What Do Stakeholders Want From Resident Conference Programming?

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Introduction

The Annual Educational Conference (AEC) is the Accreditation Council for Graduate Medical Education's (ACGME's) largest learning and networking event targeted toward the graduate medical education (GME) community. In recent years, the ACGME's Council of Review Committee Residents (CRCR)—a council composed of resident and fellow representatives from all accredited specialties—contributed conference presentations and attended the meeting. Consistently, CRCR members described the personal value they found in attending sessions, networking, and the overall experience. Many members expressed an interest in recruiting other trainees interested in future roles in GME to similarly attend.

During the 2019 AEC, there was substantial growth in resident and fellow attendance due to the *Back to Bedside* initiative—a competitive funding opportunity that encourages residents and fellows to foster meaning in their work by creating and leading innovative projects. In 2021, the *Back to Bedside* Work and Advisory Group (WAG) hosted a resident- and fellow-focused, interactive, virtual pre-conference session designed to provide skills for becoming institutional change agents.

Based on interest from trainees in conference programming relevant to their career stage, the CRCR set out to collaborate with the *Back to Bedside* WAG on designing programming specific to residents and fellows. Recognizing that numerous barriers exist to trainee attendance at the AEC—such as securing non-clinical time and financial constraints associated with registration and travel—the CRCR and WAG designed an interactive breakout session for the ACGME Education Committee to assess what would compel GME leadership to make the AEC a priority for trainees to attend. A parallel breakout session was conducted with the CRCR to assess the resident/fellow perspective.

The WAG met with the ACGME Education Subcommittee and the CRCR virtually in September 2021. To optimize member input, we minimized didactic time and used breakout rooms with interactive worksheets created on Google Documents to collect ideas in real time from participants.

Methods

During both the ACGME Education Subcommittee and CRCR meetings, attendees were separated into breakout groups. Groups were then tasked with answering the following prompt: "Imagine you are a designated institutional official (DIO): Sending a resident to the ACGME Annual Educational Conference would cost approximately $1,500 including registration fees, lodging, travel, and food. What would compel you, as leaders (DIOs), to pay for residents to attend the conference? What experiences, knowledge, or skills should be offered to residents to make this conference a priority?" Each breakout group had a designated scribe who took notes during the discussions, and these notes were analyzed for similar themes and ideas.

Results

Education Committee Results

Four breakout groups consisting of ACGME Education Committee members, each led by a member of the *Back to Bedside* WAG, discussed a number of important considerations in compelling DIOs to support residents to attend the conference (TABLE 1). In discussing what specific skills and experiences should be offered to residents at the conference, the Education Committee groups' thoughts focused on 4 main themes (TABLE 2).

CRCR Meeting Results

The 3 breakout groups had various discussions surrounding the topics related to AEC participation and engagement. Groups were composed of current

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TABLE 1
Education Committee Discussion Results: Themes That Would Compel DIOs to Support Resident Attendance at Conferences

Theme	Detail
Cost of trainee attendance	Pandemic impact on budgets may necessitate creative solutions (eg, multi-institutional partnerships and co-funding opportunities). Virtual attendance as an option to minimize disruption from clinical responsibilities and maximize participation.
Concrete outcomes (deliverables)	Conference attendance provides an opportunity to identify a project or a metric that trainees could focus on (identified pre-conference in collaboration with home institution or new project idea as result of conference programming).
Bringing skills back to the program/institution	Home institution benefit was noted as a motivating factor for DIOs to send residents to the conference. Significant opportunity for dissemination of newly acquired skills once the trainee returns (eg, "train the trainer").
Recruitment	Opportunity to identify and recruit residents with career plans to enter GME, leadership, research, etc. Career-focused tracks would optimize the experiences and networking opportunities for these trainees. Trainee selection and support is paramount to promote diversity, equity, and inclusion and will help build the next generation of GME leaders.
Research	Opportunity for trainees to present their research at conferences.

