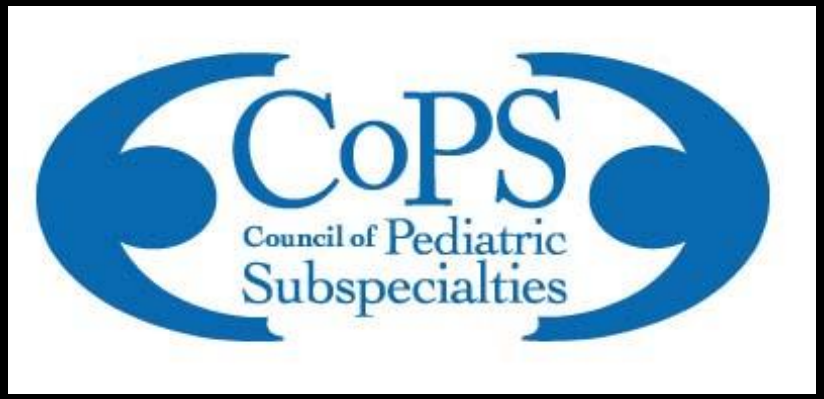
Fellowship Start Date Action Team



Charge

- work with other specialties
- examine the current start date for fellowship training and to make specific recommendations as to how the transition could be improved
- propose a strategy to accomplish this.
- present recommendations by October, 2014.

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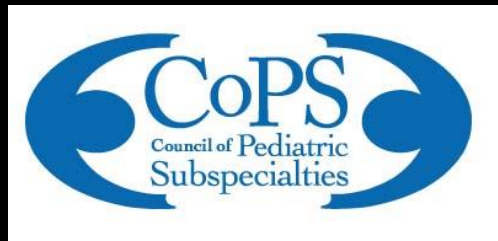
Members

- Pediatrics
  - Council of Pediatric Subspecialties (CoPS)
    - James Bale, Jr., MD
    - Richard Mink, MD, MACM
  - Association of Pediatric Program Directors (APPD)
    - Grace Caputo, MD
- Surgery
  - Association of Program Directors in Surgery (APDS)
    - Daniel Vargo, MD
  - Fellowship Council
    - Aurora Pryor, MD



Members

- Internal Medicine
  - Association of Program Directors in Internal Medicine (APDIM)
    - Ethan D. Fried, MD
  - Association of Specialty Professors (ASP)
    - Elaine Muchmore, MD
- Designated Institutional Official (DIO)
  - Khanh-Van Le-Bucklin, MD
  - Julia McMillan, MD

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Progress

- monthly calls since November
- all specialties agreed that there is a need for change
  - APPD/CoPS survey in 2008
  - APPD letter
- discussed adding representative from orthopedic surgery to the group
  - start date for orthopedic surgery fellowships 8/1

American Board of Surgery

- statement in February to explore moving surgical fellowship start date to August 1
  - includes plan to move General Surgery written board date from mid-August to July
- examined advantages and disadvantages
- approved by ABS Executive Council

Surgical Fellowship Council Survey

FC Fellowship PDs (n=125)

- yes/no to support moving start date to Aug 1
  - 89% supported move to August 1
  - 11% opposed move to August 1

Fellowship Council Survey

Current Fellows (n=96)

- start date preference: July 1, July 15, August 1
  - 22%: July 1
  - 39%: July 15
  - 39%: August 1

Fellowship Council Survey

Current Fellows

- "If a date of July 15th or August 1st was selected, would a gap in income for 2-4 weeks be acceptable to allow for the increased flexibility the delayed start time would provide?"
  - 73%: acceptable effect
  - 27%: unacceptable effect

Pediatrics

- continue collaboration with IM and Surgery
- survey fellows and fellowship PDs using same questions as surgery?
- General Pediatrics Certifying Exam Date?
- present for discussion at Organization of Program Directors Association?

