

the roadmaps to their trainees. Nearly all respondents “agree” or “strongly agree” (96%, 56 of 58) that their fellowship trainees “will benefit from using the roadmaps as a template to achieve their specific scholarly goals.” Two-thirds of PDs and APDs feel that the roadmaps are equally beneficial across the 3 years of fellowship training. Notably, only 7% (4 of 58) of respondents were aware of any national-level resources similar to the TECaN roadmaps, and only 20% (12 of 58) had institution-specific guides for their trainees that covered the same material as the TECaN roadmaps.

Scholarly roadmaps are useful resources to neonatal-perinatal medicine fellows, their fellowship PDs, and research mentors. They provide easy-to-understand timelines for trainees with comprehensive lists of conferences, grants, and journals within a trainee’s area of interest. They are especially critical for less traditional areas of scholarship where resources and experts may be limited or scattered across institutions. This highly feasible and accessible tool has been well received by training programs and PDs and has amassed users from around the United States. The details described here provide the necessary information for other disciplines to adapt this tool, with the potential for wide-reaching impact.

References

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Jenny Koo, MD

Staff Neonatologist, Department of Pediatrics, Division of Neonatology, Sharp Mary Birch Hospital for Women and Infants
Chair of Research and Quality Improvement, American Academy of Pediatrics, Section on Neonatal Perinatal Medicine, Trainees and Early Career Neonatologists (TECaN)

Kera McNelis, MD, MS

Assistant Professor, Neonatologist, Department of Pediatrics, Division of Neonatology, Cincinnati Children’s Hospital Medical Center, University of Cincinnati College of Medicine
Member, American Academy of Pediatrics, Section on Neonatal Perinatal Medicine, TECaN

Shanmukha Mukthapuram, MD

Assistant Professor, Neonatologist, Department of Pediatrics, Division of Neonatology, Cincinnati

Children’s Hospital Medical Center, University of Cincinnati College of Medicine
Chair of Communications, American Academy of Pediatrics, Section on Neonatal Perinatal Medicine, TECaN

Karishma Rao, MD

Clinical Assistant Professor, Neonatologist, Division of Neonatology, Department of Pediatrics, Children’s Mercy Hospital, University of Missouri–Kansas City School of Medicine
Member, American Academy of Pediatrics, Section on Neonatal Perinatal Medicine, TECaN

Catherine G. Caruso, DO

Assistant Professor, Neonatologist, Department of Pediatrics, Division of Neonatology, Oregon Health and Science University
Member, American Academy of Pediatrics, Section on Neonatal Perinatal Medicine, TECaN

Sharla Rent, MD

Medical Instructor Assistant Professor, Department of Pediatrics, Division of Neonatology, Neonatologist, Duke University School of Medicine
Chair of Education and Global Health, American Academy of Pediatrics, Section on Neonatal Perinatal Medicine, TECaN

Corresponding author: Jenny Koo, MD, Sharp Mary Birch Hospital for Women and Infants, jennykkoo@gmail.com, Twitter @jennykoomd

NEW IDEAS

AIMS: Increasing Diversity in Graduate Medical Education Leadership

Setting and Problem

Graduate medical education (GME) leadership needs more diverse representation. Specialty medical education associations have a responsibility to support the development of the next generation of underrepresented

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in medicine (UIM) GME leaders. In our continued commitment to become an anti-racist organization,¹ the Association of Pediatric Program Directors (APPD), in collaboration with the APPD UIM in Pediatric GME Learning Community, created the Advancing Inclusiveness in Medical Education Scholars (AIMS) Program in 2019 to address this gap.

Intervention

AIMS is a 12-month program that provides professional development and mentorship to UIM pediatric residents (AIM scholars) with the objective of exposing them to careers in medical education and mentorship earlier in their training with the goal of increasing the diversity of pediatric medical education leadership.

Pediatric residents are eligible to apply if they meet the following criteria: postgraduate year (PGY)-2 categorical or PGY-3 in a combined pediatrics program, UIM as defined by the Association of American Medical Colleges, able to attend the national APPD conference, and demonstrating an interest in medical education leadership.

The AIMS Program has been developed using the conceptual framework of self-determination theory, which posits that competence, relatedness, and autonomy lead to internal motivation. The program consists of:

Competence

Scholars participate in a half-day of programming before our national conference that includes: a welcome from APPD Board, an overview of careers in medical education, a meet the educator panel, speed mentoring (topics: mentorship, wellness/minority tax, career branding, medical education scholarship), and 1:1 meetings with their mentors. The scholars then participate in the regular conference educational content to engage with the broader APPD community and end each day debriefing with their cohort and program leadership.

Relatedness

Scholars are paired with UIM mentors who have an educational leadership position at a different institution and engage in peer mentoring, faculty mentoring, and inclusion in the UIM in Pediatric GME Learning Community.

