Hayley A. Gans, MD
Clinical Professor, Pediatric Infectious Diseases, Director, Fellowship Education, Department of Pediatrics, Stanford University School of Medicine

Rebecca Blankenburg, MD, MPH
Clinical Professor of Pediatrics, Assistant Dean of Graduate Medical Education, Associate Chair of Education in Pediatrics, and Director, Coaching Program at Stanford, Department of Pediatrics, Stanford University School of Medicine

Corresponding author: Caroline U. A. Okorie, MD, MPH, Stanford Children's Health/Stanford School of Medicine, cokorie@stanford.edu, Twitter @OkorieMD

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.

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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

survey, 100% felt the evening was a good use of their time, highlighting the face time with leadership and trainees and the opportunity to meet many programs in one setting as positives. Importantly, 92% (45 of 49) of applicants visited programs outside their current geographic location, 51% (25 of 49) visited programs they were not originally planning to apply to, and 42% (18 of 43) applied to new programs as a result of participating in the session. Challenges identified included: some programs having no applicants visit their breakout rooms, the late timing of sessions in this recruitment season, and some logistical issues during the sessions.

The inaugural national pediatric subspecialty recruitment sessions were successful, resulting in increased visibility for programs and in applicants applying to programs they had not considered prior to the session. Applicants thought the accessibility of all programs on one platform simultaneously was helpful, and many visited programs they otherwise would not have had the opportunity to explore. In response to feedback, several logistical changes will be applied to subsequent sessions for the 2023 appointment year, including a shift to earlier in the year, prior to the submission of applications. This will allow for increased time for advertising the sessions and improved promotion of individual program information in advance. This model of training program informational sessions is applicable across graduate medical education programs and may serve to not only provide enhanced individual program visibility but also increase awareness about careers in subspecialities in general and potentially expand the applicant pool.

References

1. National Resident Matching Program. NRMP Results and Data Specialties Matching Service, 2022 Appointment Year. Accessed March 10, 2023. https://www.nrmp.org/wp-content/uploads/2022/03/2022-SMS-Results-Data-FINAL.pdf

Hayley A. Gans, MD
Clinical Professor, Pediatric Infectious Diseases, Department of Pediatrics, Stanford University Medical Center

Debra Boyer, MD
Professor, Department of Pediatrics, Nationwide Children's Hospital, The Ohio State University College of Medicine

Melissa Bales, BA
Program Coordinator, Department of Pediatrics, Indiana University School of Medicine

Jill Fussell, MD
Professor, Department of Pediatrics, University of Arkansas for Medical Sciences

Corresponding author: Hayley A. Gans, MD, Stanford University Medical Center, hagans@stanford.edu, Twitter @HayleyGans

NEW IDEAS

Designing a User-Friendly Context-Specific Assessment Tool for Community-Based Teachers

Setting and Problem

Graduate medical education (GME) programs must ensure that they are able to collect accurate information about resident competence through assessment tools that are fit for purpose. An assessment form or process is called "fit for purpose" when there is good alignment between the tool (how something is assessed) and the intent (the specific knowledge, skill, or attitude/belief that is being assessed).

In our family medicine GME program, we identified that the generic workplace-based summative assessment tool provided to community-based family medicine obstetrics (FMOB) clinical teachers was not fit for purpose. As a result, these teachers were uncertain about program expectations regarding competence, the assessment form was challenging and frustrating to complete, and our program struggled to extract useful assessment data from completed assessment forms. To address this issue, we took a systematic approach to develop a workplace-based assessment tool that was specific to the clinical context of FMOB and user-friendly for clinical teachers.

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