

Faculty syllabus for 2.5 days

# AOTrauma Course—Managing Pediatric Musculoskeletal Injuries

Approved by the AOTrauma Education Commission July 2014  
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**Welcome to the AOTrauma courses in pediatric trauma and orthopedics in a new highly interactive format**

## Introduction

The AOTrauma Course—Managing Pediatric Musculoskeletal Injuries and the two optional AOTrauma Seminars—Special Pediatric Trauma Conditions and Pediatric Orthopedic Conditions are modular face-to-face educational events that constitute part of the overall AOTrauma Pediatrics curriculum, further complemented by expert modules/symposia and self-directed learning opportunities, eg, resources, webinars, videos.

**Developed by the AOTrauma Pediatrics Education Taskforce**

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### Link to AOTrauma Pediatrics Curriculum website

<https://aotrauma.aofoundation.org/Structure/education/educational-programs/pediatrics>

### Link to AOTrauma Pediatrics Faculty Support Package

<https://aotrauma.aofoundation.org/Structure/faculty-center/Pages/faculty-center.aspx> (login required)

## Competency-based curriculum

The development of this course followed a backward planning process leading to a competency-based curriculum (12 competencies and associated objectives)—please refer to the Competency Booklet PDF.

This course may be approved to carry the AO Competency-Based Curriculum stamp. See separate document for criteria and more information.



## Chairperson Guide

Check the Chairperson Guide in the Faculty Support Package for the course goal, overall learning objectives, target participants, faculty preparation, logistics, and much more about the specifics of this course.

## Course modules

### **ALL AOTrauma Pediatrics educational events/activities (eg, course)**

Opening session

Closing session

### **AOTrauma Course—Managing Pediatric Musculoskeletal Injuries**

Topic/Module 1 Fundamentals of managing pediatric fractures

Topic/Module 2 Assessment and planning

Topic/Module 3 Decision making

Topic/Module 4 Lower limb—femoral fractures

Topic/Module 5 Lower limb—knee injuries

Topic/Module 6 Lower limb—tibial, fibular, and ankle injuries

Topic/Module 7 Entire lower limb

Topic/Module 8 Upper limb—shoulder and humerus

Topic/Module 9 Upper limb—supracondylar fractures

Topic/Module 10 Upper limb—other elbow injuries

Topic/Module 11 Upper limb—forearm and wrist fractures

Topic/Module 12 Entire upper limb

For the AOTrauma Seminars content, refer to the separate documents:

### **AOTrauma Seminar—Special Pediatric Trauma Conditions**

Topic/Module 13 Managing the child and family

Topic/Module 14 Management of bone and joint infection in children

Topic/Module 15 Serious musculoskeletal injuries in children

### **AOTrauma Seminar—Pediatric Orthopedic Conditions**

Topic/Module 16 Slipped capital femoral epiphysis

Topic/Module 17 Deformity management

Topic/Module 18 Pathological bone (non-oncological aspects)

## All AOTrauma Pediatrics educational events (eg, course)

| Duration  | Activity       | Topic   | Tools  | Key teaching points   | Who                          |
|---|----------------|---|--------|---|------------------------------|
| <b>INTRODUCTION SESSION (first session of the course)</b> |                |   |        |   |                              |
| Approx.<br>20 mins  | Meet and greet | Relaxed opening session (can be combined with registration) with coffee   | Coffee | Faculty to welcome participants in their allocated table groups, identify current level of experience and where necessary reassign groups | All faculty and participants |
| Approx.<br>10 mins  | Lecture        | Introduction to course—can include welcome, introduction to agenda, discussion of learning objectives, housekeeping, regional/local aspects | PPT    | Manage expectations of learners<br>Outline the flow of the program and goals  | Chairperson(s)               |