Abbreviations: DIO, designated institutional official; GME, graduate medical education.

residents, fellows, and junior faculty from multiple specialties. Discussions on the provided prompts varied within each group, which are highlighted in TABLES 3 and 4.

First, in response to "What would compel you, as leaders (DIOs), to pay for residents to attend the conference?" 5 key ideas emerged as popular themes within the discussion (TABLE 3).

CRCR meeting participants continued their discussion with identifying specific examples, as they discussed the prompt "What experiences, knowledge, or skills should be offered to residents to make this conference a priority?" Six main themes were identified on retrospective analysis of the groups' notes (TABLE 4).

The above trends emerged without prompting from current and recent residents on the CRCR. Many of the participants have witnessed various conferences during undergraduate medical education and GME. Their experiences have helped to provide the above themes, which were vital in the preparation for the AEC pre-conference.

Discussion

As the role of GME leaders continues to evolve, and as potential opportunities for an individual to engage in academic leadership changes, formal and information educational and scholarly leadership opportunities become a key component of GME leadership workforce development.[1-3]

Further, we agree with the emerging truism that resident empowerment is a current powerful opportunity for GME excellence and innovation.[4] The results in this exercise support these concepts and provide pragmatic operationalization of how these concepts might be employed to enhance the trainee experience in a well-established GME conference.

Across the groups, the themes were similar and could be organized at 3 levels of benefit: the benefit to the resident attendee, the benefit to the larger

TABLE 2
Education Committee Discussion Results: Experiences, Knowledge, or Skills That Should Be Offered to Trainees at Conferences

Theme	Detail
Leadership development	Inspire trainees to become leaders at their institutions and in medical education generally. Specific skills include how to work as part of a collaborative and discussion facilitation.
Research	These skills could be applied to projects at the trainees' home institutions. Specific skills include introduction to educational research and how to present research.
Focus on patient experience	As trainees acquire new skills and/or build on existing skill sets, the focus should remain on how this expertise can improve care for patients.

TABLE 3
Themes Related to Compelling Program Leaders to Pay for Resident Attendance

Theme	Detail
Meeting an unmet need	If the conference offers programming that satisfies a locally unmet need, residents felt this would justify the expense incurred. Examples include developing leadership skills, interest in academics, and providing resources for research with programs like *Back to Bedside*.
Bringing skills back to the program/institution	Similar to the first theme, developing additional skills that would benefit the residency program and/or GME at the institution as a whole was also seen as a reasonable reason to sponsor trainees' attendance. Examples included developing leadership skills, understanding/navigating mentor-mentee relationships, and acquiring skill sets during the conference.
Research	Presenting a poster or giving a lecture at the conference was also a common theme.
Recruitment	Fostering resident and fellow interest in a career in academic medicine and potentially recruiting trainees to stay in GME roles at their institution following graduation was another consideration.
Transitional preparation	Programming that helps residents and fellows transition from GME training to independent practice was also highlighted. This included pearls in navigating initial contracts to promotion from junior to senior faculty.

Abbreviation: GME, graduate medical education.

institution that supported the attendee, and the benefit to the larger community of academic clinician leaders and the evolution of the roles required by the GME community.

Recognizing that the time commitment implied in conference attendance requires a specific immediate value to the attendee, participants highlighted the importance of providing professional growth through presenting scholarly work, networking opportunities to facilitate navigating a career in academic and GME leadership roles, and broad-ranging educational sessions. This included opportunities for specific skills

TABLE 4
Themes Related to Prioritized Experiences, Knowledge, and Skills Offered During the Conference

