



HASSENFELD
**CHILDREN'S
HOSPITAL**
AT NYU LANGONE

How do you do that? How did you get there?

Teaching Practical Career Skills for
Academic Pediatrics

Adam Ratner, MD, MPH
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The skills required for success in an academic pediatric career may be obvious or non-obvious.

- Pediatric residents and fellows gain progressive skill and independence in **clinical evaluation, diagnosis, and treatment of pediatric illnesses**. There is a well-defined framework for communicating and evaluating that body of knowledge.
- Other **”soft skills”** are important for success and advancement in academic careers. Such information is generally passed down to trainees by individual mentors, and there may be considerable variability in awareness of, access to, and quality of this information.
- This variability has implications for equity and inclusion in academic pediatrics in general as well as in specific pediatric subspecialties

What are these “soft skills”?

- How to give an effective presentation to an academic audience (Grand Rounds, M&M, Journal Club – not a presentation on rounds)
- How to read, critically interpret, and explain a journal article
- Finding mentorship (and the need for multiple mentors)
- Figuring out what you want to do – i.e., what can a career in academic pediatrics look like? (ranks, tracks, promotion, time allocation, etc.)
- Constructing/updating a CV
- Getting involved in research as a resident or fellow (and how to be realistic)
- How to write a case report / abstract / paper
- Many others

Specific Goals

- **Develop and implement a curriculum** to communicate these soft skills to residents and fellows
- Leverage the administrative structure of an existing group (the Faculty-House Staff Council) to facilitate implementation
- Standardize and supplement, rather than replace, the role of individual mentors

Benefits to the department / program / institution

- No near-term impact on bottom line (either positive or negative)
- Facilitate resident/fellow engagement with faculty outside of clinical rotations
- Broaden exposure of trainees to more diverse set of faculty
- Enhance the “environment of inquiry” in the department
- Eventually, more abstracts / papers from trainees, maybe more interest in fellowship training or academic careers post-residency

Resources required

- Essentially no physical space or financial resources needed
- Initial meetings / discussions will be virtual, using existing IT infrastructure. Eventually, we will transition to in-person meetings (monthly, in existing department space).
- Some faculty time needed – need excellent speakers, discussion leaders
- Minimal administrative support for invitations, announcements, pre/post surveys

Personnel needs / Approvals required

- Major stakeholders:
 - **Department Leadership:** Chair; Vice-Chair for Education; Vice-Chair for Research
 - **Educational Leadership:** Residency Program Director; Fellowship Program Directors
- Existing members of FHSC will serve as initial source of speakers as well as champions of the initiative within the residency program.
- No other specific approvals needed.

Potential pitfalls

- **Scheduling**

- Scheduling sessions that involve residents is non-trivial
- Need to ensure that both residents and fellows will be available
- Early morning and evening sessions may be challenging for trainees with child-care or other responsibilities
- Will consider asynchronous components and/or multiple session times on a single topic

- How can we make the curriculum **relevant to a wide audience** of trainees?

- Many of our trainees are not seeking academic positions – focus on skills that may be translatable to other sessions (public speaking; critical reading of medical literature)
- Fellows may already have specific mentors in place – can still benefit from practice of some of these skills
- Seek ideas and feedback on session topics early and after each session – iterate curriculum specifics

Thank you!

Suggestions?

