

Program Directors Meeting 2016

Pediatric Endocrine Society
Baltimore, MD





Agenda

General Announcements

Match Update

Workforce Data

Changes in ACGME Program Requirements

Entrustable Professional Activities (EPAs)

- Subspecialty EPAs

- Curricular component development

- Entrustment scales

- SPIN EPA Project

General Announcements

Mentoring Workshop

Friday 4 PM to 6 PM, Hyatt Regency, Constellation D Ballroom

Fellows “Meet and Greet”

Friday 6 PM to 7 PM, Hyatt Regency, Annapolis Room

Fellows Committee lunch meeting

Sunday at 11 AM to 1 PM, Hyatt Regency, Pratt Room

Match Update

2015 match (for 2016): 57 programs participated (80%)

Decrease of 2 programs from 2014

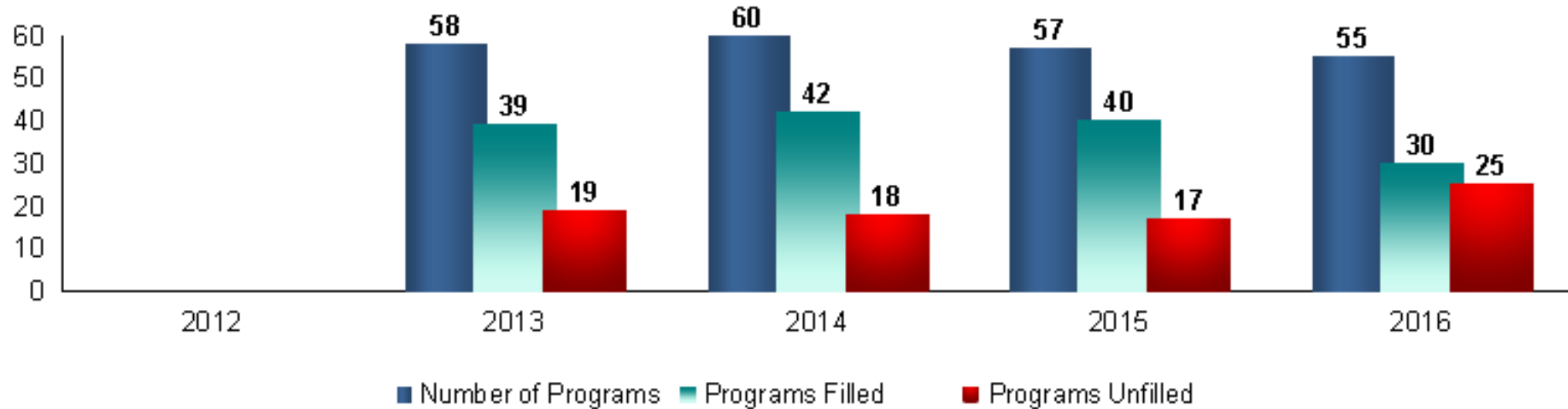
75% of programs required to continue in the match