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Council of Pediatric Subspecialties
ACGME Update on Milestones and CCCs

May 4, 2014 - Vancouver

Mary Lieh-Lai, MD, FAAP, FCCP
Senior Vice President for Medical Accreditation
ACGME

To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes

ACGME

Milestones

- A milestone is a significant point in development
- Milestones should enable the trainee and faculty to know the trajectory of competency acquisition
- Milestones define the floor of competence but do not eliminate the need for aspirational goals

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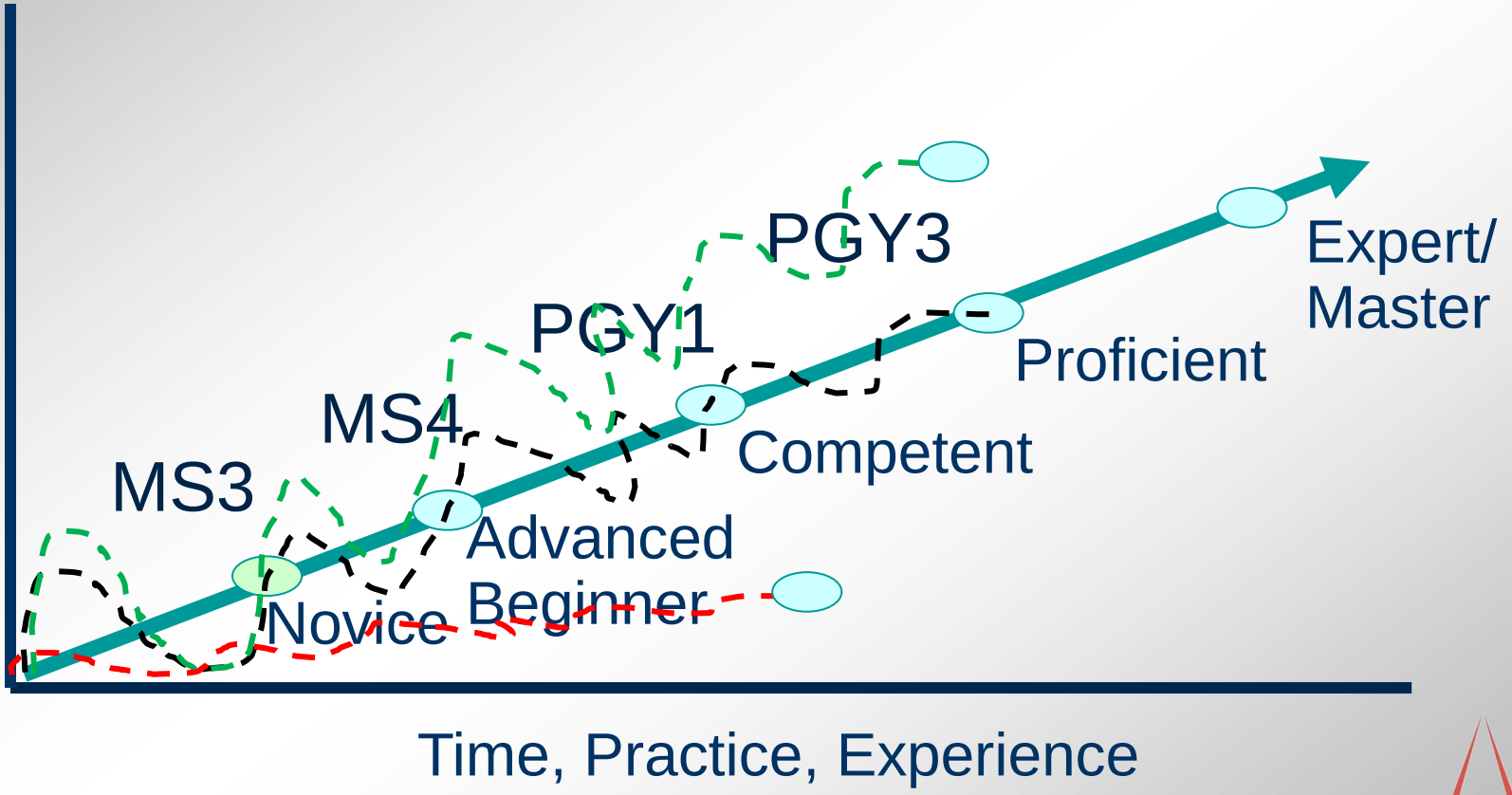
Dreyfus & Dreyfus Development Model



Dreyfus SE and Dreyfus HL. 1980
Carraccio CL et al. Acad Med 2008;83:761-7

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Milestones Reporting Rationale

- Core Internal Medicine
- Core Pediatrics
  - First reporting period: May 1 – June 20, 2014
- **Subspecialties:**
  - **First reporting period: Nov 1 – Dec 31, 2014**
  - **Second reporting period: May 1 – June 15, 2015**
- Medicine-Pediatrics
  - Report once a year: May 1 – June 15
  - But….. Milestones assessment twice a year
    (once in IM, once in Pediatrics)

