



# Pediatric Endocrine Society Program Directors Meeting 2015





# Agenda

- ▶ General Announcements
- ▶ Match Update
- ▶ Pediatric Subspecialty Milestones
- ▶ CCCs, PECs, etc.
- ▶ Entrustable Professional Activities (EPAs)
- ▶ SPIN EPA Project
- ▶ ABP Curriculum Project

# General Announcements

- ▶ Mentorship meeting
- ▶ Fellows “Meet and Greet”
  - ▶ Friday 6 PM to 7 PM, Hilton Bay Front Hotel, Aqua 303
  - ▶ 34 Fellows RSVP
- ▶ Fellows Committee lunch meeting
  - ▶ Sunday at 11 AM to 1 PM, Hilton Bay Front Hotel, Sapphire 411b
  - ▶ 40 Fellows RSVP

# Match Update

- ▶ Spring 2014 match for entry in July 2015

# Results of 2014 Match (2015 appointment)

## Pediatric Endocrinology

### Program Statistics

Enrolled Programs

Number

%

57

69 Programs

82%

Certified Programs

Programs Filled

40

70%

Programs Unfilled

17

30%

Certified Positions

85

Positions Filled

65

76%

Positions Unfilled

20

24%

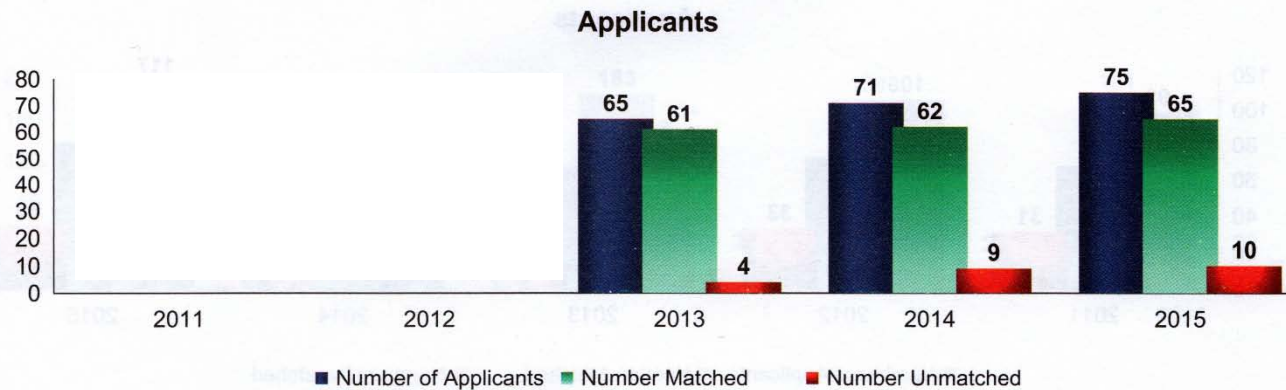
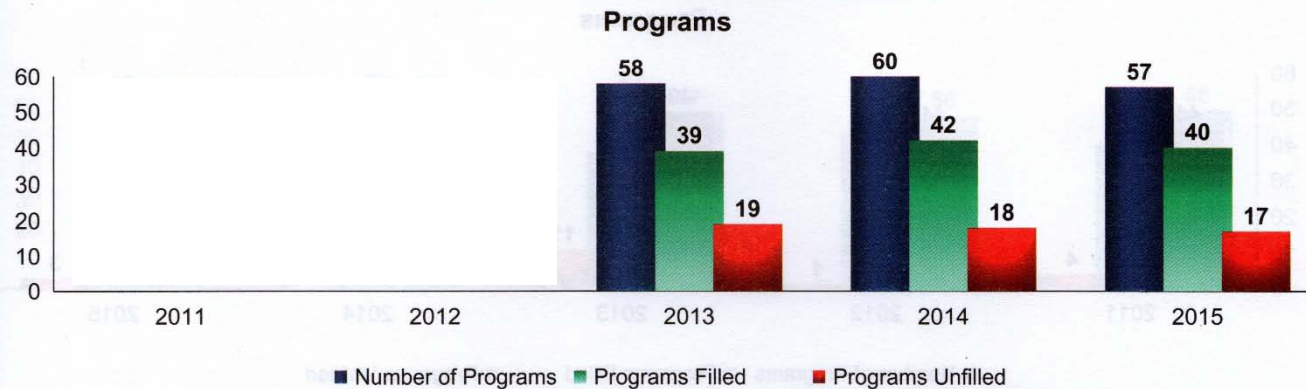
# Applicant Statistics

