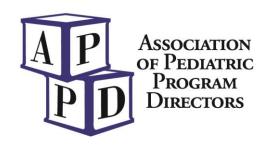


# APPD Fellowship Program Directors' Session

October 11, 2018

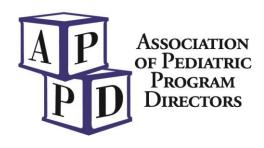
Fellowship Program Director Executive Committee

Kammy McGann (Chair), Pnina Weiss (Past Chair), Katherine Mason (Chair-Elect), Christine Barron, Jennifer Kesselheim, Jenny Duncan



### **Updates for the Pediatric Subspecialties**

opuates for the re	diatric Subspecialties		
12:10 - 12:30	American Board of Pediatrics (ABP)		
	Suzanne Woods, MD, Executive VP, Credentialing & Initial Certification		
12:30 - 12:45	Subspecialty Pediatric Investigator Network (SPIN)		
	Richard Mink, MD MACM		
12:45 - 12:55	Council on Pediatric Subspecialties (CoPS)		
	Debra Boyer, MD, Chair		
12:55 -1:25	Accreditation Council for Graduate Medical Education (ACGME)		
	Susie Buchter, MD, Chair, Review Committee for Pediatrics		
	Caroline Fischer, MBA, Executive Director, Review Committee for Pediatrics		
1:25-1:40	ECFMG: Foreign Medical Graduates & Visas		
	Irene Anthony, Manager of EVSP/J1		
Moments	APPD FPD Handbook, <i>Pnina Weiss, MD</i>		
1:35 – 2pm	Community Building Activity – <i>Group</i>		
Small Group Discussions on Fellowship Hot topics (2 - 2:45)			



### **APPD Meeting Evaluations**

https://www.surveymonkey.com/r/6J9YRBJ



Your input will help us as we plan for future meetings and provide valuable information to presenters.



### APPD Annual Meeting October 11, 2018

Philadelphia, PA

Suzanne K. Woods, MD

**Executive Vice President** 

Credentialing and Initial Certification

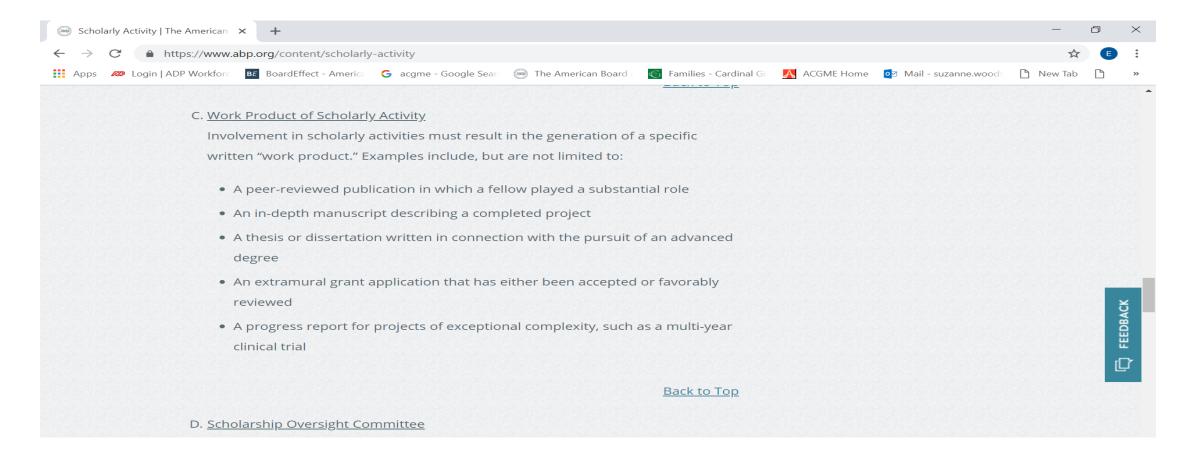
# Objectives

- Scholarly Activity
- Personal Statements
- Sub Certification Exam content outline, practice analysis
- Hospital Medicine
- MOCA Peds
- Professionalism Issues
- EPAs
- Online Tracking

# Scholarly Activity

- Fellows are required to engage in scholarly projects during fellowship and produce a written work product to the ABP at the end of fellowship training.
- Work product is expected to be submitted by the PD along with the the Verification of Competence Form. Details of the expectations and requirement follow below:
  - Core Curriculum
  - Scholarly Activities
  - Work Product of Scholarly Activity
  - Scholarship Oversight Committee
  - Requirement for Application for the Certifying Examination

# Scholarly Activity



# Work Product

- Work Product The ABP allows numerous options for engagement in scholarly activity, but the substance of the work product must meet the ABP's expectations. Fellows are expected to complete projects in which they develop hypotheses or projects of substantive scholarly exploration and analysis requiring critical thinking.
- Abstracts, book chapters, case reports, and review articles would not be expected to meet the requirement for Scholarly Activity, nor would a proposal of work to be completed unless it is a peerreviewed grant that has been funded or favorably reviewed.

