Individualized Resident Education and Residency Tracks

APPD Meeting
March 28, 2012

Ryan Bode, M.D.
Associate Program Director
Phoenix Children’s Hospital/ Maricopa Medical Center
Pediatric Residency Program
Objectives

1. Briefly review proposed RRC requirements (effective 7/2013) for “individualized curriculum”

2. Share our program’s ongoing efforts at individualized resident education

3. Generate discussion and ideas for individualized resident education
<table>
<thead>
<tr>
<th></th>
<th>Current RRC Requirements</th>
<th>Proposed RRC Requirements 2013 – Educational Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td>≥5 (3-4 NICU, 2 PICU, 1 Nursery)</td>
<td>≥10≤16 (2 PICU, 2 NICU, 5 Wards, 1 Nursery)</td>
</tr>
<tr>
<td><strong>Subspecialty</strong></td>
<td>9 (1 B/D, 1 Adol, 7 RSE)</td>
<td>≥9 (1 B/D, 1 Adol, 7 RSE)</td>
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<tr>
<td><strong>Ambulatory</strong></td>
<td>≥ 5 (2 ED, 1 Community)</td>
<td>≥5 (3 ED, 1 Community, 1 Clinic)</td>
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<tr>
<td><strong>Continuity Clinic</strong></td>
<td>36 ½ days</td>
<td>36 ½ days over ≥26 weeks</td>
</tr>
<tr>
<td><strong>Supervisor</strong></td>
<td>5 months</td>
<td>5 months</td>
</tr>
<tr>
<td><strong>Individualized Education</strong></td>
<td>none</td>
<td>≥6</td>
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</table>
Proposed RRC Requirements

• Minimum of 6 educational units of an individualized curriculum
  – Individualized curriculum must be determined by learning needs and career plans of the resident and must be developed through the guidance of a faculty mentor
Proposed RRC Requirements

• ≤ 16 inpatient educational units
  – Additional experiences should be based on goals of the individual resident
  – Inpatient experiences that are part of the individualized curriculum or subspecialty units are not included in this limit
Proposed RRC Requirements

• Longitudinal outpatient experience (i.e. continuity clinic)
  – PL3 residents – if appropriate for an individual resident’s career goals, sessions in the final year may take place in a longitudinal subspecialty clinic or alternate primary care site
Questions to Consider

1. How do you already OR how do you plan to meet these RRC requirements?
2. Are there barriers or potential pitfalls to an individualized curriculum?
PCH/MMC PRP
Individualized Resident Education - Tracks
Individualized Resident Education

- **PL1**: 1 elective subspecialty experience
  - GI, Neuro
- **PL2**: 2 elective subspecialty experiences
- **PL3**: 4 elective subspecialty experiences
  - Previously required 2nd Psychiatry/Behavior and Development month
- Tailoring of electives to be more inpatient or outpatient focused
Individualized Resident Education

• Hospital-based continuity clinic
  – At PCH, MMC, or St. Joseph’s – different areas of emphasis, patient population
  – \( \frac{1}{2} \) day per week for all 3 years
Individualized Resident Education

• Additional $\frac{1}{2}$ day per week during PL2-3 years

• Community-based continuity clinic
  – Private practice based community practice
    • Scottsdale to Mountain Park
  – Hospital based general clinic
    • Van, Teen Tot, Special Needs, HIV
  – Specialty based clinic
  – Research
Individualized Resident Education

• Community Rotation – block month
  – Tracks:
    • Child abuse
    • CATCH grant writing
    • Hospice
    • Advocacy
Individualized Resident Education – Development of “Tracks”

- Curriculum Committee
- Pilot AY 2011-2012
- Expanded for AY 2012-2013
- PL3 targeted tracks
- PL2 class to select track in January – grid preparation
- Short call and back-up requirements continued
- Categorical pediatric residents
1. Standard Curriculum
   ■ Continue current curriculum
   ■ No longer “require” 2\textsuperscript{nd} Psychiatry/Development month as 1 of 7 elective subspecialty experiences
2. Hospitalist Track – 3 months
   – Eliminate 1 of 2 senior clinic months as PL3
   – No longer “require” 2nd Psychiatry/Development month as 1 of 7 elective subspecialty experiences
   – Eliminate 1 of ED months as PL3
Hospitalist Track

• Replace eliminated rotations with:
  – Advanced Hospitalist Rotation
  – Menu of suggested additional subspecialty experiences
    • Research
    • Radiology/Interventional Radiology
    • Infectious Disease
    • Surgery
    • Transport
    • PICU
Advanced Hospitalist Rotation

- Hospitalist Menu
  - Administration
  - Clinical Development
  - Academics
  - Mentoring
  - Community Partnering
Advanced Hospitalist Rotation - Administration

• Billing and Coding
  – Three part lecture series with pre and post test
  – Practice Cases
  – Direct supervision by ward faculty

• Documentation
  – Included in billing and coding lecture series
  – Direct observation and feedback
  – Clinical Documentation Improvement Committee

• Meetings
  – Attend hospital administration meetings
  – Perspective on the role of the hospitalist in business and clinical activity
    of the hospital

• Administrative/CQI project*
  – Develop a quality initiative or improvement project for the flow of hospital
    medicine patient care delivery.

• AAP Section of Hospital Medicine
  – Listserv
Advanced Hospitalist Rotation - Clinical Development

- Private Hospitalist Experience
  - Los Ninos & Hacienda de Los Angeles venues
  - PCH Inpatient including Rehab Coverage

- Autonomous patient care/subspecialty consults
  - Initial evaluation and consults on surgical subspecialty patients needing a general pediatrics consult.

- Clinical Pathway/Protocol*
  - Research and build reference admission order sets or evaluation pathways for common inpatient disease processes.

