

AMSPDC Pediatrics Workforce Initiative

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Objectives

- Summarize progress and next steps across the four pillars of the AMSPDC Pediatrics Workforce Initiative (PWI)
- Describe the current efforts of three education workgroups and their relevance to departmental and institutional priorities
 - **Competency-Based, Time-Variable Subspecialty Training Pilot**
 - **Supporting International Medical Graduates (IMGs)**
 - **UME Pre-Clinical Exposure**

AMSPDC Pediatrics Workforce Initiative (PWI)

The AMSPDC Pediatrics Workforce Initiative was created in 2020 with the goal to increase the number and diversity of high-quality students who enter training in categorical Pediatrics and Combined Pediatric Subspecialty training programs, as well as improve the supply and distribution of pediatric subspecialists with the goal of meeting the health and wellness needs of the wide diversity of US children, adolescents, and young adults.

AMSPDC PWI Collaborations: Years 1–5



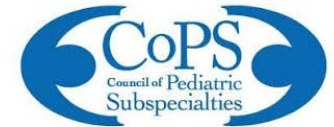
American Academy
of Pediatrics



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Better Health for All Patients
Through Pediatric Education

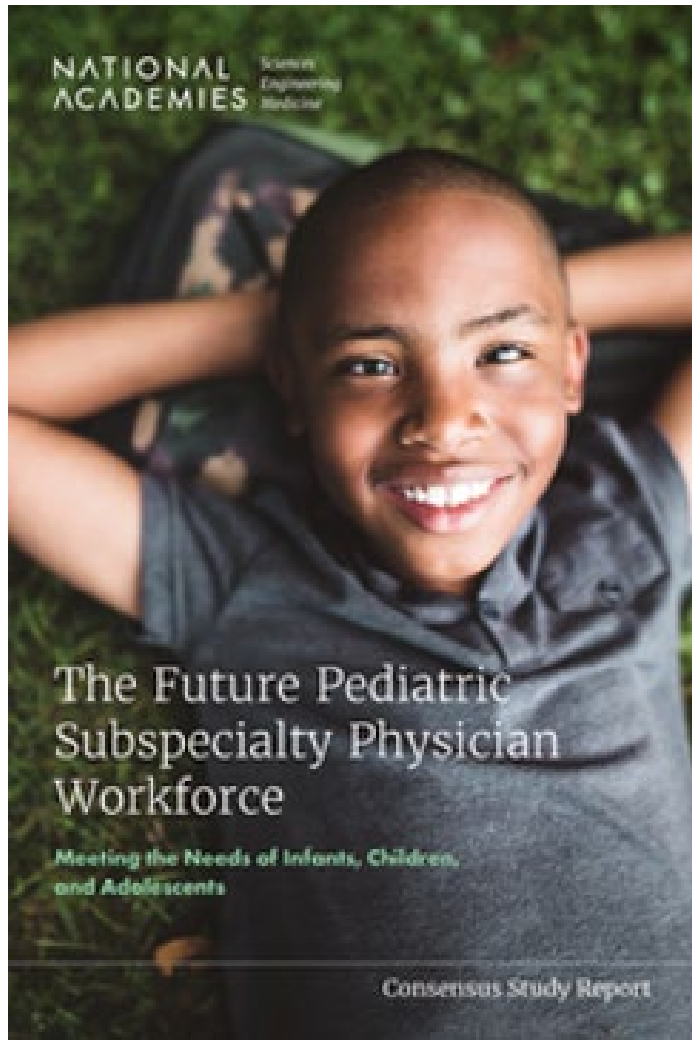


Eunice Kennedy Shriver National Institute of Child Health and Human Development

aacom
AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPATHIC MEDICINE



Key NASEM Studies on Child Health



FORTHCOMING 2026

NASEM: Strategies to Enhance Pediatric Health Research Funded by NIH

Examine pediatric research supported by NIH. Review current NIH pediatric research portfolio and structure. The committee will make recommendations focused on improving NIH's overall support of child health research.

2023 NASEM Study

Future Pediatric Subspecialty Physician Workforce

The NASEM Subspecialty Workforce Committee established four key goals, supported by 13 recommendations, which shape the AMSPDC Pediatric Workforce Initiative's structure, goals and actions. The NASEM goals are:

1. Promote collaboration and the effective use of services between pediatric primary care clinicians and subspecialty physicians.
2. Reduce financial and payment disincentives to subspecialty careers.
3. Enhance education, training, recruitment and retention.
4. Support the pediatric physician-scientist pathway.

Source: <https://nap.nationalacademies.org/catalog/27207/the-future-pediatric-subspecialty-physician-workforce-meeting-the-needs-of>

Pillars Aligned with NASEM Report

Pillar

Practice Collaboration
Physician Scientist
Economic Strategy
Redesign Education

Leader

Ann Reed, MD
Sallie Permar, MD PhD
Mary Leonard, MD MSCE
Becky Blankenburg, MD MPH

New in 2026: Launching a
Public Awareness Campaign



PILLAR	STRATEGIC GOAL
Practice Collaboration	Develop and promote care models to ensure the timely and equitable receipt of pediatric subspecialty care services.
Physician Scientist	Improve the quantity and quality of child health research by strengthening the pediatric physician–scientist training pathways.
Economic Strategy	Reduce financial and payment disincentives for pediatricians.
Education Redesign	Enhance the education, training, recruitment and retention in order to attract diverse, high-quality trainees into Pediatrics and Pediatric subspecialties.

Expand Capacity of Subspecialty Care

Mary Ottolini and Siobhan Pittock

Strategy 1: Advance the practice and payment of e-consult services

Catalogue Pediatric Experience

Survey and Interviews to Document Pediatric eConsult Models, Benefits & Barriers

July – Oct

Identify Best Practices

Analysis of e-Consult impact on access, payment, and providers

Nov-Dec

Scale e-consults

Manuscript Recommendation to AMSPDC on scaling opportunities & tools

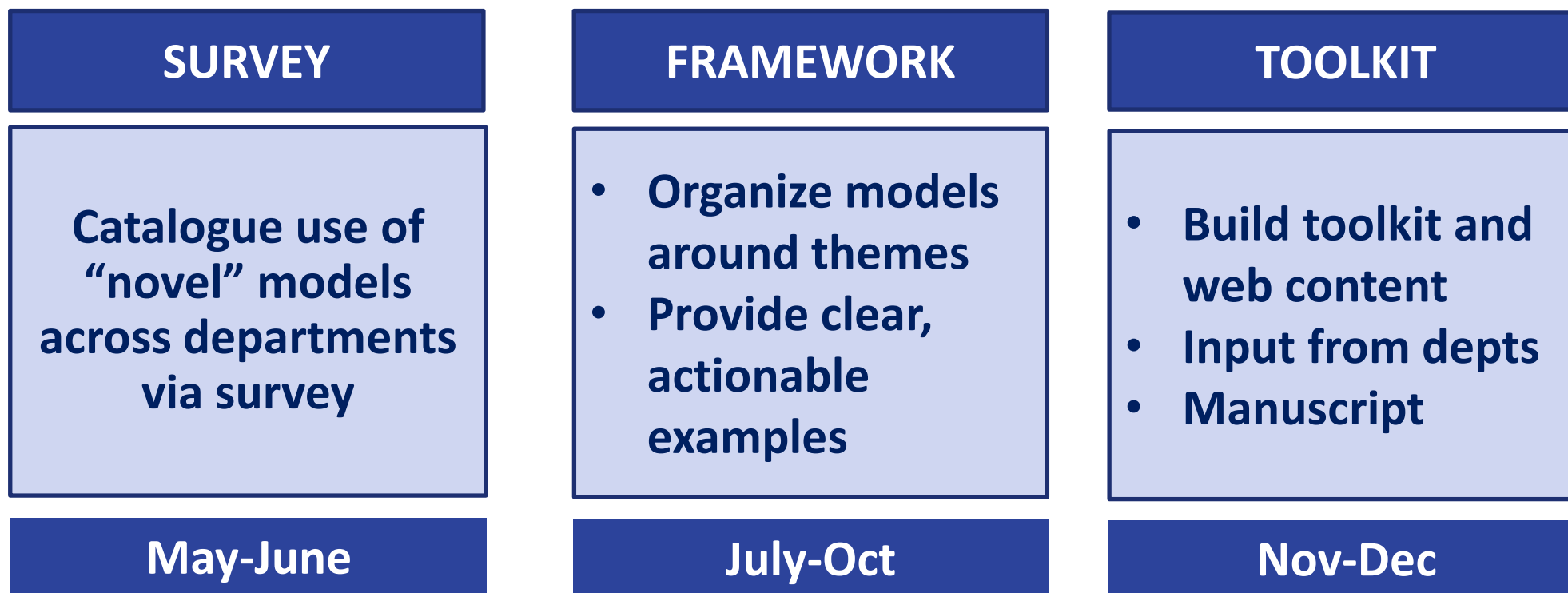
Early 2026

Expand Capacity of Subspecialty Care

Patricia Emmanuel & Alex Kemper

Practice Collaboration Pillar

Strategy 2: Assess and spread novel models of care at the interface of primary care and subspecialist.



