### SDBP Teaching DBPeds Workshop 2023
Friday, September 8, 2023
Time: 1:00pm to 7:20pm Central

#### TIME

<table>
<thead>
<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>1:00-1:10pm</td>
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<tr>
<td><strong>Welcome &amp; Introduction</strong></td>
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<td><strong>Education Committee Co-Chairs:</strong></td>
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<td>Noel Mensah-Bonsu, MD and Shanna Kralovic, DO</td>
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<tr>
<td><strong>GENERAL SESSION</strong></td>
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<td><strong>1:10 – 2:10pm</strong></td>
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<tr>
<td>Turning Teaching into Treasure: How Curriculum Development can be Counted as Educational Scholarship</td>
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<tr>
<td>Followed by PANEL 2:10-2:40pm</td>
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<tr>
<td>Followed by Education Scholarship: PANEL DISCUSSION</td>
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<tr>
<td><strong>BREAK 2:40 - 2:50pm</strong></td>
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<td>Room 1</td>
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<tr>
<td><strong>BREAKOUT SESSION 1 2:50-4:20pm</strong></td>
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<td>Teaching Learners to Navigate the Social-Emotional Aspects of Delivering a New Diagnosis in Developmental Pediatrics including the 5 “D’s”: Denial, Disagreement, Despair, De-escalation, and Deterioration!</td>
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<td>Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR): Trauma Training Adapted for Pediatric Residents in Developmental-Behavioral Pediatrics</td>
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<tr>
<td><strong>BREAK – light refreshments/food 4:20 - 4:40pm</strong></td>
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<td>Room 1</td>
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<td><strong>BREAKOUT SESSION 2 4:40-5:40pm</strong></td>
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<tr>
<td>Start Where You Are, Use What You Have, Do What You Can-- Making the Most of 4 Days (with DBP) During the Required Medical Student Clerkship in Pediatrics</td>
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<td>School is Cool: Implementing a Simulated Individualized Education Program (IEP) Meeting in a Developmental Medicine Curriculum</td>
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<td><strong>BREAK 5:40-5:50pm</strong></td>
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<td><strong>BREAKOUT SESSION 3 5:50-7:20pm</strong></td>
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<td>Addressing &quot;Parenting Impostor Syndrome&quot; in Pediatric Trainees: Harnessing the Power of DBPs to Promote Relational Health through Implementation of Parenting Curricula for Pediatric Primary Care</td>
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<tr>
<td>Teaching with Games: Using Game-based Teaching Strategies to Activate, Motivate and Engage Learners</td>
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**See Descriptions on the following pages...**
Turning Teaching into Treasure: How Curriculum Development can be Counted as Educational Scholarship

Kristen Stefanski, MD, Akron Children’s Hospital, Akron, OH; Stephanie Weber, PsyD, MPH, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH; Catherine Lipman, MD, Cleveland Clinic Children’s Hospital, Cleveland, OH; Alexa Coon, DO, University of Texas Medical Branch-Galveston, Galveston, TX; Ross Myers, MD, Rainbow Babies’ and Children’s Hospital, Cleveland, OH

Brief Description:
Educators are continually tasked with curriculum development for trainees, which is a rewarding, yet time-intensive endeavor. This workshop will review Kern’s six-step approach to curriculum development, focusing on how to turn academic work into a scholarly product which can be disseminated.

Target learner group:
This topic is broadly applicable to all those involved in curriculum development within any field, for any level of trainee.

Learning Objectives
1. Develop a curriculum using Kern’s six-step approach
2. Apply more advanced concepts in curriculum development including: a) Identification of a conceptual framework, b) Selection of outcome measures based on Kirkpatrick’s model for evaluation, and c) Implementation of Glassick’s criteria for scholarship
3. Identify options for dissemination of curricula

Followed by EDUCATIONAL SCHOLARSHIP: PANEL DISCUSSION

Kristen Stefanski, MD, Akron Children’s Hospital, Akron, OH; Stephanie Weber, PsyD, MPH, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH; Ross Myers, MD, Rainbow Babies’ and Children’s Hospital, Cleveland, OH; Jessica Goldstein, MD, Rainbow Babies & Children’s Hospital, Cleveland, OH; Lynne Huffman, MD, Stanford University, Palo Alto, CA
Moderated by: Catherine Lipman, MD, Cleveland Clinic Children’s Hospital, Cleveland, OH; Alexa Coon, DO, University of Texas Medical Branch-Galveston, Galveston, TX

Brief Description:
The panel discussion will include medical educators with a variety of backgrounds discussing their experiences around educational scholarship in a question and answer format.

Target learner group:
This topic is broadly applicable to all those involved in curriculum development within any field, for any level of trainee.

Learning Objectives
1. Discuss various pathways for educational scholarship dissemination
2. Identify next steps to turn educational curriculum into educational scholarship
Teaching Learners to Navigate the Social-Emotional Aspects of Delivering a New Diagnosis in Developmental Pediatrics including the 5 “D’s”: Denial, Disagreement, Despair, De-escalation, and Deterioration!