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Milestones Reporting Window

- CCC should have met and “deliberated”
- The reporting window is meant to be the time for programs to enter the milestones levels for each resident/fellow into ADS
- Time for entry: 1-2 minutes for each resident (data from Phase I specialties)

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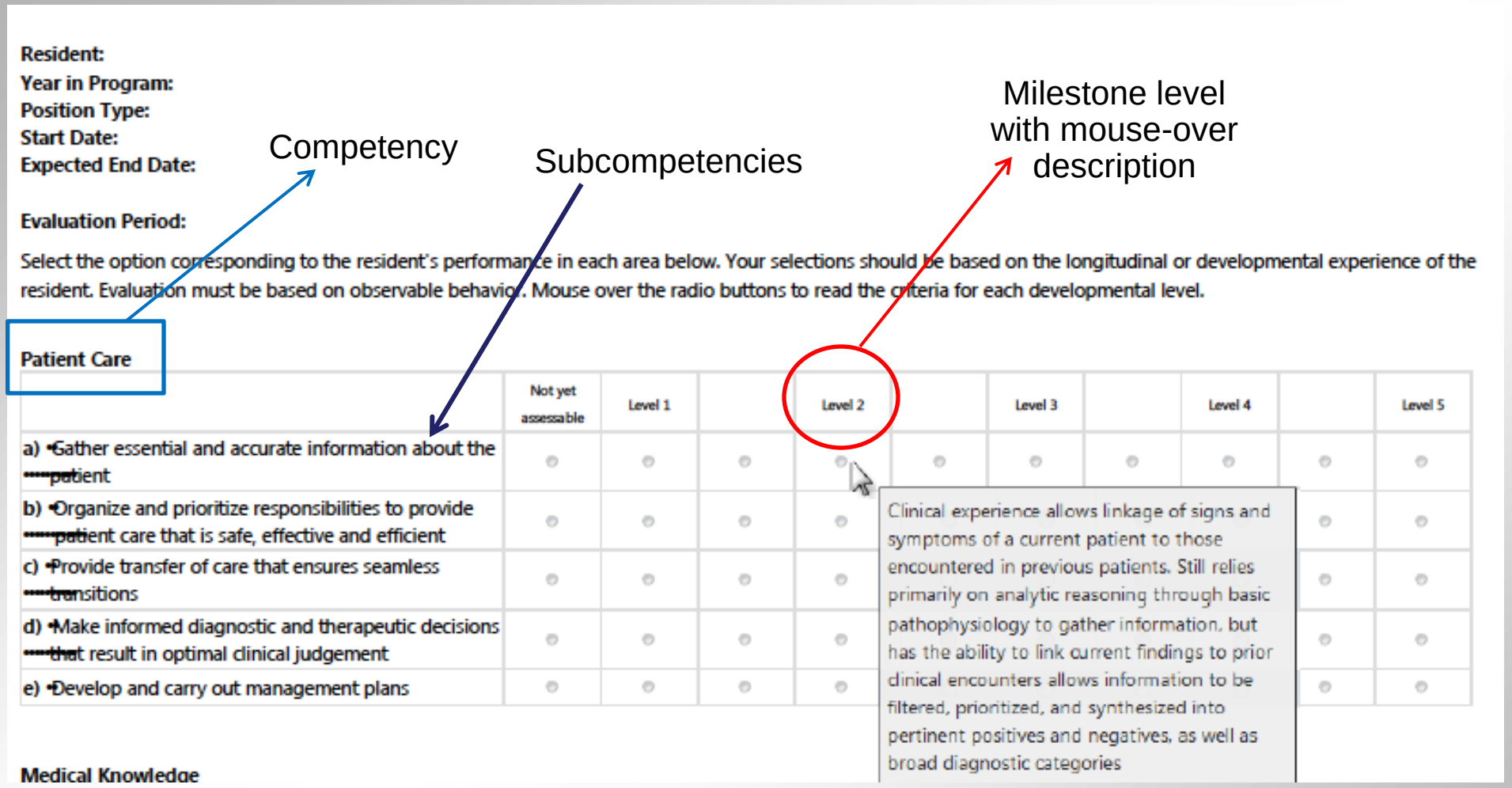
Screen Shot – Core Pediatrics Milestones Reporting Form on ADS



