



2013 PES Program Directors Meeting

Mt. Jefferson, Oregon Cascades

Agenda

- 1. General Announcements**
- 2. Match Update**
- 3. Next Accreditation System**
- 4. Development of Ped Endo EPA's, Milestones, Curriculum**
- 5. ABP Fellow/Workforce Information**

Disclaimer



General Announcements

- **Fellows “Meet and Greet”**
 - Friday 5 PM to 7 PM prior to the Presidents Poster Session
- **APDEM membership**
 - Anyone members of this group?
 - If so, do you support PES sponsorship of APDEM?
- **Program Director pages on PES website.**

Match Update and Discussion



Mt Jefferson and Jefferson Park



August 21st, 2017 at 10:18 AM



Mt Jefferson and Jefferson Park

Results of 2012 Match

Pediatric Endocrinology (Pediatrics)

Program Statistics	Number	%
Enrolled Programs	61	
Withdrawn Programs	3	
Certified Programs	58	
Programs Filled	39	67%
Programs Unfilled	19	33%
Certified Positions	81	
Positions Filled	61	75%
Positions Unfilled	20	25%

Applicant Statistics	Number	%
Matched Applicants	61	
US Grad	37	61%
US Foreign	2	3%
Osteopathic	5	8%
Foreign	17	28%
Matched Applicants (By Preferred Specialty)	61	100%
Unmatched Applicants (By Preferred Specialty)	4	6%

65 eligible programs

**94 first year
fellows in 2012**

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Survey of unfilled programs

-7 accepted fellows
-6 remain unfilled
-2 submitted zero candidates on list
-4 no response

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7 accepted fellows
5 superior quality
1 equal quality
1 no response

Results of 2012 Match

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6 remain unfilled
5 cite lack of
qualified candidates

Match Discussion

- Enhance “matching” applicants to unfilled programs.
 - List unfilled programs with contact information on PES website
 - Encourage program directors to refer applicants to this site.
- Fall match?
 - CoPS is encouraging all programs to consider this option.

Participating Pediatric Fellowships

- Child and Adolescent Psychiatry
- Neonatal-Perinatal Medicine
- Pediatric Anesthesiology
- Pediatric Hematology / Oncology
- Pediatric Specialities Fall Match (PSFM)
 - Developmental-behavioral pediatrics,
 - pediatric critical care,
 - pediatric emergency medicine,
 - pediatric nephrology
 - pediatric rheumatology.
- Pediatric Specialities Spring Match (PSSM)
 - pediatric cardiology,
 - **pediatric endocrinology**
 - pediatric gastroenterology,
 - pediatric infectious diseases
 - pediatric pulmonology.
- Pediatric Surgery

Match Discussion

- Other questions?

The Next Accreditation System (NAS)



Jefferson Park/Headwaters Breitenbush River

Updates from the Residency Review Committee for Pediatrics

Joseph Gilhooly, MD, Chair, RRC for Pediatrics
Caroline Fischer, MBA, Executive Director



The “Next Accreditation System”



Goals of the “Next Accreditation System”

- To begin the realization of the promise of the Outcomes Project
- To free good programs to innovate
- To assist poor programs in improving
- To reduce the burden of accreditation
- To provide accountability for outcomes (in tandem with ABMS) to the public



How is the “Next Accreditation System” Different?

- Continuous accreditation versus current “biopsy”
- 10 year self-study visit, instead of site visits determined by cycle length
- Annual data collection and analysis
 - Resident and faculty surveys
 - Milestones data
 - Board pass rates
 - And...
- Elimination of the PIF for site visits of accredited programs

How is the “Next Accreditation System” Different?

- Standards (CPRs and Specialty specific)
Organized by
 - Core Processes
 - Followed by all programs
 - Detailed Processes
 - Guide for struggling programs
 - “Waived” for good programs to allow innovation
 - Outcomes
 - The Domains of Competencies and Competencies which are tied to the Milestones

Next Accreditation System Timeline

- Seven specialties/RRC's begin “training” July 2012
 - Pediatrics
 - Internal Medicine
 - Diagnostic Radiology
 - Emergency Medicine
 - Orthopedic Surgery
 - Neurological Surgery
 - Urological Surgery
- Sponsor Visit Program begins September 2012
- The “Next Accreditation System” begins July 2013
- These seven specialties “go live” July 2013
- **All specialties/RRC's using the “Next Accreditation System”
7/2014**



Next steps for Subspecialties in the Next Accreditation System

- **Clinical Learning Environment Review (CLER) visits**
- **Clinical Competence Committee**
 - Different from Scholarly Oversight Committee
 - Teach faculty on the CCC to assess trainees in the context of Milestones
- **Annual reports to ACGME**
- **Develop EPAs and milestones**
 - Begin reporting data to ACGME Dec 2014

Development of Pediatric Endocrine EPAs, Milestones and Curriculum



Breintonbush River-Jefferson Park

Why do we need EPAs and Milestones?