# AOTrauma Course—Managing Pediatric Musculoskeletal Injuries

| Duration | Activity   | Topic  | Tools  | Key teaching points   | Who   |
|----------|--|--|--|---|---|
| 75 mins  | <b>MODULE 1—Fundamentals of managing pediatric fractures</b> |  |  |   |   |
|          |  | <ul style="list-style-type: none"> <li>• Define normal children’s anatomy and physiology</li> <li>• Recognize the relevance of age in relation to injury pattern and optimum treatment of the whole child</li> <li>• Explain the relationship of age to modeling capacity and define acceptable limits of malunion</li> <li>• Recognize the importance of patient safety</li> <li>• Describe the impact of disturbance of growth in the management of pediatric fractures</li> </ul> |  |   |   |
| 15 mins  | 1.1 Plenary session  | Warm-up cases<br>Promote understanding of modeling capacity  | PPT cases from FSP on metaphyseal forearm fracture, humeral diaphyseal fracture, femoral diaphyseal fracture | Moderator does not give outcome of treatment as the cases will be revisited at end of module  | All faculty at tables with roaming moderator(s) |
| 20 mins  | 1.2 Lecture  | The influence of growth and modeling in pediatric fractures  | PPT of key slides available in FSP—to be adapted by presenter  | Relationship of age/bone segment to remodeling capacity—scientific aspects  | Expert faculty                                  |
| 20 mins  | 1.3 Lecture  | What are the currently acceptable standards of treatment for pediatric fractures?  | PPT of key slides available in FSP—to be adapted by presenter  | Include safety, effectiveness, function, cost/benefit for child/family/health system<br><br>According to local health economy resources, ie, independent of technique<br><br>Are we there yet? How can we improve?  | Expert faculty                                  |
| 10 mins  | 1.4 Plenary session  | Reevaluation of warm-up cases  | PPT cases from FSP   | Give “solutions” to previously presented cases  | All faculty at tables with roaming moderator(s) |
| 10 mins  | 1.5 Lecture  | Patient safety essential to the management of pediatric patients   | PPT of key slides available in FSP—to be adapted by presenter  | Communication, nonaccidental injury, analgesia, work-rounds, relationships, psychosocial and education aspects<br><br>Serious failures of care are not solely due to inadequate surgical management, eg: <ul style="list-style-type: none"> <li>• Inability to elicit history or perform examination, which is more difficult in children than in adults.</li> <li>• Failure to identify nonaccidental injury</li> <li>• Errors in prescribing medication that can prove fatal</li> </ul> | Expert faculty                                  |

| Duration   | Activity                                | Topic  | Tools   | Key teaching points   | Who   |
|--|---|--|---|---|---|
| 50 mins  | <b>MODULE 2—Assessment and planning</b> |  |   |   |   |
| <ul style="list-style-type: none"> <li>• Identify how to utilize appropriate imaging and other assessment techniques with the correct frequency to plan management, monitor treatment and define outcomes</li> <li>• Describe available classification systems, how to use them and why</li> <li>• Describe available validated outcome measures for different injury patterns</li> <li>• Establish principles of recognized predictors associated with satisfactory long-term outcomes to avoid overinvestigation and/or overtreatment</li> <li>• Identify recognized predictors that demand longer-term review to avoid poor outcomes</li> </ul> |   |  |   |   |   |
| 20 mins  | 2.1 Lecture                             | Optimizing investigations for children   | Full PPT available in FSP   | <ul style="list-style-type: none"> <li>• Define adequate imaging including image quality and patient positioning for x-ray; CT, ultrasound, MRI, intraoperative arthrogram; radiation risk reduction of surgeon and patient. How much x-ray do we need?</li> <li>• Classification—assists diagnosis, prerequisite for planning, quality control, assessment of union</li> <li>• Follow-up and assessment of long-term outcome (define key assessment parameters)—do you need an x-ray?</li> </ul> | Expert faculty                                  |
| 15 mins  | 2.2 Lecture                             | The AO Pediatric Comprehensive Classification of Long-Bone Fractures (PCCF) and the AO Comprehensive Injury Automatic Classifier (AOCOIAC) | Full PPT available in FSP   | Link to AO classification and treatment algorithms  | Expert faculty                                  |
| 15 mins  | 2.3 Plenary session                     | Summary  | PPT<br>2 supracondylar humeral fractures<br>Tibial diaphysis<br>Triplane fracture | <ul style="list-style-type: none"> <li>• Assessment of fractures highlighting the need for adequate x-ray investigations and reduce radiation exposure</li> <li>• Injury patterns: fractures to highlight the special features of the classification system</li> </ul>  | All faculty at tables with roaming moderator(s) |

