# 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| Withdrawn Programs | 3 | |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**

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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 Breintenbush River

# Updates from the Residency Review Committee for Pediatrics

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

ACGME

# 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

ACGME

# 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

ACGME

# 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

ACGME

# 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**

ACGME

# 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

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”.

# Domain of Competency Patient Care

(Modified from ABIM Rating Scale)

- 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

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

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|

- 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


- 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.
  - Faciliated 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.

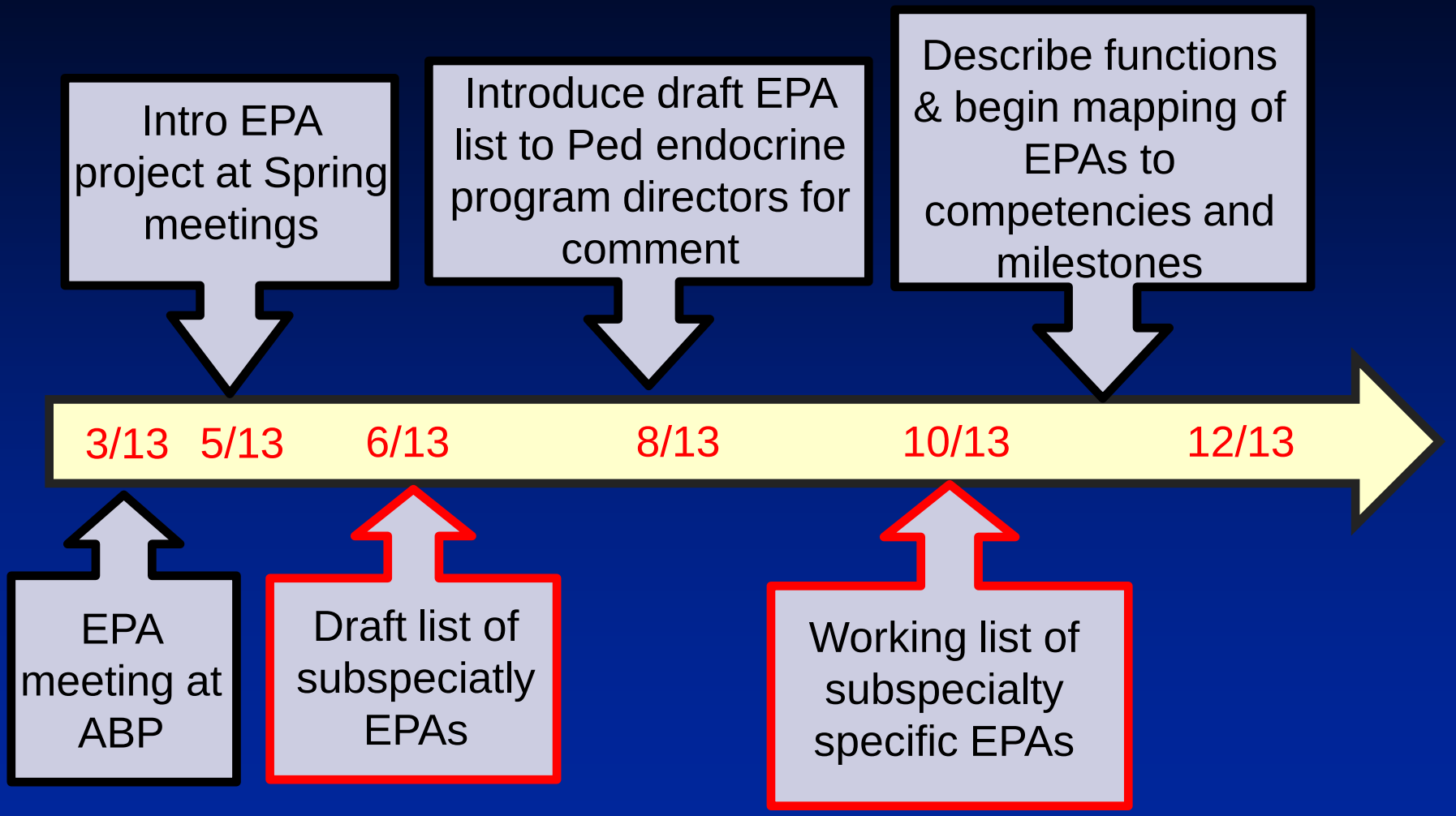
# EPA/Milestones Development Update

- **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**

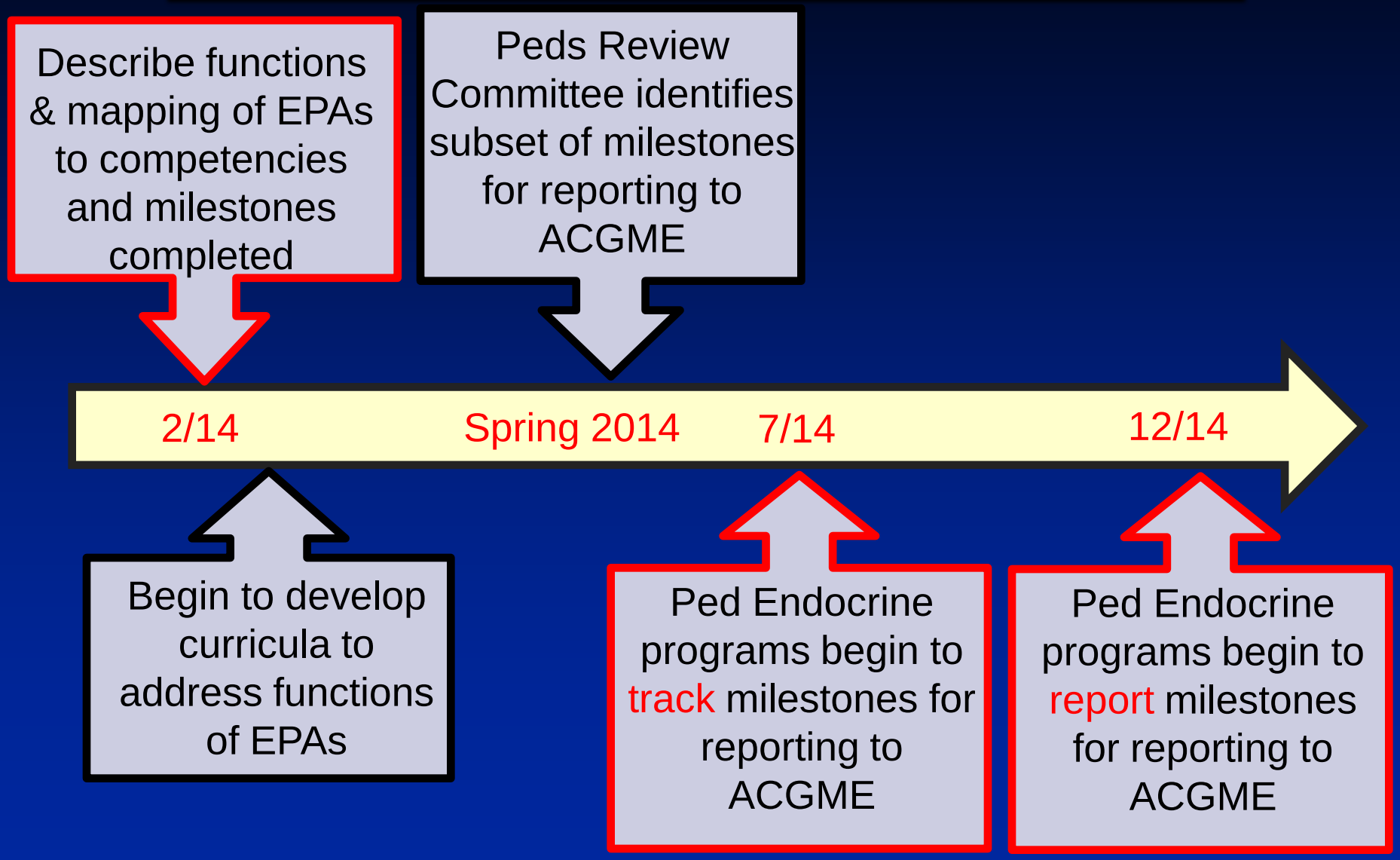
# EPA / Milestones Development: Next Steps

