors regarding key leadership positions pertaining to the section.
 - Submit articles/reports/updates for the monthly APPD Bulletin, as information is available
 - Help populate the APPD Share Warehouse
 - Plan Section specific forums/tracks at both the fall and spring meetings
 - Ensure Section material of APPD website is up to date / used to meet the members' needs

Tips for Successful Interviewing During Recruitment Season

Know How to Interview

- **Use *behavioral interviewing questions*** to shift the focus from abstract to concrete
 - Rather than asking personality (“tell me about yourself...”) or hypothetical (what would you do if...”) questions, ask about specific behaviors (“tell me about a time when you disagreed with a team member, and how you handled it...”)
 - You can even get more specific: “I see you were one of the co-chairs of the homeless clinic; tell me about a challenge you faced in leading the clinic, and how you managed it.”
- **Consider offering *training sessions for all interviewers*** (particularly new faculty) to explain the process, cover dos and don’ts and provide a tip sheet about the program with answers that interviewers may not know, but applicants are likely to ask
- ***Make it easy for interviewers*** - Provide sample questions which help assess the specific traits or behaviors that you are screening for
 - Consider providing several lists if you have multiple interviewers, so applicants aren’t asked the same question twice
- ***Know what not to ask*** - Avoid questions which might violate the NRMP’s Match Communication Code of Conduct
 - Federal law prohibits making employment decisions on basis of race, sex, age, religion, national origin, or disability. This also applies to discrimination based on pregnancy and child rearing plans. In some states it is also illegal to discriminate based on sexual orientation and gender identity.
 - NRMP prohibits programs from asking about other programs applied to including names of programs, specialties, and geographic location. Also, do not ask about marital status, number of children, plans for children, or FMLA.

Know What You’re Looking For

- What are your program’s core values/ culture?
 - *Hiring for Attitude*” by Mark Murphy - Book which reviews a systematic way to think about your organization’s core values and how to structure your interview questions to determine whether or not an interviewee will fit

within your culture. It offers a really interesting take on the interview process and how to identify problematic applicants before you rank them!

- Trust your residents - Make sure to ask your residents for their input on all applicants. They often have valuable information which will help determine who is or is not suitable for your program!
- Trust your Program Coordinator - Your coordinator often has interacted the most with the candidates before, during, and after the interview. They have great insight into the applicant and how well they will fit into your program.
- The case for diversity – Include members of your Diversity Committee in the process. Provide opportunities for residents passionate about diversity to be actively engaged in recruitment efforts! If you do not have a Diversity Committee, start one!

End of Season Communication

- Familiarize yourself with the NRMP's Match Communication Code of Conduct. <http://www.nrmp.org/communication-code-of-conduct/>
 - 1) Respect and applicant's right to privacy and confidentiality
 - 2) Accept responsibility for the action of recruitment team members
 - 3) Refrain from asking illegal or coercive questions
 - 4) Do not require or strongly encourage second visits or visiting rotations
 - 5) Discourage unnecessary post interview communication

Writing Letters of Recommendation

START: Learner asks you for a letter (you are writing the letter in the capacity of an attending and NOT solely as program leadership within a training program)

Step 1: Consider whether you can write a strong letter

- Did you work with the learner long enough to comment fairly on his/her performance?
- If not, consider teaming up with other attendings to gain more insight

Step 2: Gather more information

- It is in the learner's best interest to share as much about his/her application as comfortable so that you can get to know him/her and write your best letter
- Consider requesting a meeting – this is especially helpful if there will be a time lag between when you work with the person and when you will write the letter
- Request he/she send you the following via email and talk about why for each one:
 - For residency or accredited fellowship applicants, ERAS form. For others, names/addresses of who should get the letter
 - You will need the ERAS form to reference for the AAMC ID number to include in your letter. It will also tell you how to submit the letter.
 - CV
 - Allows you to find out more about professional and extracurricular activities
 - Unofficial transcript, if available
 - Allows you to assess any struggles can be helpful to know – you can write a stronger letter if you know about these
 - “Though Bobby’s score on his pediatrics exam was lower than the average, his clinical skills were superb, and I have no doubt he will make an excellent pediatrician.”
 - Personal statement, if available
 - Allows you to get to know the applicant on a more personal level
 - Also allows you to mentor by offering to read and edit!
 - A few notable clinical scenarios where you worked together to jog your memory
 - It can be hard to remember later!
 - Allows you to add a meaningful anecdote to your letter – must keep general without any patient identifiers
- Seek feedback from others
 - Residents who worked with a student, for example

- Also consider other perspectives that could be helpful (other attendings? Yellow team members? Liberty NPs?)