- Procedural Sedation Training
  - During Procedure with Anesthesia.
  - Two lecture series

- Procedural Training with IR

*A project in one category must be completed during the month
**Advanced Hospitalist Rotation - Academics**

- **Resident Supervision Bedfordside teaching**
  - Develop competence in supervising family centered rounds

- **Formal Didactics**
  - Present a 30-60 minute noon conference style lecture to the ward team

- **Research Project**
  - Hospital Medicine based senior project over 1-2 years with hospital medicine faculty preceptor

*A project in one category must be completed during the month*
Advanced Hospitalist Rotation - Mentoring

• Developing a lifelong learning plan

• Balancing your roles

• Finding a niche

• Starting the job search

• Giving and receiving feedback
Advanced Hospitalist Rotation - Community Partnering

• Communication to primary care
  – Phone communication
  – Effective transmission of the written record

• Community CME*
  – Visit a local pediatrics practice and give a lecture on a current topic in inpatient pediatrics

*A project in one category must be completed during the month
<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
<tr>
<td></td>
<td>1 AM Intro/ C&amp;B pretest</td>
<td>2 AM Round Inpt</td>
<td>3 AM Round Inpt</td>
<td>4 AM Round Inpt</td>
<td>5 AM CLINIC</td>
<td>6</td>
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<td>PM pathway intro</td>
<td>PM CLINIC</td>
<td>PM Round Inpt/Journal Time</td>
<td>PM Round Inpt/Mentoring I</td>
<td>PM C&amp;B I-II</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>8 AM Round Inpt</td>
<td>9 AM Round Inpt</td>
<td>10 AM Round Inpt</td>
<td>11 AM Round Inpt</td>
<td>12 AM CLINIC</td>
<td></td>
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<tr>
<td>PM Pathway Dev'l Time</td>
<td>12p Division Mtg</td>
<td>12p Division Journal Club</td>
<td>PM Community CME Prep Time</td>
<td>PM Round Inpt/Mentoring II</td>
<td>PM Community CME/Journal Time</td>
<td></td>
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<tr>
<td>14</td>
<td>15 AM/PM Round Hacienda &amp; Los Ninos</td>
<td>16 AM Round Inpt</td>
<td>17 AM IR Procedure</td>
<td>18 AM/PM Procedural Sedation Training/Anesthesia Procedures</td>
<td>19 AM CLINIC</td>
<td></td>
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<tr>
<td></td>
<td>PM CLINIC</td>
<td>PM IR Procedure</td>
<td>PM IR Procedure</td>
<td>PM Community CME Prep Time</td>
<td>PM Didactic Prep Time</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>22 AM OFF</td>
<td>23 AM Round Inpt</td>
<td>24 AM Round Inpt</td>
<td>25 7am Division Mtg</td>
<td>26 AM CLINIC</td>
<td></td>
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<td>PM Afternoon Admissions</td>
<td>PM CLINIC</td>
<td>PM Pathway Completion</td>
<td>AM Round Inpt</td>
<td>AM Round Inpt</td>
<td>PM Mentoring III</td>
<td></td>
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<tr>
<td>28</td>
<td>29 AM OFF</td>
<td>30 AM C&amp;B III</td>
<td>31 AM wrap up/exit evaluation</td>
<td>PM C&amp;B post-</td>
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<tr>
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<td>PM CLINIC</td>
<td>PM Pathway Completion</td>
<td>PM C&amp;B post-test</td>
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*All resident conferences outside of this schedule still required.
Residency Track - Ambulatory

3. Ambulatory Track – 3 months
   – Eliminate 1 of 3 daytime ward senior months
   – No longer “require” 2\textsuperscript{nd} Psychiatry/Development month as 1 of 7 elective subspecialty experiences
   – Eliminate 1 ED months in PL3 year
Ambulatory Track

• Replace eliminated rotations with:
  – Advanced Ambulatory Rotation
  – Menu of suggested additional subspecialty experiences
    • Combined surgical subspecialties (ENT, Urology, Ophthalmology)
    • Advanced Behavior and Development
    • Dermatology
    • Ortho/Sports Medicine
    • Rural
Residency Track - Specialty

4. Specialty Track (GI, Cards) – 3 months

- Eliminate 1 of 2 senior clinic months as PL3
- No longer “require” 2nd Psychiatry/Development month as 1 of 7 elective subspecialty experiences
- Eliminate 1 of ED months as PL3
Specialty Track – GI, Cardiology

• Replace eliminated rotations with:
  – **Advanced Specialty Rotation** (GI or Cards)
  – Menu of suggested additional subspecialty experiences
    • Research
    • Radiology/Interventional Radiology
    • Pathology
    • Surgery
    • NICU, PICU
Outcomes

1. Survey of all residents – Individualized Resident Education
2. Survey of residents selecting tracks
3. Quantitative data comparing residents exposed to standard versus track:
   - ABP certifying exam score and 1\textsuperscript{st} time pass rate
   - Tracking of scholarly activity (quality or research projects, teaching presentations, abstracts, grants, publications, etc)
Next Steps

• Operationalize
• Evaluations and Outcomes
• Expansion of tracks:
  – Rural
  – International Health
  – Additional subspecialties
  – Advocacy
Discussion

1. How do you already OR how do you plan to meet these RRC requirements?
2. Are there barriers or potential pitfalls to an individualized curriculum?
3. Is this the path and future of medical education?
4. Should this be a right or privilege?
5. How is this balanced with covering institutional patient care needs?
6. How do programs find time to schedule, evaluate and find faculty to mentor?
Other Program Experiences


Additional Discussion, Questions

rbode@phoenixchildrens.com