### Personal Statements

### Need to:

- Be several pages in length
- Comment on the fellows intended career path upon entering fellowship and reasons for choosing a specific area of scholarly activity
- Describe his/her role in each aspect of the activity as well as any preparation beyond the core fellowship curriculum needed to ensure successful completion of the project.
- Explain how the Scholarly Activity will further his/her career plan
- Reflect upon the educational value of the pursuit of this project

### Practice Analysis

### Phase I

• identification of the knowledge and skills necessary to practice safely and effectively in a particular subspecialty (i.e., develop a draft content outline)

#### Phase II

 conduct a large scale survey of all diplomates in that subspecialty to solicit feedback on the new content outline

#### Phase III

• use survey results to inform final revisions to the outline (additions/deletions) and to establish the weighting of each section (in order to have more questions on the topics that are more important/critical and to have fewer questions on the less important topics)

- Tentative schedule
- Takes 18-24 months

### 2016

• General Pediatrics (completed in 2017, published on ABP website)

### 2017

- Pediatric Nephrology (completed in 2017, published on ABP website)
- Pediatric Pulmonology (completed in 2018, published on ABP website)
- Pediatric Hospital Medicine (completed in 2018, published on ABP website)
- Adolescent Medicine (completed in 2018, waiting to be published on ABP website)

### 2018

- Pediatric Hematology-Oncology (completed in 2018, published on ABP website)
- Pediatric Critical Care Medicine (in progress)
- Pediatric Emergency Medicine (in progress)
- Pediatric Infectious Diseases (in progress)

### 2019

- Developmental-Behavioral Medicine
- Pediatric Endocrinology
- Neonatal-Perinatal Medicine

### 2020

- Pediatric Cardiology
- Child Abuse Medicine
- Pediatric Gastroenterology

\*\* The schedule may change depending on individual program needs. Practice analyses will be repeated every 5 to 6 years. \*\*

# Hospital Medicine

- 2 yr plan with Scholarship/EPAs
- EPA's have been developed
- ACGME write the requirements
- Practice pathway exams: 2019, 2021, 2023
- Details on website
- Applications start in Feb 2019



### Subspecialty Rollout Schedule - MOCA Peds

Year	Subspecialties
2019	CHAB, GAST, IDIS
2020	DBEH, NEON, NEPH, PULM
2021	CRIT, ENDO, HMED, RHEU
2022	ADOL, CARD, EMER, HEMO

# Behavioral/Mental Health Initiative

• June 2016, the <u>ABP's Strategic Planning Committee</u> presented the conclusions of its 2-year deliberations - the most important gap in pediatric training and practice.

### **BEHAVIORAL/MENTAL HEALTH**

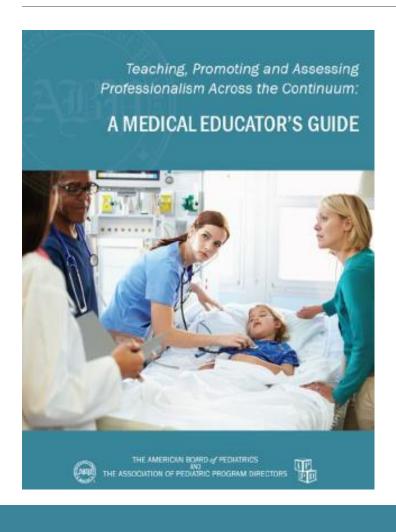
• This gap was also identified by <u>parents and young adult patients</u> serving in an advisory capacity to the ABP.

# Behavioral/Mental Health Initiative

https://www.abp.org/foundation/roadmap

This video was created as part of a project recommended by parents of children with chronic conditions and/or acute, life-threatening conditions who are serving on committees and boards at the ABP to raise awareness about the needs of children and families served by pediatric subspecialists. It is funded by the ABP Foundation.

