2014 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 (2013 data not yet available from ABP)

General Announcements

- Fellows “Meet and Greet”
  - Friday 5 PM to 7 PM prior to the Presidents Poster Session
- Fellows Committee lunch meeting
  - Sunday at 11 AM
  - Pan Pacific Hotel, Ocean View 8
  - All fellows invited.

Match Update and Discussion

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Withdrawn Programs	3	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

ABP data on 2013 Fellows

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Fellows starting in 2013 based on ABP data

-10 programs either didn't fill or partially filled quota
-6 programs filled match quota
-3 programs filled more than match quota

2013 First Year Fellows

Pediatric Endocrinology (Pediatrics)

Program Statistics	Number	%
Enrolled Programs	61	
Withdrawn Programs	3	
Certified Programs	58	
Programs Filled	48 ~~39~~	67%
Programs Unfilled or partially filled	10 ~~19~~	33%
Certified Positions	81	
Positions Filled	85 ~~61~~	75%
Positions Unfilled	20	25%

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2013 Match

60 Certified programs
42 Filled
18 Unfilled
84 Certified positions
62 Filled
22 Unfilled

Fellowship training trends

Pediatric Endocrinology
Training Level Tracking Data

Year Starting July 1	Training Level 1	2	3	Total
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
2013	**85**			

Match Discussion

- Enhance "matching" 3rd year resident applicants to unfilled programs.
  - List unfilled programs with contact information on PES website
  - Encourage program directors to refer applicants to this site.

Match Discussion

- **Fall match?**
  - **Mulitple organizations are encouraging all programs to consider this option.**
    - **APPD**
    - **CoPS**
    - **SOMSRFT** (AAP Section on Medical Students, Residents and Fellow Trainees)
  - **Fall Match, 2015 start date**
    - **Match list: December 3rd, 2014**
    - **Match day: December 17th, 2014**
  - **Discussion**

Development of Pediatric Endocrine EPAs, Milestones and Curriculum

Breintenbush 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.
- Standarizes 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”.

The Good Doctor: Putting It All Together

- 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

- EPAs that cross the generalist to subspecialist role
- Adopted 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.
  - Faciliated handovers to another healthcare provider either within or across settings.

EPA/Milestones Development Update

- Adapted 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.