- **ACGME and ABP both think we do...**
- **Frames competency based education in a more “patient centered way.**
- **Standardizes evaluations across the “training continuum”.**
- **Identify learners in trouble.**
- **Potentially advance learners that are ahead of the curve.**

Why do we need EPAs and Milestones?

- **First opportunity for real outcomes data.**
- **Government may tie IME funding to educational outcomes.**

Definitions

- **EPA: Entrustable Professional Activity**
- **Domain of Competency: One of the 6 categories previously referred to as a “competency”.**
- **Competency: Concept previously referred to as a “sub competency”.**
- **Milestones: Measurable concepts across a continuum of development that leads to “entrustment”.**

Domain of Competency

Patient Care

(Modified from ABIM Rating Scale)

0 = N/A
1-3= Unsatisfactory
4 =Marginal
5-6= Satisfactory
7-9=Superior

0	1	2	3	4	5	6	7	8	9
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- Incomplete, inaccurate medical interviews, physical exams, and review of other data; incompetent performance of essential procedures; fails to analyze clinical data and consider patient preferences when making medical decisions
- Incomplete, illogical, superficial
- Inept, careless, disregards risk and discomfort to patients
- Does not use information from technology or references to support patient care decisions and patient education
- Does not work effectively with other health care professionals
- Superb, accurate, comprehensive medical interviews, physical exams, review of data, and procedural skills; always makes diagnostic and therapeutic decisions based on available evidence, sound judgment, and patient preferences
- Logical, thorough and efficient
- Proficient, minimizes patients' discomfort
- Uses information technology and references to support patient care decisions and patient education
- Works effectively with other health care professionals



Trigger Encounter Video

An 18 month old child presents to
the Pediatric Emergency Department
with emesis and a first seizure

- Special thanks to Dan Schumacher and Brad Benson for the writing and producing of this video

Performance Assessment

For PGY-2?

1. Unsatisfactory
2. Unsatisfactory
3. Unsatisfactory
4. Marginal
5. Satisfactory
6. Satisfactory
7. Superior
8. Superior
9. Superior

Performance Assessment

For MS3?

1. Unsatisfactory
2. Unsatisfactory
3. Unsatisfactory
4. Marginal
5. Satisfactory
6. Satisfactory
7. Superior
8. Superior
9. Superior



Example Competency: Domain of Patient Care

- Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment



“First level” Milestone

- Recalls and **presents** clinical **facts** in the history and physical in the order they were elicited **without filtering, reorganization or synthesis**
- Provides a **non-prioritized list of all diagnostic considerations** rather than the development of working diagnostic considerations
- Has **difficulty** developing a **therapeutic plan**
- **Summary: Recites the history and physical and then looks to supervisor for synthesis and plan**



“Second Level” Milestone

- Focuses on features of the clinical presentation, making pattern recognition elusive and leading to a continual search for new diagnostic possibilities
- Reorganizes clinical facts in the history and physical exam to help decide on clarifying tests to order rather than to develop and prioritize a differential
- Suggests a myriad of tests and therapies and unclear management plans since there is no unifying diagnosis
- Summary: Jumps from information gathering to broad evaluation without a focused differential

“Third Level” Milestone

- Abstracts and reorganizes elicited clinical findings; compares and contrasts the diagnoses being considered when presenting or discussing the case.
- Presents a well synthesized and organized assessment of the focused differential diagnosis and management plan
- Summary: Synthesizes information to allow a working diagnosis and differential diagnosis that informs the evaluation and management plan



“Fourth Level” Milestone

- Reorganizes and stores clinical information leading to **early directed diagnostic hypothesis** testing with subsequent history, physical, and tests used to confirm this initial schema
- **Identifies discriminating features between similar patients and avoid premature closure**
- Focuses therapies based on a **unifying diagnosis**, which results in an **effective and efficient diagnostic work-up and plan**
- **Summary: Rapidly focuses on correct working and differential diagnosis, allowing for an efficient and accurate evaluation and management plan**



Performance Assessment

➤ Milestone for MS3?