| Duration | Activity                         | Topic  | Tools                     | Key teaching points  | Who   |
|----------|----------------------------------|--|---------------------------|--|---|
| 70 mins  | <b>MODULE 3—Decision making</b>  |  |                           |  |   |
| 20 mins  | 3.1 Lecture                      | Strategy for managing injuries at different ages | Full PPT available in FSP | Choice of technique/method according to age, bone segment, development, and available infrastructure   | Expert faculty                                  |
| 40 mins  | 3.2 Open small group discussions | Clinical decision making                         | PPT available in FSP      | Use this session to also evaluate if learners are in the right groups!<br>Based on modules 1–2<br>Address 3 age groups 0–3 y, 4–10 y, >10 y<br>Give examples of injuries to the epiphysis, metaphysis, and diaphysis | All faculty at tables with roaming moderator(s) |
| 10 mins  | 3.3 Plenary session              | Summaries from each table                        | Flipcharts                | Each table captures their discussions on decision making   | All faculty at tables with roaming moderator(s) |

| Duration | Activity  | Topic   | Tools   | Key teaching points  | Who   |
|----------|---|---|---|--|---|
| 180 mins | <b>MODULE 4—Lower limb—femoral fractures</b>      |   |   |  |   |
|          |   |   |   | <ul style="list-style-type: none"> <li>Evaluate the range of treatment options for epiphyseal, metaphyseal and diaphyseal femoral fractures</li> <li>Define indications for and principles of femoral traction</li> <li>Perform the technique for elastic nailing of femoral fractures and discuss limitations</li> <li>Perform the technique for ALFN in adolescents</li> <li>Compare and contrast treatment options in children of different ages, ie, casting, traction, plating, external fixator, intramedullary devices</li> </ul> |   |
| 10 mins  | 4.1 Plenary session                               | Warm-up cases   | PPT cases from FSP  | Proximal metaphyseal, length unstable diaphyseal, distal metaphyseal fractures<br><br>Moderator does not give outcome of treatment as the cases will be revisited at end of module   | All faculty at tables with roaming moderator(s) |
| 75 mins  | 4.2 Focused small group discussions               | Treating femoral fractures in children and adolescents                    | PPT available from FSP  | <ul style="list-style-type: none"> <li>Proximal femoral fractures Excluding SCFE</li> <li>Femoral fractures—how to treat children up to 3 years of age Include traction, hip spica, elastic nailing</li> <li>Femoral fractures—how to treat children older than 3–4 years of age Address elastic nail and end caps, conventional nailing, external fixator, plating</li> <li>Femoral fractures in older children/young adolescents—ALFN</li> <li>Distal femoral metaphysis and epiphysis</li> </ul>                                      | All faculty at tables with roaming moderator(s) |
| 10 mins  | 4.3 Plenary session                               | Reevaluation of warm-up cases   | PPT cases from FSP  | Give the “solutions” to the previously presented cases   | All faculty at tables with roaming moderator(s) |
| 30 mins  | 4.4 Practical exercise                            | PE1—ESIN in the femur: retrograde and anterograde techniques (half-group) | Info from word data   | If number of sets is sufficient, run back to back. Otherwise split group and faculty repeats practical   | All faculty                                     |
| 10 mins  | Table moderators reset the practical during break |   |   |  |   |
| 30 mins  | 4.5 Practical exercise                            | PE2—ALFN (half-group)   | Info from word data   |  | All faculty                                     |
| 15 mins  | 4.6 Lecture                                       | Summary of femoral fractures  | Take-home messages in PPT available. Moderator to summarize discussions | Including attainment of objectives and take-home messages  | Chairperson or moderator                        |