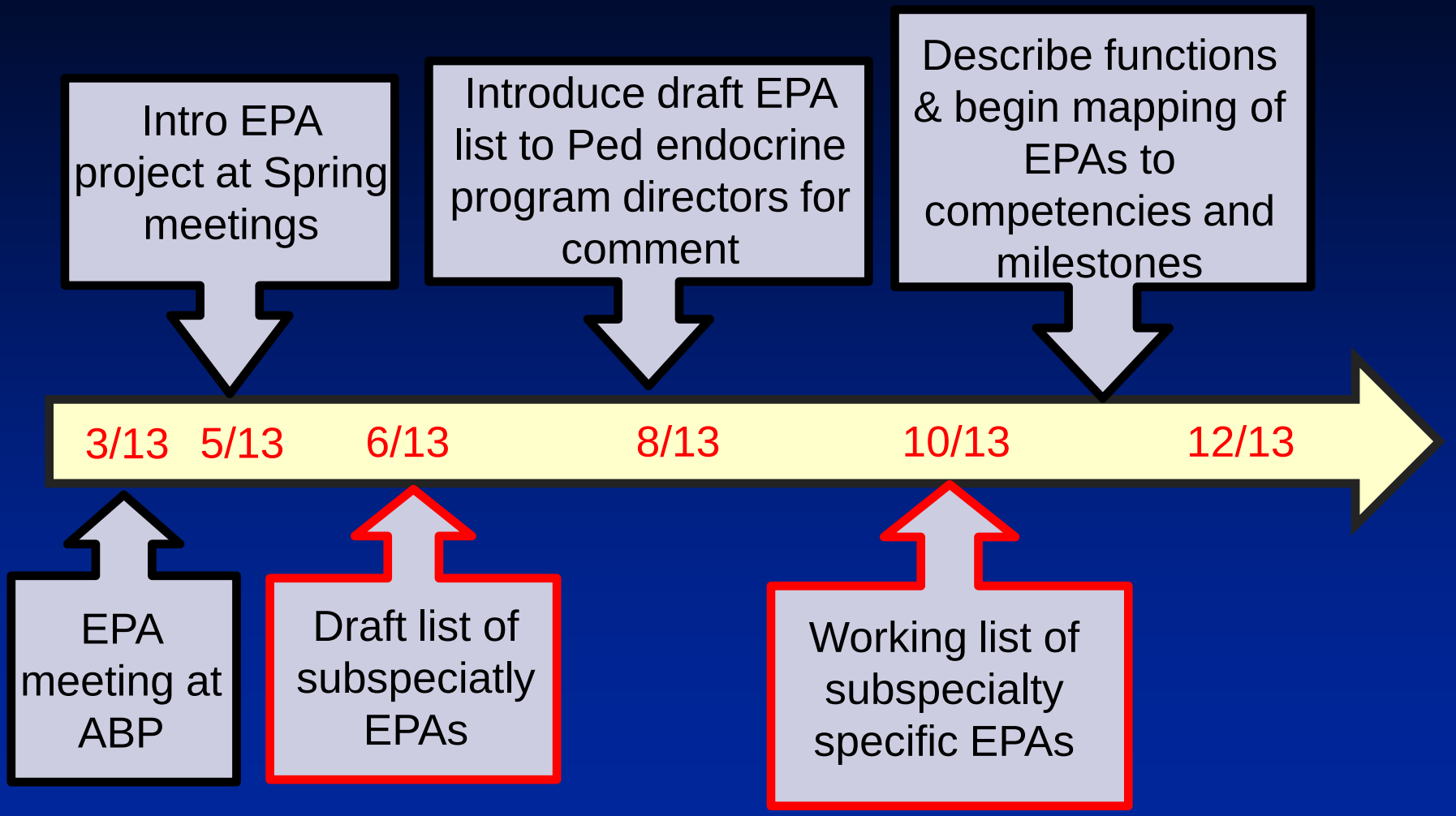
EPA/Milestones Development Update

- **Created 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**

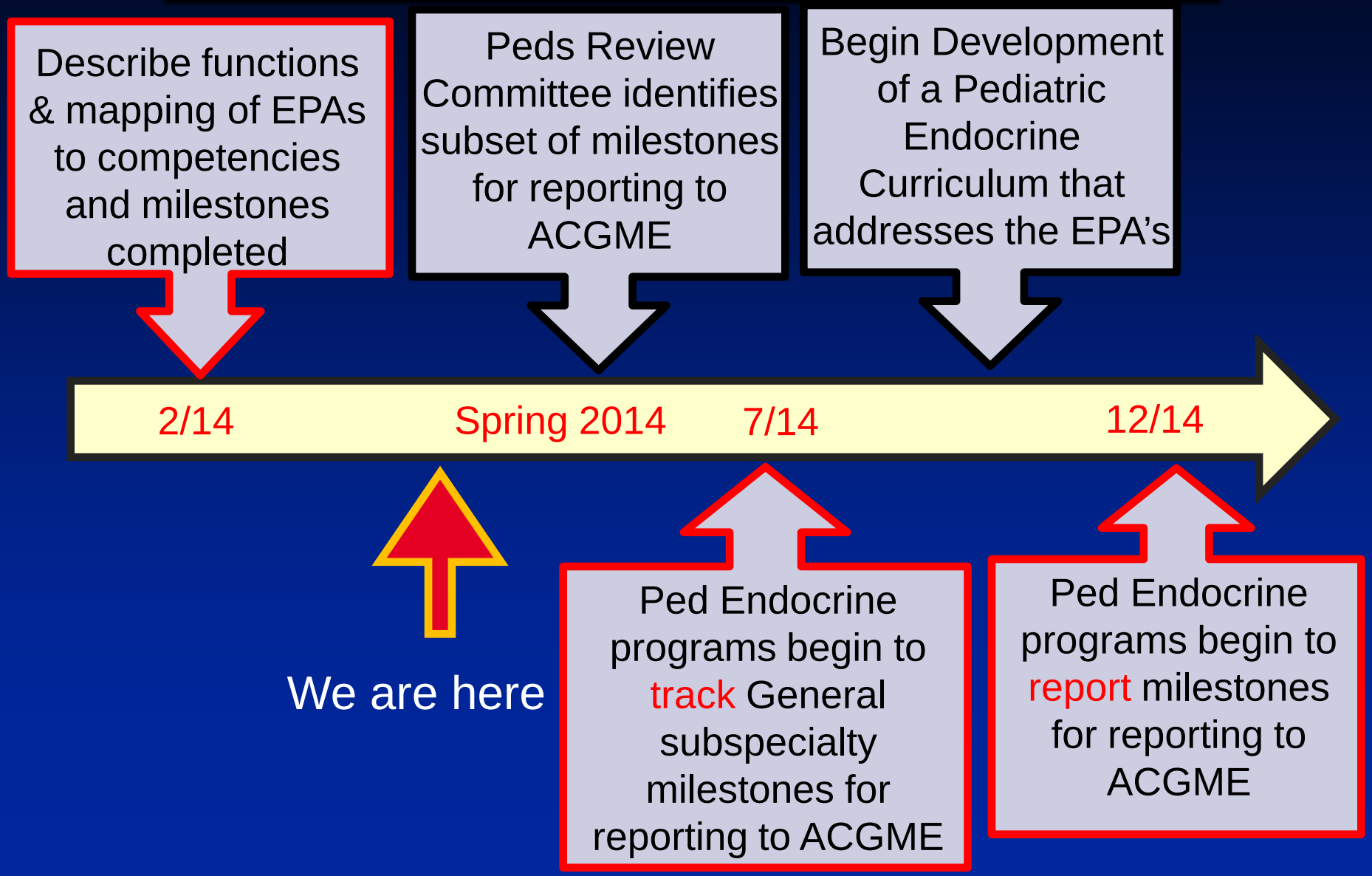
EPA / Milestones Development Update

- **Developed 4 Pediatric Endocrine specific EPAs.**
  - **Manage patients with acute endocrine disorders in ambulatory, emergency or inpatient settings.**
  - **Manage patients with chronic endocrine disorders in the ambulatory or inpatient settings.**
  - **Facilitate the transition of patients with endocrine disorders from pediatric to adult health care.**