Federal Investment in Child Health Research

Terry Dermody, Nick Manetto, Alex Bassuk, Sue Furth, Karen Murray, Brian Sims

Strategy 1: Gather & improve reporting on federal investments in pediatrician scientist training.

Originally Identified Actions	Current Status	Looking Ahead
<ul style="list-style-type: none">• Define & quantify pediatric scientist workforce• Request targeted NIH data• Clarify scope of training programs• Advocate for pediatric seats on NIH IC councils	<ul style="list-style-type: none">• Priorities shifting with new NIH policies and directives• Manuscript Completed: <i>"What is Child Health Research and Who Are Child Health Investigators?"</i>	<ul style="list-style-type: none">• Potential pivot to advocacy for children's health representation in NIH structure• Coordinate with Coalition for Pediatric Medical Research, APS and others

Pediatrician Scientist Training Partnerships

Sallie Permar & Gabby Haddad

Strategy 2: Identify, engage, and secure new partnerships for pediatrician scientist training

- 16 senior research scientists -> Goal expand PSDP fellows from ~7 to 15 annually
- \$300K per fellow over 2 years
- Outreach to ~40 orgs/foundations/societies
- Secured new commitment from Warren Alpert Foundation and Illumina
- Exploring co-sponsorships with professional societies (Ex:Rheum)
- NIH K-award reinstated
- Still seeking funding for 2026 cohort - external funding start July 2027



Physician Scientist Training Metrics

Audrea Burns, Dan Moore, Andrew Nowalk

Strategy 3: Standardization of qualitative/quantitative measures of initial success and retention for pediatrician scientist training implemented across training programs

Action Steps

- **Define Scope of Existing Metrics**
 - Conduct literature review to identify metrics used by programs and individuals to define success
 - Compare pediatrics to other specialties (medicine, surgery, MST) and identify shared themes

Deliverables

- Recommendations for the assessment and targeted improvement of training programs to foster pediatrician-scientist development

Looking Ahead

- Targeted partnerships to support development of standard competencies across training programs

Building Pediatric Leadership for Payment Reform

Lisa Chamberlin, Stephanie Davis, Jean Raphael

Strategy: Enhance the capacity of pediatric departments through targeted education and infrastructure development to advance effective advocacy and coalition-building around payment reform.

Economic Strategy Pillar

MEDICAID EDUCATION

Medicaid Education Series 3-4 webinars

- Medicaid 101
- Threats to Medicaid
- State-Level Medicaid Structures & Programs
- Advocacy in Action: What you can do to advocate

BUILD KNOWLEDGE & INFRASTRUCTURE

- Catalogue advocacy roles & job descriptions
- Map payment advocacy at inst., state and federal
- Present at fall AMSPDC
- Develop department toolkits
- Share best practices via leader meetings

BUILD COALITIONS

- Foster connections between AMSPDC members, state chapters of the AAP, CHA (where applicable) and state medical societies
- Spotlight examples from states

Enhance Coding Practices & Optimize RVU Value

Eileen Brewer, Susan Kline, Sanjeev Tuli

Economic Strategy Pillar

Phase 1

Strategy: Strengthen pediatric payments through targeted education and coding optimization.

Actions:

- Host educational webinars for Chairs, Division Chiefs, and administrators
- Develop educational toolkit on high-impact, underutilized CPT codes
- Educate members on RUC inc. survey process and how to engage effectively

Phase 2

Strategy: Promote accurate valuation of pediatric services and support policy changes that improve payment models.

Actions:

- Partner with PWI on state advocacy for code and modifier payments
- Collaborate with CoPS to map and learn from advocacy and lobbying efforts across specialty organizations

Pediatric Specialty Loan Repayment Program

Economic Strategy Pillar

In partnership
with AAP and
CHA



Advocate for HRSA to update
definition of clinical service
hours for 2026

Advocacy on reauthorization
beyond 2025

AMSPDC



Partner with HRSA to
streamline HPSA/MUA/MUP
eligibility and provide tools to
support pediatric site
applications

Partner with HRSA to conduct
listening sessions with depts
in Fall 25 on 2026 program
design

Redesign Medical Education

Goal: Enhance the education, training, recruitment and retention in order to attract diverse, high-quality trainees into Pediatrics and Pediatric subspecialties

- Spans 15 collaborative workgroups
- Comprised of educational experts and learners across the broad pediatric community and continuum of education

CORE FOCUS AREA	LEADERS	WORKGROUPS
Early Exposure to Pediatrics	Joe Gigante and Keith Mather	<ul style="list-style-type: none"> • General Pathway Programs • UIM Pathway Programs • Marketing Campaign: Choose Peds
UME Exposure and Innovative Training	April Buchanan and Mike Donnelly	<ul style="list-style-type: none"> • Pre-Clinical Exposure • Clerkship Exposure • Medical Student Mentoring • Pediatric Content in Allopathic Medical Schools • Pediatric Content in Osteopathic Medical Schools • Medical Students in National Organizations

CORE FOCUS AREA	LEADERS	WORKGROUPS
Residency Subspecialty Exposure and Innovative Training	Stacy Laurent, Joanna Lewis, and Leah Harris	<ul style="list-style-type: none"> • Increase Interest in Subspecialties • Increase Resident Autonomy • Improve Residency and Fellowship Mentoring • Support IMGs in Transition into Residency and Fellowship
Competency-Based, Time-Variable Pediatric Subspecialty Training Pathways	Jill Fussell and Kim Boland	<ul style="list-style-type: none"> • Implementation Support Workgroup
Faculty Development	Chris Peltier and Doug Carlson	<ul style="list-style-type: none"> • Faculty development for community preceptors

AMSPDC Pediatric Workforce Initiative Education Redesign

Workgroup: Competency-based pediatric
subspecialty training

Jill Fussell, MD

AMSPDC Education Redesign

Competency-based Pediatric Subspecialty Training Workgroup

Representatives:

- Co-Chairs (Kim Boland, Jill Fussell)
- DIO (Debra Boyer)
- ABP VP CME (David Turner)
- Council on Pediatric Subspecialties (Mary Moffatt)
- AMSPDC Education Committee
- Association of Pediatric Program Directors (FPD and Vice Chairs Executive Committees)
- ABP Education and Training Committee
- Peds Subspecialty fellows

Objectives:

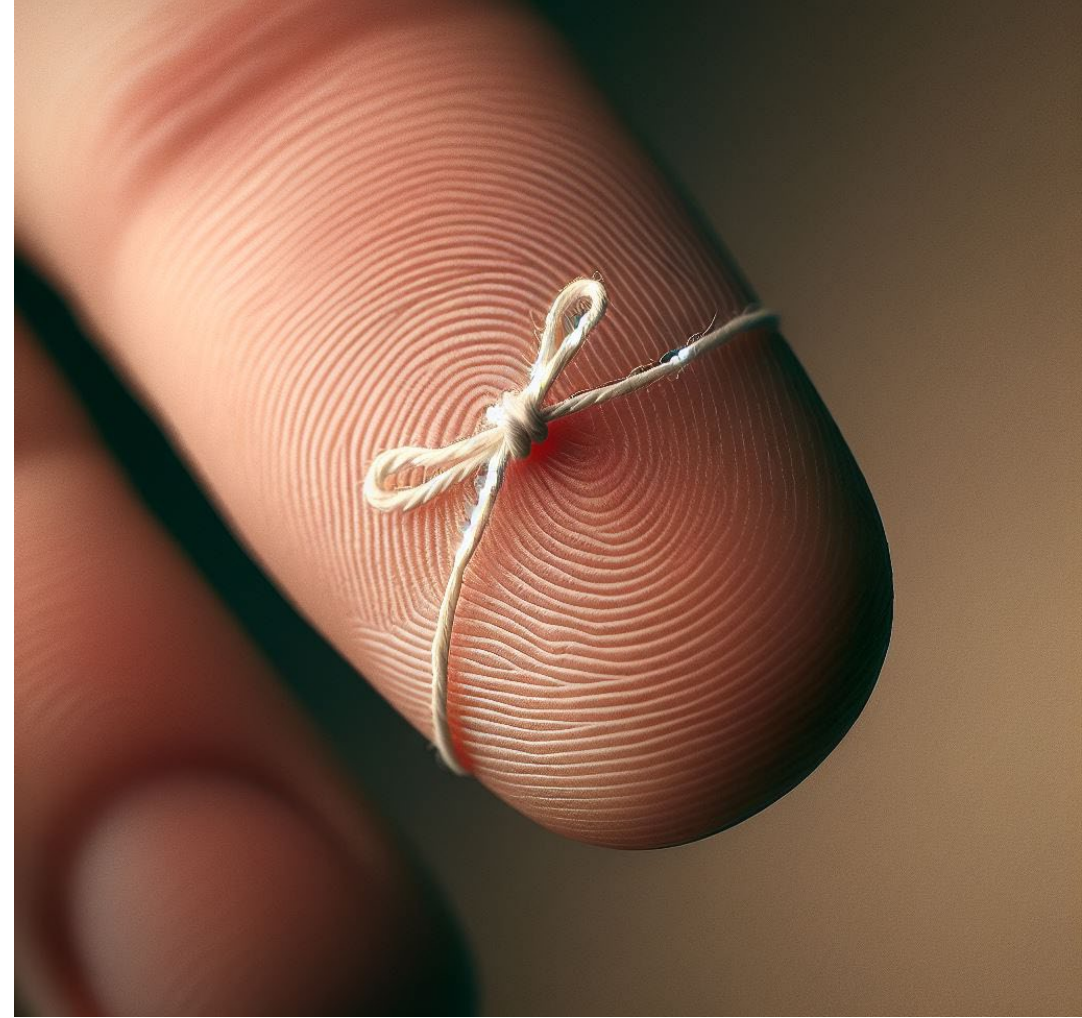
- Provide guidance and support for CBME implementation within pediatric fellowship training
- Support subspecialties in implementation of a potential CBME pilot
 - An American Board of Pediatrics (ABP) Competency-based Subspecialty Training Taskforce is developing CBME-based proposals
- Coordinate bidirectional communication within relevant pediatric organizations to maximize success

ABP Competency-based Subspecialty Training Taskforce

- Has multi-organizational representation from across pediatrics, led by DIO Boyer
- Is developing proposals
 - ***for what a competency-based approach to subspecialty training in select subspecialties should include***
 - ***that ensure the readiness of graduating fellows to practice in the pediatric subspecialties using a competency-based model.***
- Proposals vetted by a Reactor Panel, further discussed, and will be reviewed by the ABP BOD to determine the next steps for implementation
- While formed partly in response to the NASEM report recommending alternative durations of training to address the pediatric subspecialty workforce crisis, its primary focus is not to develop solutions to the workforce challenges
 - Impact of the duration of training on the pediatric subspecialty workforce remains unclear, and multiple factors contribute to decision-making for trainees entering pediatric subspecialties

A few reminders...

- Nat'l Academies of Science, Engineering, and Medicine (NASEM) Report
- Subspecialty Clinical Training and Certification (SCTC) Efforts
- Current State of Fellowship Training



National Academies of Science, Engineering, and Medicine (NASEM) Recommendation 5-1 (2023)

ABP, the American Osteopathic Board of Pediatrics, and ACGME should develop, implement, and evaluate distinct fellowship training pathways, including a 2-year option for those who aspire career with a primary focus on clinical care.

The committee emphasizes that multiple novel pathways should be considered, and that a pathway focused on clinical training, for example, does not mean that the trainees will receive no academic training or experience in research or research principles. Rather, distinct training pathways would allow for tailoring of training programs for specific career goals.

Subspecialty Clinical Training and Certification (SCTC) Initiative (2010 – 2014)

Charge:

“Examining the current model of pediatrics subspecialty fellowship training and certification with emphasis on competency-based clinical training and with recommending changes in the current requirements, if warranted.”



Subspecialty Clinical Training and Certification (SCTC) Initiative - Overall Outcomes

- The ABP may, in a staged and deliberate fashion, consider allowing fellowship of shorter, longer, or variable lengths
- Consider competency, not convenience in the length of training
- Need a core set of competencies (clinical, procedural, and scholarly) for ALL fellows, regardless of the subspecialty