Theme	Detail
Diversity, equity, and inclusion training	Fostering resident and fellow education of this topic was seen as a potential way for institutional change from the ground up. One term used was "boots on the ground," allowing residents and fellows to drive change based on the skills and knowledge gained from the conference programming.
Leadership	One group narrowed this idea further and emphasized skills important to medical education, including how to be a leader, how to have a career in medical education, and also how to have difficult conversations. Another group recommended providing guidance on how to be a mentor to the next generation of trainees, programming addressing the administrative side of academic medicine, and career planning for prospective clerkship directors, program directors, clinic faculty, etc.
Research	Two of the 3 groups mentioned JGME specifically, noting that learning how to research in a time limited setting and how to publish would be valuable skills. In other words, programming geared toward "hot topics" in graduate medical education, learning about the process of research and publication, and hearing from leaders at the JGME were all identified as priority topics.
Administrative/business skills	One group summed the vastness of this topic well: "The business side of medicine. . .how do we get there or what does that mean?"
Community building, networking, and mentoring	This theme was highlighted in 2 of the 3 groups. One proposed idea was to have a question-and-answer session with leaders in the field. Another suggestion was to create opportunities for trainees to find peers, mentors, and sponsors to help with career advancement.
The transition from residency/fellowship to independent practice	While this was also listed in the prior prompt, it surfaced again with the second prompt as a main theme in 2 of the 3 groups. It is listed here again for completeness and to emphasize its importance given the recurrence. Additionally, for programming focused toward trainees who want to have a career in medical education, several subtopics were mentioned, including curriculum design and application, bedside teaching, how to turn interests into scholarly activity, creating a teaching portfolio, and basics of education theory.

Abbreviation: JGME, *Journal of Graduate Medical Education*.

training in items that allow them to take advantage of these networking opportunities or grow professionally and personally in academic leadership positions.

As institutions and departments will need to support the time and cost of resident attendance, the value to the institution must be considered. Many participants highlighted that any skills or educational sessions should include some experiential component to allow residents to bring practical skills back to their institutions for wider benefit. This was particularly relevant for topics that have broad application and are not typically taught in a residency curriculum or are emerging with new information or best practices. Again, skills that allow this type of informational and educational promotion were also highlighted by the groups as valuable to the institution. An illustration of this would be a session on peer coaching or change management with the expectation that the attendee returns to set up a peer coaching program at their home institution or give a local grand rounds on change management concepts.

Finally, both groups highlighted the opportunity to provide a tertiary level of value to the current and future GME community. This recognizes the role of GME educators as workforce development leaders.[5] The recruitment and development of future GME leaders from a diverse pool of resident leaders who will become the "inspirational faculty role models overseeing supervised, humanistic, clinical educational experiences"[6] of tomorrow fulfills both the mission and the vision of the ACGME.

Conclusions

Residents who are empowered to begin making impactful change early in their careers often grow to be GME leaders. This article describes specific themes that residents and GME leaders believe can support such empowerment. Future opportunities for developing the next generation of GME leaders will be supported by longitudinal experiences for larger groups of residents. With targeted programming, the AEC may be an opportunity to provide this experience to a larger resident audience.

References

1. Friedman K, Lester J, Young JQ. Clinician-educator tracks for trainees in graduate medical education: a scoping review. *Acad Med*. 2019;94(10):1599-1609. doi:10.1097/ACM.0000000000002814
2. Sadowski B, Cantrell S, Barelski A, O'Malley PG, Hartzell JD. Leadership training in graduate medical education: a systematic review. *J Grad Med Educ*. 2018;10(2):134-148. doi:10.4300/JGME-D-17-00194.1
3. Duval JF, Opas LM, Nasca TJ, Johnson PF, Weiss KB. Report of the SI2025 Task Force. *J Grad Med Educ*. 2017;9(suppl 6):11-57. doi:10.4300/1949-8349.9.6s.11
4. Thibault GE. Resident empowerment as a driving theme of graduate medical education reform. *Acad Med*. 2018;93(3):357-359. doi:10.1097/ACM.0000000000001935
5. Simpson D, Sullivan GM, Artino AR, Deiorio NM, Yarris LM. Envisioning graduate medical education in 2030. *J Grad Med Educ*. 2020;12(3):235-240. doi:10.4300/JGME-D-20-00292.1
6. Accreditation Council for Graduate Medical Education. Mission, Vision, and Values. Accessed December 10, 2021. https://www.acgme.org/about-us/overview/mission-vision-and-values/.

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