RESULTS: Focus groups included 13 junior trainees (3 MS3s, 10 PGY1s), 10 senior trainees (3 PGY2s, 7 PGY3s), and 12 faculty. Five themes emerged (Table 1): (1) independent rounds contributed to all trainees' development; (2) senior residents described increased motivation to take full ownership of patients and educational needs of the team; (3) faculty were concerned about decreased opportunities for teaching and feedback, however trainees reported unique learning from faculty presence on and absence from rounds; (4) no significant safety events were noted; and (5) all identified communication and patient progression concerns that can be mitigated.

CONCLUSION: As a result of independent rounding, trainees described increased motivation to take ownership of their patients, education, and team. They felt both rounding experiences contributed to their development as physicians. Concerns about communication and patient care progression will be important to investigate when designing interventions to promote resident autonomy in the future.

Table 1: Focus group themes and representative quotes

Independent rounds contributed to all trainees' development.	*"It was a really scary opportunity to step up and have the kind of responsibility to be the doctor, but it was also really important and gave me a lot of insight into things that I need to know before I graduate residency and have to do this on my own."* – PGY3
Senior residents described increased motivation to take full ownership of patients and educational needs of the team.	*"It was one of the first times that I really felt like... my decisions were having real consequences and I was carrying the responsibility for the patient and I had to be prepared for what the outcomes of my decisions were going to be–* PGY3
Though faculty were concerned about decreased opportunities for teaching and feedback, both senior and junior trainees reported unique learning from having faculty both present and absent from rounds.	*"The team [felt] more relaxed and then that led to people asking more questions. I found we were having these amazing discussions about management that applied to the med students all the way to the junior and the senior. And we were teaching each other things and it was just like this really fluid learning environment that I had never experienced before."* – PGY3
No significant patient safety events were noted.	*"The attending is still reviewing the vitals. The attending is still examining the patient. The attending is still looking at your orders and talking about the plan. There pretty much is an attending there. You're just not with an attending on rounds."* – PGY3
All identified communication and patient progression concerns that can be mitigated.	*"I felt [like there was a] lack of recognition for things that should have been progressed in the patient's care."* – Faculty

Diversity/Social Determinants/ Poverty/Advocacy

83. THE CAROLINAS COLLABORATIVE: HOW A PEDIATRIC RESIDENCY TRAINING PROGRAM COLLABORATIVE IMPROVED COMMUNITY HEALTH AND ADVOCACY CURRICULA

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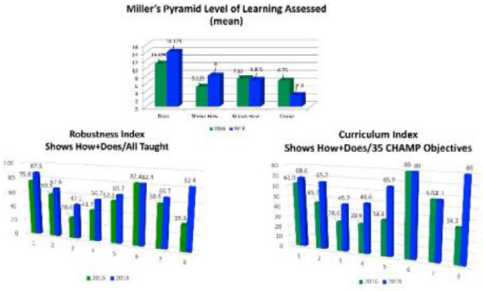
BACKGROUND: The Carolinas Collaborative (CC) is a cohesive network of advocacy leaders and representatives from all 8 pediatric academic institutions in North and South Carolina. Upon the founding of the CC, each institution had disparate levels of established advocacy curricula. Over the course of two years, the CC member programs worked together to improve their advocacy curricula via bi-weekly conference calls and quarterly meetings. Institutions saw an improvement in their curricula over time, and the advocacy programs involved in the CC became stronger and more developed through their involvement in the CC.

OBJECTIVE: To explore the impact of a multi-state advocacy-training collaborative upon community health and advocacy curricula using the American Academy of Pediatrics Community Pediatrics Training Initiative (CPTI) Community Health and Advocacy Mapping Profile (CHAMP) Mapping tool. Our hypothesis was that the collaborative would positively impact the curricular content for each program and lead to deeper and broader learning and assessment.

DESIGN/METHODS: Each of the 8 training programs of the CC completed the CPTI CHAMP Mapping tool at the outset of the collaborative in August of 2016, identifying which of the 35 learning objectives for Community Health and Advocacy Training were addressed in their residency program's curriculum, and an assessment of the level of learning expected for each taught objective according to Miller's Pyramid (Knows, Knows How, Shows How, Does). Each program repeated the CHAMP Mapping exercise in April of 2018. We assessed both changes in the number of objectives taught, and increases in the level of learning expected per Miller's Pyramid.

RESULTS: Compared to the 2016, the total number of CHAMP objectives taught by each program increased by 2018, from 31 to 32 of the 35 total. This number was not statistically significant. The level of learning assessed in 2016, defined by the number of objectives that met "Shows How" or "Does" showed a statistically significant increase by 2018 whether compared to all 35 CHAMP objectives (Curriculum Index, p=0.00007), or to the specific CHAMP objectives taught by each program (Robustness Index, p=.0002) (FIGURE 1).

CONCLUSION: Involvement in a multi-institutional Residency Training Collaborative can improve the quality and depth of Community Health and Advocacy education for residents. Both the breadth and depth of curricula improved, but the changes in level of learning, as defined by Miller's Pyramid, were the most significant.



84. TEACHING SOCIAL DETERMINANTS VIA SERVICE LEARNING AND COMMUNITY EXPLORATION

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BACKGROUND: Residents must be familiar with the community they serve and understand the impact of social determinants of health (SDH). Service learning is an educational approach that combines community service with reflection to achieve meaningful community engagement and understanding of SDH. We designed an intern orientation program to engage new trainees in conversations about SDH and advocacy through service learning and a team building experience.

OBJECTIVE: Assess the impact of a community tour and volunteer experience on knowledge of local community, attitudes around SDH screening, and intern bonding.

METHODS: The intervention included a didactic session on SDH; a walking tour of East Harlem (EH), the hospital neighborhood; and a visit to a local food pantry/community-based