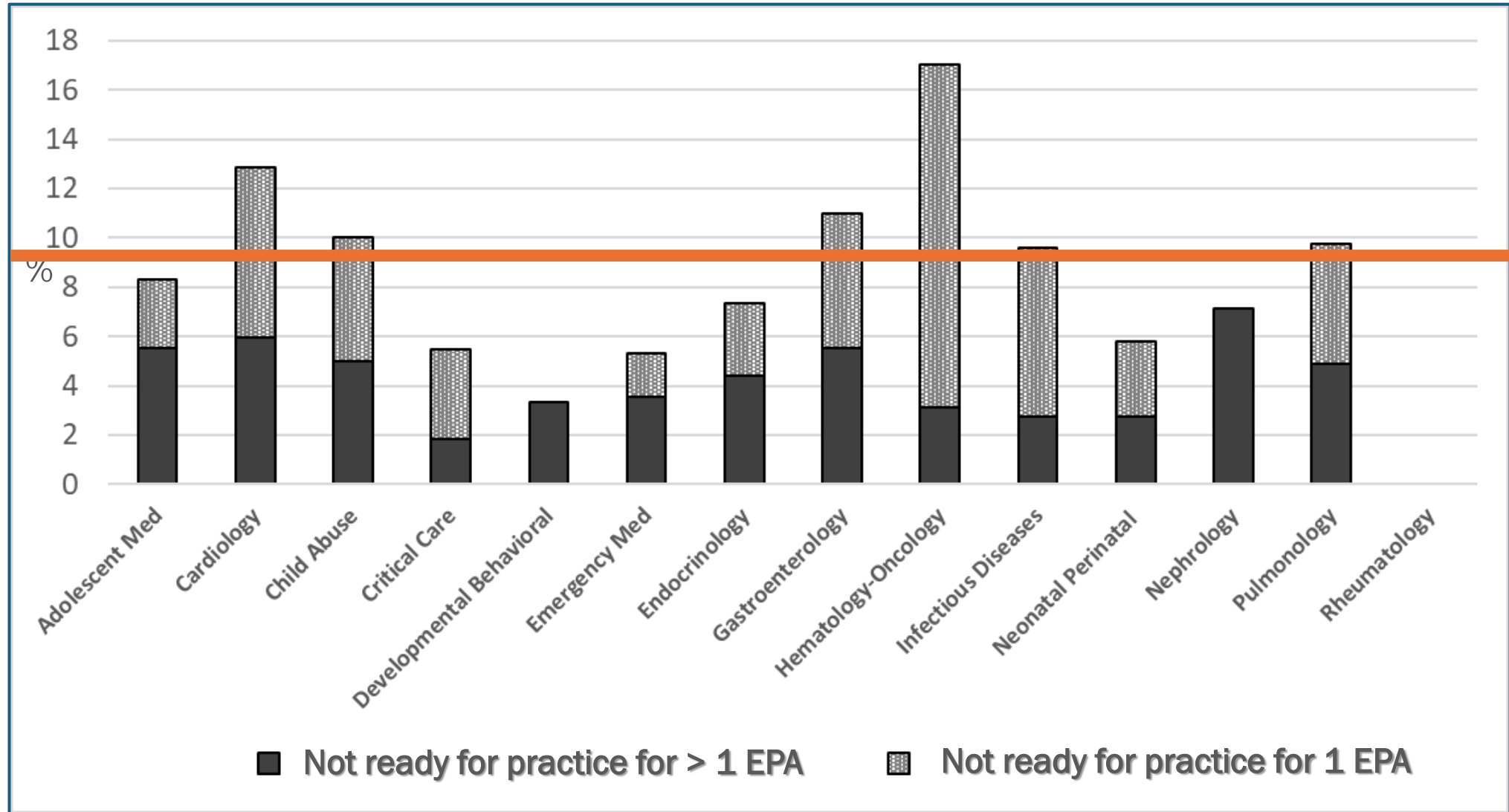


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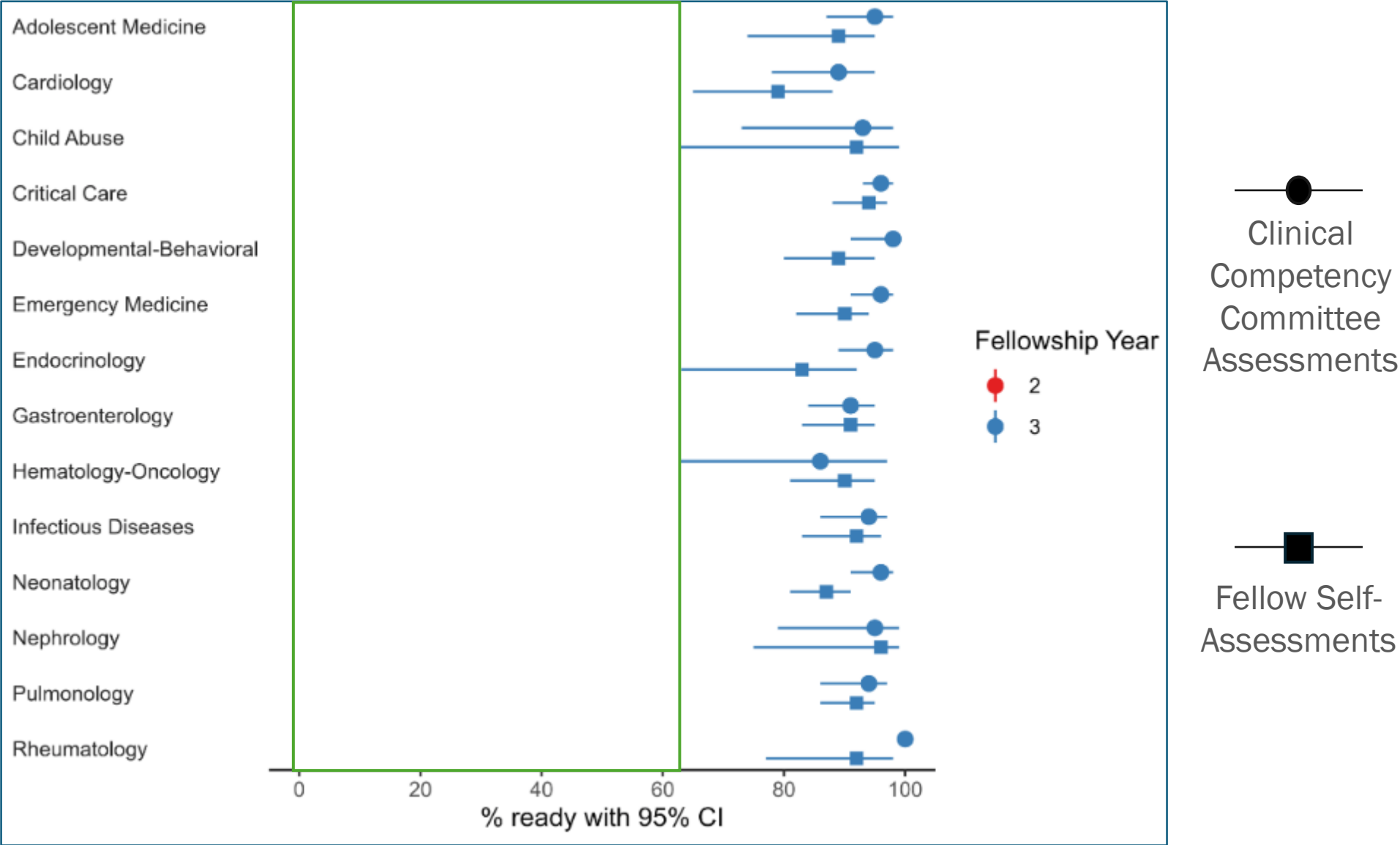
The background of the slide is a complex financial chart. It features a dark blue background with multiple data series. A prominent blue line graph shows a fluctuating trend. Overlaid on this are several candlestick charts with green and red bars, indicating price movements. There are also various colored lines (pink, blue, white) and dashed lines representing different technical indicators or moving averages. The overall aesthetic is that of a professional financial analysis tool.

Data Demonstrate Substantial Variability in Graduating Fellow Readiness to Practice

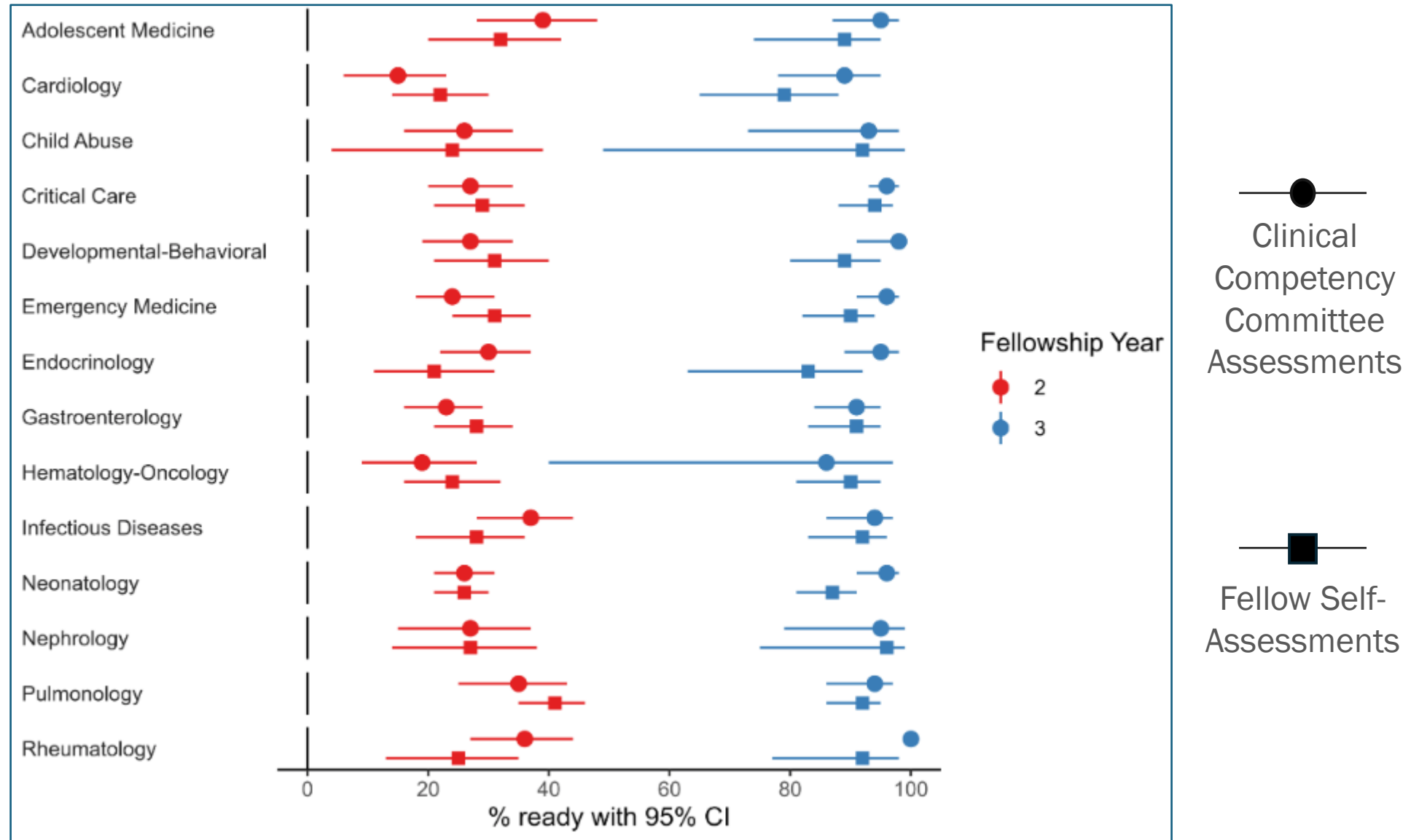
Current Approach to Fellowship Training Leaves Gaps for Many New Graduates