# ABP Professionalism Guide

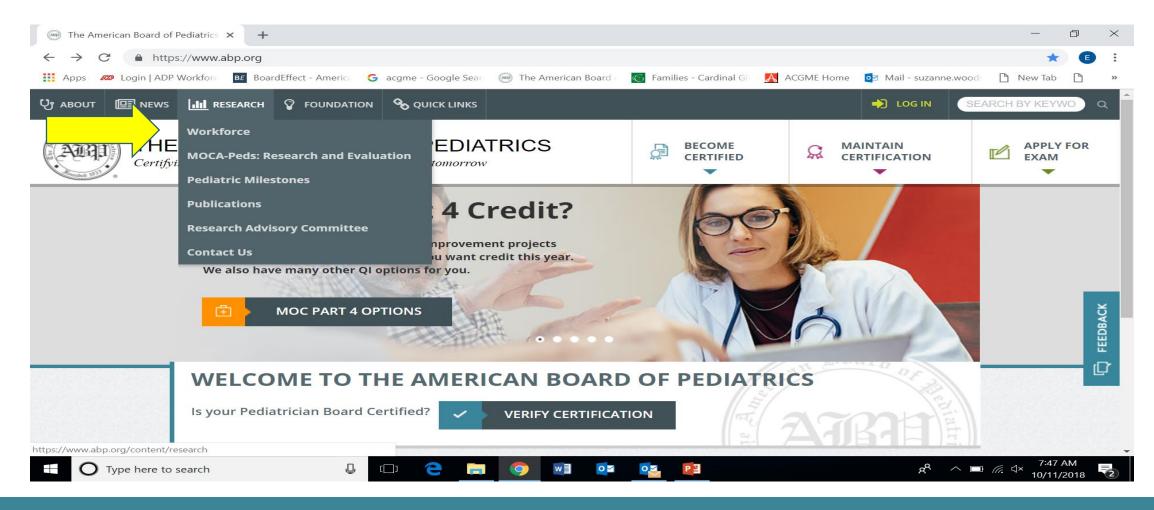


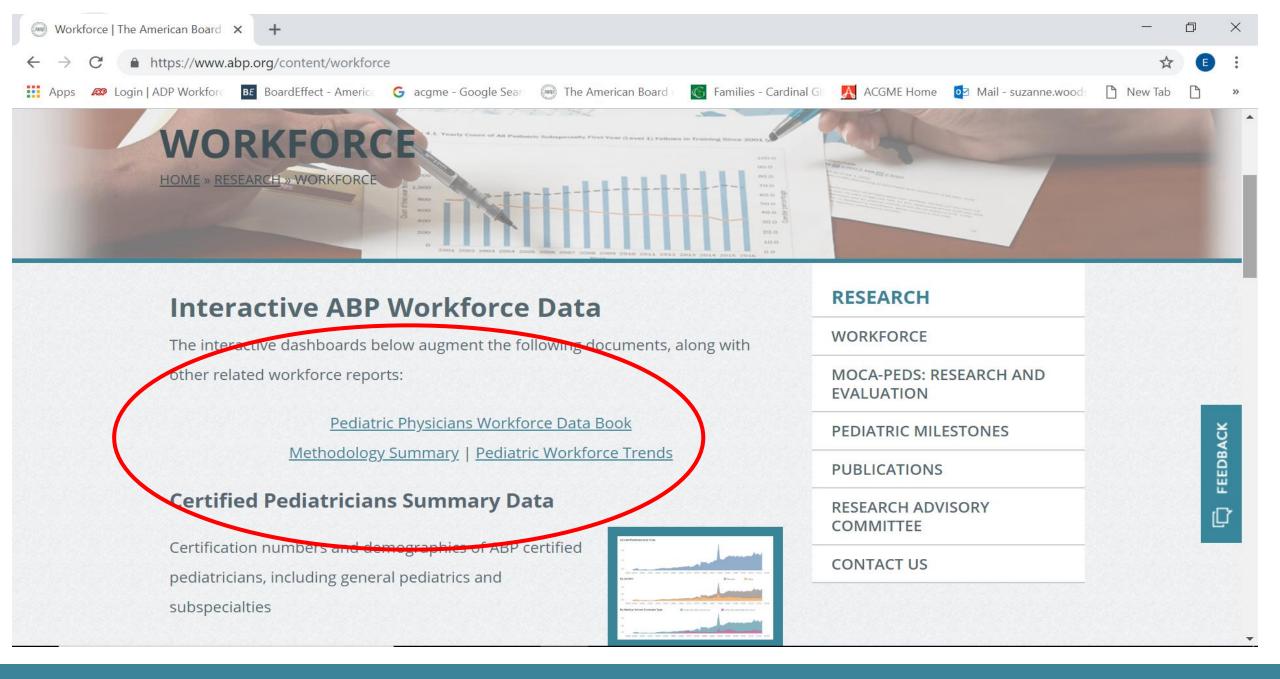
### Check it out!

Please complete the feedback card.

https://www.abp.org/professionalism-guide

### Pediatric Workforce Data







#### Age and the Workforce

Projecting the future pediatric workforce requires consideration of those entering the workforce following training as well as those who may potentially be exiting. Below are the number of ever-certified pediatricians who are 70 years or younger and their average and median ages.