- **Level 1:** Recites the history and physical and then looks to supervisor for synthesis and plan
- **Level 2:** Jumps from information gathering to broad evaluation without a focused differential
- **Level 3:** Synthesizes information to allow a working diagnosis and differential diagnosis that informs the evaluation and management plan
- **Level 4:** Rapidly focuses on correct working and differential diagnosis allowing for efficient and accurate evaluation and management plan



Performance Assessment

➤ Milestone for PGY-2?

- **Level 1:** Recites the history and physical and then looks to supervisor for synthesis and plan
- **Level 2:** Jumps from information gathering to broad evaluation without a focused differential
- **Level 3:** Synthesizes information to allow a working diagnosis and differential diagnosis that informs the evaluation and management plan
- **Level 4:** Rapidly focuses on correct working and differential diagnosis allowing for efficient and accurate evaluation and management plan

The Good Doctor: Putting It All Together

EPAs

**Domains of
Competence**

Competencies

Milestones

- Identify core activities
- Describe their functions
- Judiciously map to domains & competencies critical to entrustment decisions
- Develop a curriculum G & O that support the KSA to perform the functions

**Panoramic
View**

**Telephoto
View**

EPA/Milestones Development Update

- **March 2013: ACGME and ABP sponsored a meeting to develop general subspecialty EPA's.**

EPA/Milestones Development Update

- EPAs that cross the generalist to subspecialist role
- Proposed **adopting** 3 General Peds EPAs “as written”.
 - Contribute to the fiscally sound and ethical management of a practice.
 - Lead and work within interprofessional health care teams.
 - Facilitated handovers to another healthcare provider either within or across settings.

EPA/Milestones Development Update

- Proposed **adapting** 3 General Peds EPAs into 2 EPAs.
 - Apply public health principles and improvement methodology to improve the health of populations, communities and systems.
 - Provide for and obtain consultation with other health care providers caring for children.