Current Readiness of Fellows at 2 vs. 3 Years



Current Readiness of Fellows at 2 vs. 3 Years



Charge of the ABP Competency-based Subspecialty Training Taskforce

The ABP seeks 2-3 proposals for modified training that could be applied to multiple different subspecialties, rated by impact (e.g., strength of educational outcomes) and feasibility. Proposals should reassure the public that core outcomes of subspecialty training, as defined by the ABP EPAs, have been achieved. Based on the achievement of core outcomes, eligibility for ABP pediatric subspecialty board certification will be considered. The group is charged with developing these 2-3 proposals and is also charged with recommending a process by which subspecialty disciplines will be included in the pilot.

What about Scholarship?

- Modification of the Scholarly Work Product ***will*** be considered
- If the Scholarly Work Product is modified, all proposals should be guided by the Scholarship EPA
 - *Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)*



Image created by Microsoft Copilot

FIVE CORE COMPONENTS

1. An Outcomes Competency Framework
2. Progressive Sequencing of Competencies
3. Learning Experiences Tailored to Competencies
4. Teaching Tailored to Competencies
5. Programmatic Assessment

EPAs (with integrated competencies, milestones, etc)

Program interventions *supported* by ABP, APPD, and other organizations

Concept of using a portfolio for assessment
(for programs and the ABP)



Process to Date

- Taskforce virtual meetings spring/early summer 2025
- Taskforce in-person meeting Aug16-17
- Reactor Panel meeting Sept 2025
- ABP Board of Directors meeting scheduled for Oct 2025

What Can We Do Now?

- Implementing CBME
 - Locally, into programs
 - At the subspecialty level – work is beginning
 - Remember: Programs will report on readiness to practice using the EPA framework to ABP starting 2028
- Join [ABP CBME Champions](#)
- Launch of AMPSDC Competency-based Pediatric Subspecialty Training Workgroup
 - Welcome, now or in coming months, identification of gaps, suggestions to support subspecialties in CBME implementation
 - Co-Chairs:
 - J Fussell, UAMS Vice Chair of Fellowship Education, fusselljillj@uams.edu
 - K Boland, ULSOM Chair of Pediatrics, k.boland@louisville.edu



ABP CBME Champions

IMGs & Workforce Matters

Physician shortages, Work Visa and More.....

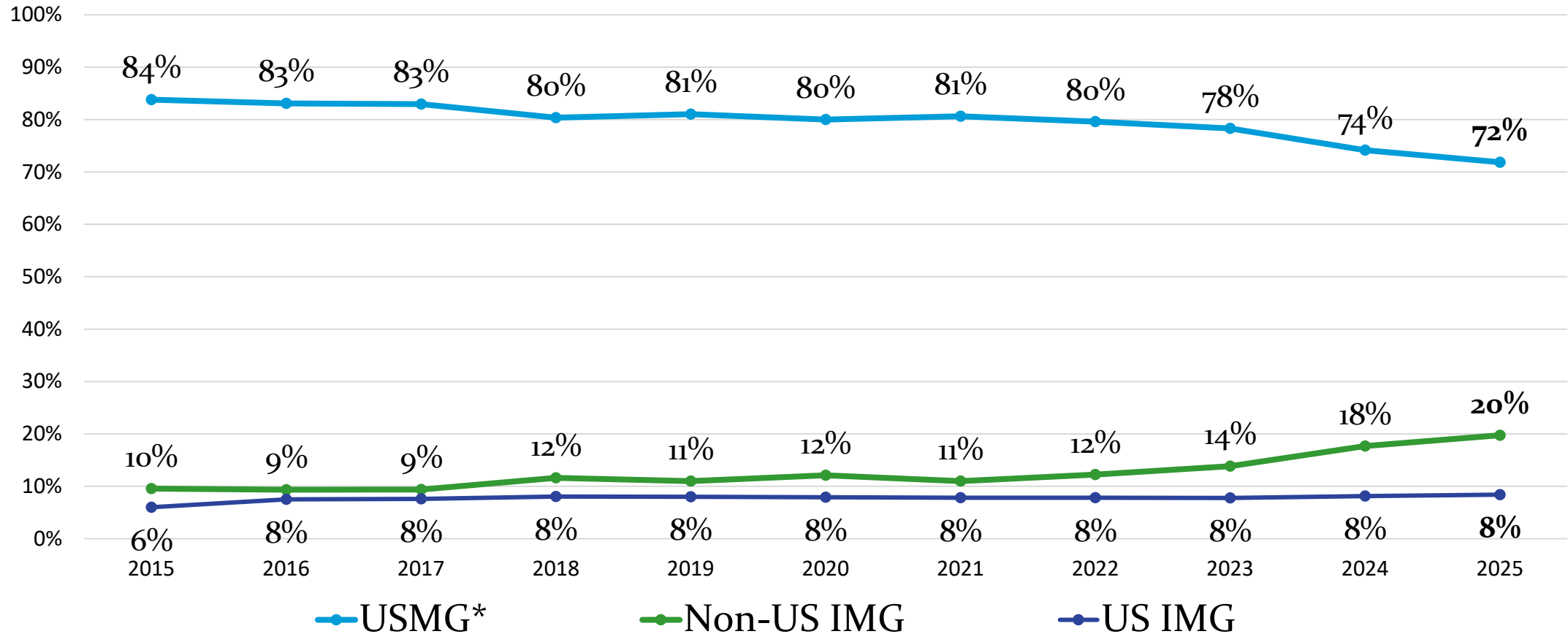
Monique Naifeh, MD, MPH

Renuka Verma, MD

Data and Predictions

- Center for Workforce Studies, AAMC (2019) projected physician shortage of between 37,800 and 124,000 physicians by 2034
- With a deficit of PCPs of 17,800 to 48,000, and of non-primary care specialists of 21,000 to 77,100
- In comparison, the numbers of pediatric positions offered through the NRMP rose from 1,380 in 1974 to 3193 in 2025
- IMGs- Make up 23% of current pediatric workforce, 20% of residency spots.

