

PEDIATRIC FELLOWS ARE NOT EXPECTED TO ACHIEVE ENTRUSTMENT AT GRADUATION FROM FELLOWSHIP



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Introduction

- Entrustable Professional Activities (EPAs) define the tasks expected of pediatric subspecialists in independent practice.
- There are 7 EPAs common to all pediatric subspecialties.
- At graduation, fellows may not have achieved the level in which no supervision is required, i.e. entrustment.
- In addition, there may be different expectations among the subspecialties for the minimum level of supervision for graduating fellows, as well as the level required for independent practice

Objectives

- For each of the 7 common subspecialty EPAs,
- 1) to compare the expected minimum level for graduation with the level of entrustment and
 - 2) to determine if the difference between the two levels is similar among the subspecialties.

Methods

- An anonymous survey was sent through APPD LEARN to all fellowship program directors (FPDs) of ACGME accredited fellowships for the 14 subspecialties with American Board of Pediatrics certification.
- For each EPA, the survey asked FPDs to identify
 - 1) the MINIMUM level of supervision a fellow must achieve to successfully complete fellowship
 - 2) the LOWEST level of supervision at which a practicing subspecialist (and not necessarily a trainee) should be able to perform the EPA leading to a safe and effective outcome, i.e. independent practice.

Methods

- The goal was to have 75% of all FPDs in each subspecialty participate.
- Statistical analysis used paired t-test and a linear regression model fitted to the difference scores with a fixed factor for subspecialty

Results

- Overall response rate was 82% (660/802)
- All subspecialties except one (which had a 67% response rate) met the goal for participation .
- In all EPAs except QI, the expected level at the time of graduation reported by FPDs was less than ($p < 0.05$) the level for independent practice (figure 1).
- The largest differences between the graduation minus independent practice levels were observed in the Leadteam (-0.34), Management (-0.33) and Leadprof (-0.33) EPAs (figure 2).

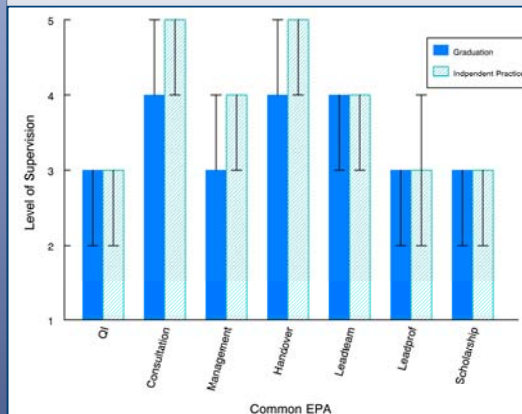


Figure 1. Median values identified by FPDs for the expected level of supervision for fellows at the time of graduation and levels at which independent practice is achieved. Error bars indicate 25th and 75th percentiles. (For description of the levels, see table).

Results

Table. Selected levels of supervision for the EPAs

APPLY PUBLIC HEALTH PRINCIPLES AND IMPROVEMENT METHODOLOGY TO IMPROVE CARE FOR POPULATIONS, COMMUNITIES, AND SYSTEMS (QI)	
3	Trusted to contribute without direct coaching as a member of a collaborative effort to improve care at the institutional level
4	Trusted to lead collaborative efforts to improve care for populations and systems at the institutional level
5	Trusted to lead collaborative efforts to improve care at the level of populations and systems at the regional and/or national level
PROVIDE FOR AND OBTAIN CONSULTATION WITH OTHER HEALTH CARE PROVIDERS CARING FOR CHILDREN (Consultation)	
4	Trusted to execute with indirect supervision and may require discussion of information conveyed but only for selected complex cases
5	Trusted to execute independently without supervision
CONTRIBUTE TO THE FISCALLY SOUND AND ETHICAL MANAGEMENT OF A PRACTICE (Management)	
3	Trusted to perform with direct supervision and coaching with supervisor verifying work product for accuracy
4	Trusted to perform with supervisor serving as a consultant but only for complex tasks
5	Trusted to perform without supervision
FACILITATE HANDOVERS TO ANOTHER HEALTHCARE PROVIDER (Handover)	
4	Trusted to execute with indirect supervision with verification of information after the handover for selected complex cases
5	Trusted to execute without supervision
LEAD AN INTERPROFESSIONAL HEALTH CARE TEAM (Leadteam)	
4	Trusted to lead without supervisor present but requires coaching to improve member and team performance
5	Trusted to lead without supervision to improve member and team performance
LEAD WITHIN THE SUBSPECIALTY PROFESSION (Leadprof)	
3	Trusted to contribute to advocacy and public education activities for the subspecialty profession with indirect supervision at the institutional level
4	Trusted to mentor others and lead advocacy and public education activities for the subspecialty profession at the institutional level
5	Trusted to lead advocacy and public education activities for the subspecialty profession at the regional and/or national level
ENGAGE IN SCHOLARLY ACTIVITIES THROUGH THE DISCOVERY, APPLICATION, AND DISSEMINATION OF NEW KNOWLEDGE (Scholarship)	
3	Trusted to develop and conduct scholarly activities with occasional coaching
4	Trusted to lead scholarly activities and provide coaching to others at the local institution
5	Trusted to lead and coach others in scholarly activities through national and/or international networks

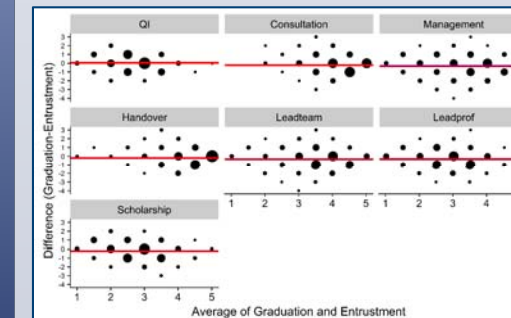


Figure 2. Bland-Altman plot showing the graduation minus entrustment (independent practice) difference.

Results

- The magnitude of the difference between the graduation and independent practice levels did not differ ($p > 0.05$) among the subspecialties for any EPA.

Conclusions

- Across all subspecialties, FPDs do not expect graduating fellows to meet levels required for independent practice for 6 of the 7 common pediatric subspecialty EPAs.
- This suggests that an appropriate infrastructure needs to be provided for junior faculty until they can achieve the level required for independent practice.
- Further study is needed to determine if fellow workplace performance is consistent with these FPD expectations.

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