  - **Demonstrate competence in understanding the reasons to perform and interpret the common procedures of the pediatric endocrinologist.**

EPA / Milestones Timeline 2013



EPA / Milestones Timeline 2014



EPA/Milestones Development Update

Training council: EPA/milestones subcommittee

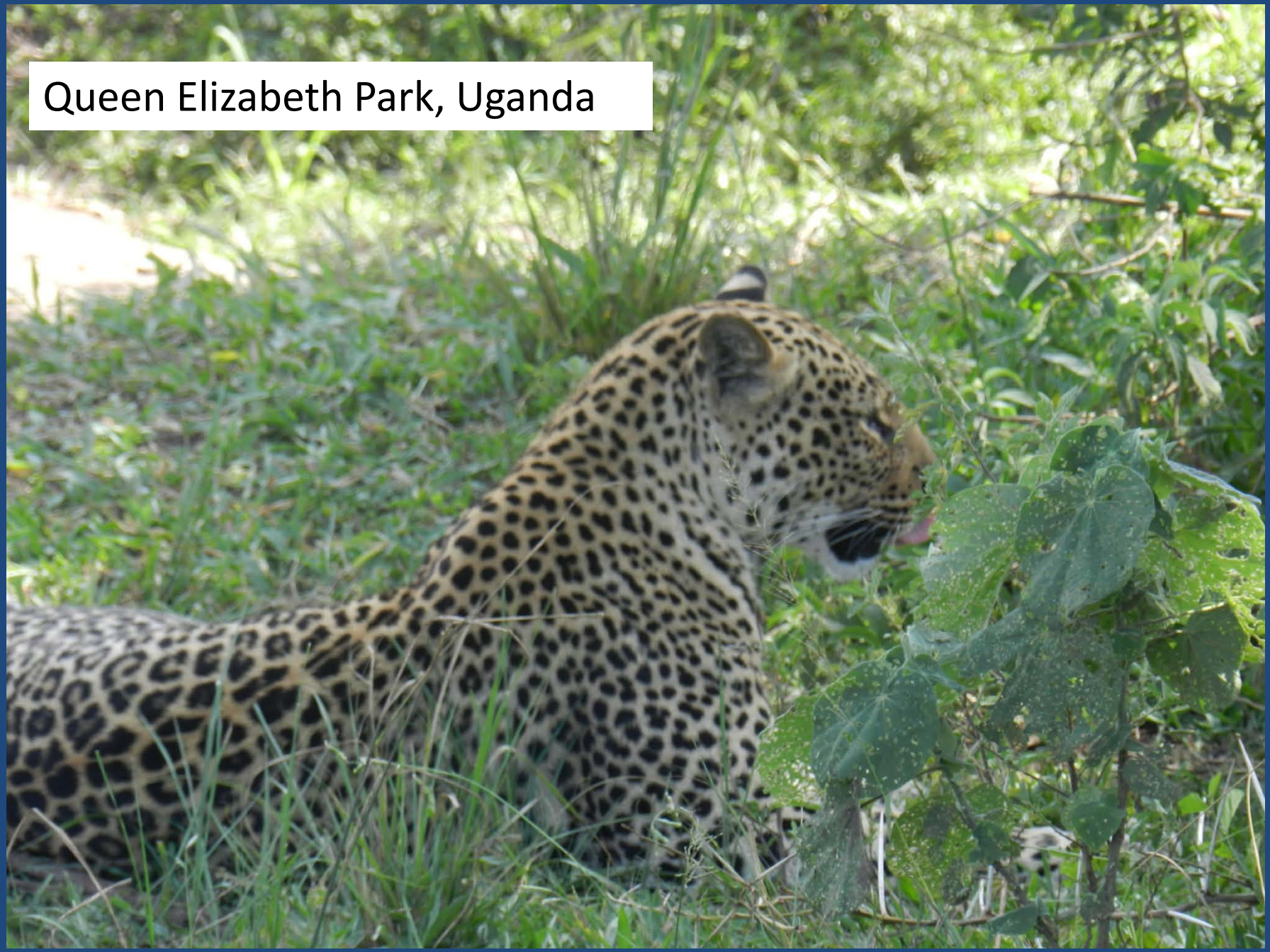
- Diane Stafford
- Tandy Aye
- Jennifer Barker
- Charlotte Boney
- Melissa Buryk
- David Cooke
- Dianne Deplewski
- Katherine Hwu
- Lisa Madison
- Sharon Oberfield
- Sara Pinney
- Jennifer Raymond
- Selma Witchel