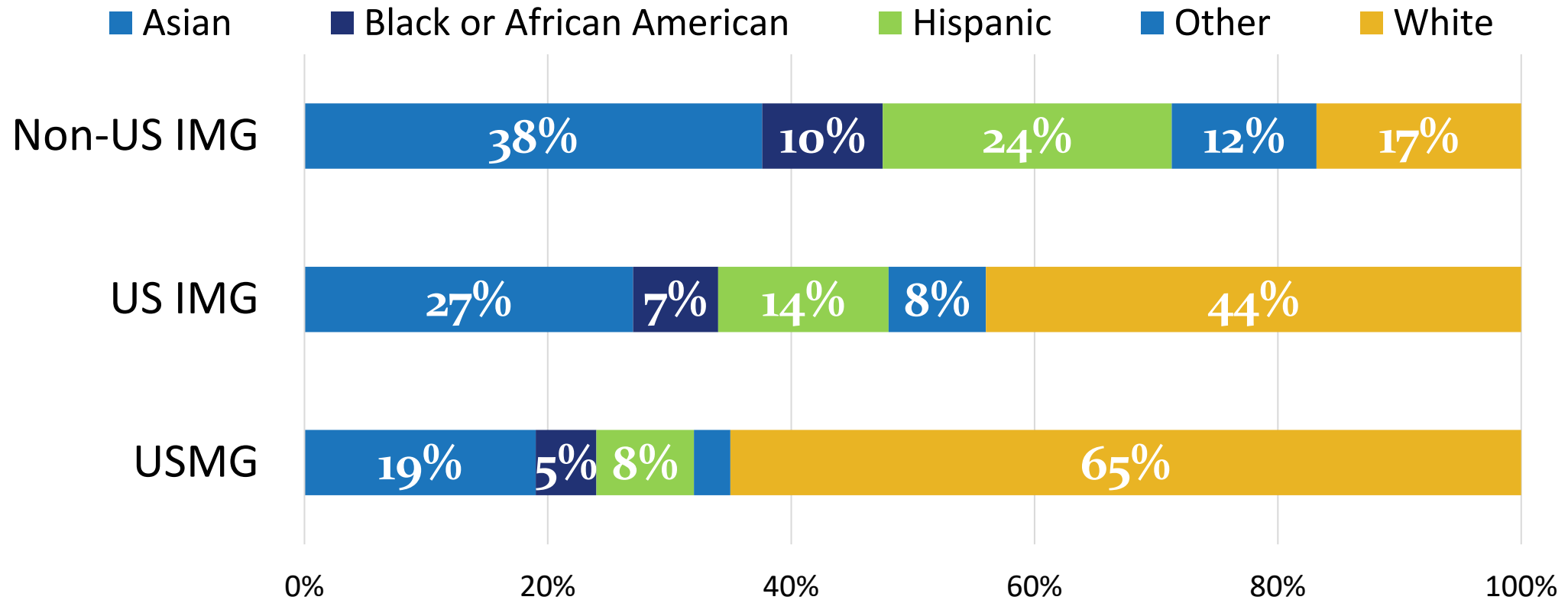
Who is Filling Pediatric Residency Positions?



*USMG includes MD seniors and graduates, DO seniors and graduates

Source: https://www.nrmp.org/data-topic/results-and-data/?post_type=match-data

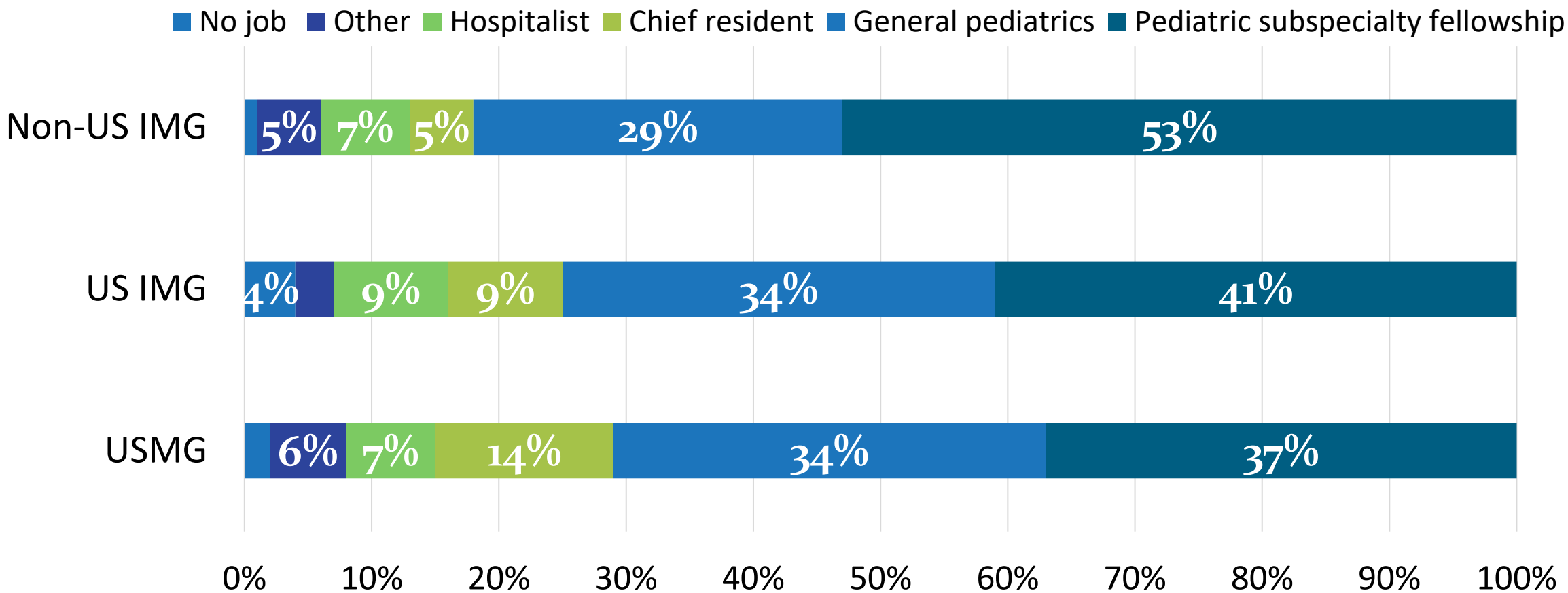
Among Graduating Pediatric Residents (2020-2024): Percent in Each Race and Ethnicity



Source: AAP Annual Survey of Graduating Residents, 2020-2024 (n=2284); 1 “Canada” response was excluded. Asian includes “Other Pacific Islander.”

USMG: Graduated from US medical school (total across years who grew up outside US: 4% or 230; Non-US IMG: Grew up outside US and international medical graduate; US IMG: Grew up in US and international medical graduate)

Among Graduating Pediatric Residents (2020-2024): Percent in Each Post-Residency Position

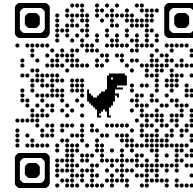


J1 Waivers for IMGs

- Conrad 30 program through the USCIS website



- Delta Regional authority



- J1 waiver through HHS



- The Appalachian Regional Commission J1 waiver program



J Gen Intern Med. 2019 May 8;34(7):1337–1341

IMG Trainees and Wellness

- Mentorship
- Buddy assignment
- Transportation
- Spiritual needs
- EHR
- Cultural difference
- Language differences
- Financial knowledge
- Legal knowledge
- Driver's license, EAP, health insurance, FOOD Preference.....

IMG Trainees and Wellness

- Mentorship
- Buddy assignment
- Training
- Support
- Education
- Cultural
- Language
- Financial
- Legal knowledge
- Driver's license, EAP, health insurance, FOOD Preference.....

Please join us tomorrow for ELS session

ITP- Internationally Trained Physician

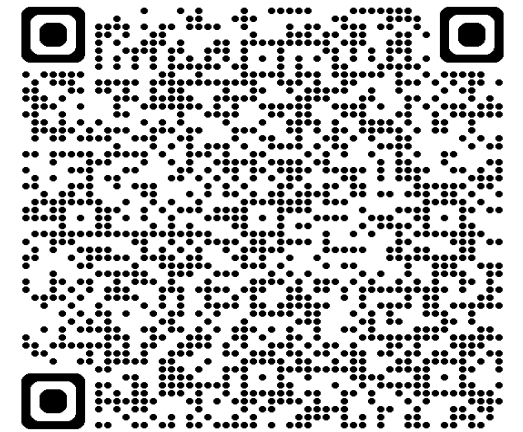
- Additional licensing pathways for ITPs
 1. Rulemaking authority resources allocated, to the state medical board for implementing and evaluating
 2. An offer of employment should be required for pathway eligibility.
 3. ECFMG Certification and graduation from a duly recognized medical school
 4. Completion of postgraduate training
 5. Possession of authorization lawfully practice medicine & at least three years of experience
 6. A limit on the physician's time "out of practice" consistent with that state's existing re-entry
 7. **A successfully completed period of supervision and assessment by an employer should be required of ITPs to transition from provisional licensure to full licensure.**
 8. State medical boards should preserve their authority to assess each candidate for full and unrestricted licensure.
 9. State medical boards implementing additional licensure pathways should collect and share data to evaluate the program's effectiveness.