#### **General Pediatrics**

# Certified: 49 Average Age: Median Age: 48



#### Adolescent Medicine

# Certified: 610 Average Age: 54 Median Age: 56



#### **Pediatric Cardiology**

# Certified: 2,587 Average Age: 50 Median Age: 48



#### **Child Abuse Pediatrics**

# Certified: 349 Average Age: 51 Median Age: 50



#### **Pediatric Critical** Care Medicine

2.603 # Certified: 50 Average Age: Median Age: 48



#### Developmental-**Behavioral Pediatrics**

# Certified: 761 Average Age: 54 Median Age: 55



#### **Pediatric Emergency** Medicine

# Certified: 2,458 50 Average Age: Median Age:



#### **Pediatric Endocrinology**

# Certified: 1,589 49 Average Age: 47 Median Age:

**Pediatric Infectious** 

# Certified: 1,488

**Diseases** 

Average Age:

Median Age:



#### Pediatric Gastroenterology

# Certified: 1.725 49 Average Age: Median Age: 46



#### Neonatal-Perinatal

Medicine # Certified: 5,287

Average Age: 54 Median Age: 55



#### Pediatric Hematology-Oncology

2,699 50 Average Age: Median Age: 49



#### Pediatric Pulmonology

# Certified: 1,181 Average Age: 52 52 Median Age:

# Certified: 423 Average Age: 5

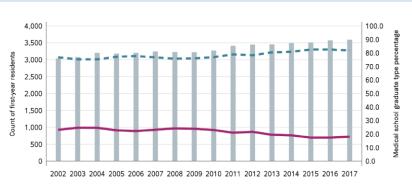
### **Pediatric Workforce Data**



#### **Residents Increasing**

Over the last 15 years, the number of 1st year pediatric residents has increase from 3,039 to 3,595, a 18.3% percent increase.





#### **Program Growth Varies by Type**

Over the last 15 years, the average annual growth rate for Categorical programs was 1.2%. For Med-Peds programs in the same time period, the average annual growth rate was -0.45%.





#### Pediatric Nephrology

# Certified: 711 52 Average Age: Median Age:



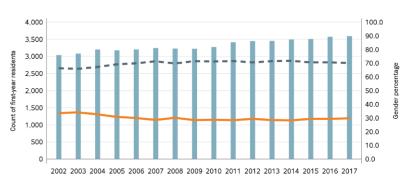
51

51



#### Pediatric Rheumatology

Median Age: 4



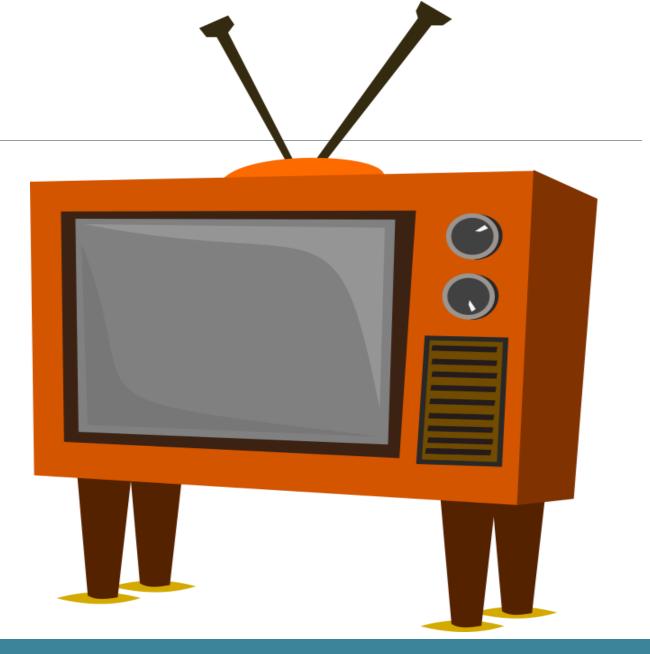






# E-Books sent

STAY
TUNED for
more...



# Online Tracking – PD Portal



# Contact ABP

### **Pediatric Subspecialties**

In-Training examinations: <a href="mailto:site@abpeds.org">site@abpeds.org</a>

Initial Certification examinations: <a href="mailto:sscert@abpeds.org">sscert@abpeds.org</a>

Maintenance of Certification: <a href="mailto:moc@abpeds.org">moc@abpeds.org</a>

support@abpeds.org

919 929-0461







# Subspecialty Pediatrics Investigator Network







# SPIN is a Collaboration

Organization	Representative(s)
CoPS	Richard Mink
APPD LEARN	Alan Schwartz
ABP	Carol Carraccio
APPD Fellowship	Bruce Herman
Committee	