83 positions in 2015 match

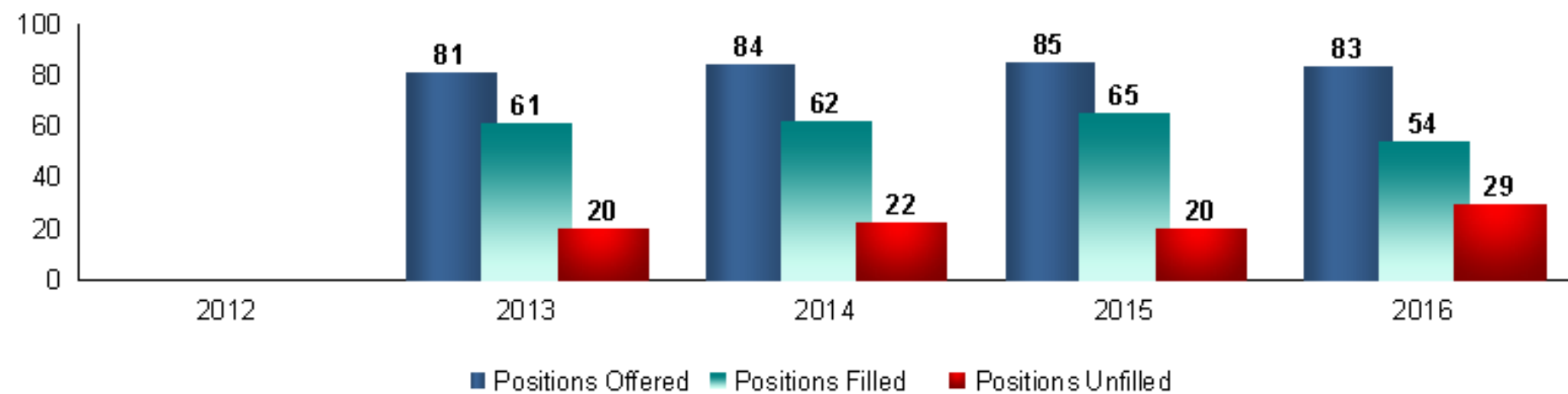
Decrease of 2 positions from 2014

Pediatric Endocrinology

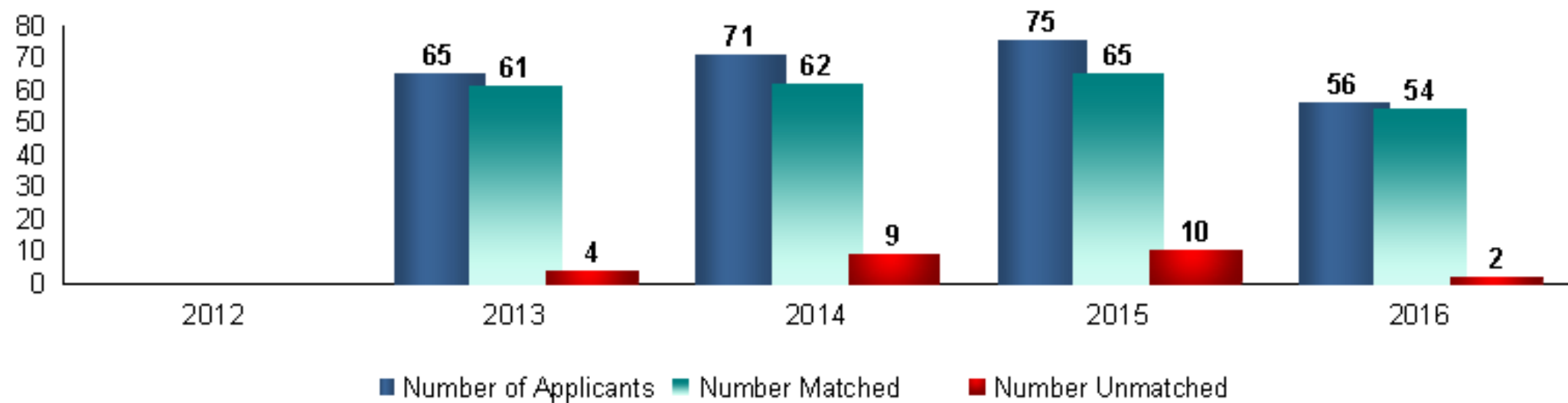
Programs



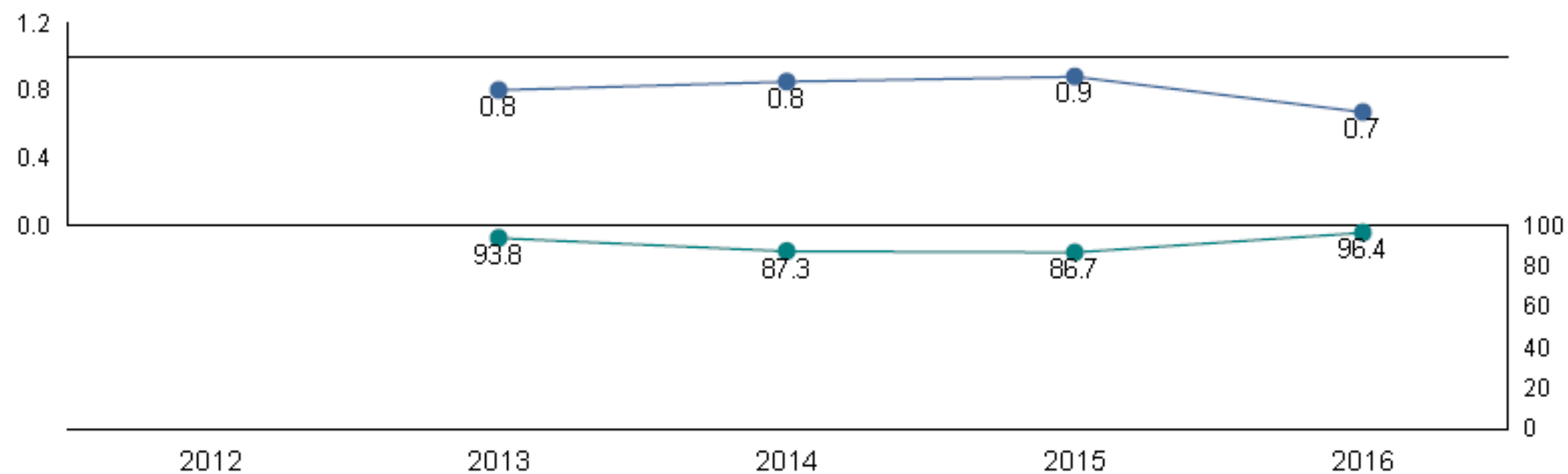
Positions



Applicants



Number of Applicants Per Position and Percent of Applicants Matched



Began participation in the SMS for appointment year 2013.