Curriculum Development

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

NAS, CCC's, EPA's,etc
Diane Stafford

Jefferson Park/Headwaters Breintenbush River


Queen Elizabeth Park, Uganda

Next Accreditation System and Clinical Competency Committees

Program Directors Meeting

Pediatric Endocrine Society

Diane Stafford, MD

Next Accreditaiton System Submission Requirements

- Annual Accreditation Data System (ADS) update
- ACGME Resident-Fellow Survey
- ACGME Faculty Survey
- Clinical experience data
- Graduates' performance on the certifying board examinations
- Educational Milestone data (aggregated to the level of the program) – first reporting Nov – Dec 2014

Annual ADS Update

- Participating sites added or removed
- Resident complement changes
- Program Director changes
- Block Schedule changes
- Major structural changes
- Faculty changes
- Faculty certification information
- Faculty and resident scholarly activity
  - Non-physician CVs (research mentors)
- Response to citations

Scholarly Activity

- Starting in 2014:
  - Will include PGY2 (second year fellows) through most recent graduates
  - Non-Physician CVs to include research mentors' scholarly activity

Clinical Experience Data

- Review specialty survey data and identify potential deficiencies

Program Evaluation Committee

- Must be composed of at least two faculty and have fellow representation
- Responsibilities:
  - Planning, developing, implementing and evaluation significant activities of the program
  - Review and make recommendations for revisions of competency based goals and objectives
  - Review the program annually using evaluation from faculty, fellows and others

Program Evaluation Committee

- Formal, systematic evaluation of the program at least annually and producing a full, written annual program evaluation
- Should include a written “plan of action” for improvement
- Monitor and track
  - Fellow performance
  - Faculty development
  - Graduate performance
  - Program Quality
  - Progress on last year’s action plan

Clinical Competency Committee

- Must be composed of at least three faculty members
- Program director can participate with level of participation at the discretion of the program
- Additional non-physician members may be included

CCC Responsibilities

- Review all fellow evaluation semi-annully
- Prepare and assure reporting of milestones evaluations of each fellow to ACGME semi-annually
- Make recommendations to Program Director for resident progress, including promotion, remediation and dismissal

CCC Responsibilities

- Must understand Milestones
- Review all evaluations for each resident
- Assess the quality of the source of information
- For each fellow, decide for each Milestone the narrative that best fits that fellows
- Identify gaps in existing evaluation system

