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advanced practice providers, “living” documents were created to serve pediatric-trained providers in the care of hospitalized adults.

We created an inventory of high-yield topics to address the knowledge gap challenging a pediatric hospitalist while caring for adults. Students, residents, and attendings helped to create documents from varied sources, including peer-reviewed journals. These were then formatted by a dedicated team to provide consistency across all one-pagers. Next, these documents were evaluated by an adult hospitalist to evaluate the quality, accuracy, and flow of content and a pediatric hospitalist for applicability and clarity. A final review was performed by a member of our Educational Steering Committee for quality control. This review process was streamlined to ensure a balance between quality and rapid dissemination.

OUTCOMES TO DATE

Since the inception of the POPCoRNetwork (March 29, 2020), there have been 54,841 views. Over 95% of traffic came from the United States, with the most visits (11.1%) coming from New York State. The Education Materials has been the most visited section of the website. The most popular one-pager content was “Cross-Cover IM” (24.7%, 789 visits), a series of 7 one-pagers covering common questions and emergencies seen in Internal

Medicine, followed by Cardiology (16.3%, 520), and General Medicine (10.5%, 327). Additionally, we have received excellent feedback about the utility of our documents in the on-the-ground care of adults in previously pediatric predominant areas.

NEXT STEPS/PLANNED CURRICULAR ADAPTATIONS

The most up-to-date versions of the documents reside on the POPCoRN website with QR codes embedded which allow for quick reference to the website for topics within an organ system. These collaborative “living” documents allow for continuous feedback and up-to-date information. Continued enhancement and assessment of utility will allow the POPCoRNetwork one-pagers to be ever-green in their applicability to caring for adults.

We are working on developing a phone-based application to increase accessibility to those without robust internet or data connections. As the COVID-19 pandemic becomes less of a surging crisis, we hope this no-cost repository of consolidated resources could be disseminated and adapted as curricula for clerkships, incoming first-year residents, or pediatric trainees learning the transitional care of adolescents and adults with chronic childhood conditions admitted to pediatric hospitals.

“Megafliip,” a Novel Approach to National Collaboration for Flipped Classroom Education



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PROBLEM

THE COVID-19 PANDEMIC has created difficulties with execution of traditional didactic curricula. Programs have restricted in-person gatherings and increased use of work-from-home models. Essential staff involved in execution of didactics have also been subject to furlough. The pandemic has directly affected facilitator health and time for preparing and delivering didactics; this impact has been highly variable across regions and institutions.

Despite these challenges, it is imperative that programs continue to deliver quality didactic education. The Accreditation Council for Graduate Medical Education (ACGME) has issued statements indicating that “programs should continue to provide education to residents/fellows, when feasible, utilizing remote conferencing technology, web-based resources, and other innovative tools.”¹ Program directors need innovative approaches to ensure that didactics are held regularly, are high quality, and engaging to learners at a time of significant stress.

“Megaflip” is a novel form of open-access national didactics. These sessions are multicenter educational experiences using materials from The Organization of Neonatal-Perinatal Medicine Training Program Directors National Neonatology Curriculum, a standardized, peer-reviewed curriculum utilizing flipped classrooms.² In the National Neonatology Curriculum flipped classrooms model, learners are assigned prework, consisting of short videos and reading materials in preparation for the “classroom” session. The classroom session focuses on case-based knowledge application rather than knowledge acquisition.

“Megaflip” sessions are delivered via the Zoom (San Jose, Calif) platform. A small group of facilitators (2–3) hosts the Megaflip and interested programs request a link to participate. The participating programs provide a local facilitator to lead their own fellows in large group and breakout discussions. This facet of “Megaflip” allows the faculty team to highlight important interinstitutional practice differences and expands the peer-learning opportunity across programs. The Zoom platform overcomes many of the challenges of a large group interactive session by allowing learners to virtually raise their hand, answer yes/no questions with the click of a button, utilize the chat feature, and participate in smaller group discussions via the breakout room feature.

OUTCOMES TO DATE

There have been 2 pilot sessions with 131 fellows from 16 neonatology and pulmonary fellowship programs

across the United States. We have thus far received 22 survey responses regarding the utility of Megaflips and the impact of COVID-19 on fellow education.

Prior to their Megaflip experience, only 4.5% of respondents had previously participated in didactics with fellows from other programs. Seventy-three percent felt the amount of active discussion was better than a typical educational session and 91% of respondents felt this model had good or great effectiveness for learning. No fellows reported technical difficulties with the online platform.

NEXT STEPS

As expertise and comfort with the online format grows, we anticipate that more programs will host and facilitate Megaflip sessions. Expanding the use of Megaflips on a national level will allow increased education across medical disciplines and content areas. We plan to continue this model beyond the pandemic given the opportunity for multicenter collaboration, reduced burden on faculty facilitators, and expanding fellow exposure to center-specific innovations and practice patterns.

REFERENCES

1. Accreditation Council for Graduate Medical Education. Stage 2: increased clinical demands guidance. ACGME main page. Available at: <https://acgme.org/COVID-19/Stage-2-Increased-Clinical-Demands-Guidance>. Accessed April 14, 2020.
2. French H, Gray M, Gillam-Krakauer M, et al. Flipping the classroom: a national pilot curriculum for physiology in neonatal–perinatal medicine. *J Perinatol*. 2018;38:1420–1427. <https://doi.org/10.1038/s41372-018-0185-9>.

Primary Care Mock Codes During a Pandemic: Interprofessional Team-Based Emergency Education While Maintaining Social Distance



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PROBLEM

PREPARING PRIMARY CARE offices to manage common medical emergencies requires routine training of staff.¹ The American Academy of Pediatrics² recommends simulated exercises, or mock codes, for staff to practice the steps of an emergency. Our large urban pediatric primary care office sees >300 patients daily and provides care to the largest number of medically complex patients in our network of 31 practices. With our large patient volumes

and high acuity, our office averages 2 patients per week that require emergent stabilization or additional evaluation in an emergency room. We typically hold in-person mock codes semiannually. However, during the COVID-19 pandemic, approximately half our staff was in the office each day, and the other half had alternative work arrangements. By late March 2020, we realized we needed to revamp our mock code plan to educate staff about medical emergencies while practicing social distancing.