

APPD SIG Discussion

May 3rd, 2007

7:30-10am

Lynn Campbell

Jerry Rushton

Brian Youth

Goals and Groundrules

- GOALS

- Provide a forum for your open discussion
- Highlight issues and different perspectives
- Introduce issues which will be addressed during the meeting and by APPD leadership

- GROUND RULES

- We are facilitators and timekeepers
- Please introduce yourself (name, program) at mic.
- We will take notes, disseminate/post, other followup is up to our entire organization

Survey Results (n=126)

COLLABORATION WITH THE ACGME	47.7%	61
CONTINUITY CLINIC ISSUES	47.7%	61
MEASURING COMPETENCE VS. DOCUMENTING EXPERIENCE	46.1%	59
* R3P PROJECT UPDATE	37.5%	48
NEW PIF AND SPECIFIC COMPETENCY DOCUMENTATION	35.2%	45
CONFERENCE STRUCTURE/DIDACTICS	31.2%	40
PROCEDURE LOGS	29.7%	38
REWARDING / VALUING EDUCATION IN DEPT./INSTITUTION	22.7%	29
HOSPITALISTS AND NON-RESIDENT TEAMS	21.1%	27
INSTITUTNL. SUPPORT FOR DIRECTOR AND ADMIN. DATA NEEDS:	19.5%	25
HOW TO ADAPT SCHEDULES TO DIFFERENT INDIVIDUAL NEEDS	14.8%	19
SIMULATION	14.8%	19
MAKING RESIDENCY INFO USEFUL AFTER GRADUATION	8.6%	11
RELATIONSHIPS BETWEEN RESIDENCY AND FELLOWSHIPS	6.2%	8
OTHER	5.5%	7
<i>“ All of these are important. I’m having trouble across the board.”</i>		

Data as of May 1st, 2007

Agenda

7:30 – 7:40	INTRODUCTION	
7:40 – 8:20	ACCREDITATION AND COLLABORATION	Jerry Rushton
8:20 – 9:00	AUTONOMY	Brian Youth
9:00 – 9:40	CONTINUITY CLINIC ISSUES	Lynn Campbell
9:40 – 10:00	ADDITIONAL TOPICS OR DISCUSSION	

1. Accreditation: APPD, ACGME collaboration

- **Background**

- Follow up from last year's meeting
- Leach, Carraccio, McGregor
Ambulatory Peds, Jan/Feb 2007 article for more
- Overall principles and opportunities

- **Specific Issues**

- Procedure Logs
- Clinic Logs
- Other documentation, future portfolios
- Does documentation and competency = outcomes?
- ABP and ACGME minimum stds. / program flexibility
- Experience with new PIF and site visits
- How do we effectively collaborate and organize?

2. Resident Autonomy and Ownership of Patients

2. Autonomy and Ownership APPD Survey Themes...

- Balancing trends of hospitalists/non-resident teams with resident autonomy, ownership, responsibility of patients
- Educational demands impacting resident autonomy. Time set aside for “protected” didactics, continuity clinics, logging procedures and patients, participating in scholarly activity, QI- all takes time away from the bedside
- Impact of duty hours creating a “shift mentality”

2. Autonomy and Ownership APPD Survey Themes...

- Work-family balance issues. Part-time schedules, shared positions and its impact on patient care and resident autonomy
- Post call “no work” culture affecting ownership of patients, professionalism
- “the studentization of residents”- more attendings around lead to less decisions being made by the residents

2. Autonomy and Ownership: Some New England Regional Meeting Thoughts

- “Divide and conquer mentality”- get the work done by whomever can do it, at the expense of teaching on some services– non- MD learners covering services
- 24/7 impact- attendings in-house – does this decrease resident autonomy?
- Continuity of inpatients is now often greater with the attendings than the residents
 - (4 resident teams over the course of a weekend- 1 attending on specialty service)

2. Autonomy and Ownership:

R3P Themes

Changes in the Educational Process

“pediatric residents are closely supervised; opportunities for independent decision-making, even for advanced residents, are limited. The period of transition from residency to workplace or to the next phase of training and education has become progressively important and should be critically analyzed.”

2. Autonomy and Ownership: Residency Training 2007

*How to recapture the “this is my patient” attitude,
in an era of duty hours, competing demands,
and ...residents less available than in the past*

3. Continuity Clinic Issues

RRC Changes & The New PIF

Are you ready?

