

Developing a Comprehensive Research and Education Program Targeting All Pediatric Subspecialties

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Fellow Education Program

- Overview and History
- ACGME Requirements
- Small Group Sessions
- Novel Education Approaches
- Benefits to Education Process
- Ongoing Problems/Q & A

Fellow Education Program

- **Beginnings:**

Dr. Alan Gruskin
Pediatrician-in-Chief
1984-2002

Fellow Education Program

- 2 Prior Attempts at a Unified Program
- Statistics
- Lecture Format

Fellow Education Program

- Early Problems
 - Inconsistent and Infrequent Meetings
 - Bland Content
 - Conflicts with Clinical Responsibilities
 - Negative Attitudes

Fellow Education Program

- Surmounting Impedances
 - Consistent Monthly Meetings
 - Lunch Format
 - Support from the Chair of Pediatrics
 - Critical Evaluations from Fellows

Fellow Education Program

- Surmounting Impedances
 - Demonstrating Effectiveness to PDs
 - Quarterly Meetings with PDs
 - Expanding Curriculum
 - Interesting Speakers
 - CME accreditation for Meetings

Fellow Education Program

- Surmounting Impedances
 - Listen to Fellows
 - Vary Lunch Menu
 - Eliminate Poor Speakers
 - Appropriate Room Size
 - Topics

Fellow Education Program

- Time Line
 - 1999 Monthly
 - 2003 Bi-Monthly
 - 2006 Weekly
 - Eliminates irregular scheduling
 - PDs know exactly when fellows should be excused
 - Attendance Requirements

Fellow Education Program

- Monthly Format
 - Didactics
 - Attending Staff Research
 - Fellow Research

Fellow Education Program

- Fellow Presentations
 - Timing
 - Wide Variety of Audience
 - Attending vs. Fellow Critiques
 - Final Product

Fellow Education Program

- Program Directors' Support
 - ACGME Requirements
 - Benefits Beyond Didactics
 - Fellow Camaraderie

Program Requirements – who are the regulatory agencies....?


- ACGME
- ABP
- Departmental (“Pediatrics”) Requirements
- Divisional (“Pediatric Cardiology”) Requirements
- Individual fellow’s career plans

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My Portfolio Resident & Fellow Evaluation Resident & Fellow Training General Pediatrics Certification Subspecialty Certification Maintenance of Certification (MOC) Workforce and Research

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Principles Regarding the Assessment of Scholarly Activity

(for those who began training July 1, 2004, and thereafter)

In addition to participating in a core curriculum in scholarly activities, all fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy.

In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice, a critical analysis of public policy, or a curriculum development project with an assessment component. Involvement in scholarly activities must result in the generation of a specific written "work product." Examples include, but are not limited to:

- A peer-reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree
- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial

Review of scholarly activity and the written work product will occur at the local level with each fellow being a

Training Programs

General Pediatric Training Requirements

General Pediatric Special Training Situations

General Pediatric Special Training Pathways

General Pediatric Combined Programs

Subspecialty General Eligibility Criteria

Specific Eligibility Criteria Subspecialty A-I

Specific Eligibility

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- Outcome Project
- Review Committees ▶
- Resident Duty Hours ▶
- Resident Information ▶
- Review & Comment ▶
- Search Programs/Sponsors
- Site Visit ▶

Program Director Guide to the Common Program Requirements

<u>Introduction (PDF)</u>	
<u>Disclaimer (PDF)</u>	
I. Institution	
Sponsoring Institution	Explanation (PDF) Documentation (PDF)
Participating Sites	Explanation(PDF) Documentation (PDF)
II. Program Personnel and Resources	
Program Director	Explanation(PDF) Documentation (PDF)
Faculty and Other Program Personnel	Explanation(PDF) Documentation (PDF)
Resources and Medical Information Access	Explanation(PDF) Documentation (PDF)
III. Resident Appointments	
Resident Appointments	Explanation(PDF) Documentation (PDF)

What does the ABP require..?

- Participation in a core curriculum in scholarly activities
- Areas of research
 - Basic, clinical or translational biomedicine
 - Health services
 - Quality improvement
 - Bioethics
 - Education
 - Public policy

ABP – Examples of 'acceptable activities'

- A critical meta-analysis of the literature
- A systematic review of clinical practice
- A critical analysis of public policy
- A curriculum development project with an assessment component

ABP – Scholarly activity requirement

- Involvement in scholarly activities must result in the generation of a specific written "work product."
- Examples include, but are not limited to:
 - A peer-reviewed publication in which a fellow played a substantial role
 - An in-depth manuscript describing a completed project
 - A thesis or dissertation written in connection with the pursuit of an advanced degree
 - An extramural grant application that has either been accepted or favorably reviewed
 - A progress report for projects of exceptional complexity, such as a multi-year clinical trial

ABP – Scholarly activity requirement

- Review of scholarly activity and the written work product will occur at the local level with each fellow having a Scholarship Oversight Committee (SOC) responsible for overseeing and assessing the progress of each fellow and verifying to the ABP that the requirement has been met.
- The SOC
 - should consist of three or more individuals, at least one of whom is based outside the subspecialty discipline;
 - the fellowship program director may serve as a trainee's mentor and participate in the activities of the oversight committee, but should not be a standing member.