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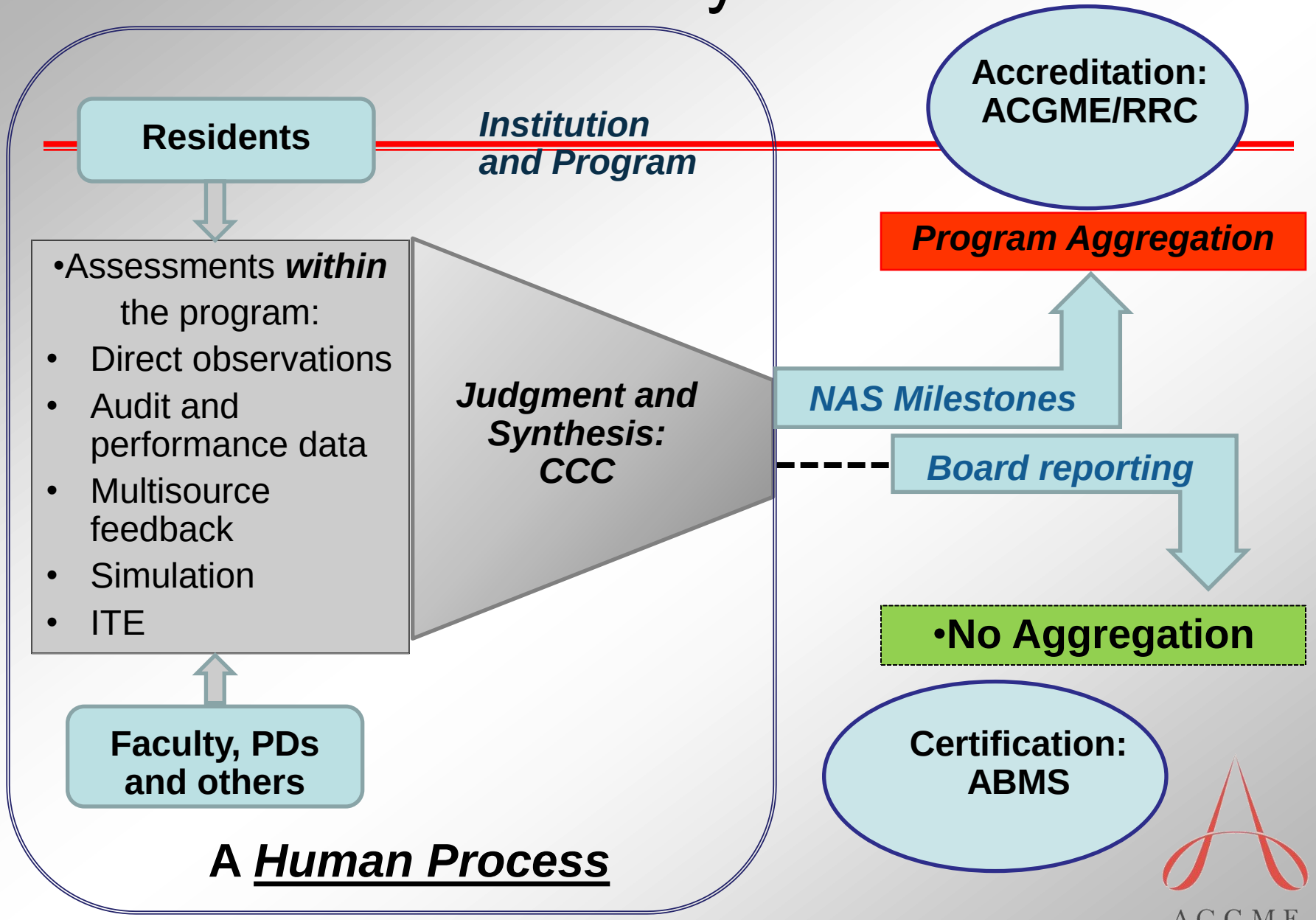
The "System"