Comparison with Other Subspecialties

	2014					2015				
	Number of Programs	% Programs Filled	Number of Positions	% Positions filled	% Applicants Unmatched	Number of Programs	% Programs Filled	Number of Positions	% Positions filled	% Applicants Unmatched
Endocrinology	60	70	84	73	12	57	70	85	76	13
Neonatology	90	90	241	95	7.6	92	95	242	98	19
Pedi Critical Care	63	84	169	92	7	62	91	168	95	22
Pedi EM (Emerg)										
Pedi EM (Pedi)	74	91	163	96	26	73	95	162	98	20
Hospital Medicine						24	87.5	30	90	27
Infectious Disease	48	58.3	64	68	8.3	51	41.1	66	45.5	11.7
Nephrology	42	42.8	61	54	10	39	20	58	36	8.6
Rheumatology	29	62	38	68.4	13.3	30	46.6	40	55	18.5
Gastroenterology	52	88	84	92	20	51	94	85	96	29
Heme/Onc	62	90	157	84	15	65	89	162	94	15.4
Cardiology	57	87.7	141	94	20	57	94	141	97	24
Pulmonology	41	43	56	51.7	9.4	43	34.9	61	49	9

	2016				
	Number of Programs	% Programs Filled	Number of Positions	% Positions filled	% Applicants Unmatched
Endocrinology	55	54.5	83	65.1	3.6
Neonatology	91	81.3	252	90.5	8
Pedi Critical Care	65	86.2	175	93.5	11.4
Pedi EM (Emerg)	21	100	44	100	22.2
Pedi EM (Pedi)	52	100	133	100	12.8
Hospital Medicine	30	80	38	84	13.5
Infectious Disease	53	58.5	70	64.3	2.2
Nephrology	41	26.8	62	43.5	36
Rheumatology	28	64.3	37	67.6	13.8