ABP – Scholarly activity requirement

- Upon completion of training, the ABP will require:
 - Verification from the training program director that the clinical and scholarly skills requirements have been met
 - A comprehensive document (personal statement), written by the fellow, describing the scholarly activity that includes a description of his/ her role in each aspect of the activity and how the scholarly activity relates to the trainee's own career development plan
 - The actual "work product" of the scholarly activity
 - Signature of the fellow, program director, and members of the Scholarship Oversight Committee on both the personal statement and work product of the fellow as described above

ACGME Common Program Requirements

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Program Director Guide to the Common Program Requirements

Version 2.1
Date: March, 2008

CPR (Common Program Requirements) - Contents

- Sponsoring Institutions
- Program Director
- Faculty
- Medical Information Access
- Educational Curriculum Components
- ACGME competencies
- Evaluations
- Duty Hours
- Moonlighting

CPR – Key points

- The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.
- The Internal review report (findings and conclusions) is not shown to the site visitor at any time during a program review.
- There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.

CPR – Key points

- The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.
- At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location.
- Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

CPR – Key points

- The curriculum must contain the following educational components:
 - 1. Overall educational goals for the program, which the program must distribute to residents and faculty annually.
 - 2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation.
 - 3. Regularly scheduled didactic sessions.
 - 4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

CPR – Key points

- The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
- The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
- The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.

CPR – Duty Hours

- Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.
- Duty hours do not include reading and preparation time spent away from the duty site.
- Components – 80 hour weekly max, 24+6 hourly max, calls not more than 1 in 3, 1 in 7 off, 10 hour break

CPR – Key points

- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

Innovative Educational Approaches

- Three pronged approach
 - Developing “fellow-oriented” sessions to increase ownership
 - Developing a comprehensive research education curriculum
 - Developing a mechanism of true feedback

Fellow-Orientation

- Developing “fellow-oriented” sessions to increase ownership and developing infrastructure
 - Initial fellows picnic and meet-and-greet sessions
 - Mandating fellow attendance at conferences
 - Lunch
 - Initial overview session

Fellow Orientation

- Developing “fellow-oriented” sessions.....
 - Incorporating fellow input in changing conference schedules
 - Creating an atmosphere conducive to fellow inquiry

Fellow Orientation

- Developing “fellow-oriented” sessions.....
 - Involvement of
 - Chair
 - Director of Pediatric Subspecialty Fellowship
 - Director of Education
 - Fellowship Directors
 - Research Directors
 - CRCM
 - Prominent Researchers



Developing a Comprehensive Research Curriculum

Research Education Curriculum

- Introduction
 - Experts from Statistics, IRB, basic and clinical researchers
- Basic concepts in Epidemiology and study designs
 - Types of experimental studies
 - Measures of central tendency
 - Statistical methods for analysis
 - Regression and Correlation
- Critical review of literature
- How to write grants, manuscripts, abstracts, posters

Research Education Curriculum

- Fellowship Curriculum Details
 - Clinical and Laboratory Research Methodology
 - Basic principles in Molecular Biology
 - Principles of Evidence Based Medicine
 - Cultural diversity/sensitivity



Developing a mechanism of true feedback

Individual Feedback

- Fellows initial presentation
 - Stress on study design
 - Input from statistician
 - Input from IRB
 - Focus on topic selection, initial barriers
- Lead time
- Real time feedback
- Feedback from faculty

Individual Feedback

- Annual practice presentations at poster sessions
- Repeat presentation after project completion
 - Stress on barriers encountered
 - Research experience
 - Advice at peer level

BENEFITS OF FORMAL PROGRAM

- Enhanced
fellow camaraderie

BENEFITS OF FORMAL PROGRAM

- Fulfilling
common requirements
of ABP

BENEFITS OF FORMAL PROGRAM

- Improved critical thinking and analysis of research projects

BENEFITS OF FORMAL PROGRAM

- Collaboration
between fellows
of different subspecialties

BENEFITS OF FORMAL PROGRAM

- Role modeling by faculty

BENEFITS OF FORMAL PROGRAM

- Finding research mentors

BENEFITS OF FORMAL PROGRAM

- Improvement
in the quality of research

BENEFITS OF FORMAL PROGRAM

- Increased participation in State, National and International conferences