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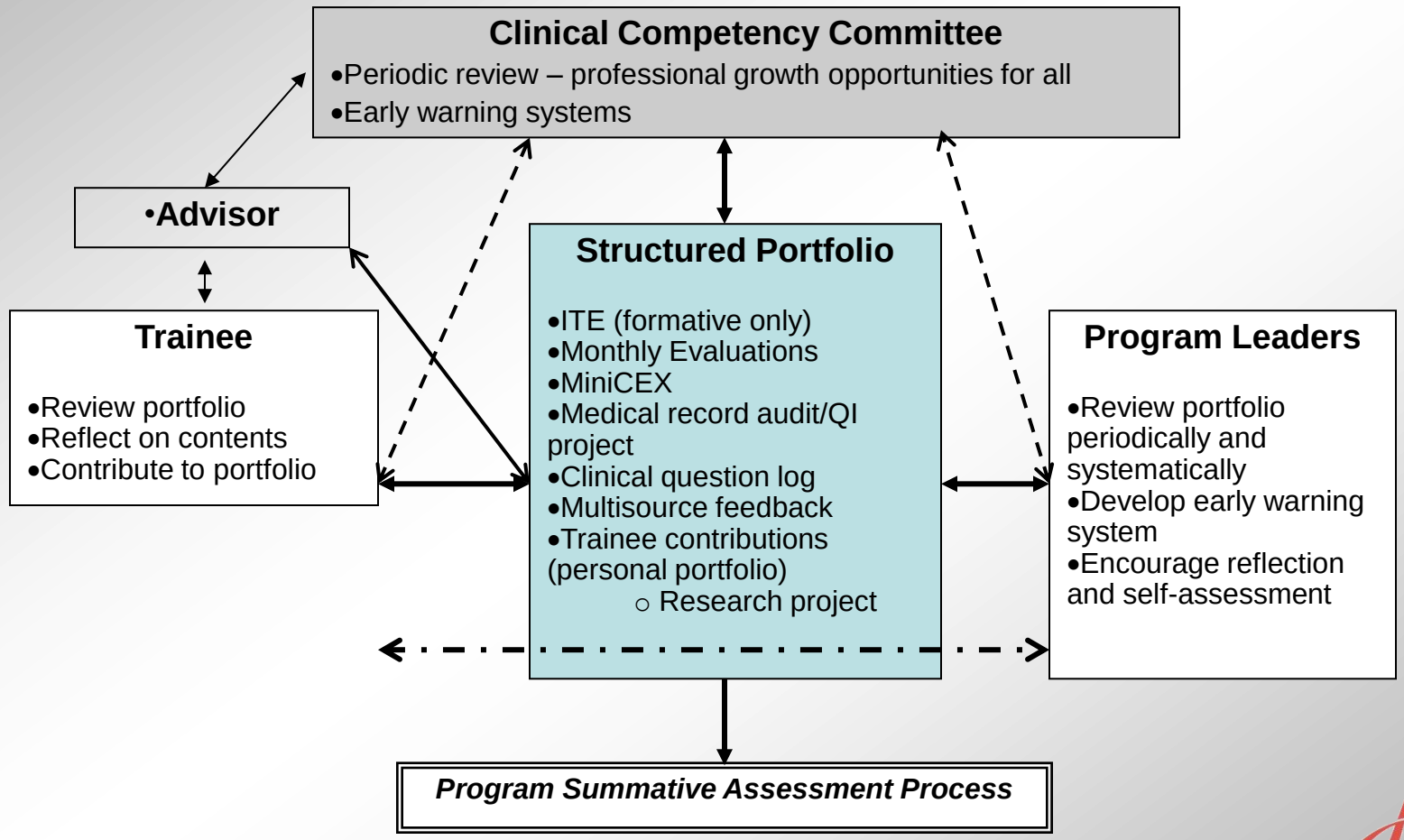
Assessment During Training: Components



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Putting Together the CCC

- Members should be very familiar with the clinical activities of the fellows
  - Direct observation: you can't assess what you don't see
- Written responsibilities and process
- Plan meetings: at least twice a year
  - Assign pre-review: CCC member should have all the evaluations for residents assigned to them
  - Summarize findings at the meeting, and provide recommendation
- Include discussion of milestones during fellow evaluation
  - Where they are and where they need to be

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Clinical Competency Committees

May serve as member of CCC	May attend CCC Meetings, but are not members of the CCC	Cannot serve or attend CCC Meetings
1. Program faculty members 2. Program directors 3. Other health professions (e.g. Nursing, inter-professional faculty members)	1. Chief residents who meet all of the following criteria: have completed core residency programs in their specialties; possess a faculty appointment in their program; are eligible for specialty board certification 2. Program coordinators	1. Residents and chief residents still in accredited years of their programs and have not completed initial residency education