| Duration | Activity                                 | Topic  | Tools  | Key teaching points   | Who   |
|----------|--|--|--|---|---|
| 80 mins  | <b>MODULE 5—Lower limb—knee injuries</b> |  |  |   |   |
|          |  |  |  | <ul style="list-style-type: none"> <li>• Relate mechanisms to patterns of injury around the knee</li> <li>• Ensure identification of early recognition of pediatric knee injuries</li> <li>• Evaluate different treatment methods for complex knee injuries</li> <li>• Describe the treatment options</li> <li>• Anticipate complications and evaluate options for management</li> </ul>  |   |
| 10 mins  | 5.1 Plenary session                      | Warm-up cases  | PPT cases from FSP   | Tibial spine injuries, physeal fractures, metaphyseal fractures<br>Moderator does not give outcome of treatment as the cases will be revisited at end of module   | All faculty at tables with roaming moderator(s) |
| 45 mins  | 5.2 Focused small group discussions      | Treating knee injuries in children of different ages | PPT cases from FSP   | <ul style="list-style-type: none"> <li>• Injuries in a younger child<br/>Tibial spine fractures, injuries to the extensor mechanism including patella fracture/dislocation</li> <li>• Injuries in the older child<br/>Include ACL and meniscal tear</li> <li>• Injuries of the proximal tibia<br/>Include tuberosity, crush trauma of the epiphysis, proximal metaphyseal injury</li> <li>• Traumatic patellar dislocation with osteochondral lesion</li> </ul> | All faculty at tables with roaming moderator(s) |
| 10 mins  | 5.3 Plenary session                      | Reevaluation of warm-up cases                        | PPT cases from FSP   | Give “solutions” to the previously presented cases  | All faculty at tables with roaming moderator(s) |
| 15 mins  | 5.4 Lecture                              | Summary of knee injuries                             | Take-home messages in PPT available.<br>Moderator to summarize discussions | Including attainment of objectives and take-home messages   | Chairperson or moderator                        |



| Duration | Activity   | Topic  | Tools                | Key teaching points   | Who   |
|----------|--|--|----------------------|---|---|
| 105 mins | <b>MODULE 6: Lower limb—tibia, fibula, and ankle injuries</b>  |  |                      |   |   |
|          | <ul style="list-style-type: none"> <li>Recognize the range of treatment options of tibial diaphyseal fractures</li> <li>Describe the presentation of compartment syndrome</li> <li>Describe the pattern of triplane fractures</li> <li>Apply principles of fracture reduction and fixation that maintain the function of the physis</li> </ul> |  |                      |   |   |
| 10 mins  | 6.1 Plenary session  | Warm-up cases                                | PPT cases from FSP   | Cases: tibial diaphysis<br>Moderator does not give outcome of treatment as the cases will be revisited at end of module   | All faculty at tables with roaming moderator(s) |
| 45 mins  | 6.2 Focused small group discussions  | Tibial diaphysis and distal tibial fractures | PPT available in FSP | Addresses challenges, nonoperative treatment (casting), operative treatment (ESIN and its problems), ExFix, plating, tillaux/two-plane fractures, triplane fractures, unstable ankle fractures<br><br>Alerts to danger of compartment syndrome! | All faculty at tables with roaming moderator(s) |
| 10 mins  | 6.3 Plenary session  | Reevaluation of warm-up cases                | PPT cases from FSP   | Give “solutions” to the previously presented cases<br>Include attainment of module objectives and take-home messages  | All faculty at tables with roaming moderator(s) |
| 40 mins  | 6.4 Practical exercise   | PE 3—Triplane fractures                      |                      |   | All faculty                                     |

| Duration | Activity                          | Topic                         | Tools              | Key teaching points   | Who   |
|----------|-----------------------------------|-------------------------------|--------------------|---|---|
| 70 mins  | <b>MODULE 7—Entire lower limb</b> |                               |                    |   |   |
| 60 mins  | 7.1 Open small group discussions  | Pediatric lower limb injuries | PPT cases from FSP | Base on content/issues raised in modules 4–6 and focus on specific treatments/injury patterns | All faculty at tables with roaming moderator(s) |
| 10 mins  | 7.2 Plenary session               | Summaries from each table     | Flipcharts         | Each table captures entire lower limb discussions   | All faculty at tables with roaming moderator(s) |

| Duration | Activity  | Topic                         | Tools              | Key teaching points   | Who   |
|----------|---|-------------------------------|--------------------|---|---|
| 65 mins  | <b>MODULE 8—Upper limb—shoulder and humerus</b> |                               |                    |   |   |
|          |   |                               |                    | <ul style="list-style-type: none"> <li>Identify indications for operative intervention</li> <li>Describe assessment of injuries associated with musculoskeletal trauma around the shoulder, eg, peripheral nerve injury, brachial plexus injury, vascular injury, labral tears</li> </ul> |   |
| 10 mins  | 8.1 Plenary session                             | Warm-up cases                 | PPT cases from FSP | Moderator does not give outcome of treatment as the cases will be revisited at end of module  | All faculty at tables with roaming moderator(s) |
| 30 mins  | 8.2 Focused small group discussions             | Shoulder girdle and humerus   | PPT cases from FSP | <ul style="list-style-type: none"> <li>Shoulder girdle injuries<br/>Include scapula, clavicle proximal humerus including sterno-clavicular and acromio-clavicular, gleno-humeral, physeal injuries and dislocations</li> <li>Humeral diaphysis</li> </ul>                                 | All faculty at tables with roaming moderator(s) |
| 10 mins  | 8.3 Plenary session                             | Reevaluation of warm-up cases | PPT cases from FSP | Give “solutions” to the previously presented cases  | All faculty at tables with roaming moderator(s) |
| 15 mins  | 8.4 Lecture                                     | Summary of module             |                    | Including attainment of objectives and take-home messages   | Chairperson or moderator                        |