- 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

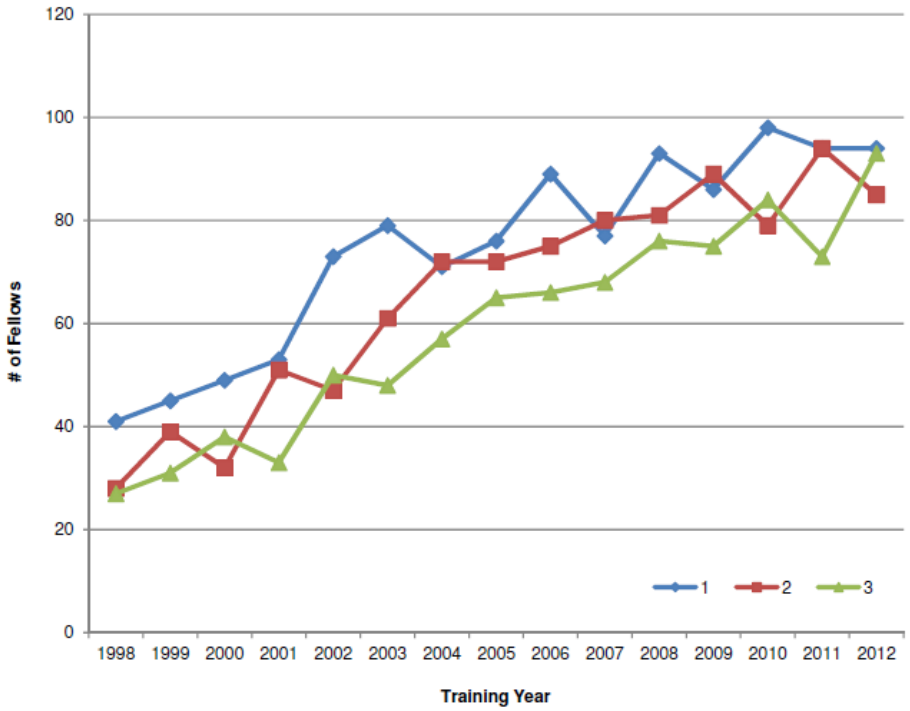
Bays Lake/ Mt Jefferson

## Pediatric Endocrinology
## Gender and Medical School Tracking Data

| Year Starting July 1 | Level | n | Total | | | | | | | | AMG | | | | IMG | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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** |

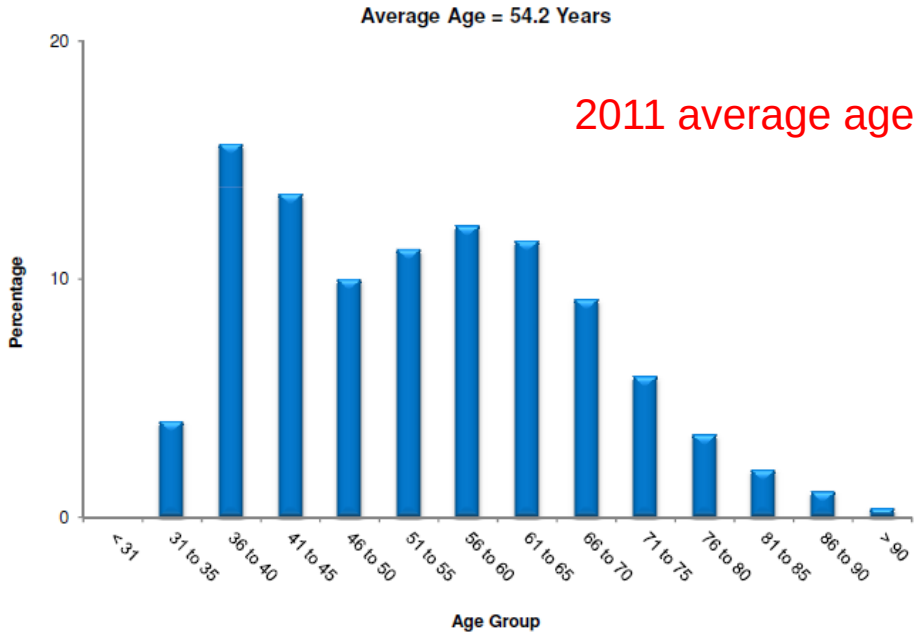
**Pediatric Endocrinology**
**Training Level Tracking Data**

| Year Starting July 1 | Training Level 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 |