Applicant Statistics	Number	%
Number of Applicants	75	
Preferred Specialty	73	
US Grad	43	57.3%
Matched Applicants	65	
US Grad	42	64.6%
US Foreign	3	4.6%
Osteopathic	4	6.2%
Foreign	16	24.6%
Matched Applicants (by Preferred Specialty)	65	100
Unmatched Applicants (by Preferred Specialty)	10	13.3



# Fellowship Match Trends by Specialty and Appointment Year

## Pediatric Endocrinology



# Fellowship Training Trends

Year	Number of Programs	Number of On Duty Residents
2009 – 2010	67	229
2010 – 2011	67	240
2011 – 2012	67	242
2012 – 2013	67	251
2013 – 2014	69	252
2014 – 2015	69	252

# Filling Unmatched Positions

- ▶ List unfilled programs with contact information on PES website
- ▶ Encourage Program Directors to refer applicants to this site

# Fall Match

- ▶ Applications available through ERAS in mid-July
- ▶ Match Timeline
  - ▶ 8/27/14: Match Opens
  - ▶ 10/22/14: Rank Order List Opens
  - ▶ 11/19/14: Quota Change Deadline
  - ▶ 12/3/14: Rank Order List Deadline
  - ▶ 12/12/14: Match Day

# Milestones, EPAs and Common Curriculum

# 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”.

# Pediatric Subspecialty Milestones

- ▶ Feedback on first reporting period in December
- ▶ Evaluation tools
  - ▶ What are people using?
  - ▶ How do we share?
  - ▶ Common tool?
  - ▶ BCH example under development

# Milestones Framework

PC2. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment					
Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization, or synthesis; demonstrates analytic reasoning through basic pathophysiology results in a list of all diagnoses considered rather than the development of working diagnostic considerations, making it difficult to develop a therapeutic plan	Focuses on features of the clinical presentation, making a unifying diagnosis elusive and leading to a continual search for new diagnostic possibilities; largely uses analytic reasoning through basic pathophysiology in diagnostic and therapeutic reasoning; often reorganizes clinical facts in the history and physical examination to help decide on clarifying tests to order rather than to develop and prioritize a differential diagnosis, often resulting in a myriad of tests and therapies and unclear management plans, since there is no unifying diagnosis	Abstracts and reorganizes elicited clinical findings in memory, using semantic qualifiers (such as paired opposites that are used to describe clinical information [e.g., acute and chronic]) to compare and contrast the diagnoses being considered when presenting or discussing a case; shows the emergence of pattern recognition in diagnostic and therapeutic reasoning that often results in a well-synthesized and organized assessment of the focused differential diagnosis and management plan	Reorganizes and stores clinical information (illness and instance scripts) that lead to early directed diagnostic hypothesis testing with subsequent history, physical examination, and tests used to confirm this initial schema; demonstrates well-established pattern recognition that leads to the ability to identify discriminating features between similar patients and to avoid premature closure; Selects therapies that are focused and based on a unifying diagnosis, resulting in an effective and efficient diagnostic work-up and management plan tailored to address the individual patient	Current literature does not distinguish between behaviors of proficient and expert practitioners. Expertise is not an expectation of GME training, as it requires deliberate practice over time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					



# RedCap 360

FALL 2014 - ENDOCRINOLOGY FELLOW EVALUATION - Windows Internet Explorer provided by Boston Children's Hospital

http://redcap-ql/redcap\_edc/surveys/?s=G8NdefdEX4

Boston Children's Hospital Free Hotmail Suggested Sites Web Slice Gallery

Fellow Name  \* must provide value

### EVALUATION

**Gathers and synthesizes information (history and physical examination) for clinical decision-making.**

Expected level: Abstracts and organizes clinical information to compare and contrast diagnoses being considered when presenting/discussing a case