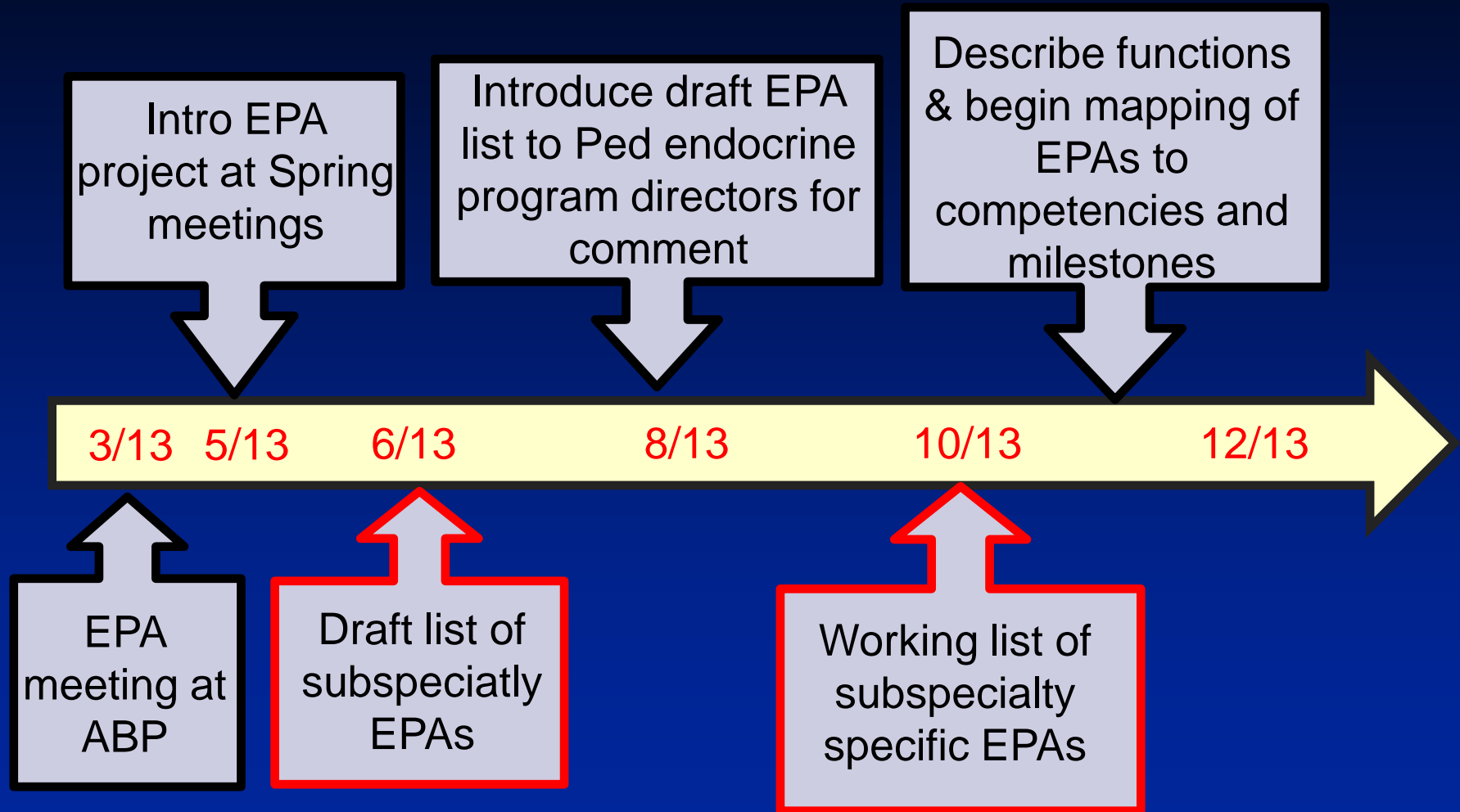
EPA/Milestones Development Update

- Proposed 2 **new** General Subspecialty EPAs.
 - Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