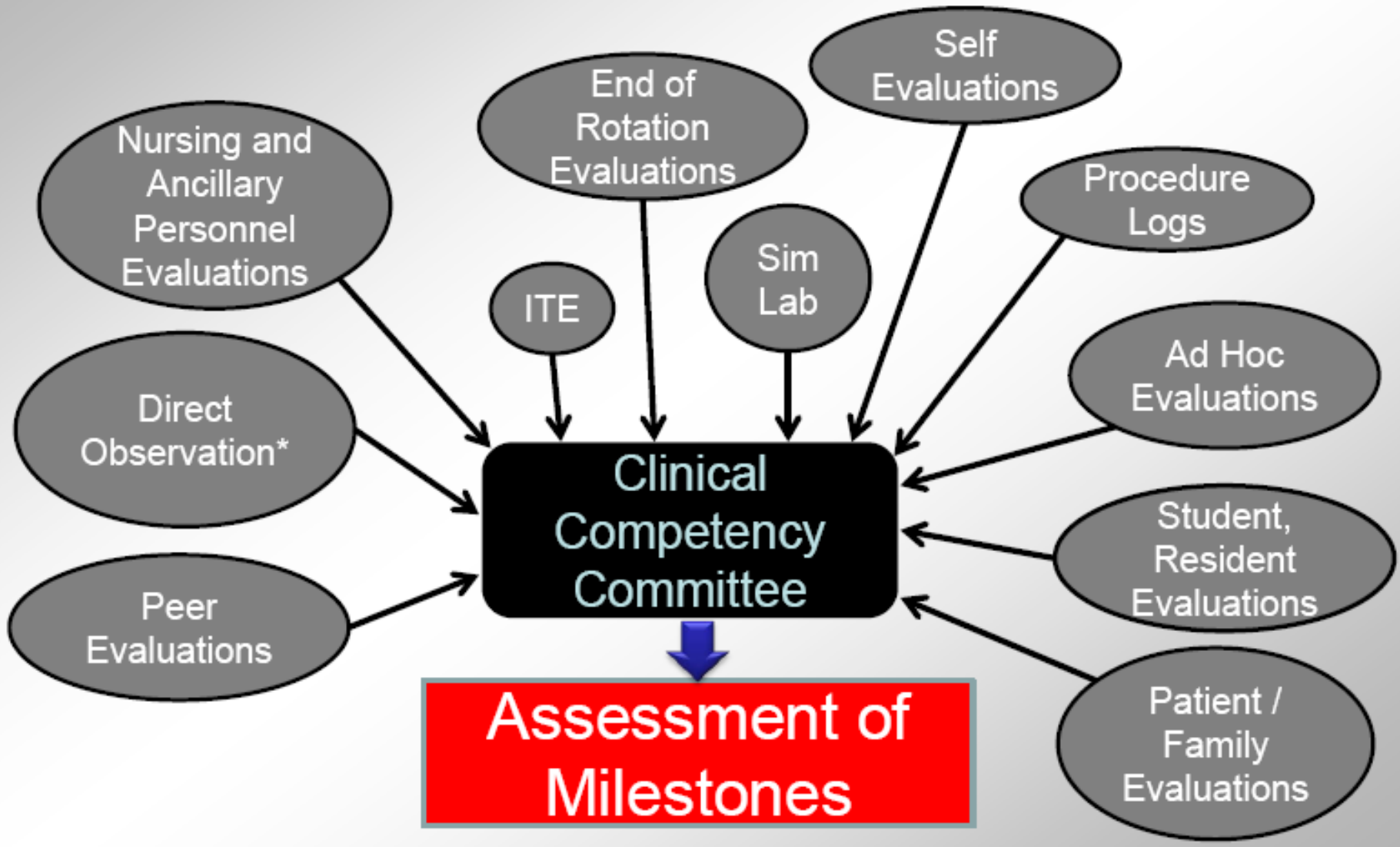
Milestones Reporting

- Pediatric Subspecialties:
  - November 1 to December 31, 2014
  - May 1 to June 15, 2015

Milestones reporting

SBP5. Participate in identifying system errors and implementing potential systems solutions					
Not yet Assessable	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Defensive or blaming when encountering medical error; no perception of personal responsibility for individual or systems error correction; not open to discussion of error or identification of the type of error; approaches error prevention from an individual case perspective only	Occasionally open to discussion of error without a defensive or blaming approach; some awareness of personal responsibility for individual or systems error correction; identifies medical error events, but cannot identify the type (active versus latent) of error; begins to perceive that error may be more than the mistake of an individual	Usually open to a discussion of error; actively identifies medical error events and seeks to determine the type of error; occasionally identifies the element of personal responsibility for individual or systems error correction; sees examination and analysis of error as an important part of the preventive process	Usually encourages open and safe discussion of error; actively identifies medical error events; accepts personal responsibility for individual or systems error correction, regularly determining the type of error and beginning to seek system causes of error	Consistently encourages open and safe discussion of error; characteristically identifies and analyzes error events, habitually approaching medical error with a system solution methodology; actively and routinely engaged with teams and processes through which systems are modified to prevent medical error
☐	☐	☐	☐	☐	☐
Comments:					

Clinical Competency Committee



Where to Next?

- Aid in CCC's work to determine appropriate milestones
- Share existing evaluations (fellows, faculty and program tools)
- Develop new tools: map milestones outward to different venues of education and different evaluators

Virunga Mountains, Rwanda