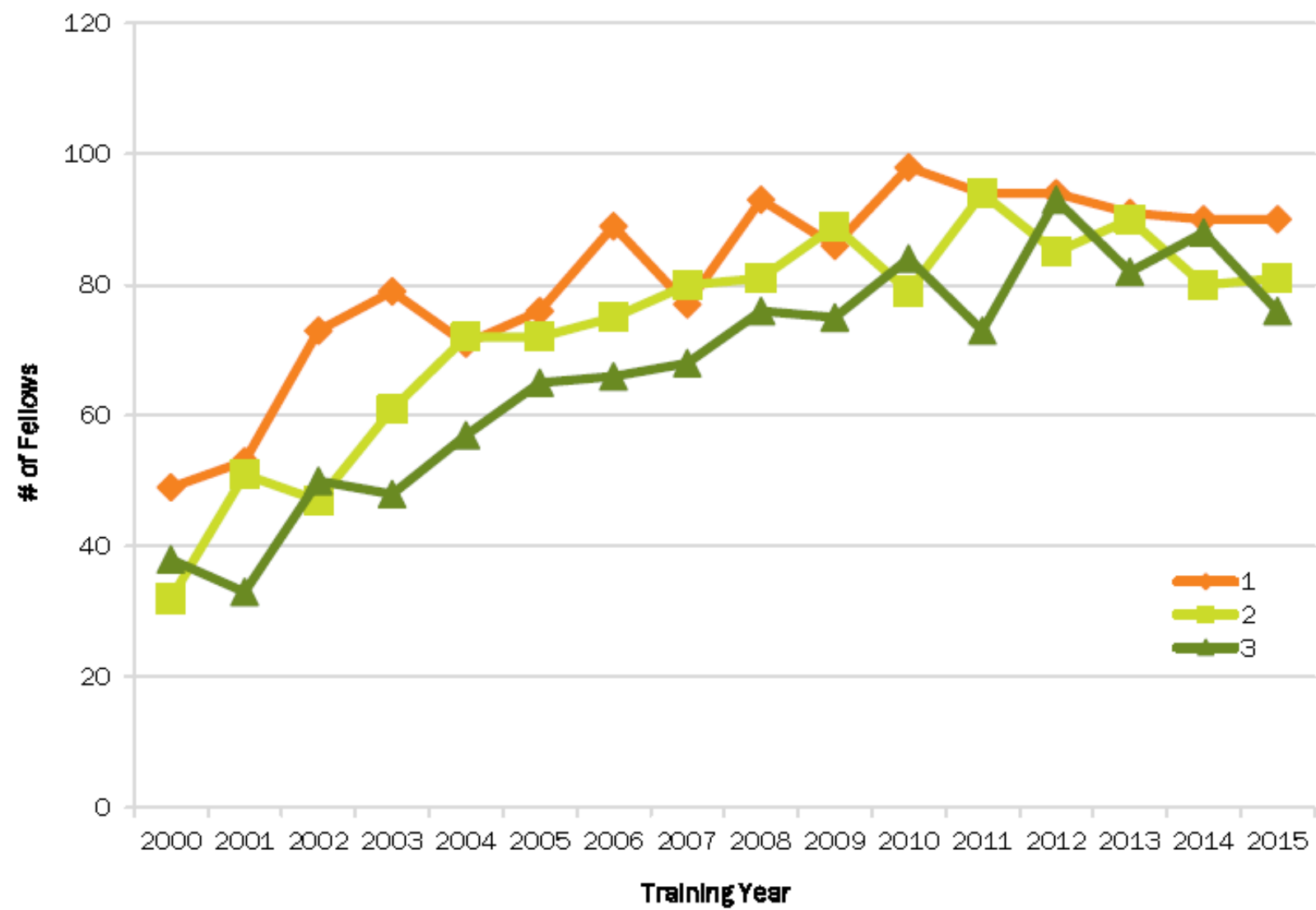
Fellowship Training Trends

Year94%	Number of Programs	Number of First Year Fellows	Total number of Fellows
2009-2010	67	86	250
2010-2011	67	98	261
2011-2012	67	94	261
2012-2013	67	94	272
2013-2014	69	91	263
2014-2015	69	90	258
2015-2016	69	90	247

85 in match (94%)

**Pediatric Endocrinology
Training Level Tracking Data**

Year Starting July 1	Training Level			Total
	1	2	3	
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	91	90	82	263
2014	90	80	88	258
2015	90	81	76	247



Thoughts from Program Directors

Did you receive fewer applications this year than in previous years?

- Some note a progressive decrease in numbers over the last few years

- Some note a decrease in the quality of applicants

Did you have applicants who declined interviews with your program?

- Several people reported applicants who declined or canceled interviews

Did applicants express any desire for a more clinically oriented fellowship (shorter or with less emphasis on scholarly activity)?

- Many applicants with more clinician-educator interest or pure clinical interest

Have you noticed a trend in declining interest in endocrinology among residents in your institution?

- Lower “visibility” within training programs

- Initial interest, but no resulting application ?compensation and lifestyle

Other Comments

Reasons for perceived decline in interest:

- It does not help in recruiting fellows when they see current academic faculty stressed by increased competition for grants

- Relatively low salary and high clinical workload seem to influence residents away from endocrine.

Clinical training programs for those who do not want to pursue research

- Emphasis on particular skills in clinical care (FNA, thyroid ultrasound, DXA reading, implant placement, etc.) and development of expertise

- Continue as three year program to insure that graduates continue to be viewed as specialists