Kathryn K Ostermaier, MD; Sonia Monteiro, MD, Texas Children’s Hospital/Baylor College of Medicine, Houston, TX; Holly Harris, MD, Texas Children’s Hospital, Houston, TX; Dinah Godwin, MSW, LCSW; Sara Shank, MD, Texas Children’s Hospital/Baylor College of Medicine, Houston, TX; Jennifer Cervantes, MSW, LCSW, Texas Children’s Hospital, Houston, TX; Nikki Gambhir, MBChB; Annie Kennelly Helms, MD; Elisa Moran, MD; Abigail Murillo, LMSW, Texas Children’s Hospital/Baylor College of Medicine, Houston, TX; Janki Patel, MD, Texas Children’s Hospital, Houston, TX; Jennifer Swanson-Zamora, MD; Jennifer Torres, LMSW, Texas Children’s Hospital/Baylor College of Medicine, Houston, TX

Brief Description:
Teaching learners how to deliver a difficult diagnosis in varied clinical scenarios can be a challenge given that families may react in a number of different ways that can be anxiety provoking for both experienced clinicians and learners. This workshop will consist of a review of best standards for the delivery of a difficult diagnosis, the use of video vignettes to spur group brainstorming for best teaching practices, and development of options for a formal curriculum for the participant’s institution. A sample curriculum/toolkit for teaching this important clinical skill will also be reviewed.

Target learner group:
DBP Clerkship/Rotation/Fellowship Directors, DBP faculty, General Pediatric faculty, APPs, social workers, psychologists, or anyone who works with learners at any level of training.

Learning Objectives
Identify best teaching practices in the delivery of a difficult diagnosis; Help learners develop strategies for various challenging clinical scenarios commonly experienced when presenting families with a difficult diagnosis, such as denial, disagreement, despair, de-escalation, and deterioration; Develop components of a formal curriculum to reinforce bedside teaching in regards to navigating the social-emotional dynamics of the provider and the families.

Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR): Trauma Training Adapted for Pediatric Residents in Developmental-Behavioral Pediatrics

Christine Thang, MD; Samantha Kucaj, PsyD; Elizabeth Volpicelli, MD; Irene Koolwijk, MD, MPH; Sai Iyer, MD; Moira Szilagyi, MD, PhD, UCLA, Los Angeles, CA; Megan Goss, MD, DBP Fellow, David Geffen School of Medicine at UCLA

Brief Description:
Attendees will be provided a toolkit for how to incorporate a pediatric approach to trauma, treatment, and resilience training for pediatric residents. This training offers multiple teaching strategies including case-based didactics, standardized patient encounters, and a communication skills assessment tool; and can be delivered in-person or virtually with a mental/behavioral health provider as a co-facilitator.

Target learner group:
The target learner group for this educational innovation is trainees: Pediatric Residents, DBP Fellows, Medical Students. The targeted audience for this workshop is faculty: DBP Rotation/Clerkship Directors, Fellowship Faculty, and General Pediatric Faculty.

Learning Objectives
Explain how the DBP rotation is an opportune time to educate trainees about trauma-informed care and relational health; Utilize a toolkit to teach trainees about a trauma-informed approach to childhood adversity and trauma symptoms; Evaluate pediatric residents in their trauma-informed care communication skills using a standardized assessment tool.
Start Where You Are, Use What You Have, Do What You Can-- Making the Most of 4 Days (with DBP) During the Required Medical Student Clerkship in Pediatrics

Robert Voigt, MD, Michael R. Boh Center for Child Development, Ochsner Hospital for Children, New Orleans, LA; Anna Suessman, DO, MED, Ochsner Health Pediatric Emergency Department, Pediatric Clerkship Director University of Queensland-Ochsner Clinical School, New Orleans, LA; Ashley Dimitri, MSN, APRN, FNP-C; Mallory Hoffman, LCSW, Michael R. Boh Center for Child Development at Ochsner Hospital for Children, New Orleans, LA

Brief Description:
A common theme in addressing the DBP workforce crisis is the need to introduce learners to DBP at earlier stages in their careers before pediatric residency. The required medical school clerkship in pediatrics presents a fortuitous opportunity for DBP educators (particularly as child development is the basic science of pediatrics) to provide both a practical experience in pediatrics across all medical education competencies in a limited time frame and a chance to instill the passion for DBP in medical students and recruit future colleagues in DBP.

Target learner group:
All DBP educators who have an opportunity to participate in a required medical school pediatric clerkship, including developmental-behavioral pediatricians, fellows, and nurse practitioners, pediatric residents with an interest in DBP, and all members of interdisciplinary child development teams with an opportunity to contribute to a medical student’s pediatric clerkship experience (psychologists, behavior analysts, social workers, speech/language pathologists, occupational therapists, physical therapists).

Learning Objectives
Contact required pediatric clerkship directors at their affiliated medical schools to advocate and volunteer for a DBP experience to be included in the required medical school clerkship in pediatrics; Create learning objectives covering all competencies of pediatric medical education (PC, MK, IPC, Prof, PBL, SBP) across a time limited medical student experience in DBP; Select teaching/educational strategies (clinical experiences, required reading, independent literature searches, etc.) to meet all learning objectives and develop tools to evaluate the effectiveness of this learning experience.

