

Using the Pediatric Subspecialty EPAs to Enhance the ACGME 10-Year Program Self-Study

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The Self-Study

- every 10 years
- evaluation to identify
 - program strengths
 - areas for improvement
 - opportunities
 - threats
- ultimate goal is to improve the training program
- no “set” process

ACGME 8 Suggested Steps

1. Assemble the self-study group
2. Engage program leaders & constituents in a discussion of program aims
3. Examine opportunities and threats
4. Aggregate and analyze data to generate a longitudinal assessment of the program's improvement
5. Obtain stakeholder input
6. Interpret the data and aggregate the self-study findings
7. Discuss the findings with stakeholders
8. Develop a succinct self-study document for use in further program improvement and as documentation for the program's 10-year site visit

How Do We Make the Self-Study More Effective?

- From our Annual Program Evaluation, improvement efforts tended to focus on activities related to enhancing the patient experience and increasing medical knowledge
 - improving a specific rotation
 - enhancing educational conferences
- Should consider all aspects of training

How Do We Make the Self-Study More Effective?

- How do you know what is missing in a program without really considering what is expected of a graduating fellow?
- Previously, no description of the routine activities of a particular subspecialist
- Until EPAs came along...

Pediatric Critical Care Entrustable Professional Activities (EPAs)

- Define the routine functions of the practicing pediatric intensivist
- Five EPAs common to all of pediatrics
- Two EPAs unique to the pediatric subspecialties
- Three EPAs specific to Pediatric Critical Care Medicine

PCCM Subspecialty Specific EPAs

1. *Acute management of the critically ill patient, including those with underlying chronic disease*
 - Formulating a differential diagnosis, management, procedures, utilize technology
2. *Management of patients at the end of life*
 - Leading end-of-life decisions, managing pain & suffering, work with palliative care teams
3. *Manage and coordinate care in pediatric critical care units for optimal patient outcomes*
 - Allocate resources, arrange patient flow, educate staff

Common to All of Pediatrics

- 1. Apply public health principles and improvement methodology to improve the health of populations, communities and systems*
 - collaborate with others to improve care, utilize cost-benefit analysis
- 2. Contribute to the fiscally sound and ethical management of a practice (e.g. through billing, scheduling, coding, and record keeping practices)*
 - knowledge of payment system, billing, documentation
- 3. Facilitate handovers to another healthcare provider either within or across settings*
 - bidirectional communication, using EHR

Common to All of Pediatrics

4. Lead and work within interprofessional health care teams

- role modeling, monitoring team performance, autonomy/supervision

5. Provide for and obtain consultation with other health care providers caring for children

- demonstrate content expertise, communicate key information, acknowledge limitations

Pediatric Subspecialties Only

1. Lead within the subspecialty profession

- contribute to the development of the subspecialty, educate the public

2. Engage in scholarly activities through discovery, application, and dissemination of new knowledge (broadly defined)

Our Self-Study Process

- All members of Program Evaluation Committee invited to attend
 - scheduled during conference time with extended hours
 - 4/6 fellows and 9/13 faculty
- Explained purpose of self-study and process to be utilized
- Reviewed concept of EPAs
- Copies of Pediatric Critical Care Medicine EPAs distributed
 - Included description of activities for each EPA (except Scholarship)
 - 3 pages

PEDIATRIC CRITICAL CARE MEDICINE ENTRUSTABLE PROFESSIONAL ACTIVITIES

- I. Apply public health principles and improvement methodology to improve the health of populations, communities and systems
 - Apply knowledge of public health and population health
 - Apply knowledge of social determinants of health in provision of care
 - Function in an interdependent health care system within one's geographic community and community of practice
 - Collaborate with others to improve care and systems of care
 - Recognize one's professional responsibility to populations, communities and society at large
 - Utilize technology (e.g. patient registries and databases)
 - Demonstrate adaptability in developing and implementing improvement plans
 - Utilize risk-benefit and cost-benefit analysis
 - Engage actively in the stewardship of resources
 - Teach self-advocacy to pediatric patients and their families
- II. Contribute to the fiscally sound and ethical management of a practice (e.g. through billing, scheduling, coding, and record keeping practices)
 - Working knowledge of the current payment system (third party payers in general and Medicaid specifically due to its high penetration in the pediatric market)
 - Ability to access resources within the system (referrals, durable medical equipment, support services, etc)
 - Billing (timely, compliant)
 - Identifying opportunities for and participating in process improvement within the practice/system (e.g. patient scheduling or throughput)
 - Documenting to serve the needs of the patient and comply with regulatory agency and third party payer requirements
 - Working with the inter-professional practice team to improve care delivery in the practice
 - Providing care with attention to cost-benefit analyses to insure the financial stability of the practice (no margin-no mission)
 - Being accountable to colleagues within the practice

Our Self-Study Process

- Session moderated by a member of the PEC
- Began with discussion of program aims
 - Utilized our current mission statement
- Discussion of **S**trengths, **W**eaknesses, **O**pportunities, **T**hreats
- Analyzed areas for potential program improvement
 - group asked to review EPAs
- Areas for potential improvements written on whiteboard
- Items prioritized by consensus

Findings

- Discussion about several of the functions listed for each EPA
- Identified our teaching of “billing and coding” as needing improvement
- Others

What Did We Learn?

- Using the Pediatric Critical Care Medicine EPAs was helpful in conducting our Self-Study
- Gave participants a description of what activities a trainee must be able to perform when he/she is a practicing pediatric intensivist
- Better recognition of potential areas for improvement
 - Provided a framework for “out of the box” thinking

Future

- Adding the curricular items to each EPA may further enhance their use in the Self-Study

Thank You!
Questions/comments?