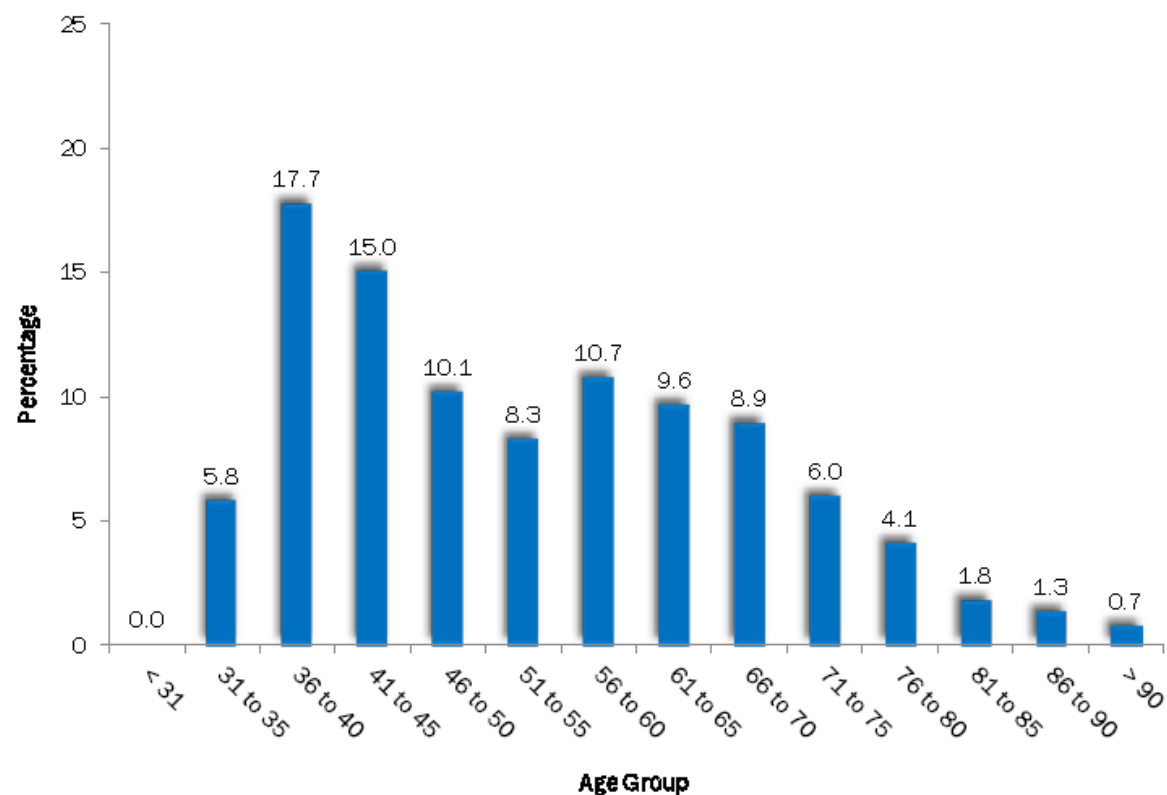
Pediatric Endocrinology Diplomates

Age Distribution

(as of December 31, 2015)

Age Group	n	%
< 31	0	0.0
31 to 35	101	5.8
36 to 40	309	17.7
41 to 45	262	15.0
46 to 50	177	10.1
51 to 55	144	8.3
56 to 60	187	10.7
61 to 65	168	9.6
66 to 70	155	8.9
71 to 75	104	6.0
76 to 80	71	4.1
81 to 85	31	1.8
86 to 90	23	1.3
> 90	13	0.7
Total	1,745	100.0

Average Age = 53.6 Years



Changes in ACGME Program Requirements

Requirement #: I.A.4.

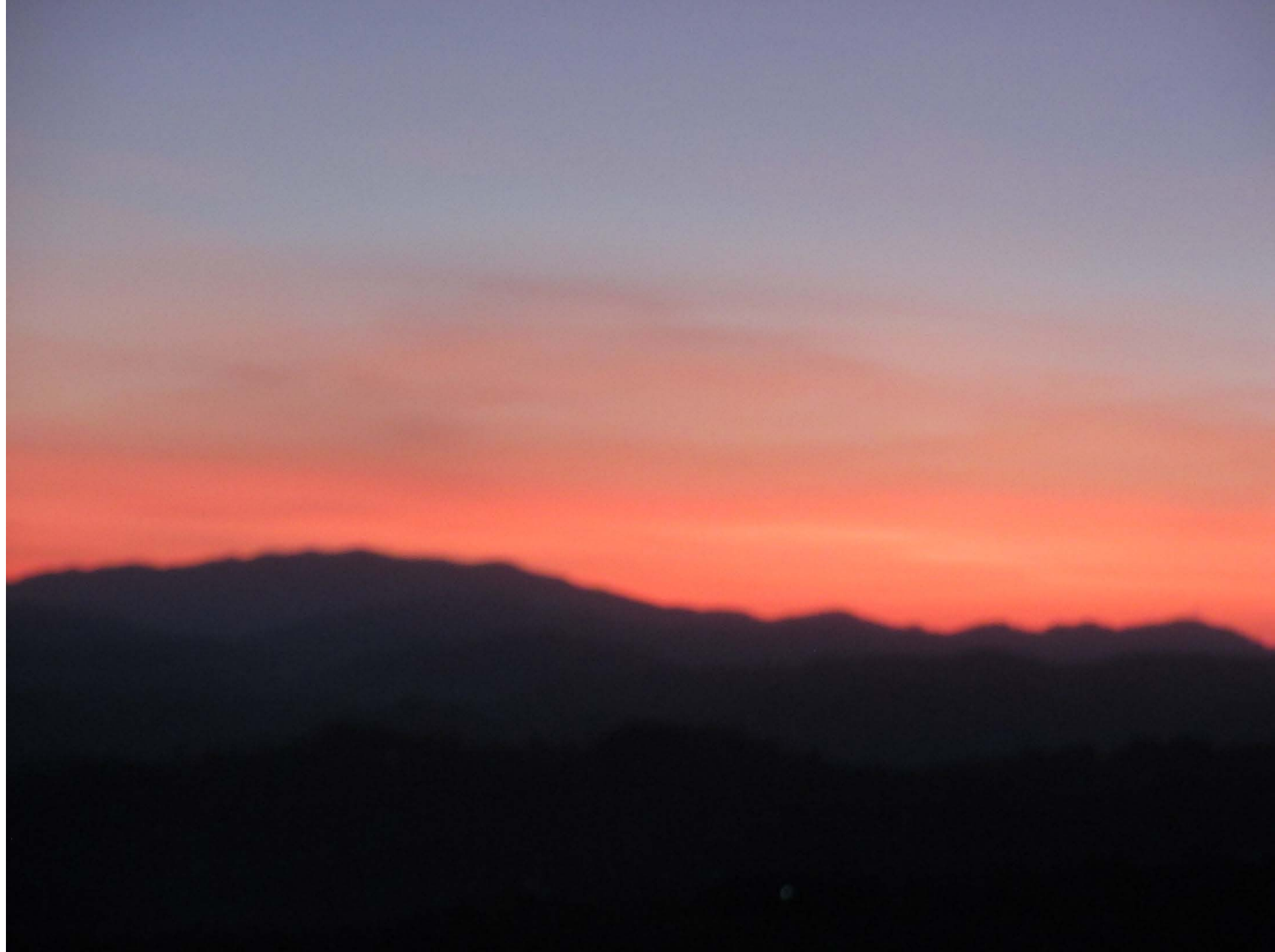
Requirement Revision (significant change only):

