

Developing Leaders in Pediatric Graduate Medical Education: The APPD LEAD Program



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The authors declare that they have no conflict of interest.

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ACADEMIC PEDIATRICS 2015;15:143–146

LEADERS IN ACADEMIC medicine rarely receive formal training before they are asked to take on administrative leadership positions. Residency and fellowship directors are expected to lead programs and educational innovation and often receive little or no formal training in how to be successful educational leaders. The Association of Pediatric Program Directors (APPD) developed a 10-month program titled Leadership in Educational Academic Development (LEAD) to provide training for educators aspiring to develop the knowledge and skills needed to become leaders in medical education. We describe the development of APPD LEAD using a previously described 6-step approach to curriculum development as a framework.¹

PROBLEM IDENTIFICATION AND GENERAL NEEDS ASSESSMENT

The APPD board of directors identified a need for leadership development of program directors as part of the 2009 APPD strategic planning process and initiated the development of APPD LEAD. Planning began with a review of existing professional development programs in medical education. Existing programs did not meet all the perceived needs of pediatric program directors, specifically training in leadership in postgraduate pediatric medical education and academic educational development. The Association of Family Medicine Residency Directors had previously identified a similar need for family medicine program directors and developed the National Institute for Program Director Development (NIPDD) to enhance the knowledge, attitudes, and skills needed for the participant to be an effective family medicine residency program director. The APPD board of directors deemed that a program similar to NIPDD, but geared to develop leaders in pediatric graduate medical education (GME), was needed. APPD LEAD was developed with the goal of providing

professional development for educational leaders who serve as pediatric residency program directors, fellowship directors, and associate directors, including educational scholarship, teamwork and systems thinking, innovation and change management, and financial and administrative skills development.

The next step in developing APPD LEAD was to determine the leadership and faculty for the program. APPD LEAD council members would further identify pediatric leadership education needs and develop and implement the program, as well as serve as the primary faculty. Applications for the APPD council and chair were solicited from the entire APPD membership. Criteria for this solicitation included prior experience in program leadership in programs that have good accreditation status, expertise in curriculum and/or administration, proven communication and presentation skills, and expertise in a variety of program leadership skills. APPD board members and a panel of accomplished pediatric educators selected the inaugural 6 council members and chair to bring a wide variety of expertise to the development of the curriculum for APPD LEAD. The council included program directors, fellowship directors, a designated institutional official, and a division chief. The number of years of experience in educational leadership ranged from 8 to 22 years. Council members had additional degrees in medical education, business administration, and public health. Council members' experience in educational leadership spanned the continuum of undergraduate to graduate to continuing medical education and included expertise in program administration and development, program leadership, academic development and mentorship, educational scholarship, and national organizational leadership. Additional experience represented on the council included combined medicine–pediatrics training, combined medicine–pediatric residency program leadership, and directors who are general pediatricians and pediatric subspecialists.

Subsequently, a plan for continuity of program leadership that will provide ongoing adaptation of the program to leadership education needs has been developed. In order to ensure stability, the inaugural council implemented staggered initial terms of services. Processes for determining term length and recruiting future council faculty and council chair were also established.

TARGETED NEEDS ASSESSMENT

To begin focusing the curriculum, the APPD LEAD council reviewed other leadership educational programs and their outcomes, including several masters in medical education programs, the Academic Pediatric Association Educational Scholars program,² the Harvard Macy Programs,³ the Association of American Medical Colleges program,⁴ and NIPDD.⁵ The council then reviewed the results of a 2011 survey of APPD membership that assessed the need for additional training in a variety of leadership skills. Initial priority was given to needs that were not met through activities at annual APPD meetings or existing programs, including progressive professional development focused on pediatric GME leadership, longitudinal educational scholarship with facilitated peer mentorship, and individualized, longitudinal career development with a faculty mentor. On the basis of feedback from workshops at APPD meetings, the council chose to utilize the principles of adult learning theory to maximize hands-on and active learning strategies and to minimize didactic teaching.

GOALS AND OBJECTIVES

The goal of APPD LEAD is to develop leaders in pediatric GME. In order to best achieve this goal, the council focused its efforts on educators with previous experience in medical education leadership. In order to organize the curriculum, we devised a conceptual

framework around “Self–Others–Program” (S–O–P) (Figure). These domains became the 3 overall objectives of the APPD LEAD curriculum: 1) develop Self personally and professionally; 2) develop Others by mentoring the professional development of the team; and 3) develop the Program. Specific learning objectives in each domain were developed for each portion of the curriculum.