**Pediatric Endocrinology Certified Diplomates**
**Age Distribution**
(as of December 31, 2012)

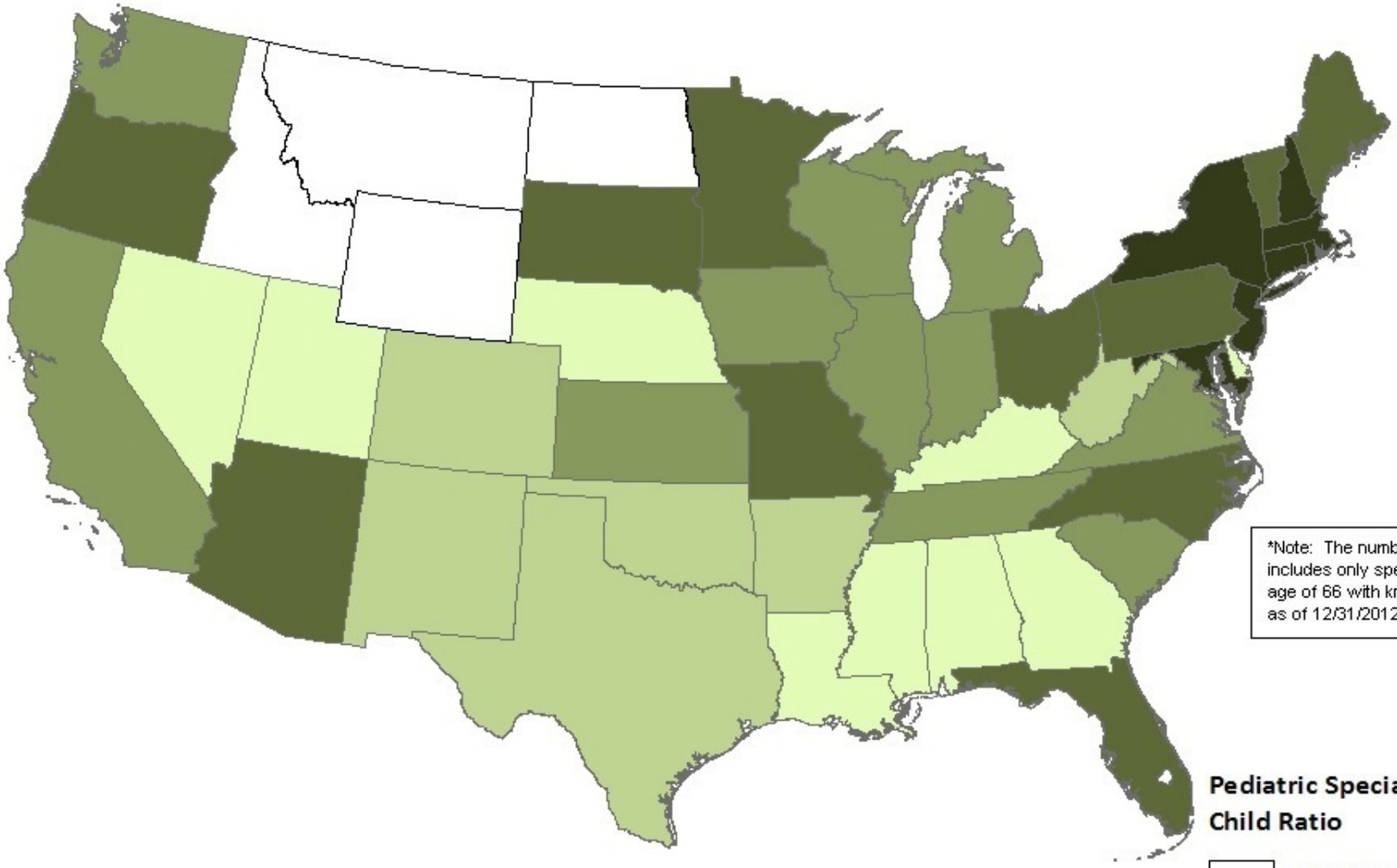
| Age Group | n | % |
|---|---|---|
| < 31 | 0 | 0.0 |
| 31 to 35 | 57 | 4.0 |
| 36 to 40 | 223 | 15.6 |
| 41 to 45 | 193 | 13.5 |
| 46 to 50 | 142 | 10.0 |
| 51 to 55 | 160 | 11.2 |
| 56 to 60 | 174 | 12.2 |
| 61 to 65 | 165 | 11.6 |
| 66 to 70 | 130 | 9.1 |
| 71 to 75 | 84 | 5.9 |
| 76 to 80 | 49 |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




2011 average age = 53.4

# Relative Distribution of ABP Endocrinology Diplomates by State

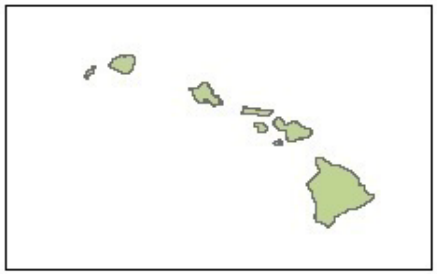
*(Total Diplomates ever certified* as of 12/31/2012)*



*Note: The number of diplomates includes only specialists under the age of 66 with known addresses as of 12/31/2012.

**Pediatric Specialist-to-Child Ratio**

- No certified specialists
- 1:150,000+
- 1:100,000-149,999
- 1:75,000-99,999
- 1:50,000-74,999
- 1:1-49,999




Mt. Jefferson, Oregon Cascades