



Scholarly Requirement and Research Elective NCC Pediatric Residency



Residents in the NCC Pediatrics Residency Program shall complete a **scholarly project** as a prerequisite to graduation. A scholarly project is broadly defined as an academic effort culminating in a presentation, publication, or grant funding. Examples include written literature review and presentation, case report with a written literature review, survey research, educational research and curriculum development, clinical research, outcomes research, bench research, process improvement or quality improvement research, or grant-funded project. These scholarly activities can and likely will overlap ARM Longitudinal Curriculum projects (please see separate handout in the Housestaff Manual for details).

Opportunities to conduct some type of scholarly activity will be introduced in the PGY1 year with a completion date at or before graduation. It is anticipated that PGY1s will use their year to meet with faculty or peers and formulate ideas for a scholarly project. Prior to starting second year, rising PGY2s will submit an initial written proposal to the Resident Research Oversight Committee (RROC) outlining their project idea and identifying a faculty mentor. The RROC will meet prior to or right at the beginning of the Academic Year to review initial proposals and provide feedback. Following the initial meeting with the RROC, the resident will continue to work on their scholarly activity with a formal check-in and update with the RROC every 6 months, though the RROC will meet quarterly to allow for residents to check-in more frequently as needed.

Credit for completion of the Scholarly Project prerequisite will be determined by the RROC and Residency Leadership on a case by case basis. A record of the scholarly project (e.g. abstract, literature review, Institutional Review Board application, or manuscript) will be included in each resident's residency portfolio. Although publication or presentation at a major meeting is highly encouraged, this is not a 'mandatory requirement.' In addition to invited research forums such as national meetings, residents are encouraged to present their scholarly projects at the National Capital Area Military Research Competition and USUHS Research Day to the local pediatric community. Residency Leadership and RROC expectations include completion of at least one scholarly project prior to graduation of residency, but residents are by no means limited to only one project. It is encouraged for residents to collaborate and work together to sustain and grow their projects as they delve further into their scholarly pursuits.

Designated **Research** electives are available to PGY2 and PGY3 residents.

Objective: To provide pediatric residents a single protected period of 4 weeks dedicated to a project that may fulfill the residency program's scholarly requirement.

Requirements: The resident **MUST**

- Contact the rotation coordinator at least 3 months before rotation to discuss expectations
- Designate a faculty research mentor who will be willing to oversee the project and provide an evaluation
- Contact the RROC at least 2 months prior to complete project outline and review
- Meet at least weekly during the rotation with the faculty research mentor to chart progress

This work may be done at any of our affiliated institutions (WRNMMC, USUHS, NIH, or WRAIR). During this elective, residents will continue to meet all educational and administrative requirements including attendance at morning report, grand rounds, simulation curriculum, and weekly continuity clinics; attendance at checkout when on-call; and additional duties where required by the program director.

Updated May 2020



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Updated for Academic Year 2019-2020



The Scholarly Requirement and Research Elective rotation will develop and assess the resident for independent practice of this Entrustable Professional Activities (EPAs):

11. Manage information from a variety of sources for both learning and application to patient care.

Information is exploding in this century, doubling almost yearly while ever-increasing modalities bombard us with the transmission of that information. As a result, physicians must develop expertise in accessing and managing information. The specific functions required for this activity include:

- Knowing the quality of the information (e.g. EHR, social networks, the internet, journal articles)
- Accessing relevant information quickly (e.g. when providing telephone or video consultation)
- Querying databases (e.g. an electronic health record, literature search engine)
- Filtering and sorting data by importance on parameters such as reliability of the source and immediate usefulness for decision-making
- Interpreting and applying information in context (e.g. the context of an individual patient or population of patients for whom one is caring, or the context of one's own professional formation)
- Storing information to optimize retrieval
- Taking responsibility to continually update information pertinent to one's practice
- Managing the ambiguity often inherent in data itself or its interpretation
- Developing facility with emerging technologies.

This EPA involves the following Domains of Competence:

Medical Knowledge- MK 2: EBM; Practice-based Learning and Improvement- PBLI 6: EBM; PBLI 1: Identify gaps; PBLI 2: Set goals; PBLI 3: Learning activities; PBLI 7: IT; PBLI 10: Lifelong learning; Personal & Professional Development- PPD 4: Flexibility and maturity; PPD 8: Uncertainty;

14. Apply public health principles and quality improvement methods to improve care and safety for populations, communities, and systems.

The 21st century health care professional needs to understand population health in order to optimize care. Populations can be defined by sociodemographics, disease states, and/or active practice patients to name a few. The functions required of this activity include:

- Apply knowledge of population health
- Function in an interdependent health care team
- Collaborate with others to improve systems
- Recognize one's professional responsibility to populations, communities and society at large
- Utilize technology (e.g. patient registries and databases)
- Demonstrate adaptability in developing and implementing improvement plans • Utilize risk/benefit and cost/benefit analysis.

This EPA involves the following Domains of Competence:

Practice-based Learning and Improvement- PBLI 4: Analyze practice; PBLI 7: IT; Professionalism- P4: Cultural competence; Systems-based Practice- SBP 3: Cost awareness; SBP 4: Advocate for quality; SBP 6: System errors; SBP 7: Promotion of health;

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