Subspecialty	Representative(s)
Adolescent	Sarah Pitts
Cardiology	Gina Baffa & Shubhika Srivastava
Child Abuse	Bruce Herman & Mary Moffat
Critical Care	David Turner
DBP	Jill Fussell & Pam High
EM	Deborah Hsu & Melissa Langhan
Endocrinology	Diane Stafford & Tandy Aye
GI	Cary Sauer
Heme-Onc	Jennifer Kesselheim
ID	Angela Myers & Kammy McGann
Neonatology	Christiane Dammann & Patricia Chess
Nephrology	John Mahan
Pulmonary	Pnina Weiss
Rheumatology	Meghan Curran





**ABOUT CoPS** 

CoPS MEETINGS

CoPS REPRESENTATIVES

**ACTION TEAMS** 

ISSUES AND TOPICS

SPIN

NEWSLETTERS/ UPDATES

SUBSPECIALTY DESCRIPTIONS

### SUBSPECIALTY PEDIATRICS INVESTIGATOR NETWORK (SPIN)

Our mission is to improve the health of children by enhancing pediatric subspecialty training through innovation and research that establish best practices in education and assessment.



**About Us** 

**Board of Directors** 

**Steering Committee** 

**Studies** 

**How to Cite Your Collaboration** 

**How to Submit a Proposal** 

Contact Us

## Great Participation in Previous Studies

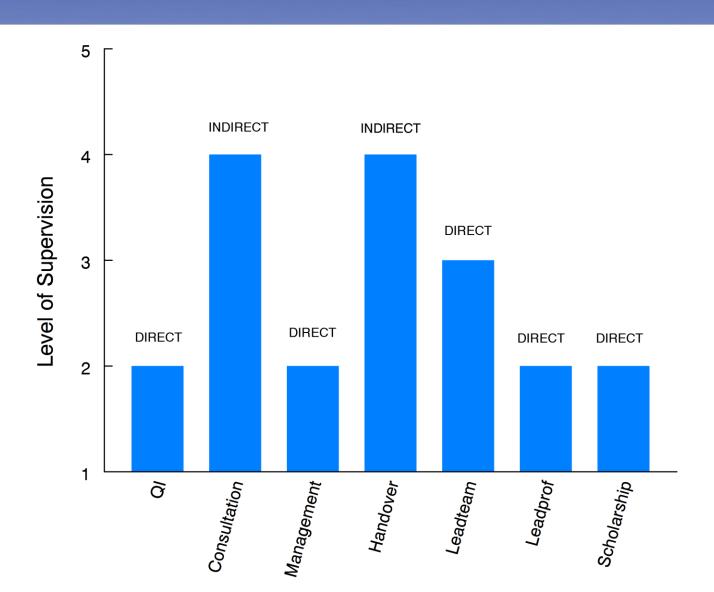
- Assessing the Association between EPAs, Competencies and Milestones in the Pediatric Subspecialties (fellow assessments)
  - ~80 institutions
  - 208 programs
  - ~1000 fellows at two time points
- Determining the Minimum Level of Supervision Required for Graduating Fellows (survey)
  - Response rate 82%
- Residency Milestones in Fellowship: What's the Use? (survey)
  - Response rate 68%

### **SPIN** is Productive

- Abstract Presentations at ACGME, PAS, APPD
  - 14 to date
- Publications
  - 3 including Scholarship EPA
  - published in Academic Medicine & Journal of Pediatrics
  - 5 under development
- Participating FPDs are collaborators and are listed on published papers



# Minimum Level for Graduation



# Next SPIN Study!

- Longitudinal Evaluation of the Required Level of Supervision for Pediatric Fellows
  - rate level of supervision for all fellows for 3 years
  - assess all EPAS (common and subspecialty-specific)
  - opportunity to see when a fellow achieves minimum level of supervision
    - Important if subspecialty contemplating reducing training to 2 years
  - FPDs are collaborators and will receive MOC Part 4 credit

### Data to be Collected

### At each of the 6 data collection periods:

### 1) CCC

- assigns a level of supervision rating (NO milestones) for each fellow for all of the common and relevant subspecialty-specific EPAs, except for the Scholarship EPA
- Complete brief questionnaire to better understand how the CCC used case complexity (simple vs. complex) in assigning their level of supervision rating and demographics



### Data to be Collected

### At each of the 6 data collection periods:

- 2) FPD
  - assign milestones for each of the 8 competencies of the
     Scholarship EPA and the level of supervision rating
  - complete questionnaire about remediation
- 3) Fellows
  - assess their own performance on each of the common and relevant subspecialty-specific EPAs



