



# Advocacy-Research-Military Studies Longitudinal Curricular Program

NCC Pediatrics Residency



## Overview

The Advocacy-Research-Military Studies (ARM) Program is a longitudinal curricular experience embedded within the traditional block-rotation curricular structure. This allows another curricular experience that is individualized to the resident's future career plans, in line with new ACGME Pediatric Resident Review Committee guidelines.

Residents in the ARM Program have one or two half-days per block to individualize their education to fit with their future career goals with opportunities in advocacy, subspecialty care, quality improvement, research, military pediatrics, and other pediatric-related fields. The longitudinal block is specifically directed towards each individual resident's learning goals, helping to prepare residents to move on to the next phase of their careers. It focuses on self-directed learning and individual career exploration. The intent is to provide a longitudinal elective educational experience that cannot be completed in a traditional block schedule. This is an advanced individualized curriculum requiring independence and achievement of goals under indirect supervision.

Over the course of 2 years, the ARM Program would set aside no more than 47 half-days and no less than 32 half-day sessions to count as an educational unit according to the July 2013 ACGME Pediatrics Program Requirements Section IV.A.6.a).(1)

**Eligibility:** PGY-2 and PGY-3

**ARM Committee:** A longitudinal-curriculum oversight committee will be charged with approving and monitoring individualized ARM Programs. Members will be approved by the Program Director.

**Individual resident advisor:** Faculty member who would oversee and coordinate the longitudinal curriculum. This person needs to be identified by the resident.

## Examples of Possible ARM Experiences:

1. Advocacy:
  - a. Volunteer work at the Federal AAP Office
  - b. volunteer work with a legislative health affairs assistant in Congress
2. Research
  - a. Bench, Clinical, Educational
3. Administrative/Leadership
  - a. EFMP program representative
  - b. Child Abuse Case Council
  - c. Permanent Liaison to CDC
  - d. Hospital Wide Committee membership/project
  - e. Resident representative of the ACGME



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4. Enhanced Clinical Experience
  - a. Multi-D Clinic participation (CF, craniofacial, DM clinic, nicu grad clinic, Lupus Clinic, Long Term Cancer Survivor Clinic, Sickle Cell Clinic, Spina Bifida Clinic, Spasticity Clinic)
  - b. Subspecialty Clinic at Belvoir (e.g. Cardiology, Pulmonology, GI, Renal)
  - c. Participation in specialty clinics or conferences at other hospitals (Adoption Clinic, Peds CT Surgery Conference, academic half days for subspecialties)
5. Quality Improvement
  - a. Project of your own choosing (in addition to PCMH resident project)
6. Education
  - a. Time in Simulation Center doing procedures
  - b. Second-order education: USUHS small groups
  - c. Taking online learning modules or auditing courses at USUHS or local universities
  - d. Precepting medical student clerkship clinic
  - e. Precepting interns, MS4s and TYs in primary care clinic
  - f. Attending USUHS or WRB Faculty Development courses
7. Community
  - a. Volunteering at student health clinic at local high school or college
  - b. Volunteering as team doctor for a local high school or college sports team
  - c. Volunteering at clinic for indigent children
8. Military Unique
  - a. Seeking Military Qualification

## **Funding**

1. The residency will budget money starting in FY16 budget for this curriculum.
2. Approval of funds will be through the Longitudinal Curriculum Oversight Committee, then the Program Leadership, then the NCC.

## **Eligibility and Exclusion Criteria**

1. All PGY-2 and PGY-3 residents
2. Residents on program level or institution level probation are not eligible so that they may focus. This does not include reading/study remediation plans.
3. Residents on Fitness Enhancement Program are not eligible.

## **Application Process**

1. The resident shall propose and follow a set of concrete milestones. The resident must be the primary author of the proposal, although input from faculty and other residents is encouraged.
2. Proposal goals and objectives should correspond to the SMART guideline (Specific, Measurable, Achievable, Realistic, Timely).
3. Residents must submit a semi-annual update that aligns with the proposal goals & objectives (by Apr 1<sup>st</sup>, Oct 1<sup>st</sup>).