School is Cool: Implementing a Simulated Individualized Education Program (IEP) Meeting in a Developmental Medicine Curriculum

Tara Minor, PhD, Vanderbilt University Medical Center/Vanderbilt Children's Hospital, Nashville, TN; Rachel Goode, MD, Vanderbilt University Medical Center, Nashville, TN

Brief Description:
Attendees will be provided with a toolkit for implementation of a simulated Individualized Education Program (IEP) meeting for a fourth grader with a specific learning disability. Participants will be led through the process of adapting and implementing the simulation at their home institutions.

Target learner group:
Target Learner Group: Fellowship/clerkship/rotation directors, faculty mentors, and any else who develops curriculum for trainees involved in working with children with disabilities who receive supports in school through Individualized Learning Programs (IEPs) or 504 plans.
Trainee Type: Medical, nursing, occupational therapy, physical therapy, speech-language therapy, audiology, psychology, special education; any trainee who will interact with children receiving supports through the school system.
Trainee Level: The authors’ simulation is being run with medical residents and fellows; it could easily be used or modified for use by trainees at any level.

Learning Objectives
Identify opportunities at their home institutions to implement a simulated IEP meeting with their trainees, including how to find the time and standardized actors; Use the provided rubric to assess trainees in a simulated IEP meeting; Use the provided toolkit of activities to implement and/or modify the authors' simulated IEP meeting at their institution to help their trainees understand special education law and their role in securing school supports for children with disabilities.
**Addressing "Parenting Impostor Syndrome" in Pediatric Trainees: Harnessing the Power of DBPs to Promote Relational Health through Implementation of Parenting Curricula for Pediatric Primary Care**

Robert Keder, MD, University of Connecticut / Connecticut Children's, Farmington, CT; Marie Clark, MD, UH Rainbow Babies and Children's Hospital, Houston, TX; David O'Banion, MD; Trista Crawford-Perez, PhD, Emory University / Children's Hospital of Atlanta, Atlanta, GA; Elisa Muniz, MD, Children's Hospital at Montefiore, Bronx, NY; Lauren Tarnok, MD, Children's Specialized Hospital, Union, NJ; Laura Jane Miller, MD, Emory University / Children's Hospital of Atlanta, Atlanta, GA; Jenna Wallace, PsyD, West Virginia University School of Medicine, Morgantown, WV

**Brief Description:**
Promoting safe, stable, and nurturing relationships (SSNRs) that buffer adversity and build resilience is a core goal in primary care pediatrics. Developmental-Behavioral Pediatric Faculty have unique training to accomplish this by training pediatric residents on how to support and promote positive parenting in primary care. Now more than ever, in light of upcoming proposed ACGME changes, this workshop serves to train DBPs how to develop and implement the training and ongoing development of positive parenting skills for pediatric residents, DBP fellows, advanced practitioners, and general pediatric faculty.

**Target learner group:**
DBP rotation directors and rotation faculty, DBP fellowship directors, DBPs engaged in UME and GME medical education, DBPs working in primary care.

**Learning Objectives**
- Conduct a SWOT (strengths, weaknesses, opportunities, and threats) assessment of curricula related to parenting (positive parenting, relational health, etc.) at their home institution;
- Compare and contrast pros and cons of implementing various parenting curricula for their home institution;
- Integrate the use of highly engaging media (books, podcasts, film/television, & web modules) within a curricula to invite pediatric trainees to address parenting imposter syndrome.

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**Teaching with Games: Using Game-based Teaching Strategies to Activate, Motivate and Engage Learners** - *(MAX 40 ATTENDEES)*

Catherine Lipman, MD, Cleveland Clinic Children’s Hospital, Cleveland, OH; Satid Thammasitboon, MD, MHPE; Jennifer Benjamin, MD, MS; Brian Rissmiller, MD, Texas Children’s Hospital, Houston, TX; Kristen Stefanski, MD, Akron Children’s Hospital, Akron, OH; Shanna Kralovic, DO; Nina Kuei, MD; Lekhana Rajan, MD, UH Rainbow Babies and Children's Hospital, Cleveland, OH; Erika Phelps Nishiguchi, MD, Kap'Olani, Medical Center for Women and Children, Honolulu, HI

**Brief Description:**
Game-based learning is an innovative strategy used in medical education that puts a fun twist on both teaching and learning. The goal of this session is to provide educators with information on the benefits of game-based education while equipping them with practical, hands-on techniques to facilitate incorporating this engaging style of teaching into curricula.

**Target learner group:**
This topic is applicable to curriculum development in multiple fields (e.g. medical, psychology, social work, speech, occupational and physical therapy) at every level of learning (e.g. medical students, residents, fellows, undergraduate and graduate students, practicing providers).

**Learning Objectives**
- Identify the evidence-based benefits of game-based education;
- Understand general strategies and educational principles important to game-based educational activity design;
- Create game-based educational activities incorporating resources discussed and given during this interactive workshop.