| Duration | Activity   | Topic                              | Tools              | Key teaching points  | Who   |
|----------|--|------------------------------------|--------------------|--|---|
| 170 mins | <b>MODULE 9—Upper limb—supracondylar fractures</b> |                                    |                    |  |   |
|          |  |                                    |                    | <ul style="list-style-type: none"> <li>Define the indications for internal fixation in pediatric elbow fractures</li> <li>Explain the classification of supracondylar fractures</li> <li>Apply different methods of fixation</li> <li>List the treatment options and perform the most common techniques</li> <li>Anticipate, identify, and manage complications, eg, cubitus varus, vascular and peripheral nerve injuries, compartment syndrome</li> </ul>                  |   |
| 10 mins  | 9.1 Plenary session                                | Warm-up cases                      | PPT cases from FSP | Moderator does not give outcome of treatment as the cases will be revisited at end of module   | All faculty at tables with roaming moderator(s) |
| 60 mins  | 9.2 Focused small group discussions                | Supracondylar fractures            | PPT cases from FSP | <ul style="list-style-type: none"> <li>Traction—is there a place for it?<br/>Optional according to geographical region</li> <li>Blount method<br/>Focus on complications or advantages/disadvantages</li> <li>Advantages of different wiring techniques<br/>Comparison of stability between crossed, lateral divergent, multiple wires including risks</li> <li>Radial external fixator/anterograde ESIN<br/>Address when/why traditional methods are ineffective</li> </ul> | All faculty at tables with roaming moderator(s) |
| 20 mins  | 9.3 Plenary session                                | Vascular/peripheral nerve injuries | PPT cases from FSP |  | All faculty at tables with roaming moderator(s) |
| 10 mins  | 9.4 Plenary session                                | Reevaluation of warm-up cases      | PPT cases from FSP | Give “solutions” to the previously presented cases   | All faculty at tables with roaming moderator(s) |
| 10 mins  | 9.5 Lecture  | Summary of module                  |                    | Including attainment of objectives and take-home messages  | Chairperson or moderator                        |
| 60 mins  | 9.6 Practical exercise                             | PE 4—Supracondylar fractures       |                    | Address cross K-wires, divergent lateral K-wires, radial external fixator  | All faculty                                     |

| Duration | Activity   | Topic  | Tools              | Key teaching points   | Who   |
|----------|--|--|--------------------|---|---|
| 95 mins  | <b>MODULE 10—Upper limb—other elbow injuries</b> |  |                    |   |   |
|          |  |  |                    | <ul style="list-style-type: none"> <li>Describe the late complications of lateral condyle fractures, eg, nonunion, malunion, tardy ulnar nerve palsy</li> <li>Recognize cubitus varus deformity from overgrowth, avascular necrosis from excessive surgical dissection</li> <li>Avoid missing the Monteggia lesion</li> <li>Perform intramedullary rod fixation of radial neck fractures</li> </ul> |   |
| 10 mins  | 10.1 Plenary session                             | Warm-up cases  | PPT cases from FSP | Nonunion, malunion, growth arrest, missed Monteggia lesion<br>Moderator does not give outcome of treatment as the cases will be revisited at end of module  | All faculty at tables with roaming moderator(s) |
| 45 mins  | 10.2 Focused small group discussions             | Other elbow injuries                                       | PPT cases from FSP | <ul style="list-style-type: none"> <li>Lateral condyle, medial condyle and medial epicondyle fractures<br/>Focus on surgical approach, reduction and fixation techniques</li> <li>Radial neck fracture treatment according to the Métaizeau technique—video available on request</li> <li>Monteggia lesion</li> </ul>   | All faculty at tables with roaming moderator(s) |
| 20 mins  | 10.3 Plenary discussion                          | Nonunion, malunion, growth arrest, missed Monteggia lesion | PPT cases from FSP | For more complex cases “InQuizition” format (see educational methods in Chairperson Guide)  | All faculty at tables with roaming moderator(s) |
| 10 mins  | 10.4 Plenary session                             | Reevaluation of warm-up cases                              | PPT cases from FSP | Give “solutions” to the previously presented cases  | All faculty at tables with roaming moderator(s) |
| 10 mins  | 10.5 Lecture                                     | Summary of module  |                    | Include attainment of objectives and take-home messages   | Chairperson or moderator                        |