Program leadership, including the program director and associate program director(s), must be provided with a minimum total of 20-35 percent full time equivalent (FTE) protected time for the administration of the program (not including scholarly activity), depending on the size of the program. (Core)

Requirement #: I.A.5.

Requirement Revision (significant change only):

The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. (Core)



EPAs: *What the PDs are entrusted to know*

PES PD Meeting

29 April 2016

Entrustable Professional Activities (EPAs)

**Domains of
Competence**

**Domains of
Competence**

**Domains of
Competence**

Competency

Competency

Competency

Competency

Milestones

Milestones

Milestones

Milestones

Milestones

Milestones

Objectives of the EPAs

They describe the **routine activities** of the pediatric endocrinologist and provide the **guidelines for training**.

We should be able to **define the specialty** by a limited number of EPAs.

EPAs can be **mapped** to domains of competence, competencies and milestones.

EPAs offer a **new method of assessment** that focuses on the level of supervision needed to carry out the activity. The targeted question becomes “is this learner ready to be entrusted to perform this professional activity *without supervision?*”

Our Tasks

- ❑ To define the EPAs for our subspecialty
- ❑ To map the EPAs to the competencies

EPAs that cross the generalist to subspecialist role:

- Provide for and obtain consultation from other health care providers caring for children. [\(Read More\)](#)
- Contribute to the fiscally sound and ethical management of a practice (e.g., through billing, scheduling, coding, and record keeping practices). [\(No. 13 General Peds\)](#)
- Apply public health principles and improvement methodology to improve care for populations, communities, and systems. [\(No. 14 General Peds\)](#)
- Lead an interprofessional health care team. [\(No. 15 General Peds\)](#)
- Facilitate handovers to another healthcare provider. [\(No. 16 General Peds\)](#)

EPAs that are common to all subspecialties:

- Engage in scholarly activities through the discovery, application, and dissemination of new knowledge. *(broadly defined) (Under construction)*
- Lead within the subspecialty profession. [\(Read More\)](#)

Endocrinology

Authors

1. Demonstrate competence in understanding the reasons to perform and interpret the common procedures of the pediatric endocrinologist.

EPA 1

2. Facilitate the transition of patients with endocrine disorders from pediatric to adult health care.

EPA 2

3. Manage patients with acute endocrine disorders in ambulatory, emergency or inpatient settings.

EPA 3

4. Manage patients with chronic endocrine disorders in the ambulatory or inpatient settings.

EPA 4

The Four 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.

Know the indications for performing the common procedures of the pediatric endocrinologist and be able to interpret the results.