A Toolkit for Supervisors for ITP



Duration of Status Proposed Change

- A final note/ plea:
 - The US Department of Homeland Security has published a proposed rule that would replace admission for “duration of status” (D/S) with fixed periods of admission for certain nonimmigrant categories, including J-1 exchange visitors.
 - The full text of the proposed rule is available in the [Federal Register](#).
 - This would limit the duration allowable to a total of 4 years (from 7).
 - Please consider making a comment!



THANK YOU



Pre-Clinical Exposure Workgroup Update

Pediatric Medical Education Conference

September 17th, 2025

Courtney Judd, Katie O'Donnell, and Suzy Schmidt

On behalf of the Pre-Clinical Exposure Workgroup

High-Level Summary & Action Steps from 2024 Meeting



Curriculum Development

Advocate	Advocate for (and if possible, fund) a Pediatric Discipline Director to oversee pediatric content across the curriculum
Map	Establish a process for mapping pediatric content at the program, course, and session level to ensure integration and longitudinal exposure
Embed	Integrate pediatric content and cases into all relevant preclinical blocks and sessions, including case-based learning, problem-based learning, and clinical skills
Assess	Develop meaningful assessments of pediatric content and monitor effectiveness regularly

Building Interest and Mentorship

- **Faculty Recruitment:** Build and maintain a diverse mentor bank, including subspecialists, investigators, generalists and primary care providers, and physician-scientists
- **Early Engagement:** Proactively identify and engage students interested in pediatrics from Year 1, using surveys, welcome events, and advertising
- **Interest Group Support:** Empower pediatric interest groups with faculty advisors (preferably a team), resident involvement, and clinical exposure opportunities
- **Near-Peer Mentorship:** Implement mentoring structures utilizing residents and senior students

Faculty and Institutional Support



Faculty Development: Train and encourage faculty to actively and positively promote careers in pediatrics



Recognition: Work with institutional leadership to provide recognition and incentives (time, promotion, funding) for faculty who teach, mentor, or lead interest groups



Leadership Roles: Ensure pediatricians are present in key curricular leadership positions and on relevant committees

Continuous Quality Improvement

- **Survey and Feedback:** Regularly survey students about their interests and perceptions of pediatrics; use feedback to adapt programming and address misconceptions
- **Monitor Outcomes:** Evaluate the effectiveness of interventions (participation rates, match outcomes, student satisfaction) and iterate accordingly



Workgroup Products & Recommendations



COMSEP
Better Health for All Patients
Through Pediatric Education



EXPOSURE TO PEDIATRIC CONTENT AND EDUCATORS IN THE PRE-CLERKSHIP CURRICULUM: A NEEDS ASSESSMENT

Courtney Judd, MD, MPH, MHPE,¹; Suzanne Schmidt, MD²; Alyssa MacMahon, EdD¹, Nathaniel Campbell, BS¹; Erin Pete Devon, MD³, Katherine A. O'Donnell, MD⁴

TABLE 1: Extent to Which Pediatric Content is Included in the Pre-Clerkship Curriculum

Inclusion of Pediatric Content in Pre-clerkship Curriculum	Not at all	Very little	Somewhat	To a great extent	Unsure
Foundational Sciences Courses	5%	48.5%	31.7%	2%	12.9%
Clinical Skills Teaching	5%	39.6%	37.6%	9.9%	7.9%
Case-Based Learning	3%	30.7%	41.6%	12.9%	11.9%
Longitudinal Clinical Experiences	19.8%	27.7%	31.7%	5.9%	14.9%

What single thing would be most helpful to you in incorporating pediatric content into the pre-clerkship phase?

18.8% said:
"buy-in" from leadership

12.9% said:
"time"

12.9% said:
a dedicated, formalized role for pediatric preclerkship oversight



Tailor proposal to your audience

Medical School Deans/Curricular Leaders

- How can pediatricians help meet the curricular needs of the medical school?
 - Pre-Clinical Content priorities
 - Theme/Threads
 - Phases of Life
 - Longitudinal Clinic Placements
 - Advisors/Mentors/Coaches

Pediatric Department Chairs

- Funding priorities/faculty support
- **Area for ongoing research:** what are the most impactful avenues to expose students to pediatrics in the pre-clerkship phase and support interest in pediatric careers

**Advocating for
Pediatric Content &
Educators in the Pre-
Clerkship Phase**



Resources to Support Your Efforts



Making the Case



Curricular Ideas/Toolkit

Pediatrics in the Pre-Clerkship Phase: Road Map for Educators

Making the Case: The Crucial Role of Pediatric Content & Educators

All Medical Students

- Learn examples of key scientific discoveries that have influenced clinical care and pt outcomes (including CF, SMA, ALL, genetic screening, and more!)
- Build skills in complex communication, observation as PE skill, and family-centered care
- Enhance residency readiness (every residency other than IM has a pediatric component)
- Learn widely applicable content that pediatricians champion, including health equity, SDoH, advocacy, sex and gender minority health, vaccines, climate and health, preventative care, screening, substance use, and trauma-informed care

Recruitment to Pediatric Careers

- **Early exposure matters!**
- Enhance pediatric clerkship readiness and ability to take on meaningful roles in pediatric spaces, thus improving the clerkship experience
- Increase exposure to pediatric mentors and experiences (research, advocacy, service, clinical)
- Enhance understanding of the breadth of pediatric careers

Action Steps

Participate in pre-clerkship teaching opportunities: enhance your knowledge of the curriculum to identify opportunities for pediatric content and educators and expose students to more pediatricians.

Don't limit yourself to pediatric-focused content: pediatricians have expertise in widely-applicable content

Join curricular committees: contribute to the conversations around curricular change and step up for opportunities.

Build relationships with curricular leaders: become the "go-to" person for pediatric content and reach out to them with ideas and innovations.

Support student-led efforts: partner with them to advocate for curricular change.

Network with colleagues outside of your institution: learn from successes, share resources, and collaborate.

Resources

[COMSEP](#): Curricular Mapping Tool (members only), Curricula (pre-clerkship, clerkship, post-clerkship), educator resources

[Stanford Newborn Medicine Photo Gallery](#)

[Clerkship Ready Pediatrics Podcast](#)

[Milestone Moments](#)

[OpenPediatrics](#)

[MedEdPORTAL](#)

[Literature to support the role of pediatrics in the pre-clerkship phase](#)