Step 3: Write the letter

- Anatomy of a letter of recommendation
 - Date
 - Salutations – personalize whenever possible (e.g. “Dear Program Director”)
 - Opening paragraph - For ERAS, include AAMC ID and review waiver statement, include statement regarding how well you know applicant and in what context
 - Second paragraph - General comments – be as specific as possible, include other team member comments if able, include patient (no identifiers) story, if possible
 - Third paragraph - Something personal, if possible: outstanding items from CV, noteworthy skillset, personal characteristics that makes him/her a strong candidate
 - Final summary and recommendation - Invitations for questions
 - Closing – including signature, name with credentials, roles/titles, division and, hospital/university, office number and/or email address
- Okay to keep to one page in length
- For ERAS applicants, include AAMC ID number and waiver of review by applicant
- Include your professional title and hospital name under signature line

Step 4: Review and submit

- After you have completed the letter, review for errors and place on official letterhead

Step 5: Tell the learner you submitted the letter

- Remember how stressful it was to wait and not want to be bothersome!

END ... or move on to the next one!

Remediation and Feedback

Residents are evaluated using the six competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Feedback on these competencies is meant to be informative as well as formative for the resident to set specific goals upon which to reach and improve as a physician.

Estimates regarding the prevalence struggling trainees in medical education in the literature, are reported at approximately 10%. In one survey of program directors, approximately 75% reported having residents in difficulty. (Dupras) Learners in medical education 'underperform' or struggle for a variety of reasons. Most learners do not require remediation, however those that do utilize a significant amount of time and resources from the program. A resident with difficulty or a 'learner in difficulty' needs to be identified early, and the specific reason for the deficiencies addressed. There is limited data and evidence as well as lack of standardization regarding best practices for remediation for trainees, especially specific to pediatrics. Some tips and/or strategies for structuring remediation for the learner in difficulty are outlined.

Remediation begins with the identification of specific deficiencies in the medical trainee. Attempting to determine the reason the trainee is struggling is at the core of approaching remedial education. Deficiencies can be mapped to the 6 ACGME competencies listed above and can additionally include:

- Clinical reasoning and organization
- Lack of motivation or poor insight
- Substance abuse
- Mental illness
- Learning disability
- Sleep deprivation
- Difficulty functioning within the current system

If remediation is needed, early and specific interventions, are key to the remediation process. Some experts group the approaches into domains for the educator: (Kalet)

- Programmatic level
 - Understanding that training programs have a responsibility
 - The development of a program specific approach and framework
 - Defining the values and goals of the program
- Faculty roles and development
 - Appropriate faculty for remediation
 - Remediators as coaches
 - Faculty development for remediation

- Outcomes and goals
 - Clear goals and expectations
 - Time frames for remediation
 - Clear communication and documentation

Providing remedial education should be directed towards the specific deficiency and/or the underlying cause of the deficiency. Strategies may include:

- Using assessment tools (PREP, Pedialink)
- Case based sessions or workshops
- American Board of Pediatrics. Education and Training Committee Guide to Professionalism
- Direct observation with timely feedback on performance
- Use of one on one coaching/mentoring
- Simulation and hands practice for specific skills
- Simulated patients and/or video review of patient encounters
- Promoting wellness and sleep hygiene in training
- Behavioral health intervention
- Identification of resources within the system – See below

Specific components in developing remediation policy and procedure

- Remediation process clearly defined and in writing and with set goals
- S.M.A.R.T.
 - Specific objectives
 - Measurable outcome
 - Achievable/Attainable outcomes
 - Realistic goals for remediation
 - Time frame for remediation
- Documentation during the remediation process
 - Documentation of remediation process being initiated
 - Provide supporting documentation regarding need for remediation
 - Documentation of all discussions (email, meetings) regarding remediation
- Consequences of failure and relapse clearly defined including possibility of termination. The potential legal implications of remediation are often overlooked.
 - Due process
 - Employment and academic legal principles
- Resources at your institutions to include during the remediation process at onset of remediation may include
 - Mental Health Resources
 - Institutional DIO/GME committee
 - Institutional Legal Department
 - Resident assistance programs
 - Hospital Chief Medical Officer

