

with milestone recall ($P=007$), development evaluation methods ($P=001$), and identification of developmental delay ($P=046$) were noted between groups. Fifty percent (4 of 8) of the app group reported improvement in patient developmental assessments, compared to 33% (3 of 9) in controls ($P=.49$). Feedback demonstrated desire for ongoing education in child development, enthusiasm, and desire for incorporation of the app into existing traditional curricula. Loss to follow-up and small sample size limited analysis.

This study demonstrated feasibility, acceptability, and preliminary effectiveness of app-based spaced curriculum as an adjunct to clinical rotations. Self-reported behavior change in clinical care as a result of participation in the app curriculum is a novel area of impact for this type of curriculum and requires further study. Future iterations focused on optimal implementation strategies are needed to develop best practices of integrating TEL curricula with traditional clinical teaching.

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NEW IDEAS

A Visiting Rotation for Underrepresented in Medicine Pediatric Residents Is Valuable for Recruitment Into Pediatric Fellowships

Setting and Problem

To truly build an equitable health care system, we need a diverse physician workforce that reflects the demographics of the general population. Diversity improves clinical care outcomes, improves patient satisfaction, and is associated with improved treatment adherence when patients are treated by race-concordant physicians. Additionally, Black, Indigenous, and Hispanic/Latinx physicians are more likely to focus their care efforts on the most vulnerable patient populations in the United States.¹ A sense of urgency has developed as recent trends show a decreasing proportion of underrepresented in medicine (UIM) pediatric subspecialty fellows.^{2,3} The drivers causing this workforce issue have not been fully identified, with limited exposure to subspecialty experiences as a potential contributor. Increasing the numbers of UIM physicians requires deliberate action by academic institutions to recruit and support UIM applicants across various medical subspecialties.

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Intervention

The Promoting Resident Experiences in the Subspecialties at Stanford (PRESS) program is a 4-week funded and mentored pediatric subspecialty rotation for UIM residents who will be applying for subspecialty fellowship in the next year. PRESS was created with the following goals: (1) to increase recruitment of UIM trainees into pediatric subspecialty fellowships and academic medicine; (2) to improve inclusion, belonging, and career development of the next generation of UIM subspecialists through coaching and mentoring; and (3) to enhance our learning community by increasing the diversity among our trainees and institution, both during the rotation and afterward. Visiting residents self-select a subspecialty experience, are assigned a faculty mentor and a fellow mentor within the division, and are invited to events within the division, the department, and the larger graduate medical education community. They receive individualized mentorship and coaching on creating a CV and personal statement as well as strategies to increase success in the fellowship application process. Each resident receives funding to cover travel and living expenses during the rotation.

Outcomes to Date

Our inaugural cohort consisted of 5 residents. Our residents identified as African American/Black, Hispanic/Latinx, Asian, and North African, and hailed from 4 different states. Our second cohort will include 7 residents (37% acceptance rate), identifying as African American/Black, Hispanic/Latinx, and Southeast Asian, coming from 4 different states.

A survey of the first cohort determined that all residents (100%) found the program to be valuable, offering a unique experience and a network of colleagues in and out of their chosen subspecialty. All residents stated that participation in the PRESS program encouraged them to apply to our institution when they would not have otherwise. All residents found the mentorship and individualized coaching helpful. One resident remarked: “It was an absolutely invaluable experience and nothing I probably would have gotten to experience on my own. The support and mentorship was great and I loved the desire for change. I would love for other UIM to experience medicine at an elite center...and I’ve already recommended that several people I know apply for next year.”

Program leadership and residents cited the program as an effective recruiting tool, and leaders felt the PRESS program allowed them to consider applicants that they might not have otherwise. As one fellowship leader highlighted, there is the benefit

of “participating in developing opportunities for exposure/recruitment of UIM trainees, [and the] ability to gain new perspectives.” Excitedly, one resident from our inaugural cohort matched into the pediatric cardiology fellowship at our institution. All other residents matched into their desired specialties.

The PRESS program represents a feasible and effective program to expose and recruit UIM trainees into programs they would not have otherwise considered and to help them develop a sense of belonging in their subspecialty. It may also help fellowship programs and institutions expand their recruitment base, encouraging a more diverse applicant pool.

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NEW IDEAS

National Pediatric Subspecialty Recruitment Sessions Increase Program Visibility and Impact Candidate Application Choices

Setting and Problem

While the pediatric subspecialty applicant pool is increasing, so is the number of open positions, with an overall 1:1 ratio of applicant to position. Unfortunately, there is a wide disparity in this ratio dependent upon subspecialty, leaving many programs unfilled.¹ Since 2020, recruitment has shifted to virtual, and while the impact on programs and applicants is not fully understood, some program leadership feel disadvantaged without the opportunity to showcase their programs in person. To satisfy the growing desire for pediatric subspecialty programs to be more visible to the applicant pool, a national virtual recruitment session was piloted for pediatric

subspecialties using the virtual format created by FuturePedsRes.

Intervention

Individual subspecialty recruitment sessions were held during July 2022 from 8:00-9:30 PM ET featuring 2 to 3 subspecialties on 4 different dates. Prior to the evening, programs were given the option to post a slide on the Association of Pediatric Program Directors website describing their fellowship training program for applicant review. A representative for each participating subspecialty, identified through the Council of Pediatric Subspecialties, served as the communication director between programs and session organizers to coordinate logistics prior to the event. Each subspecialty had a unique virtual link on the night of their session, and each fellowship program within that subspecialty had an individual breakout room. Applicants rotated freely between program breakout rooms, with a suggestion to rotate every 10 minutes. A post-participation survey was sent to all participants.

Outcomes to Date

Eleven pediatric subspecialties participated, including 701 live participants representing programs and applicants (TABLE). Of the participating program leadership, 158 completed a post-participation survey, with half indicating the session increased the visibility of their program, several citing an appreciation of the intimate relationship with the applicants, and a majority wanting to participate again. Of the 49 applicants who responded to the

TABLE

Pediatric Subspecialty Participation in Recruitment Webinars

Pediatric Subspecialty	Live Participation	Completed Survey: Program, Applicant
Adolescent medicine	32	9, 1
Child abuse	21	10, 2
Critical care	90	15, 8
Developmental-behavioral pediatrics	87	24, 5
Endocrine	62	15, 3
Gastroenterology	71	18, 6
Hematology-oncology	102	17, 6
Infectious diseases	84	22, 3
Nephrology	49	13, 4
Pulmonary	60	3, 4
Rheumatology	43	6, 2

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