Autonomy

Scholars have been deliberately provided opportunities and sponsored to participate in various national committees and academic scholarship within the

APPD that aligns with their interests (eg, have served on the Confronting Racism Action Team, Workforce Initiative, Curriculum Reform).

Outcomes to Date

Our first 2 cohorts consisted of 28 total scholars out of 71 applicants (2020 cohort: 30 applicants, 12 selected; 2021 cohort: 41 applicants, 16 selected). Scholars included 25 (89%) categorical residents, 22 (79%) female, 21 (75%) Black/African American, 8 (29%) Hispanic/Latino, and 8 (29%) first-generation college graduates. For each cohort, we ensured that there was representation across the United States from training programs in all APPD regions.

Twenty-four scholars (86%) have completed a voluntary anonymous program survey. For overall quality of the program, on a 5-point scale (poor to excellent), 21 (88%) rated it excellent and 3 (13%) very good. All scholars (100%) either strongly agreed or agreed that the AIMS programming and attending the APPD conference were helpful in: (1) career development, (2) networking, and (3) feeling like they belong in educational leadership. For the future, we plan to continue program evaluation and track longitudinal career outcomes.

As we continue to scale the program, the APPD has committed to fund 16 scholars per year for the next 3 years, and we continue to seek additional sustainable funding through key stakeholders. AIMS leadership comes from the established UIM in Pediatric GME Learning Community, which further supports its sustainability. Due to the COVID-19 pandemic, the first 2 cohorts have participated virtually, which has reduced costs and increased accessibility.

The AIMS Program represents a feasible and adaptable framework that specialty medical education associations can utilize to build programs that provide career development, mentorship, and a sense of community for UIM trainees interested in careers in medical education leadership.

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Lahia Yemane , MD

Clinical Associate Professor, Stanford University School of Medicine

Director, Association of Pediatric Program Directors (APPD) AIMS Program

Emma Omoruyi, MD, MPH

Associate Professor, The University of Texas Health Science Center at Houston McGovern Medical School

Chair, APPD UIM in Peds GME Learning Community

Patricia Poitevien, MD, MSc

Clinical Assistant Professor, Warren Alpert Medical School of Brown University
President-Elect, APPD

Rebecca Blankenburg, MD, MPH

Clinical Professor, Stanford University School of Medicine
President, APPD

Corresponding author: Lahia Yemane, MD, Stanford University School of Medicine,
lyemane@stanford.edu, Twitter @LahiaYemaneMD

NEW IDEAS

Using a Milestone Framework for Assessing Resident, Fellow, and Faculty Competence in Diversity, Equity, and Inclusion

Setting and Problem

Graduating residents and fellows who can competently provide equitable and inclusive care to a diverse patient population requires data to monitor progress and outcomes. This data must be continuously gathered and used to guide improvements at the individual program level and at the sponsoring institution level for trainee and faculty growth and development. Recognizing the need for data, the Accreditation Council for Graduate Medical

Education (ACGME) updated its 2021 annual Resident/Fellow and Faculty Surveys to include items related to equity and inclusion. Yet, accessible data on the structural competency level of our residents and faculty specific to the areas of health equity, social responsibility, diversity, inclusion, and social determinants of health is limited.¹

Intervention

Our aim was to develop and implement a quick, evidence-based, structural competency tool to monitor trainee and faculty proficiency over time. A literature review was completed to identify key competency elements. To facilitate implementation, we framed our assessment to parallel the structure and format of the ACGME's core competency milestone model. Literature-identified elements were plotted in each of the core competency domains with progression delineated across 5 levels resulting in a comprehensive 8-page milestone document. The milestone was then iteratively revised by multiple stakeholders (experts in diversity, equity, and inclusion, ethics, and medical education; faculty; learners; program directors) to create an annotated and referenced 2-page master milestone and an abbreviated milestone with domain threads across levels (eg, Medical Knowledge) for inclusion within each graduate medical education (GME) program's required milestone assessment form and for faculty self-assessment. For example, an element in the domain of Patient Care level 3 (Identifies and incorporates mitigation strategies to address structural risks in patient care) progresses to level 4 (Develops and collaborates with patient on plan of care cognizant of patient's intersectionalities and its influences on their health care values, decisions. . .). In the Professionalism domain, level 3 (Reconciles personal beliefs and identities with professional role; develops strategies to mitigate own implicit biases; recognizes the contribution of bias to iatrogenic risk and health disparities) progresses to level 4 (Speaks up in the moment [allyship]; utilizes incident reporting mechanism to address microaggressions and/or lateral workplace violence).

Outcomes to Date

The milestone was approved by the Graduate Medical Education Committee (GMEC) for inclusion as a required formative trainee assessment in every program beginning in January 2021 and as a request for faculty to complete as a needs assessment. Data are not used for trainee progress (Clinical Competency Committee reviews) or annual faculty performance reviews. Trainee milestone data across programs

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