)
 - Lead within the subspecialty profession

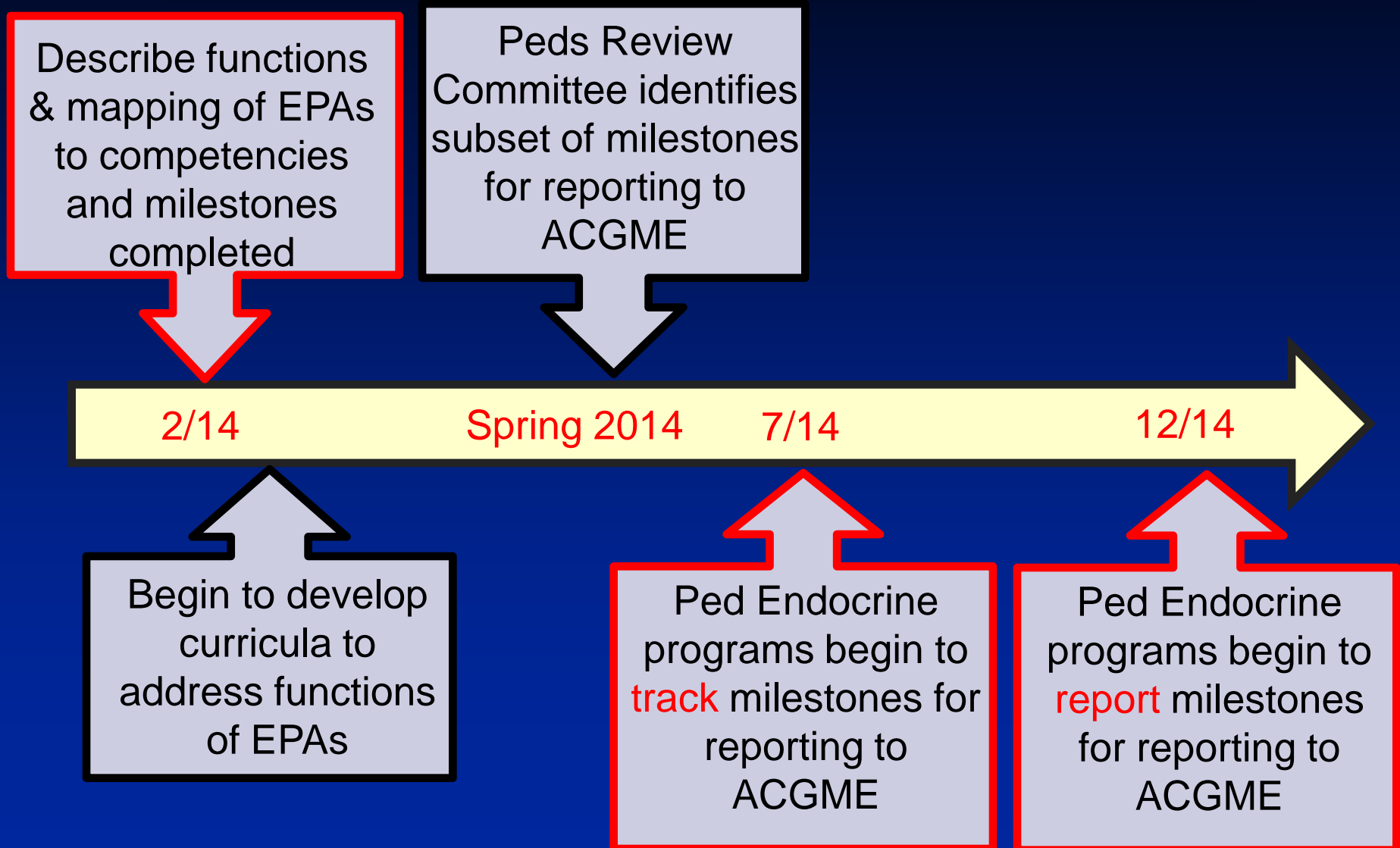
EPA / Milestones Development: Next Steps