Resources and References

1. American Board of Pediatrics. Education and Training Committee. Teaching, Promoting and Assessing Professionalism Across the Continuum: A Medical Educator's Guide. <https://www.abp.org/professionalism-guide>.
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4. Ellaway, Rachel H., Calvin L. Chou, and Adina L. Kalet. "Situating remediation: accommodating success and failure in medical education systems." *Academic Medicine* 93.3 (2018): 391-398.
5. Guerrasio, Jeannette, et al. "Failure to fail: the institutional perspective." *Medical teacher* 36.9 (2014): 799-803.
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7. Kalet, Adina, Jeannette Guerrasio, and Calvin L. Chou. "Twelve tips for developing and maintaining a remediation program in medical education." *Medical teacher* 38.8 (2016): 787-792.
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9. Lefebvre, Cedric, et al. "Legal Considerations in the Remediation and Dismissal of Graduate Medical Trainees." *Journal of graduate medical education* 10.3 (2018): 253-257.
10. Smith, Jessica L., et al. "Defining uniform processes for remediation, probation and termination in residency training." *Western Journal of Emergency Medicine* 18.1 (2017): 110.

Developing a Curriculum Vitae and Education Portfolio

Curriculum Vitae (CV)

- Formatting Matters (your institution may have specific CV requirements)
 - Use headings to your advantage
 - 12-point Arial or Times New Roman
 - Clear layout with enough white space margins
 - Avoid large chunks of text, use bullet points, ensure no spelling mistakes
 - Be consistent with listing content in chronological or reverse chronological order
 - Do not be afraid to pare down content
- Keep your CV up to date
 - Make an effort to update your CV with your activities in real time/ on a regular basis
 - Make a folder to keep track of activities that can be added to your CV
 - Save updated versions of your CV with the appropriate date
- Categories
 - Your full legal name and current contact information
 - Education and Post Graduate Training
 - Certification and licensure (including board certification)
 - Academic Appointment
 - Honors and Awards
 - Professional Society Memberships
 - Leadership Positions
 - Service Experiences (e.g. hospital committees, professional activities such as abstract reviewer for APPD, volunteerism)
 - Educational Activities (e.g. teaching and mentorship activities, workshops at local, regional or national meetings)
 - Research Activities (e.g., grants, publications, abstracts presentations and posters)
 - Example: Global Health or Primary Care Pathway activities, Lobby Day in Columbus
 - Professional society memberships

Educators Portfolio (EP)

Developing an EP is essential for APDs. It allows you to document the excellent work that you do in education and will be important for career development, as well as advancing promotion and tenure. The Academic Pediatric Association Educational

Scholars Program Educator's Portfolio template is a wonderful resource and can be accessed through MedEd Portal (<https://www.mededportal.org/publication/626>) If you do not have a MedEd Portal access, you can sign up quickly and free of charge.

- Key components of an EP
 - Education Titles/ Roles
 - Career Goals
 - Direct Teaching Activities
 - Curriculum Development Activities
 - Mentoring and Advising Activities
 - Products of Educational Scholarship

Tips for Disseminating Scholarship

Peer-Reviewed Portals:

APPD Share Warehouse

Click here for more info: www.appd.org/shareWarehouse

A virtual, web-based, collaborative project that provides a place for pediatric graduate medical educators to find and share resources, including curricula and evaluation tools.

MedEdPORTAL

Click here for more info: www.mededportal.org

A free, peer-reviewed, health education teaching and assessment resources publication service provided by the Association of American Medical Colleges in partnership with the American Dental Education Association. MedEdPORTAL is now included in MEDLINE and will be searchable in PubMed.

Journals Appropriate for Curricular Innovations:

Journal	Types of Submissions	Word Limit
Academic Pediatrics	<u>View from the APPD:</u> One article per issue with separate peer review process. Can be focused on scholarly innovations.	2,000 words
	<u>Brief Reports:</u> Interesting new ideas or innovations in pediatric medicine, health services, and medical education.	2,000 words
	<u>Scholarly Innovations:</u> Place to report on projects related to teaching activities, curricular interventions, learner assessment, advising and mentoring and program evaluation that have been implemented in the last two years.	1,000 words
	<u>Articles on Educational Research:</u> Articles describing educational interventions should reports outcomes that include changes in observed behavior or other higher order outcomes (not reactions or change in knowledge).	3,500 words
Academic Medicine	<u>Innovation Reports:</u> Meant to report on innovative pilots or early stage initiatives that lay the ground work for larger scale problems. Work must have significant implications.	2,000 words