## Longitudinal Evaluation of Fellows

- Data collection to begin in <u>Fall 2018</u>
- Only 1 IRB approval needed for each institution
  - should be an exempt study
  - application should include all subspecialties in institution
- MOC part 4 credit for FPDs if submit data for 3 cycles (potential for 50 points)
- Contact your subspecialty representative if interested or rmink@ucla.edu



# Fellowship Start Date Update

Richard Mink, MD, MACM

# **Brief History**

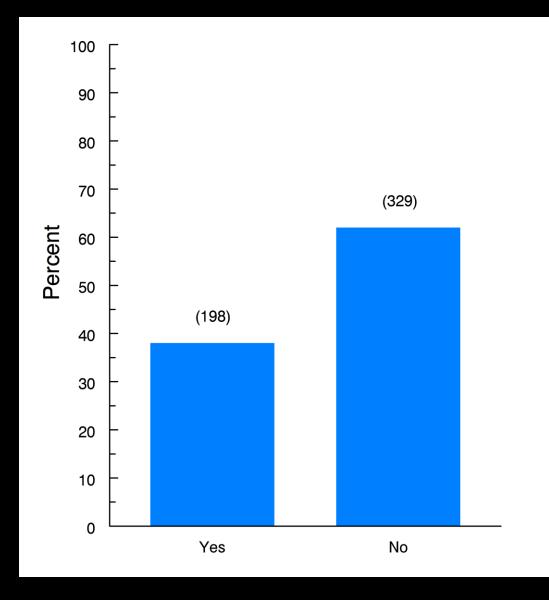
- CoPS Action Team created November 2013
- Survey of residents entering fellowship and FPDs in mid-2014
- CoPS recommendations (published Aug 2015)
  - Beginning with the <u>July 2017 appointment year</u>,
     Pediatric Subspecialty Fellowships should start no earlier than July 7
  - Orientation should not be scheduled before July 5
  - Educate FPDs
- Post-implementation survey late 2017

### Post-Implementation

- What programs actually delayed their start date?
- What was the fellow view/experience about the delay?
- Survey of FPDs and Incoming Fellows
  - Elaine Muchmore
  - David Wininger
  - Dena Hofkosh
  - Adam Turner
  - Laurel Leslie
  - Gail McGuiness



### Start Before or After July 1?

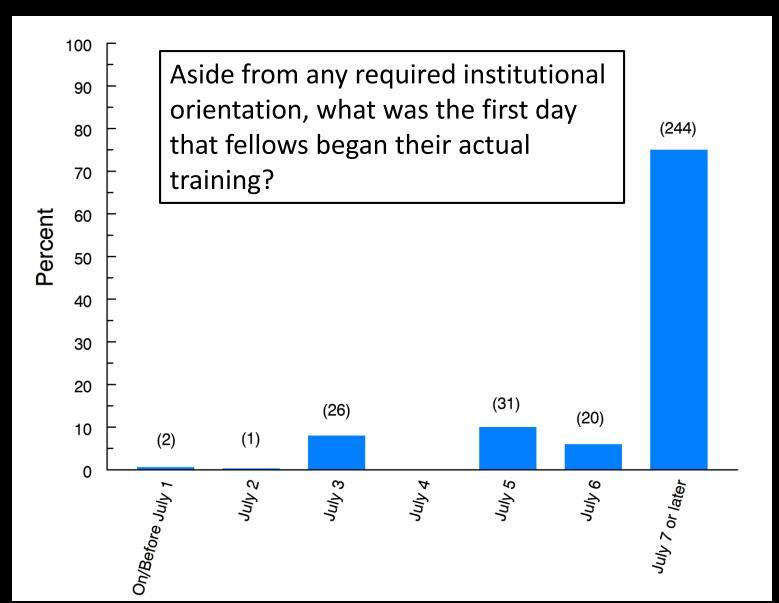


In 2017, did you require your incoming pediatric fellow(s) to begin their training <u>ON or BEFORE</u>
July 1 (including any institutional orientation)?

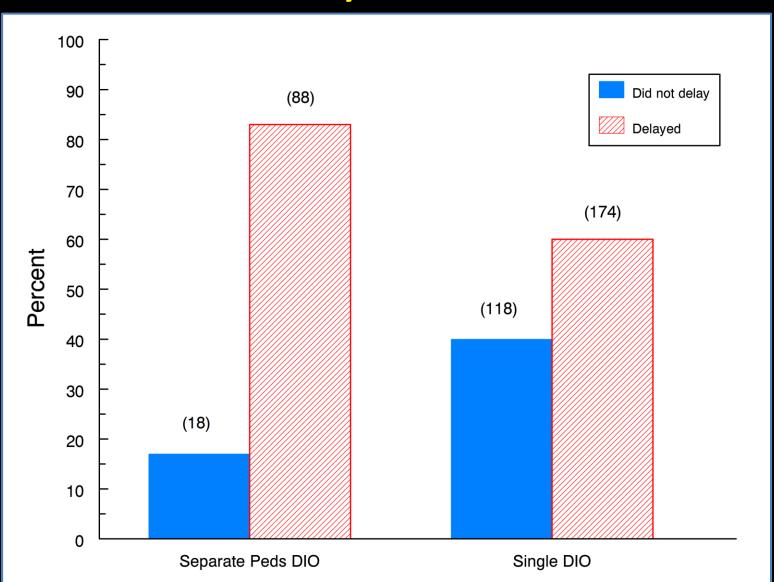
#### Data from:

- 527/803 (66%) programs
- 123 institutions

### Programs that Delayed: Start of Training



## Delay and DIO



### Fellow Comment

"I had to save 1 week of vacation in residency for the last week of June for relocation purposes. How am I supposed to move to a new city and be able to attend orientation in June when technically my residency does not end until June 30th? I already had to use other vacation weeks during 3rd year of residency to interview for fellowship and to find a new home in the city I matched for fellowship... It is absolutely unreasonable and unfair to expect me to use my limited vacation time to move and attend orientation. These are unethical work standards. No wonder burn out rate is high among those physicians who are in training longer. Start date of July 1st and orientation prior to that gives us no personal time and no work life balance."

### Questions

- Are fellowships giving credit for the first 2
  weeks of July before the fellow starts or are
  fellows starting 1-2 weeks late and finishing 12 weeks late?
- Why do so many fellowships not abide by the later start date? Small residency programs have a hard time when half the graduating residents still say they have to leave 1-2 weeks before June 30 to start before July 1.

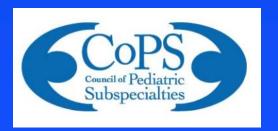
### More Information

- FAQs on APPD Site
- Copy of APPD poster presentation
- Email rmink@ucla.edu

## ADVOCATE!

## **CoPS Updates**

October 11, 2018



### **CoPS** structure

- Representation from most pediatric subspecialties (generally 2 reps per sub)
- Allied Members
  - ABP
  - AMSPDC
  - APPD
  - APA
  - AAP



### **CoPS Past Activities**

- ERAS
- Fall Match
- Fellowship Readiness
- SCTC (Initiative on Subspecialty Clinical Training and Certification)



### **Workforce Action Teams-1**

- Workforce Surveys Action Team-
  - Working with the AAP to develop a common workforce survey
- Early Exposure of Pediatric Subspecialties Action Team-
  - Creating a toolbox to increase visibility of pediatric subspecialties
  - Exploring other early exposure areas



### **Workforce Action Teams- 2**

- Exploring the 2-year fellowships Action Team-
  - Developing surveys to explore interest in 2 year fellowship options for subspecialties
  - Studying effects of 2 year hospitalist fellowship on workforce
- Recruiting and Sustaining Fellows and Junior Faculty in their Research Paths Action Team-
  - Working with AMSPDC to define the problem
  - Partnering with the National Physician-Scientist Collaborative Workgroup (Audrea Burns, PhD)



# Workforce- Virtual Pediatric Workforce Network (CoPS/ABP)

- CHA
- APPD
- APA
- AAP
- AMSPDC

- SPR
- CoPS
- ABP
- Gary Freed



# **Workforce- Virtual Pediatric Workforce Network**

- Improve research and advocacy efforts around the Pediatric Workforce
- Propose and conduct collaborative projects
- Potential topics of interest
  - GME funding
  - Capacity of current workforce/Access to care
  - Future pipeline
  - Physician Scientist pipeline
- Consideration of work force summit



## ABP's Roadmap to Resilience, Behavorial and Emotional Health

- CoPS is an active participant
- How can this practice be built in to our subspecialty care and our training?
- Developing a survey to determine how subs are incorporating screening into care



### **Additional CoPS Efforts**

- Fellowship Funding
  - Both for PD/APDs and for fellows

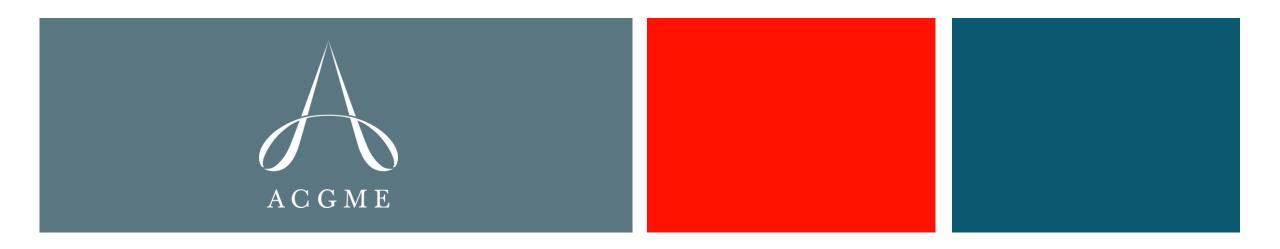
- Website updates
  - pedsubs.org



## **Questions?**







# Updates from the Review Committee for Pediatrics

Susie Buchter, MD, Review Committee Chair Caroline Fischer, MBA, Executive Director

## Disclosure

No conflicts of interest to report.

