



Motivating Learners: Using CME as a Model for Independent Online Learning for Pediatric Residents

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CME model for Independent Online Learning for Pediatric Residents

- Reasons for our CME model
- Why this model motivates learners
- Details of our model
- Outcomes
 - It works!
 - Publish your educational outcomes!

Reasons for this CME Model

- Goal for continued focus on resident education despite decreased resident time in hospital and decreased group learning time
- Pediatric Board Exams low pass rates (national pass rates as low as 80%)
- Goal of improving In-Training Exam (ITE) scores and Pediatric Board Exam scores
- Increase accountability in self-study
- Prepares learners for future CME, MOC

Why our CME Model Motivates Learners

- Allows learners to work on their own time, at their own pace
- Allows learners to have choice in
 - which topics for additional study
 - which format works best for them
- Negative consequences
- Positive reinforcement
- Show them the data!
- Relevant to future practice

CME as a learning model for residents

- Creation of the “Menu of Learning”
 - Point-driven system
 - Required activities
 - Self-directed activities
- Requirements based on number of hours residents were expected to spend on self-directed learning

CME as a learning model for residents

- Category A - Required activities
 - Pedialink (Board Prep) questions (20 per month)
 - *Pediatrics in Review* articles and questions (3 per month)
 - Continuity Curriculum—Yale (1 per week)
- Category B - Self directed activities (20 pts/mo)
 - Lectures and conferences (1 point per lecture)
 - Read an article or listen to podcast (1 point each)
 - Watch our program's core lectures online (1 point each)
 - Submit presentations given on rotations
(approximately 5 points, at chief discretion)

Blackboard as a Learning Repository

Educational Requirement Tracking:

- Spreadsheet on blackboard, shared by resident & chiefs
 - PREP tracked through Pedialink, chiefs access
 - Conference attendance logged by support staff
 - All other requirements logged by resident directly onto spreadsheet, honor system
- Monthly progress reports made by chiefs, sent to all residents
- 3-month tallies reviewed by Education Leadership Team
- Progress reviewed with residents at Semi-Annual Reviews
 - Required to advance or graduate
 - Remediation plan if deficient



Education Progress Report

UMDPeds Residency Educational Progress Report July – February

	Category A			Category B		
	PREP (180)	PIR (27)	Continuity (36)	Conference (180)	Menu	Total Category B (180)
Resident A	241	22	22	84	31	115
Resident B	256	25	26	72	42	114
Resident C	256	26	26	84	29	113
Resident D	124	21	26	84	37	121
Resident E	164	18	24	109	3	112
Resident F	168	21	26	93	38	131
Resident G	122	25	26	81	25	106

Outcomes

- Residents surveyed about their number of activities completed compared to the prior year, when they were encouraged, not monitored; reported significantly more self-directed activities completed
- Significant improvement in change in ITE scores (from PGY 1 to PGY 2 from before CME to after)
 - *Millstein L, Charnaya O, Hart J, Habicht R, Giudice E, Custer J, Lewin L. Implementation of a monitored educational curriculum and impact on pediatric resident in-training examination scores. Journal of Graduate Medical Education, June 2014; 6(2): 377-8.*

Journal of
Graduate Medical Education



- Board pass rates improved

Motivating Today's Learners: Negative Consequences

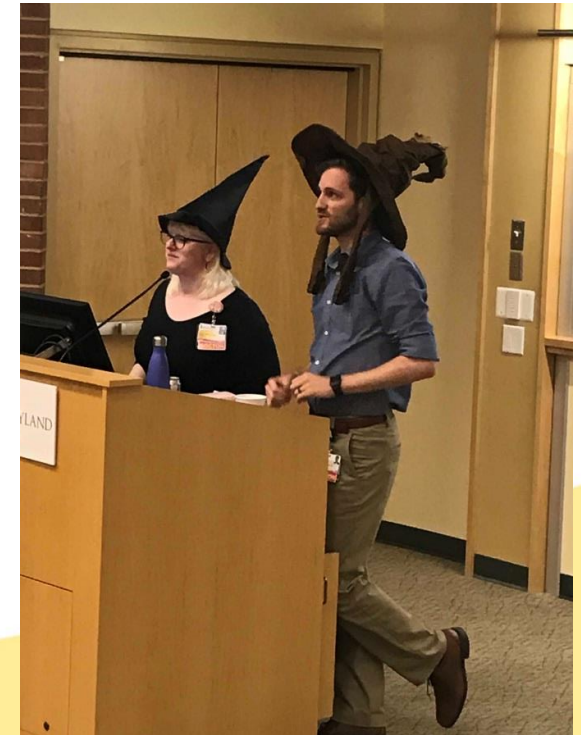
- Can't graduate and be eligible to take boards unless up to date
- If significantly deficient (2 months behind):
 - pulled from clinical--requirements in chiefs office
 - Can't do “extra shifts”
(moonlighting)
 - professionalism note for record (if not catching up)
 - Full report shared with program (if behind, colleagues know)





Motivating Today's Learners: Positive Reinforcement

- Bradley cup: Residents Teams (4 teams like Harry Potter Houses)—up to date, team points
- Mid-year prize (food)
- End-of year prize
(extra ½ day Wellness
or Target gift card)
- Praise at semi-annual reviews



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Conclusions

- Replacing one of two daily educational sessions with self-directed activities modeled after CME programs led to an increase in self-directed learning in our residents and improvements in test-taking
- Thank you to all of our current and former chiefs who make this program work!



Thank you!



Pediatric Intern Class, 2019