Journal of Graduate Medical Education	Educational Innovation: Reports on new approaches or strategies within GME that have been implemented and assessed.	2,000 words
	Brief Report: Summary of a new innovation that has been piloted.	1,200 words
Medical Education	Really Good Stuff: Dissemination of descriptions of exciting new ideas in a variety of areas including curriculum design, teaching practice, assessment or evaluation and attempts at program or curriculum change.	500 words

Educational Conferences:

Conference Name	Topic/Content/Sponsor/Other	Timing of Meeting
APPD (<i>Association of Pediatric Program Directors</i>)	Relevant to pediatric program directors; Great venues for networking among program directors, associate program directors and program coordinators. There are also regional meetings which are a great place to present work.	2 annual meetings – Fall (September/October) and Spring (March/April)
PEEAC (<i>Pediatric Educational Excellence Across the Continuum</i>)	Jointly sponsored by the Academic Pediatric Association (APA), APPD, COMSEP, and Council of Pediatric Subspecialties (COPS)	Biennial meeting
ACGME (<i>Accreditation Council for Graduate Medical Education</i>)	Draws ~3,000 GME educators from both the US and overseas and is geared toward current GME topics	Annual Meeting in February or March
COMSEP (<i>Council on Medical Student Education in Pediatrics</i>)	Geared towards medical student education	Annual meeting in April
PAS (<i>Pediatric Academic Societies</i>)	Largest pediatric scientific meeting and includes several subspecialty areas	Annual meeting in May

<p>AAP (<i>American Academy of Pediatrics</i>)</p>	<p>Geared towards clinical matters or research related to subspecialty or special interest areas. There are also regional meetings which are a great place to present work.</p>	<p>Annual meeting in the Fall (September – November)</p>
<p>AAMC (<i>Association of American Medical Colleges</i>)</p>	<p>Learn Serve Lead conference focuses on the future of academic medicine from the perspectives of medical schools and teaching hospitals</p> <p>Integrating Quality Meeting focuses on optimizing the environment for learning</p>	<p>Annual Conference in November</p> <p>Annual Conference in June</p>

Professional Development Opportunities

Leadership in Educational Academic Development (APPD LEAD): Click here for more info: [APPD LEAD](#)

- Provides a unique opportunity for pediatric academic leaders in medical education to engage and learn from seasoned program directors, pediatric educators, and other pediatric national leaders. The curriculum focuses on organizational leadership, competency-based curriculum development, faculty development, residency and fellowship program administration, scholarship and career development. The curriculum is paced over three educational conferences, with additional group activities, readings and project work expected between conferences.

Masters in Medical Education Programs

- Click on the link for a list of programs:
<http://www.faimer.org/resources/mastersmeded.html>

Advancing Pediatric Educator Excellence (APEX) Teaching Program:

Click here for more info: [APEX Program](#)

- Co-sponsored by the AAP Section on Hospital Medicine and the Academic Pediatric Association and endorsed by the Society of Hospital Medicine
- Ideal participants are pediatric hospitalists seeking to advance their clinical teaching skills

- Program anchored by sequential PHM conferences (pre-conference workshops for 2 consecutive years). In between these two workshops, learners participate in online activities, elective workshops, and clinical teaching observations
- A local mentor should be identified

Academic Pediatric Association (APA) Educational Scholars Program:

Click here for more info: [APA Educational Scholars Program](#)

- 3 year program that targets faculty who wish to build their skills in educational scholarship
- Applicants must be or become a member of the APA
- Requirements include: 1) enlisting support of your department; scholars expected to commit 10% FTE, 2) attending three instructional sessions at the PAS meeting, 3) formal review of PAS presentations (or an equivalent professional meeting), 4) develop an Educator Portfolio, 5) conduct a mentored educational project, and 6) scholars are responsible for finding their own mentors

APA Quality and Safety Improvement Scholars Program:

Click here for more info: [APA Quality and Safety Improvement Scholars Program](#)

- Offered to members of the APA who want a Certificate of Excellence in Quality and Safety Improvement Science
- Curriculum include yearly participation in the Quality Improvement Science pre-course, additional scheduled sessions for the group at PAS, periodic didactic webinars, ongoing collaborative learning, and completion of a mentored improvement project
- Scholars will be matched with a national expert in the field of quality and safety who will serve as an advisor during their three years in the program. Scholars also must identify a local mentor from their own institution.