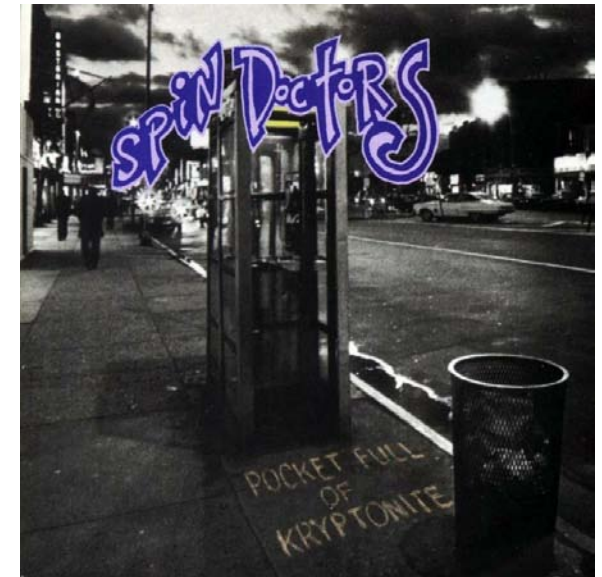
Our Tasks

- ❑ To define the EPAs for our subspecialty
- ❑ To map the EPAs to the competencies

To participate in the EPA Study: Thank you for your participation!!!

Study by the Subspecialty Pediatrics Investigator Network (goal was to have $\geq 20\%$ of programs in the subspecialty to participate)

Hypothesis: Milestones will be a valuable method with which to determine level of entrustment for the pediatric subspecialty EPAs



Methods

One week before CCC meeting, FPDs assigned level of supervision for each fellow for the 6 EPAs

At CCC meeting, CCC assigned milestone levels for the 29 subcompetencies mapped to the 6 EPAs