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CCC

- Why can't "chief residents" serve as a members of the CCC
  - Who are the "chief residents"?
  - Making deliberations regarding probation, dismissal of residents
- Why can't coordinators be members of the CCC?
    - ***Clinical*** Competency

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CCC

- Why is the ACGME being so prescriptive with regard to CCC membership?
  - We acknowledge that it certainly looks that way
  - Demand for guidance of CCC composition
  - Focused revision
  - Public comment

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Criteria for "Good" Assessment

More Applicable for CCC vs Single Faculty Member

- Validity or coherence
- Reproducibility or consistency
- Equivalence
- Feasibility
- Educational effect: learning that occurs in preparation for an assessment
- Catalytic effect: feedback that drives future learning forward
- Acceptability

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Which Assessment Forms Should We Use?

- Forms make only a small difference in the quality of assessment
  - Faculty and the encounters (direct observation) make a big difference
  - Forms should comport with what is to be assessed
    - Forms do not need to be long
    - Wording and scaling have minimal impact
  - Shared item pools would be very useful

From J. Norcini; AMEE 2013; FAIMER

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	Poor →				Excellent
1. Medical Knowledge	1	2	3	4	5
2. Patient Care	1	2	3	4	5
3. Practice-Based Learning and Improvement	1	2	3	4	5
4. Interpersonal and Communication Skills	1	2	3	4	5
5. Professionalism	1	2	3	4	5
6. Systems Based Practice	1	2	3	4	5

Comments (Required):

Basic Committee Principles

- Evidence-based versus verdict-based "jury"
  - Start and review all "evidence" *before* a decision: pre-review assigned to members
    - *Do not start* with a conclusion/decision
  - Confirmation bias
- Be careful not to emphasize consensus over dissent
  - Minority opinions, even if "wrong", still helpful
  - Be sure all voices are "heard" and watch carefully for negative effects of hierarchy

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Benefits of a CCC

- Develop group goals and shared mental models
- “Real-time” faculty development
- Key for dealing with difficult trainees
- Share and calibrate strengths and weaknesses of multiple faculty assessments (“observations”)
- Key “receptor site” for frameworks/milestones
  - Synthesis and integration of multiple assessments

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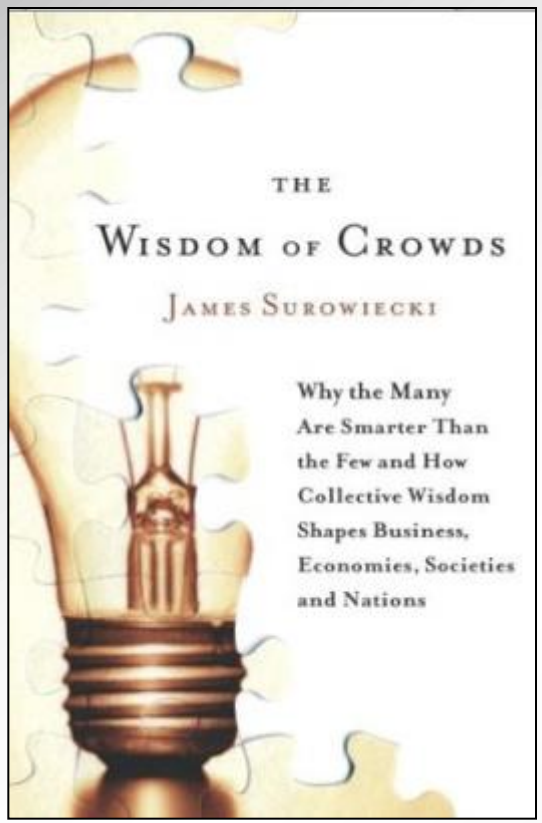
The Wisdom of Crowds



- The wisdom of many is often better than the wisdom of one or the few
- To maximize the probability of good judgments:
  - Sample
  - "Independence"
  - Diversity

  are important…

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“Wisdom of the Crowd”

- Hemmer (2001) – Group conversations more likely to uncover deficiencies in professionalism among students
- Schwind, Acad. Med. (2004) –
  - 18% of resident deficiencies requiring active remediation became apparent only via group discussion.
    - Average discussion 5 minutes/resident (range 1 – 30 minutes)