Harvard Macy Faculty and Fellow courses:

Click here for more info: www.harvardmacy.org

- Program for Educators in Health Professions
- A Systems Approach to Assessment in Health Professions Education
- Leading Innovations in Health Care & Education
- Become a Digital Citizen - Technology in Health Care Education
- Program for Post-Graduate Trainees: Future Academic Clinician Educators

Leadership

- Know your conflict management style and understand the pros and cons of each
 - Five categories from the Thomas-Kilmann Conflict Mode Instrument: Avoidant, accommodating, compromising, competing, collaborative
<https://www.kilmanniagnostics.com/overview-thomas-kilmann-conflict-mode-instrument-tki>
- Personality certainly plays a role in leadership styles
 - Common personality assessment tools include:
 - DISC: www.discprofile.com
 - Myers-Briggs Type Indicator: www.myersbriggs.org
 - True Colours: <https://my-personality-test.com/true-colours>
- Play to your strengths as a leader and draw upon the strengths of others on your team
 - Check out Strengthsfinders by Tom Rath
- Draw upon/ learn from individuals whom you admire
- Additional resources
 - Discover Your True North by Bill George
 - Start with Why by Simon Sinek
 - Leaders Eat Last by Simon Sinek
 - Switch: How to Change Things When Change is Hard by Dan Heath and Chip Heath
 - Getting To Yes by William Ury and Roger Fisher
 - Lincoln on Leadership: The Executive Strategies for Tough Times by Donald T. Phillips

Effectively Mentoring Residents

One of the joys of being an APD is the opportunity for more direct mentoring with residents. Here we highlight some of the literature on what it means to be a good mentor, and discuss approaches to mentor effectively as APDs.

General strategies for mentoring

Outstanding mentors in medicine share similar characteristics (Cho et al.) including

1. Admirable personal qualities, such as enthusiasm, compassion, and selflessness
2. Acting as a career guide, offering a vision but purposefully tailoring support to each mentee
3. Making strong time commitments with regular, frequent, and high-quality meetings
4. Supporting personal/professional balance
5. Leaving a legacy of how to be a good mentor through role modeling and instituting policies that set global expectations and standards for mentorship

Roles of a mentor in GME may be broad (Woods et al.) and may include serving as a

- Listener
- Facilitator
- Challenger
- Role model
- Goal setter
- Advocate
- Collaborator
- Career guide

Specific Strategies for Mentoring as APDs

Given the broad roles that APDs may assume as mentors to residents, below we share some approaches to consider.

Define designated mentees

- Larger programs often divide their residency into smaller groups to facilitate designated mentor-mentee relationships among the PD/APDs.

Share longitudinal relationships

- Mentor designated residents throughout their training to discern needs and recognize patterns to support them.
- Facilitates writing strong letters of recommendation, providing job references, etc.

Show you care – connect with residents as people

- Mentoring in residency should be grounded in strong, caring relationships, just as in other aspects of life. “No one cares how much you know until they know how much you care,” an adage attributed to Theodore Roosevelt, encapsulates why caring matters.
- Consider keeping brief notes about residents handy to remember their interests, partners, birthdays, etc.
- Send emails to acknowledge successes, birthdays, and to periodically check in.

Teach mentees how to be successful “managing up”

- Coach mentees on how to be an active participant and get the most out of their mentor-mentee relationships with you and with others.
 - Defining and asking for what they need
 - Asking questions and defining meeting agendas

Advocate within your program to have the time and space to be a good mentor

- When doing this right, it is time consuming! Consider ways of finding designated time to fulfill this role well.

Questions to **ask yourself** before serving as a mentor:

- **Do I have the skill set to be a mentor?** If not, be up-front about it. Consider whether you might work with a more senior person to mentor, especially for specific needs. Often senior faculty will be happy to serve as a high-level support person.
- **Who is my backup?** Is there someone you can check in with if you feel over your head? Part of your own mentors’ roles is to ensure that you are successful in your faculty roles.
- **Do I have the time to commit to the resident?** Some residents are looking for someone to check in with intermittently. Others are looking for someone to work side-by-side with them for projects or for specific career networking.

For any mentor-mentee relationship, it may be helpful to discuss **with your mentee**:

- What do they expect from you? How can you be most helpful?
- What do you expect of the resident? (frequency of meetings, follow-up, how to communicate with you – email, text, phone, etc.)
- When and where do you each prefer to meet?
 - Time of day/day of week
 - Consider walking meetings or meeting off-campus to get out of the hospital
- Is there anything about them/ their background that would be important for you to know to best support them?

Take time to reflect on your role as a mentor

- Identify what you think is going well and what you would improve upon.
- Ask your mentees and your own mentors for feedback.

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