Below expected level  
 At expected level  
 Above expected level  
 Cannot evaluate

reset

Comments:

Expand

**Assessments and plans emphasize problem-solving and use of confirmatory testing to make informed diagnostic and therapeutic decisions.**

Expected level: Assessments and plans are well-synthesized and organized with a focused differential diagnosis and management plan

Below expected level  
 At expected level  
 Above expected level  
 Cannot evaluate

reset

Comments:  \* must provide value

Expand

Start FALL 2014 - ENDOC... Windows Media Player [REDCap] Your surve... Presentation1 - Micro... 4:50 PM 4/14/2015

# Branching Logic

Role	Number of Milestones
Inpatient Attending	19
Outpatient Attending	17
Endo Nurses	5
DNEs (inpatient and outpatient)	9
Administrative Staff	4
Clinical Assistants	4
Social Workers	5
Peers	7
Conference Attendees	5
Patients	4 (different format)

# CCCs, PECs and other requirements

- ▶ Clinical Competency Committees (CCC):
  - ▶ Reviews evaluations twice per year and responsible for determining milestone level assignments. Must include at least two faculty members and may include PD
- ▶ Program Evaluation Committee (PEC):
  - ▶ 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
- ▶ NAS Reporting

# Entrustable Professional Activities

- ▶ General Subspecialty EPAS
  - ▶ APPLY PUBLIC HEALTH PRINCIPLES AND IMPROVEMENT METHODOLOGY TO IMPROVE CARE FOR POPULATIONS, COMMUNITIES, AND SYSTEMS
  - ▶ CONTRIBUTE TO THE FISCALLY SOUND AND ETHICAL MANAGEMENT OF A PRACTICE (e.g. through billing, scheduling, coding, and record keeping practices)
  - ▶ FACILITATE HANDOVERS TO ANOTHER HEALTHCARE PROVIDER
  - ▶ LEAD AN INTERPROFESSIONAL HEALTH CARE TEAM
  - ▶ LEAD WITHIN THE SUBSPECIALTY PROFESSION
  - ▶ PROVIDE FOR AND OBTAIN CONSULTATION WITH OTHER HEALTH CARE PROVIDERS CARING FOR CHILDREN

# Pediatric Endocrinology Specific EPAs

- ▶ Acute Care: Manage patients with acute endocrine disorders in ambulatory, emergency or inpatient settings.
- ▶ Chronic Care: Manage patients with chronic endocrine disorders in the ambulatory or inpatient settings.
- ▶ Transition: Facilitate the transition of patients with endocrine disorders from pediatric to adult health care.
- ▶ Procedural: Demonstrate competence in understanding the reasons to perform and interpret the common procedures of the pediatric endocrinologist.

# Pediatric Endocrinology Specific EPAs

- ▶ Mapping of EPAs completed by Training Council
- ▶ Reviewed by ABP and feedback given
- ▶ Final EPAs now with ABP and scheduled for release in the spring 2015
- ▶ Implementations date not yet determined. Likely to be at least two years





# Subspecialty Pediatrics Investigators Network (SPIN)

Assessing the Association  
between EPAs, Competencies  
and Milestones in the Pediatric  
Subspecialties



# ABP EPA Curriculum Project

- ▶ Goals:
  - ▶ Create the scaffolding needed to teach/learn the knowledge skills to safely perform the EPA and to further contribute to a shared mental model for the EPA
  - ▶ Align EPA curricula with examination content specifications to provide a system of checks and balances for internal quality assurance around consistency of learning targets

# ABP EPA Curriculum Project

- ▶ Guiding Principles:
  - ▶ Limit the curriculum for each EPA to 3-5 pages; the goal is a targeted not a comprehensive curriculum
  - ▶ Derive the curriculum from the written description and functions of the EPA which means that it will be broad and involve knowledge and skill components. Since EPAs are units of work that require integration of knowledge and skills across competencies the curriculum will reflect this integration and not drill down to individual learning
  - ▶ Limit our considerations to the targeted outcomes of teaching/learning and leave the strategies for how and where to teach to the local experts