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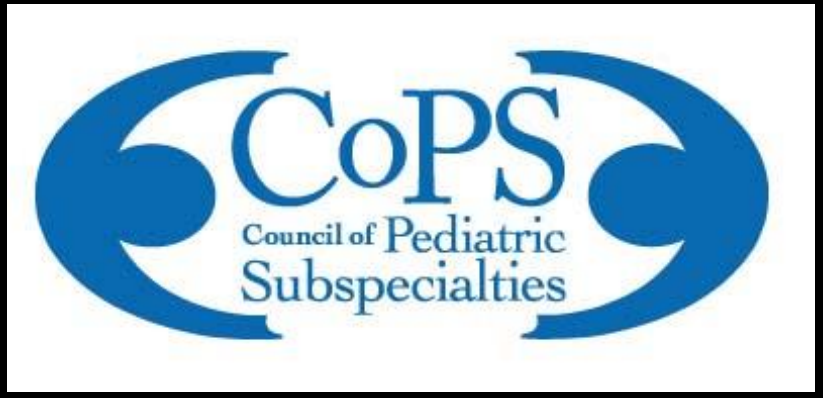
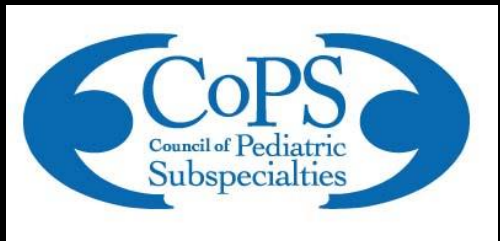
EPA Research Project:
Assessing the Association between EPAs, Competencies and Milestones in the Pediatric Subspecialties



Collaborative Project

- APPD Fellowship Executive Committee
  - Co-leader: Bruce Herman, MD
- CoPS
  - Co-leader: Richard Mink, MD, MACM
- ABP
  - Carol Carraccio, MD
- APPD LEARN
  - Alan Schwartz, PhD



Focus on Common Subspecialty EPAs

- Total of 7
  - 5 included in categorical program
  - 2 subspecialties only
- Project will evaluate 6
  - scholarship EPA will not be included
- EPAs have levels of entrustment
  - ACGME level of supervision
- Specific competencies map to each EPA
  - milestones used to assess each progress

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Specific Aims

For each of the 6 common EPAs being evaluated:

1. to determine if there is a specific milestone level at which a fellow is deemed entrustable
2. to compare the milestone level at which fellows are deemed entrustable across the pediatric subspecialties and to determine if any specific competencies are more influential in the entrustment decision than others.

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Study Goals

3. to compare the initial overall impression of fellow level of entrustment made by the Fellowship PD with that determined by the CCC after the milestone levels are assigned.

Basic Outline of Methods

- Before CCC meeting, Fellowship PD records his/her impression of the level of entrustment for each fellow for the 6 EPAs
- CCC meets and assigns milestone levels for all competencies mapped from EPAs
  - 10 additional competencies to be evaluated
- At end of session, CCC records their impression of the level of entrustment for each fellow for the 6 EPAs

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Participants

Pediatric subspecialty networks

- at least X% of programs in the subspecialty to participate
- each subspecialty responsible for recruitment within its subspecialty
- identified leader(s) to supervise subspecialty participation
- leaders comprise the Project Steering Committee
  - lead by Herman/Mink

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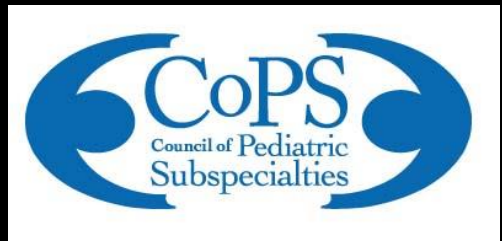
APPD LEARN

- has been involved in study design
- provide data management and statistical analysis
- assist with IRB submission
- will NOT recruit programs



Several Opportunities

- evaluate the value of the milestones in determining the level of entrustment for the pediatric subspecialty EPAs
- work jointly with the APPD Fellowship Executive Committee, ABP, APPD LEARN
- develop a pediatric subspecialty research network
  - future studies
  - keep project simple

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Next

- subspecialties discuss whether to participate and begin recruitment of programs
- June 1 deadline for subspecialty networks to agree to participate
- webinars/conference calls to further develop methods