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**2026 Annual Meeting, September 24-26, 2026**

**Meeting Sessions of Interest to Coordinators and GME Staff**

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*Note: Sessions are subject to change. The specific schedule and room assignments will be available from FMEC in August 2026.*

### **Seminars (1 hour)**

#### **Fueling Wellness and Focus: Human-Centered Coordination in the Modern GME Program**

##### Authors

Adele Levey, Program Coordinator, C-TAGME, Mary Washington Healthcare

##### Abstract:

Program coordinators play a central role in supporting resident wellness while managing the demands of complex GME environments. This session introduces a human-centered approach that blends empathy, structure, and intentional communication. Participants will learn how simple tools—such as weekly “fuel checks”—can help identify early signs of burnout, strengthen trust, and create a supportive culture. The session also highlights practical focus and productivity strategies informed by lived experience as a coordinator with ADHD, offering realistic ways to stay organized amid frequent interruptions. Attendees will leave with actionable techniques to support both resident well-being and their own workflow sustainability.

#### **Are You Getting the Most Out of Your CCC?**

##### Authors

Robert Langan, MD, Sacred Heart Family Medicine Residency

##### Abstract:

All residency programs are required to have a CCC, but the ACGME requirements can seem vague and short on practical advice. This workshop will review current literature, supplemental information from the ACGME, and the experiences and expertise of the attendees to help take your CCC from a necessary evil to an integral part of your assessment process.

### **Workshops (1 hour)**

#### **Managing Anxiety and Uncertainty in Residencies During A Crisis: A Workshop For Program Faculty and Coordinators**

##### Authors

Fadya El Rayess, MD, Brown Family Medicine Residency

Suki Tebberberg, MD, Boston University FM Residency

Bethany Picker, MD, Maine Medical Center FM Residency

##### Abstract:

Residency programs are complex organizations at the intersection of education and employment. When personal or professional emergencies arise in a resident, the program leadership must balance the human concerns and logistic issues and consider impacts on the resident, their peers, their faculty and patients. In this workshop, faculty from 3 programs (2PDs, 1 APD) will share experiences, lessons learned and a framework for planning for different emergencies (BH, serious illnesses, external: e.g. shootings, storms). Most of the session will involve interactive time for



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participants to process their own emergencies with peers and develop emergency plans in small groups.

### **Creating a Strategic Plan for GME Wellness**

#### Authors

Maya Bass, MD, Cooper University Hospital

Kelechi Uzoegwu, BH Fellow, Cooper University Hospital

Alexa Hayes, Psychologist, Cooper University Hospital

#### Abstract:

Graduate medical education programs must address growing concerns around resident and fellow well-being through intentional, system-level strategies. This session presents a structured approach for developing a GME Wellness Strategic Plan grounded in institutional data, national guidelines, and the Cooper GME Wellness Committee experience. Participants will learn how to identify core wellness pillars, conduct needs assessments, and build a sustainable strategic framework that balances culture, clinical environment, and individual well-being. Through interactive exercises and case examples, attendees will leave with practical tools to initiate or refine their own institutional wellness plans.

### **Scroll-Stopping Strategies: Creating Captivating Social Media Content for Residency Recruitment**

#### Authors

Megan Fainer, PGY1, Middlesex Health Family Medicine Residency Program

Rachel Madore, PGY1, Middlesex Health Family Medicine Residency

Timothy Huang, PGY3, Middlesex Health Family Medicine Program

#### Abstract:

Family medicine programs increasingly rely on social media to enhance visibility, highlight program culture, and attract competitive applicants. In part due to this generation of students' preference for social media for entertainment and information gathering, but also because of the switch to virtual/hybrid interviews. However, many programs lack a structured approach to content creation, resulting in inconsistent messaging, low engagement, or posts that fail to resonate with prospective residents. Participants will learn the fundamentals of content design, storytelling techniques that reflect program identity, and approaches to managing and evaluating a program's online presence, while considering resident and faculty schedules.