| Duration | Activity  | Topic   | Tools  | Key teaching points  | Who   |
|----------|---|---|--|--|---|
| 140 mins | <b>MODULE 11—Upper limb—forearm and wrist fractures</b> |   |  |  |   |
|          |   |   |  | <ul style="list-style-type: none"> <li>• Explain how the forearm functions as a multi-axial joint, ie, flexion, extension, pronation, supination</li> <li>• Explain the methods of stabilization and fixation according to the level of fracture in the forearm and wrist</li> <li>• Describe the indications for surgical treatment</li> <li>• Perform ESIN techniques for forearm</li> <li>• Discuss the indication for and application of other techniques</li> </ul> |   |
| 10 mins  | 11.1 Plenary session                                    | Warm-up cases   | PPT cases from FSP                               | Moderator does not give outcome of treatment as the cases will be revisited at end of module   | All faculty at tables with roaming moderator(s) |
| 15 mins  | 11.2 Lecture  | What is current (state-of-the-art) treatment?             | PPT available in FSP—can be adapted by presenter |  | All faculty at tables with roaming moderator(s) |
| 45 mins  | 11.3 Focused small group discussions                    | Treating forearm and wrist fractures                      | PPT cases from FSP                               | Focus on avoidance of complications to ensure healing and restore function <ul style="list-style-type: none"> <li>• Distal radius</li> <li>• Guidelines for operative or nonoperative treatment</li> </ul> Assessment: stability, fracture level, both bones, deformity/displacement   | All faculty at tables with roaming moderator(s) |
| 10 mins  | 11.4 Plenary session                                    | Reevaluation of warm-up cases                             | PPT cases from FSP                               | Give “solutions” to the previously presented cases   | All faculty at tables with roaming moderator(s) |
| 20 mins  | 11.5 Lecture  | Summary of module   |  | Include attainment of objectives and take-home messages  | Chairperson or moderator                        |
| 40 mins  | 11.6 Practical exercise                                 | PE 5—Elastic nailing of forearm and radial neck fractures |  |  | All faculty                                     |

| Duration | Activity                           | Topic                         | Tools              | Key teaching points   | Who   |
|----------|------------------------------------|-------------------------------|--------------------|---|---|
| 70 mins  | <b>MODULE 12—Entire upper limb</b> |                               |                    |   |   |
| 60 mins  | 12.1 Open small group discussions  | Pediatric upper limb injuries | PPT cases from FSP | Content/issues raised in modules 8–11 focus on treatments/injury patterns | All faculty at tables with roaming moderator(s) |
| 10 mins  | 12.2 Plenary session               | Summaries from each table     | Flipcharts         | Each table captures their discussions on entire upper limb                | All faculty at tables with roaming moderator(s) |

## All AOTrauma Pediatrics educational events (eg, courses)

| Duration        | Activity               | Topic                            | Tools | Key teaching points   | Who            |
|-----------------|------------------------|----------------------------------|-------|---|----------------|
| 50 mins         | <b>Closing session</b> |                                  |       |   |                |
| 30 mins         | Panel discussion       | Closing session with all faculty |       | Participant-generated QandA to be collected on paper during the day<br>OR<br>offer reflection—give time before last break to generate questions in informal groups, moderator collects, bundles questions | All faculty    |
| Approx. 20 mins | Lecture                | Summary of entire course         |       | Summarize the whole course learnings and close. Can include attainment of course objectives and take-home messages, acknowledgments, regional/local outlook, evaluations                                  | Chairperson(s) |