Pre-Clerkship Pediatric Education

Category	Learning Activities	Additional Notes
Basic Science Integration	<ul style="list-style-type: none"> • Include pediatric diseases in foundational science courses • Include pediatric cases in problem-based learning • Develop a longitudinal curriculum on child health, development, and illness and integrate into relevant organ-system based classes 	<ul style="list-style-type: none"> • Helpful to have pediatric representation on curricular committees, consider advocating for a Pediatric Discipline Director or similar role • Example longitudinal curriculum integrated into basic science courses (thanks to Adam Weinstein, MD)
History-Taking	<ul style="list-style-type: none"> • Didactics: <ul style="list-style-type: none"> ◦ Approach to the pediatric history • Patients: <ul style="list-style-type: none"> ◦ Inpatient volunteers ◦ Primary care clinics ◦ Adolescent peer educators for HEADSS/SSHADESS ◦ College student volunteers ◦ Home visits ◦ Pediatric/family medicine longitudinal clinic placements • Technology: <ul style="list-style-type: none"> ◦ Simulation ◦ AI simulated patients/chat-bots 	<ul style="list-style-type: none"> • Great opportunity to utilize 4th year students/pediatric student chiefs as preceptors
Physical Exam	<ul style="list-style-type: none"> • Didactics: <ul style="list-style-type: none"> ◦ Approach to the pediatric exam ◦ Different age groups • Observational sessions (great for observation of developmental milestones): <ul style="list-style-type: none"> ◦ Partner with local daycare centers, preschools, elementary schools, school-based clinics ◦ Video-based sessions ◦ Children of faculty, trainees, SPs • Hands-on PE skills: <ul style="list-style-type: none"> ◦ Bedside exams of inpatients ◦ Pediatric primary care offices ◦ Children of faculty, trainees, SPs (non-invasive exams) ◦ Pediatric/family medicine longitudinal clinic placements • Technology: <ul style="list-style-type: none"> ◦ Simulation ◦ Virtual reality ◦ Embed video-based modules re: unique aspects of pediatric PE in foundational exam teaching 	<ul style="list-style-type: none"> • Videos to highlight how much can be learned through careful observation (widely applicable PE skill for all students) • Build community partnerships with local daycares, schools, programs for children • Engage specialists in teaching specific exams as a way to both teach key concepts AND expose students to the breadth of pediatric specialists.
Theme-Based Learning	Climate health, Communication, Chronic Illness, Ethics, Evidence-based medicine, Health care policy/costs, Health equity, Injury prevention, Physician as advocate, Preventative health/screening, Research skills, Sex & gender minority health, Social determinants of health, Trauma-informed care, Vaccines	<ul style="list-style-type: none"> • Identify the curricular needs of your medical school, and sponsor pediatricians to teach this content.
Co-Curricular Opportunities	Advocacy, Curricular design, Mentorship, Pediatric Interest Group, Pediatric Student Chiefs/Near-Peer Advising, Research, Service opportunities	<ul style="list-style-type: none"> • If any elements (e.g., research) are required, ensure pediatric representation! • Don't go it alone – access national resources and collaborations.



Co-curricular Opportunities: Don't Go It Alone

National

- AAP SOPT (\$25/year)
- CoPS Webinars
- FuturePedsRes
- Next Gen Peds
- GME Efforts

PIGPen Pediatric Interest Group Directory & Peer Education Network*

- Virtual collaborations
- “Grand Rounds”
- Regional in-person events



*Effort led by Lolita Alkureishi



New In-Person Program!

CREATING A PATHWAY TO PEDIATRICS THROUGH EXPOSURE, EDUCATION, AND KNOWLEDGE (PEEK)

What is it?

This program is a 2.5-day in-person immersive experience in Chicago designed to increase exposure to pediatrics for prospective medical students through hands-on workshops, panels, and opportunities to explore a career as a pediatrician.

Questions?

July 17-19, 2025

Chicago-area medical schools



Learn more & apply by

Upcoming Opps



August 7 at 6pm CT
Webinar - Subspecialty 101: Med/Peds Pediatric Hospital Medicine Fellowship

August 13 at 7pm CT
Webinar - HEADSS and Hearts - Adolescent Health, the AAP, and You!

August 14 at 6pm CT
Webinar from the Section on Global Health - Match With Purpose: Interviewing for Global Health Paths in Residency

August 15
Last day to register for the AAP National Conference at the early bird rate

Due August 18
Submit applications for remaining SOPT Leadership Council positions

Due August 28
Submit applications for Outstanding Pediatric Allergy, Asthma, and Immunology Abstract Awards

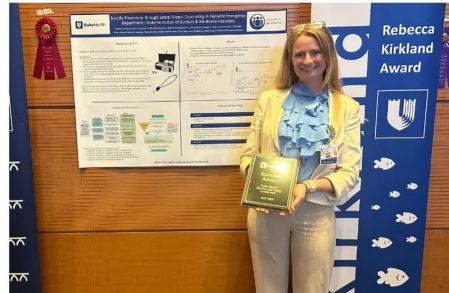
September 10 at 5pm CT
Webinar from Section on Surgery - School's In... Again: Is Another Degree the Right Call?



September 27 from 7:30am to 6:30pm MT
Program & reception at the AAP National Conference in Denver, CO



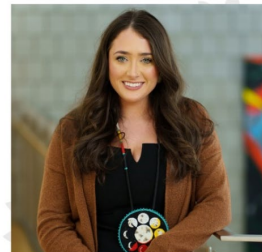
PEDS
possibilities
POWERED BY SOPT
Section on Pediatric Trainees



Rebecca Kirkland Award



Annika Kruse is a Duke University medical student passionate about youth mental health. She partnered with their Pediatric Emergency Medicine a quality in focused on year, they 195 lockbox 2025 Kirkla



Tara Maudrie, PhD, MSPH



Tyree Winters, DO, FAAP

HEALTHY ROOTS

The Intersection of Environment, Nutrition, and Cultural Strengths in Child Health

March 31 | 6pm CT



Register here!



Join us to explore how a child's environment, nutrition, and cultural background shape their health, with a focus on Black and Indigenous youth. Discover how cultural practices and supportive environments promote their well-being and gain valuable insights as physicians caring for vulnerable populations.

@aapsopt

LEAD.
INSPIRE.
REPRESENT.



Be the voice for 18,000+ students and trainees in the Section on Pediatric Trainees—your leadership journey starts here!



Executive Committee applications due 6/16



Leadership Council

HEADSSup!
about mental health



WEEK 5: SUICIDE PREVENTION & FIREARM SAFETY

According to national surveillance data in the US, 7-8% of adolescents attempt suicide each year, and 17% report serious suicidal ideation.

We all know someone at risk.

Here are some important risk factors to know:

- Prior suicide attempt
- Barriers to healthcare
- Social isolation
- Access to lethal means such as firearms
- Substance use
- Systemic trauma based on race/ethnicity or gender/sexual identity
- Family/peer conflict
- Family history of suicide

Next Steps

Pediatric Discipline Director

- Job description

Continue to collate resources

- Cases for pre-clinical teaching
- Advocacy & community-based educational innovations
- Innovative ideas for exposure to pediatric patients/clinical skills

Assess efficacy of interventions

- Is anyone doing this currently? Let us know!



COMSEP
Better Health for All Patients
Through Pediatric Education



Specialty Disrespect

BEME Guide

Specialty disrespect in the medical learning environment: What is known and how can we intervene? A scoping review: BEME review no. 93

Jeffrey M. Weinfeld  , Kathryn M. Hart , Andrea P. Cammack , Charles S. Dorris , Tyrel Powell , Susan M. Cheng ,

...show all

Received 13 Jun 2024, Accepted 15 Apr 2025, Published online: 17 May 2025

 Cite this article  <https://doi.org/10.1080/0142159X.2025.2503377>



Questions for Breakout Groups

Who is doing this well and how can we learn from successful efforts?

What's missing? What additional resources could the workforce initiative provide to our frontline educators?

How do we amplify, **share***, and **evaluate*** resources from the workforce initiative?

What is the best forum (locally, nationally) for discussions on specialty disrespect?

Pre-Clinical Exposure Workgroup Breakout



Each table should designate one person to scribe and submit response for table.



Report Back & Closing Thoughts

- Courtney Judd: courtney.judd@usuhs.edu
- Katie O'Donnell: katherine.odonnell2@childrens.harvard.edu
- Suzy Schmidt: smschmidt@luriechildrens.org

PWI Key Meetings & Opportunities

Meetings:

- **CoPS Fall Council Meeting – Oct 6-7**
- **AMSPDC Nov Meeting – Nov 6**
- **PWI Virtual Summit – Dec 3** (Updates from select workgroups)
- **AMSPDC March Meeting – Feb 26-March 1**

On the Horizon:

- **Re-energize Partnerships:** Refresh organizational reps and launch biannual partner meetings.
- **Strengthen Communication:** Roll out website updates, including a central repository for PWI materials.
- **Drive Innovation:** Identify sites to pilot new toolkits in Winter 2025–26.

AMSPDC PWI - Share Your Stories



We're collecting stories to put a human face on what's happening to child health. Stories bring urgency, empathy, and depth to complex issues—and can meaningfully inform advocacy, guide leadership, and drive change.