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4. The ARM Longitudinal Curriculum Oversight Committee will review proposals. The Committee will provide one of three actions: approve, disapprove, or approve with modifications.
5. ARM Program Proposals will be judged based on
  - Consistency (same or related experience over the course of the 2 years)
  - Goals and objectives which incorporate core competencies of the ACGME and the residency
  - The “deliverable” – a concrete accomplishment that is suitable for inclusion on a CV.
  - Applicability to Individualized Curricular Goals
  - Letter or email of support from a mentor and supervisor of an experience
6. If the ARM Program involves an outside institution, a point of contact and lead time are needed to generate a Memorandum of Understanding.

## Changes to the Longitudinal Curriculum

1. Minor modifications can be made on the fly with approval of the faculty mentor and may be submitted with quarterly updates
2. Substantial changes in content must be approved by the Committee

## Expectations

Participation in the longitudinal curriculum is dependent on continuing to meet expectations.

1. 90% of clinic notes completed within 72 hr period; no outstanding notes over 2 weeks
2. Submission of semi-annual update on the experience to date with log of each half-day experience.
3. Monthly contact with the faculty mentor – formal or informal, in person or electronic.

## Evaluation

The faculty advisor and/or the ARM Longitudinal Curriculum Oversight Committee will evaluate the resident's progress semi-annually using the e-value system.

## Scheduling

Residents on the ARM Program will have two half-days per month on day-shift rotations, one half-day on the PGY-2 NICU block, and no half-days on night-shift rotations or rotations out of the DC Metro area.

Residents on team rotations will coordinate ARM days with other team member commitments such as continuity clinic and their own ARM days.

No two residents on the same team will schedule their ARM half-day on the same day.

Residents on the ARM Program will inform rotation supervisors of scheduled dates a month ahead of time along with their continuity and call obligations.

Only one ARM half-day will be scheduled in the short block (Block 1) if that block incorporates the ARM Program.



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## Frequently Asked Questions

**Question:** Can 2 half-days be combined into a whole-day?

**Answer:** Yes if there is a compelling reason (day-long clinic, class, event) and cleared ahead of time by your supervisor.

**Question:** Is primary care continuity clinic still required?

**Answer:** Yes. This longitudinal curriculum is in addition to continuity clinic.

**Question:** How are these scheduled?

**Answer:** These should be scheduled in advance of your rotation with the assistance of your rotation supervisor in order to:

- Deconflict with the continuity clinic days, post-call days, and other longitudinal days of other residents on the rotation
- Meet the required time on the rotation.
- Meet duty-hours requirements

**Question:** Does time spent on the longitudinal curriculum count towards duty hours if the resident is off-site?

**Answer:** Yes.

**Question:** If an educational event is in the evening or weekend during normal liberty hours (e.g. team sport game, conference, evening clinic), does the resident get the ½ day free during normal working hours?

**Answer:** Yes, in order to meet duty hours.

**Question:** Can you give me an example of an ARM Proposal

**Answer:** See below

*Resident: Gorman*

*Proposal Title: Healthy Habits Clinic*

*Purpose: I am interested in primary care, and have a special interest in obesity and multi-disciplinary care. I hope to be able to be more involved in the clinic and its administration so that I might be able to set up a similar program at my next duty station.*

*Goals & Objectives:*

1. *To attend one full day of Healthy-Habits clinic for 9 months out of 12.*
2. *To develop two patient handouts, at the appropriate reading level, for the Healthy Habit Clinic.*
3. *To organize the content of one afternoon session of the Healthy Habits Clinic and codify it for future use*

*ARM Advisor & Evaluator: Dr. Dunn*

*Point of Contact email: Ashley.dunn AT nccpeds.com*

*Approval Letter: Email from Dr. Emerick (Healthy Habits Clinic) and from Dr. Dunn (advisor) attached*