### **Lecture Discussions (20 minutes)**

### **Feedback, Direct Obs, Raffle Prizes! Oh My! How We Utilized Contingency Management to Improve Evaluation Numbers**

#### Authors

Henrique Jaime, MD, ChristianaCare

Bridget Peters, DO, ChristianaCare

Jill Jagoe, DO, ChristianaCare

Anna Filip, MD, ChristianaCare

#### Abstract:



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Implementation of Competency-Based Medical Education (CBME) emphasized the importance of direct observation for Family Medicine residents; however, early efforts revealed challenges in both frequency and documentation. To address this, we applied motivational strategies inspired by contingency management models used in patient care. A raffle-based incentive system was introduced in which residents earned tickets for each completed direct observation, qualifying for prizes. This approach resulted in a substantial increase in documented observations. Faculty engagement was further encouraged through recognition and small rewards during meetings. Together, these strategies improved participation in evaluations and strengthened the implementation of CBME within our residency program.

### **Resident Engagement and Action for Community Health (REACH) Program- Empowering Older Adults Through Resident-Led Health Promotion.**

#### Authors

Steffany Moreno, DO, Delaware Valley Community Health

#### Abstract:

The Resident Engagement and Action for Community Health (REACH) Program is a community-based, resident-led health promotion initiative developed in collaboration with DVCH and the Mann Older Adult Center. This presentation describes the design, implementation, and outcomes of monthly educational sessions for older adults delivered through seminars, open Q&A forums, and interactive physical medicine/OMT classes focused on movement, balance, and fall prevention. The program aims to improve seniors' health literacy and preventive behaviors while simultaneously strengthening residents' skills in communication, teaching, leadership, and community engagement. Practical lessons for replicating this model in other communities will be discussed.

### **The Test of Competency: A Framework for the Clinical Evaluation of Family Medicine Residents**

#### Authors

Jillian Weinfeld, MD, Hackensack Meridian Health Ocean University Medical Center

Ken Kronhaus, MD, Hackensack Meridian Health Ocean University Medical Center

Kelly Ussery-Kronhaus, MD, Hackensack Meridian Health Ocean University Medical Center

#### Abstract:

Competency Based Medical Education presents challenges to faculty in regards to developing a comprehensive structure for effective feedback and evaluation of family medicine residents. The faculty at Hackensack Meridian Health Ocean University Medical Center have designed a modern approach by using artificial intelligence to create tools to efficiently collect and analyze data. This tool allows for data collection from direct observations of clinical encounters and the ABFM required procedures to be compiled into a user-friendly database to be used during clinical competency committee meetings. Improving the evaluation of clinical competency provides an individualized approach to assessments throughout family medicine residency.

### **Incentivizing Efficiency to Facilitate Well-being: A Team Based Approach to Incentivizing Residents to Complete Clerical Tasks**

#### Authors



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Jennah Krause, DO, St. Luke's University Health Network  
Lynne Havsy, PhD, St. Luke's University Health Network  
Grace Gentry, DO, St. Luke's University Health Network  
Katelynn Koch, Residency Specialist, St. Luke's University Health Network

Abstract:

Residency is demanding and it can be difficult to balance honing clinical skills and knowledge against prompt completion of administrative responsibilities. Physician and behavioral science faculty and the program specialist of one family medicine residency jointly identified an opportunity for improvement in timely completion of administrative responsibilities. Using behavioral change theory that incentives and natural consequences are more effective than punishment, a comprehensive system was developed that promoted incentives for timely completion of administrative tasks and fostered a connection between timely work and increased wellness time. This presentation will describe the collaborative intervention, data collection, lessons learned, and resident feedback.

#### **Papers (15 minutes)**

##### **Implementing a Structured Elective Planning Framework to Improve Resident Experience and Program Workflow in Family Medicine Residency**

Authors

Haley Coleman, MD, Summa Health System  
Maria Schiaffino, MD, Summa Health System  
Virginia Regula, DO, Summa Health System  
Josie Fournier, Other, Summa Health System

Abstract:

Residency elective planning is often inconsistent and inefficient, contributing to resident dissatisfaction and administrative burden. We developed and implemented a structured, dual-facing elective planning framework aligned with ACGME Family Medicine requirements to support intentional, career-aligned electives while maintaining clinic continuity and operational feasibility. Introduced program-wide during an annual scheduling workshop, the framework integrates resident goal-setting, faculty mentorship, and standardized approval processes. This presentation describes the design and implementation of the framework, shares early resident and program coordinator feedback, and highlights practical lessons learned for programs seeking to improve elective planning processes.