- **Develop Pediatric Endocrine specific EPAs.**
- **Map EPAs to sub competencies and milestones.**
- **Develop examples for Program Directors to facilitate integration of milestones into evaluation of fellows.**

EPA / Milestones Timeline 2013



EPA / Milestones Timeline 2014



Curriculum Development

- **ACGME considering having subspecialties develop a common curriculum.**
- **Long term project but based on EPA/milestones project.**
- **Discussion...**

ABP Report: Fellow and Workforce Data

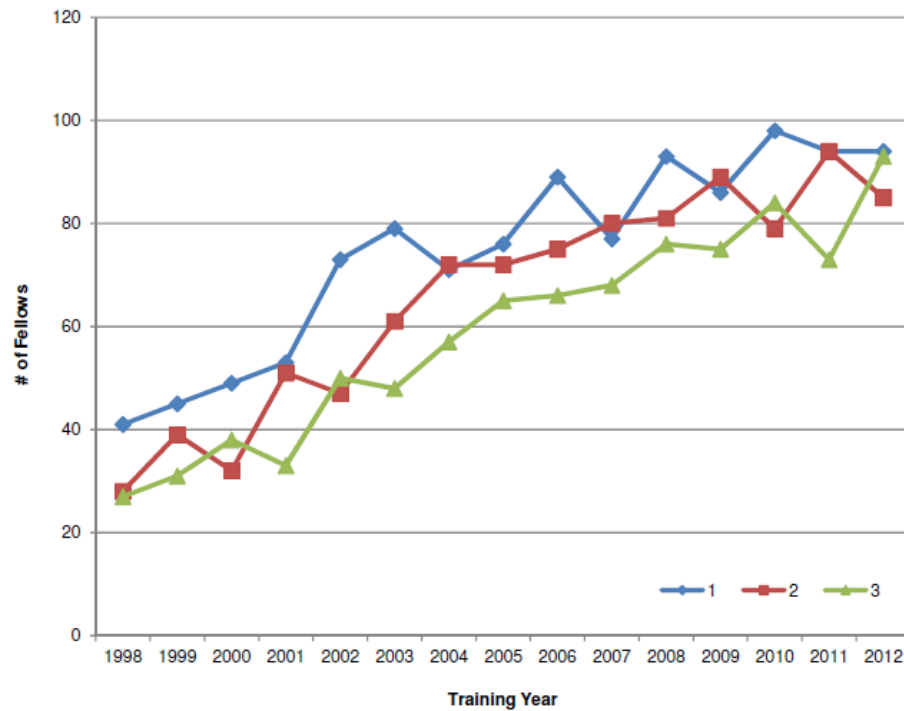


Bays Lake/ Mt Jefferson

Pediatric Endocrinology																		
Gender and Medical School Tracking Data																		
			Total								AMG				IMG			
Year Starting July 1	Level	n	AMG		IMG		Male		Female		Male		Female		Male		Female	
			n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2009	1	86	62	72.1	24	27.9	12	14.0	74	86.0	8	9.3	54	62.8	4	4.7	20	23.3
	2	89	59	66.3	30	33.7	12	13.5	77	86.5	6	6.7	53	59.6	6	6.7	24	27.0
	3	75	54	72.0	21	28.0	15	20.0	60	80.0	12	16.0	42	56.0	3	4.0	18	24.0
	Total	250	175	70.0	75	30.0	39	15.6	211	84.4	26	10.4	149	59.6	13	5.2	62	24.8
2010	1	98	65	66.3	33	33.7	18	18.4	80	81.6	12	12.2	53	54.1	6	6.1	27	27.6
	2	79	54	68.4	25	31.6	10	12.7	69	87.3	7	8.9	47	59.5	3	3.8	22	27.8
	3	84	56	66.7	28	33.3	11	13.1	73	86.9	5	6.0	51	60.7	6	7.1	22	26.2
	Total	261	175	67.0	86	33.0	39	14.9	222	85.1	24	9.2	151	57.9	15	5.7	71	27.2
2011	1	94	55	58.5	39	41.5	21	22.3	73	77.7	11	11.7	44	46.8	10	10.6	29	30.9
	2	94	64	68.1	30	31.9	15	16.0	79	84.0	11	11.7	53	56.4	4	4.3	26	27.7
	3	73	53	72.6	20	27.4	10	13.7	63	86.3	7	9.6	46	63.0	3	4.1	17	23.3
	Total	261	172	65.9	89	34.1	46	17.6	215	82.4	29	11.1	143	54.8	17	6.5	72	27.6
2012	1	94	60	63.8	34	36.2	21	22.3	73	77.7	11	11.7	49	52.1	10	10.6	24	25.5
	2	85	50	58.8	35	41.2	19	22.4	66	77.6	10	11.8	40	47.1	9	10.6	26	30.6
	3	93	62	66.7	31	33.3	15	16.1	78	83.9	11	11.8	51	54.8	4	4.3	27	29.0
	Total	272	172	63.2	100	36.8	55	20.2	217	79.8	32	11.8	140	51.5	23	8.5	77	28.3

**Pediatric Endocrinology
Training Level Tracking Data**

Year Starting July 1	Training Level			Total
	1	2	3	
1998	41	28	27	96
1999	45	39	31	115
2000	49	32	38	119
2001	53	51	33	137
2002	73	47	50	170
2003	79	61	48	188
2004	71	72	57	200
2005	76	72	65	213
2006	89	75	66	230
2007	77	80	68	225
2008	93	81	76	250
2009	86	89	75	250
2010	98	79	84	261
2011	94	94	73	261
2012	94	85	93	272



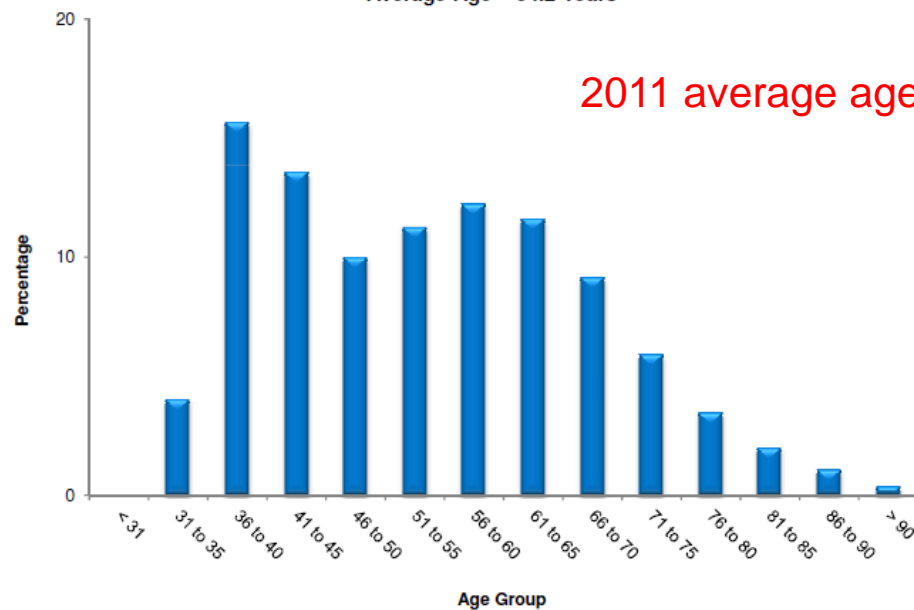
Pediatric Endocrinology Certified Diplomates

Age Distribution

(as of December 31, 2012)

