**Sample Teaching DBP Workshop Submission**

**TITLE:** Survival of the Fittest: A Call to Action for Developmental-Behavioral Educators to Prevent Extinction of the Species

Robert G. Voigt, MD, Meyer Ctr for Devlpmntl Peds/TX Children's Hosp, Houston, TX; Noel Mensah-Bonsu, MD; Sonia Monteiro, MD; Kathryn Ostermaier, MD; Dinah Godwin, LCSW; Adiasha Spinks-Franklin, MD; Jonathan Castillo, MD; Renee Rodrigues, MD; Lisa Pham, DO; Jennifer Swanson, MD; Jonathan Topham, MD; Maja Katusic, MD; Veronica Villarreal, MD; Heidi Castillo, MD, Baylor College of Medicine, Houston, TX; Jessica Smith, LMSW, Texas Children's Hospital, Houston, TX; Marcia Berretta, LCSW, Baylor College of Medicine, Houston, TX; Cervantes Jennifer, LMSW, Texas Children's Hospital, Houston, TX; Candice Allen, MD, Baylor College of Medicine, Houston, TX

Please provide a two-sentence description of your session which will be included in the meeting registration:

While developmental-behavioral disorders are the most prevalent chronic conditions in pediatric medical practice, the number of board-certified developmental-behavioral pediatricians (N = 775) is more than woefully inadequate to meet this demand; complicating this mismatch, the recent Workforce Survey completed by the SDBP and AAP's SODBP indicates that one-third of DBP's (N = 255) will retire in the next 3 to 5 years, and the 2017 DBP Fellowship Match resulted in only 33 of 46 positions filled. Thus, educators in the field of DBP are most responsible for urgently devising a plan of action to ensure its survival.

State specific goals for your session:
The goal of this session is to bring together all developmental-behavioral pediatrics educators (who are most responsible for both generating interest in the field among pediatric trainees and equipping the next generation of pediatricians to provide developmental medicine care within the primary care medical home) to devise a multifaceted plan of action to both: 1) address the survival of the subspecialty, and 2) to ensure the future development of medical care of children and adolescents with developmental-behavioral disorders in an era of declining access to subspecialty DBP care. The plan devised can then be formally written up, presented to the SDBP Board as a critical action item for the Society, and disseminated to key stakeholders, including the ACGME, ABP, AAP, CoPs, AMSPDC, medical employers, medical insurers, and legislators.

Please provide up to 3 objectives and include the target audience, "After attending this workshop, participants will be able to..."

1. After attending this workshop, participants will be able to describe a multifaceted plan to increase interest among pediatric residents in pursuing subspecialty DBP fellowship to avoid extinction of the field.
2. After attending this workshop, participants will be able to describe expanded training models to ensure that developmental medical care will continue to be provided to pediatric patients, despite decreasing access to DBP subspecialists.

Identify target learner group
All developmental-pediatric educators who provide pre-service education to residents and/or in-service education to pediatric health care providers in practice (including pediatricians, family medicine physicians, pediatric nurse practitioners, and physician assistants).

Describe teaching methods and format of workshop
This session will begin with a brief introduction to establish the scope of the problem, followed by dividing the audience into 6 workgroups to address various aspects of the problem, and it will conclude by bringing the workgroups together for presentation, discussion, and development of a multifaceted plan to address the problem.

Describe how interactive and learner-centered techniques will be used in facilitating the workshop
Each participant in this session will join one of 6 workgroups, facilitated by faculty members, to actively discuss a specific aspect of the problem and devise a multifaceted plan to address that aspect of the problem. Participants will then present their plans to the entire audience at the conclusion of this session. All participants will be recognized as contributors to the final plan presented to the SDBP Board and disseminated to key stakeholders following the meeting.
Complete proposed program including proposed speakers

I. Introduction/Scope of the Problem (Robert Voigt; 5 minutes)

II. Workgroups (30 minutes)

A. Increasing interest in the DBP subspecialty among pediatric residents
   Workgroup Objectives:

   Workgroup 1: "What do pediatric residents like?" - Devise methods to improve pediatric residents' longitudinal experience in developmental-behavioral pediatrics during their residency training among contemporary and future pediatric trainees (facilitators: Noel Mensah-Bonsu, Sonia Monteiro, Maja Katusic).

   Workgroup 2: "How can we mandate more exposure to DBP?" - Develop an approach to advocate for increased required exposure to developmental-behavioral pediatrics commensurate with the prevalence of developmental-behavioral concerns in pediatric medical practice to stakeholders, such as the ACGME, ABP, AMSPDC, etc. (facilitators: Kathryn Ostermaier, Renee Rodrigues).

   Workgroup 3: "How can we get medical learners more actively involved in DBP early?" - Develop avenues for pediatric residents and medical students to become more easily and actively involved in national developmental-behavioral pediatrics activities through the SDBP and AAP SODBP (facilitators: Adiaha Spinks-Franklin, Jonathan Topham, Veronica Villarreal).

   Workgroup 4: "How can we make DBP more financially attractive to pediatric residents?" - Design approaches to most effectively advocate for financial incentives to increase interest in pursuing developmental-behavioral pediatrics fellowships among pediatric residents, such as loan forgiveness to pursue this underserved medical service; defining the core value of DBP care (separate from overlapping and often more easily accessible subspecialties) for: 1) private and government-funded health care insurers to advocate for increased reimbursement (and thus, increasing the value of DBP services to health care institutions), and 2) hospital administrators and pediatric department chairpersons to advocate for increased salaries commensurate with supply and demand (facilitators: Dinah Godwin, Candice Allen, Jessica Smith).

B. Ensuring developmental medicine care in an era of shrinking DBP subspecialty supply
   Workgroup 5: "How can we expand DBP education to more pediatric health care trainees?" - Advocate for and create pathways for required training experiences in DBP for family medicine residents and nurse practitioner and physician assistant trainees, as well as for fellows in Pediatric Physical Medicine and Rehabilitation, Medical Genetics, Child Psychiatry, Sleep Medicine, Child Abuse, Adolescent Medicine, and Neonatology (Jonathan Castillo, Lisa Pham, Marcia Berretta),

   Workgroup 6: "How can we support primary pediatric health care professionals in practice to longitudinally manage their patients following DBP subspecialty consultation?" - Design innovative DBP in-service education and consultation models, including "mini-fellowships" for DBP practice champions, phone consultation, telemedicine consultation, etc. (facilitators: Heidi Castillo, JB Swanson, Jennifer Cervantes)

III: Workgroup Presentations and Development of a Plan of Action (Robert Voigt; 20 minutes)

AV Requests
Paper flip charts for each workgroup and for final development of action plan