#### **Breakfast Discussion Tables (1 hour)**

*Breakfast Discussion Tables are held from 7am-8am on Saturday, September 26.*

##### **Missing from the table: A Residency Leadership Strategy to Recruit and Retain URM Women in Academic Medicine**

Program Type: Breakfast Discussion Table

Authors

Mary Ellis, MD, UHS Chenango Memorial



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Joyce Robert, MD, Beebe Health

Dhvani Thakker, MD, Mount Sinai South Nassau

Abstract:

This workshop hopes to equip residency and clinical leadership with practical strategies to recruit and retain URM women in academic medicine. Participants will be encouraged to explore barriers in their institution such as compensation inequity, imposter syndrome and lack of mentorship for URM women. Participants will learn how to examine their current strategies in order to design more inclusive recruitment practices, build peer mentorship models and implement retention strategies that promote career advancement, wellness and institutional change.

### **New York State Residency Program Leadership Meeting**

Authors

Heather Paladine, MD, NY Presbyterian-Columbia Family Medicine Residency Program

Katherine Holmes, MD, UHS Wilson Family Medicine Residency Program

Abstract:

This breakfast discussion table is an opportunity for residency program directors and other residency faculty from New York state to come together for networking and to discuss timely topics such as recruitment and accreditation. Participants will also have the opportunity to sign up for our state program director listserv.

### **Quality Improvement and Research Presentations (30 minutes)**

#### **Improving Rapid Response Team (RRT) Resident Performance with a Standardized Resuscitation Algorithm and Mindful Leadership Techniques**

Authors

Robert Ries, MD, Christiana Care

Emerson Trimble, DO, Christiana Care

Allyssa Abel, MD, Christiana Care

Alan Schwartz, Psy'd, Christiana Care

Benjamin Golden, MD, Christiana Care

Abstract:

Rapid Response Teams (RRTs) require effective leadership and structured decision-making in high-acuity settings. At our institution, family medicine residents lead RRTs alongside critical care nurses, yet formal training in standardized resuscitation and leadership is limited. We implemented a quality improvement intervention combining a standardized ABCs algorithm with mindful leadership training. Using an interrupted time-series design, resident behaviors were assessed via checklist observation and surveys before and after the intervention. Preliminary results show high baseline performance and positive resident perceptions, supporting feasibility of integrating algorithms with leadership training in residency education.

#### **From Match to Practice: A 30-Year Retrospective Cohort Study of Primary Care Alumni**

Authors

Nathan Hudson, MS2, Northeast Ohio Medical University



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Mike Appleman, MA, Ed, Northeast Ohio Medical University

Abstract:

This session will offer the presenters' study of North East Ohio Medical University's (NEOMED) contribution to the primary care physician (PCP) workforce shortages in medically underserved areas (MUAs). Through a retroactive analysis of alumni specialty choice and eventual practice locations, the presenters will discuss how they evaluated the number of NEOMED alumni practicing primary care in MUAs, which has implications for how medical schools report primary care outcomes and workforce maldistribution. The presenters will provide recommendations to increase the PCP workforce aimed at the medical curriculum, along with a discussion of NEOMED's changes to improve PCP output.

**A Mixed-Methods Evaluation of Pennsylvania IMPLICIT Network Sites: What Are the Key Drivers of Success for a Maternal Child Health Learning Collaborative**

Authors

Emily Long, MPH, University of Pennsylvania

Anna Fetterolf, MPH, Lancaster General Health

Aisha Freeman, MPH, Lancaster General Health

Peter Cronholm, MD, Lancaster General Health

Mario DeMarco, MD, University of Pennsylvania

Abstract:

The IMPLICIT Network is a primary care maternal child health learning collaborative focused on improving the health of mothers/birthing people through two innovative models of care: Interconception Care (ICC) and 4th Trimester Care (4TM). From 2020 to 2025 the Pennsylvania Department of Health (PA DoH) supported the IMPLICIT Network's work in PA to implement the 4TM project at IMPLICIT sites, continue delivery of the ICC care model, and recruit new IMPLICIT sites in PA. This evaluation reviews key elements of successful implementation, barriers, and solutions to the execution of ICC and 4TM care models and growing a statewide learning collaborative.