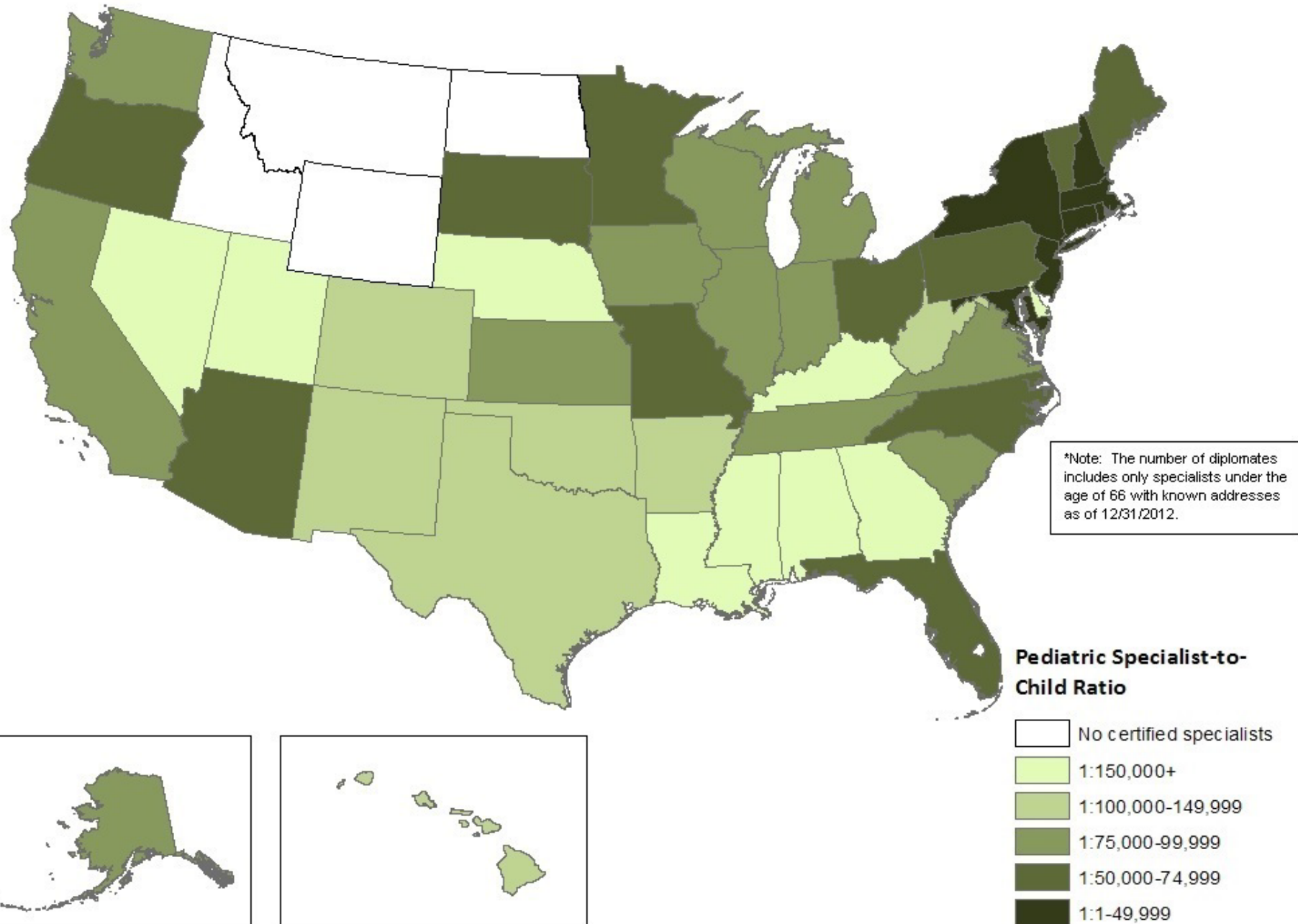
Age Group	n	%
< 31	0	0.0
31 to 35	57	4.0
36 to 40	223	15.6
41 to 45	193	13.5
46 to 50	142	10.0
51 to 55	160	11.2
56 to 60	174	12.2
61 to 65	165	11.6
66 to 70	130	9.1
71 to 75	84	5.9
76 to 80	49	3.4
81 to 85	28	2.0
86 to 90	15	1.1
> 90	5	0.4
Total	1,425	

Average Age = 54.2 Years



Relative Distribution of ABP Endocrinology Diplomates by State

(Total Diplomates ever certified* as of 12/31/2012)





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