- **Continuity Clinic Issues:
The OLD Way**

- Focus on numbers
 - Visits per session
 - Patient Panel Size
- Minimum of one half day per week
- Priority Assignment -limited interruptions
- Lots of “talk” about patient population, curriculum, and teaching staff
- "Record maintenance designed to allow verification of the adequacy of each resident's experience" - no specific format or data to be included in PIF

3. Continuity Clinic Issues: The New Way

Programs must document one half-day session per week for a minimum of 36 clinic weeks per year throughout the 3 years of training for each resident.

Continuity Clinic Experience

Year of Training	# of half-day sessions per week	Range of # of clinic weeks per year
PL1		
PL2		
PL3		

If any of the above is short of the required minimum of 36 weeks per year, explain.

- **Continuity Clinic Issues:
The New Way**

The scope of each resident's continuity clinic patient population must be documented with a log that includes age, diagnoses, and encounter dates.

- Go to the case log system on the ACGME's website and follow the instructions to generate the continuity report. Attach the report to the PIF as Appendix H. Since logging of continuity cases using the case log system has only been required since January 1, 2006, you will need to provide evidence of continuity cases using other data collection methods.
- For Appendix H refer to the Case Log System 'Reports' tab for specific instructions to generate information for this PIF

Resident Experience Summary Report

Diagnoses

Infectious and Parasitic Diseases	50	119	96	265
Neoplasms	1	1	0	2
Endocrine, Nutritional and Metabolic Diseases, and	44	62	21	127
Diseases of the Blood and Blood-Forming Organs	4	1	1	6
Mental Cognitive Disorders	81	190	80	351
Diseases of the Nervous System	15	26	15	56
Diseases of the Eye	5	27	20	52
Diseases of the Ear	14	49	23	86
Diseases of the Circulatory System	8	11	9	28
Diseases of the Throat and Sinus	24	64	25	113
Diseases of the Respiratory System	68	135	101	304
Disease of the Digestive System	54	82	28	164
Diseases of the Genitourinary System	9	19	27	55
Complications of Pregnancy, Childbirth and the Pu	6	18	16	40

- # Continuity Clinic Issues: The New Way

- Residents must see progressive numbers of continuity patients, with a minimum of 3 patients per session in year 1, 4 in year 2, and 5 in year 3. Where residents participate in more than one half-day of continuity clinic per week (i.e., 2 sessions in same setting or 1 session in each of 2 settings), the total number of patients seen per week of clinic may be substituted for the number seen per session. (Documentation Requirement)
- Regardless of the setting, there should be a continuity relationship among the resident(s), preceptor(s), and a group of patients. To enhance the communication that is essential to continuity of experience, team size should not be excessive, and must include a preceptor or a small group of preceptors to enhance the resident-preceptor relationship. (Documentation Requirement)

- **Continuity Clinic Issues:
The New Way**

- Residents must assume responsibility for the continuing care of a group of patients throughout their training, either as an individual practitioner or as a team member. In an effort to foster a continuity experience that emulates a pediatric practice setting, the concept of group or team practice will be supported. If a team practice is implemented, there must be a regular and formal mechanism for sharing information among the team members. (Documentation Requirement)



***Is this a group or team practice (yes or no)**

***Group practice is defined as a team of residents working together with oversight from a faculty preceptor(s)**

- 1. For each site described as a group or team practice describe how patient care information is transferred among members of the group or team.**

(Limit response to 75 words)

- **Continuity Clinic Issues:
The New Way**
- Consistency of preceptors over time is desirable. (Documentation Requirement)

State the frequency with which residents change preceptors during the course of the training program. If this answer varies by setting, please describe for each.

(Limit response to 75 words)

If multiple continuity sites are used in the program, explain how residents are assigned to a site and whether each resident remains at the same site during the three years of training.

(Limit response to 75 words)

- **Continuity Clinic Issues:
The New Way**

- Concerns about getting 36 per year given vacations, night float weeks, post call excused absences, away rotations
- Concerns about what data needed in your log
Must it look like “Appendix H” as generated by the ACGME’s instructions?
- Concerns about how “unique” to CC is being defined/interpreted by the RRC
- Why does the PIF still say that the ACGME log is required for CC when it is not?