Then, CCC assigned level of supervision for each fellow for the EPAs

Data collection: Fall 2014 and Spring 2015

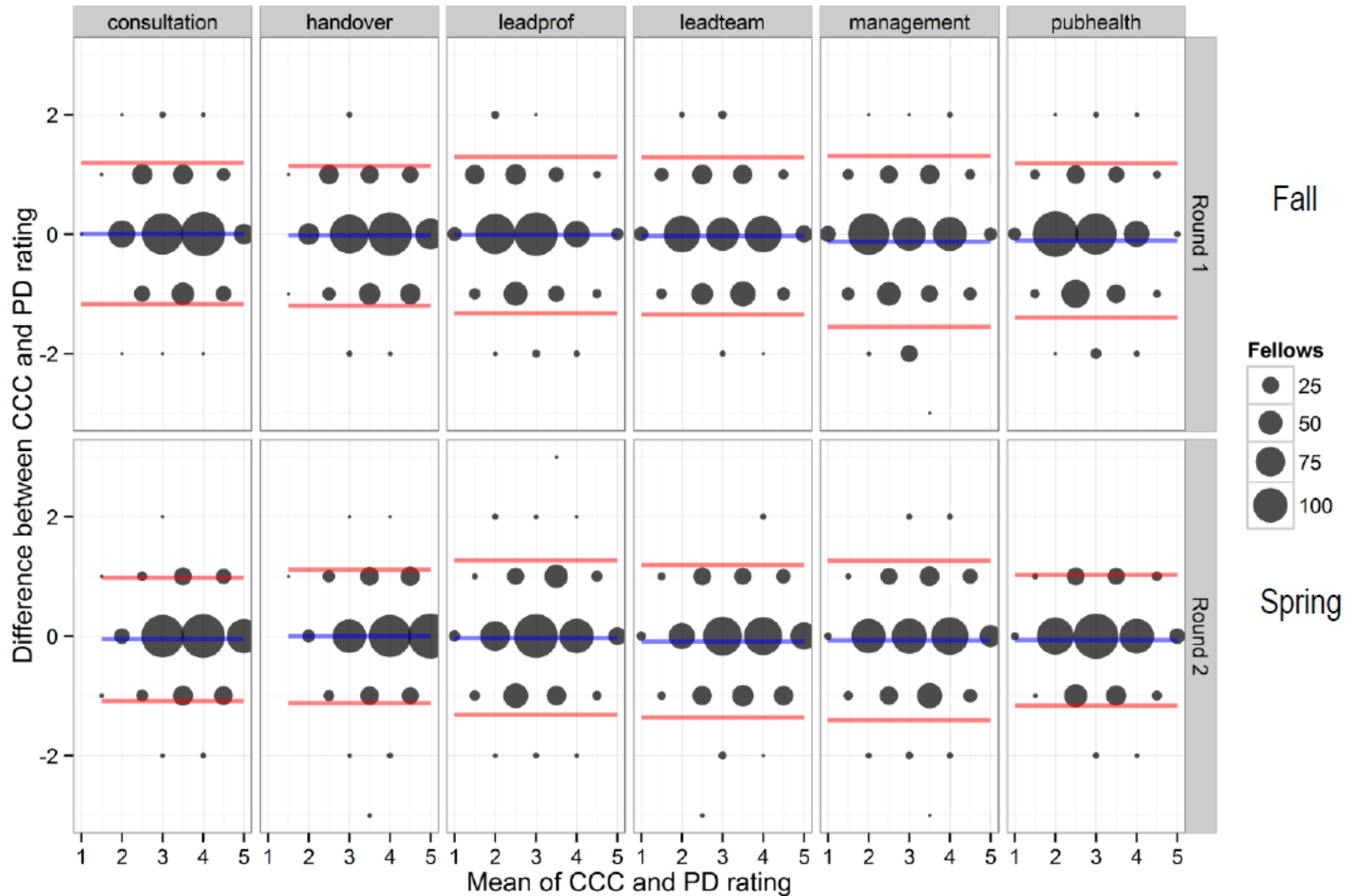
Number of Participants

Study Participation	Fall 2014	Spring 2015
Institutions	78	81
Programs (n)	208	209
Subspecialties with Program Participation $\geq 20\%$ (%)	79	79
Total Number of Fellows	1011	1036
1 st year fellows (n)	352	369
2 nd year fellows (n)	332	336
3 rd year fellows (n)	327	331

Subspecialty Participation

Subspecialty Participation	Fall 2014	Spring 2015
Adolescent Medicine	10 (36%)	11 (39%)
Cardiology	14 (25%)	12 (21%)
Child Abuse	10 (40%)	10 (40%)
Critical Care	24 (38%)	21 (33%)
Developmental & Behavioral	17 (46%)	18 (49%)
Emergency Medicine	19 (26%)	19 (26%)
Endocrinology	12 (18%)	14 (21%)
Gastroenterology	11 (19%)	10 (18%)
Hematology-Oncology	14 (20%)	13 (19%)
Infectious Diseases	14 (23%)	16 (26%)
Neonatology	33 (34%)	35 (36%)
Nephrology	7 (16%)	6 (13%)
Pulmonary	12 (23%)	13 (25%)
Rheumatology	11 (32%)	11 (32%)

Bland-Altman Plot: FPD on CCC



Our Tasks

- ☐ To define the EPAs for our subspecialty
- ☐ To map the EPAs to the competencies
- ☐ To write the curricular components for our EPAs

Curricular components were written Early 2016

More discussion at Training Program meeting

Invite all the attend

Our Tasks

- ❑ To define the EPAs for our subspecialty
- ❑ To map the EPAs to the competencies
- ❑ To write the curricular components for our EPAs
- ❑ To develop a level of supervision scale for subspecialty specific EPAs and PDs will be surveyed to determine the minimal level needed for completion of fellowship

Next Steps: The EPA Scales

FACILITATE THE TRANSITION OF PATIENTS WITH ENDOCRINE DISORDERS FROM PEDIATRIC TO ADULT HEALTH CARE

1	Trusted to observe only
2	Trusted to execute with direct supervision and coaching
3	Trusted to execute with indirect supervision and discussion of information gathered and conveyed for selected simple and complex cases
4	Trusted to execute with indirect supervision and may require discussion of information gathered and conveyed but only for selected complex cases
5	Trusted to execute independently without supervision

KNOW THE INDICATIONS FOR PERFORMING THE COMMON PROCEDURES OF THE PEDIATRIC ENDOCRINOLOGIST AND BE ABLE TO INTERPRET THE RESULTS

1	Trusted to observe only
2	Trusted to determine testing and provide interpretation with direct supervision and coaching
3	Trusted to determine testing and provide interpretation with indirect supervision for simple cases only; complex cases require direct supervision
4	Trusted to determine testing and provide interpretation with indirect supervision and may require discussion of interpretation but only for selected complex cases
5	Trusted to execute independently without supervision

***MANAGE PATIENTS WITH ACUTE ENDOCRINE DISORDERS IN
AMBULATORY, EMERGENCY OR INPATIENT SETTINGS***

1	Trusted to observe management only
2	Trusted to manage with direct supervision and coaching
3	Trusted to manage with indirect supervision and discussion of information gathered and conveyed for selected simple and all complex cases
4	Trusted to manage with indirect supervision and may require discussion of information gathered and conveyed but only for selected complex cases
5	Trusted to manage independently without supervision

***MANAGE PATIENTS WITH CHRONIC ENDOCRINE DISORDERS IN
AMBULATORY, EMERGENCY OR INPATIENT SETTINGS***

- | | |
|----------|---|
| 1 | Trusted to observe management only |
| 2 | Trusted to manage with direct supervision and coaching |
| 3 | Trusted to manage with indirect supervision and discussion of information gathered and conveyed for selected simple and all complex case |
| 4 | Trusted to manage with indirect supervision and may require discussion of information gathered and conveyed but only for selected complex cases |
| 5 | Trusted to manage independently without supervision |

Questions?