CURRICULUM CONTENT AND EDUCATIONAL STRATEGIES

The aim of the APPD LEAD program is to provide a robust curriculum covering key elements necessary for pediatric GME leadership while incorporating active learning techniques and modeling exemplary educational approaches. Soon after the council was chosen, a planning session for the APPD LEAD council faculty was organized. This retreat created the opportunity for the council to become a cohesive team of seasoned educators working on the program by providing protected time for face-to-face collaboration. The retreat also allowed council members to further develop the curriculum, plan for the presentation of the curriculum, and select participants for the first cohort. The curriculum was divided by topic, with 2 to 3 council members to serve as the educational leaders for each topic, based on their identified areas of expertise and interest. Each session was paired with complementary active teaching activities, including team-based learning, role-play, case-based discussions, audience response, individual work and reflection, facilitated peer feedback, small group and large group discussions, project-based learning, and action planning.

Meetings for APPD LEAD participants were focused around the S–O–P framework. Topics in the Self category are those that enhance the educator’s self-awareness and emotional intelligence, individual performance, knowledge, wellness, and career development. Topics relating

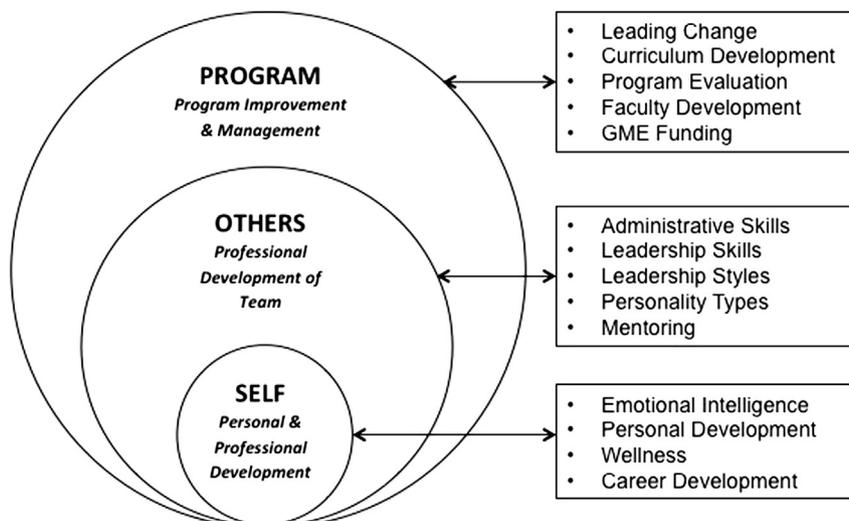


Figure. Conceptual framework for leadership development in graduate medical education used in Association of Pediatric Program Director’s Leadership in Educational Academic Development (APPD LEAD) curriculum.

to Others include administrative and leadership skills, leadership styles, personality types, and mentoring. Program topics include leading change, curriculum development, program evaluation, faculty development, and understanding GME funding. Topics were organized into a progressive curriculum that would take place during 3 sets of multiday meetings over the course of 10 months. For example, leadership development included sessions on leadership styles and leadership skills in the summer, followed by leading change and conflict management in the fall, and culminating with leading from the middle in the spring.

In addition, each participant developed an educational scholarship project, an individualized part of the curriculum. APPD LEAD council faculty members served as mentors as each participant developed and implemented an individual educational scholarly project. Facilitated peer feedback was incorporated in the development of the scholarly projects. Each participant was assigned to a group of 6 participants who gave feedback on their research progress on a monthly basis at conference calls facilitated by 2 council members. This process resulted in an iterative refinement of the project with incorporation of ideas from a diverse group of colleagues. The groups were also available to help problem solve unanticipated challenges in project implementation. At the final APPD LEAD meeting, each participant delivered a platform presentation of their educational scholarship and identified next steps for their projects.

IMPLEMENTATION

The initial cohort of learners was chosen on the basis of an application process that included a personal statement focusing on personal leadership goals, a project proposal, and letters of support from a more senior faculty member and the chair of the department. Required support from the chair included financial support (\$5000 tuition and travel expenses) and support for 5% protected time to attend the 3 LEAD conferences and resources to complete an educational scholarly project. The inaugural cohort consisted of 18 participants, all of whom had several years of educational leadership experience before participation. APPD LEAD attracted broad interest from educators in different positions (program directors, associate program directors, fellowship directors), with varying levels of experience (assistant, associate, and full professor with 3 to 12 + years of experience in medical education), and from diverse clinical disciplines. The size of the cohort allowed educational experiences to occur independently, in dyads, trios, groups of 6, and the entire group. Participants completed premeeting assessments and assignments. Each council member had 3 participants for whom he or she provided individualized career counseling and educational scholarship guidance.

EVALUATION AND FEEDBACK

The council developed a plan for evaluating the program, focusing on its primary goals and desired outcomes

including processes for obtaining regular feedback from participants to improve each module. Institutional review board approval was received from the University of Michigan to evaluate the program. Preliminary results show that participants believed that the interactive sessions were well done and that their knowledge and skills improved after participating in APPD LEAD. Increases were seen in all domains when comparing pre- and postintervention self-assessments. Qualitative comments from participants about what they gained from participation in APPD LEAD focused on curriculum, process, mentorship, and peer support. Curricular comments included "Learning to align goals/values with work ... a framework to plan next 9 months ... clearer understanding of my style/approach to conflict management ... significantly increased comfort with GME funding information ... how to approach mentoring ... Wellness was what I needed. Thanks. Got me back on track." Process comments included, "lots of small group work to solidify key concepts ... best self-reflection activities I have participated in ... worksheets to force action and participation." Mentorship comments included "close mentoring relationship." Peer support comments included "networking ... working through project with team ... terrific opportunity."

LEAD participant educational scholarly projects were varied and targeted residents, fellows, and faculty. Topics that were representative of the types of individual educational scholarship included assessing methods to recruit residents and fellows, performing a needs assessment in pediatric endocrinology, evaluating longitudinal quality improvement curricula, and evaluating faculty development curricula.

After this positive first-year feedback, a second cohort for APPD LEAD recently completed the program, and the third cohort has begun. Feedback from program participants has resulted in the expansion of the curriculum, including the addition of sessions on learner assessment and time management. Further evaluation of the results of this program is underway, including outcomes for the participants as well as program improvement.

LIMITATIONS AND NEXT STEPS

Using a framework-based approach as discussed here to develop and implement leadership programs has potential application in a broad range of medical education settings. APPD LEAD was created by experienced pediatric medical educators specifically to develop pediatric GME leaders, and the curricular content may not necessarily be applicable to develop pediatric undergraduate or postgraduate medical education leaders or medical education leaders in other specialties. More detailed evaluations of the APPD LEAD curriculum and the outcomes of the participants in the program are underway.

SUMMARY

This national educational program that provides comprehensive training for educators aspiring to develop the knowledge and skills needed to become leaders in

medical education was developed in response to an identified need of a pediatric professional organization. In addressing this need, the APPD incorporated a competency-based approach at the systems level to build the leadership of the program. This approach was deliberately taken in lieu of a more traditional approach of selecting leadership for a new program by drawing on current organizational leadership. This resulted in a leadership council consisting of highly motivated individuals who bring a diverse and balanced skill set to the program. The APPD LEAD council integrated their individual competencies and energies into a framework-based and interactive curriculum that established the foundation for the successful implementation of a pediatric leadership development program designed to train future pediatric educational leaders.

REFERENCES

1. Kern DE, Thomas PA, Hughes MT, eds. *Curriculum Development for Medical Education: A Six-Step Approach*. 2nd ed. Baltimore, Md: Johns Hopkins University Press; 2009.
2. Academic Pediatric Association Educational Scholars Program. Available at: http://www.academicped.org/education/education_scholars_program.cfm. Accessed January 4, 2015.
3. Harvard Macy Programs. Program for educators in health professions. Available at: <http://www.harvardmacy.org/programs/Programs-Educators.aspx>. Accessed January 4, 2015.
4. Association of American Medical Colleges Executive Leadership in Academic Medicine Program for Women. Available at: https://www.aamc.org/members/gfa/faculty_vitae/148588/elam.html. Accessed January 4, 2015.
5. Association of Family Medicine Residency Directors National Institute for Program Director Development. Available at: <http://www.afmrd.org/i4a/pages/index.cfm?pageID=3752>. Accessed January 4, 2015.