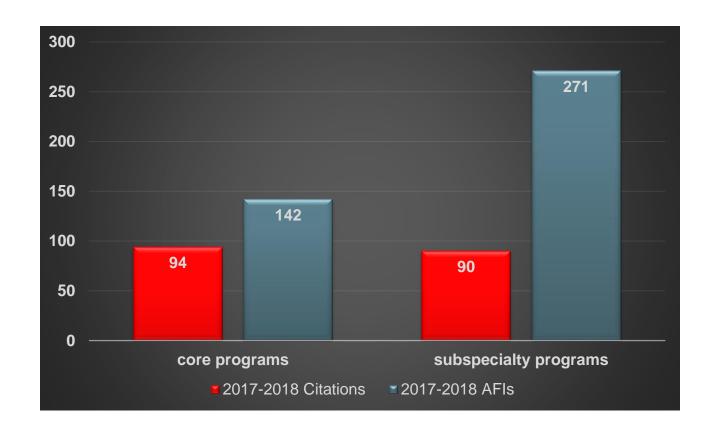


## 2017-2018 Status Decisions

Status	Core	Subs	Med-Peds
Initial Accreditation	4	16	0
Initial Accreditation w/Warning	0	1	0
Continued Accreditation w/o Outcomes	0	5	0
Continued Accreditation	198	861	37
Continued Accreditation w/Warning	1	1	1
Probation	0	0	0
Accreditation Withheld	1	0	0
Withdrawal of Accreditation	0	0	0



## Citations vs. Areas for Improvement (AFIs)





## 2017-2018 Citations - Subspecialty

- Qualifications of the faculty
- Curricular development (structured didactics)
- Patient care experience (inadequate number/variety)
- Qualifications of the program director (lack of scholarly activity)



## 2017-2018 AFIs - Subspecialty

- Evaluations
  - Timeliness of feedback
- Faculty supervision and teaching
- Resources
  - Fellows can raise concerns without fear
  - Satisfied with process to deal with problems/concerns

- Educational content
  - Appropriate balance for education
  - Education compromised by service
- Inaccurate/incomplete information



## Common Program Requirements

### Notable Changes...

- New certification exam requirements
- Fewer subcompetencies (including specialty-specific) for fellows
- Fellowship programs may assign fellows to engage in independent practice of their core specialty, up to 20% of their time per week
  - Subject to Review Committee approval for the subspecialty
  - Will not be allowed for the pediatric subspecialties



- Each set of pediatric subspecialty requirements was posted for review and comment
- The RC reviewed all comments received and made some modifications based on that feedback
- The final draft will be reviewed by the ACGME Committee on Requirements for approval in February 2019
- Tentative effective date: July 1, 2019



- One comprehensive document
- Background and intent replaces FAQs
- Specify other faculty and professional personnel
- Core faculty to be identified by PD
- Subcompetency requirements removed, except patient care and medical knowledge



- The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
  - faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, nonpeer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome);
  - peer-reviewed publication. (Outcome)



Eligibility – option 1:

All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)

Fellow eligibility exception allowed



The curriculum must be structured to optimize fellow educational experiences, the length of these experiences, and supervisory continuity. (Core)

Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)

Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)



## Pediatric Hospital Medicine

- The ACGME Board of Directors approved accreditation of programs in pediatric hospital medicine
- Development of Program Requirements began over the summer
- Should be posted for review and comment in late 2018
- Requirements should be approved in either June or September 2019
- Application form will be available once requirements are finalized
- Applications reviewed in January 2020



## Program Resources

#### www.acgme.org

- ACGME Policies and Procedures
- Milestones and Clinical Competency Committee Guidebooks
- List of accredited programs
- Accreditation Data System (ADS)
- FAQ documents (e.g., Milestones, Common Program Requirements)
- General information on the self study, site visit process and your site visitor
- Instructional videos (responding to citations, entering scholarly activity into ADS, creating an effective block rotation schedule)



## Program Resources cont.

### Pediatrics web pages

- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- Milestones
- Presentations

#### Weekly e-Communication

 Contains general GME information, accreditation-related updates, announcements regarding Program Requirements, updates from the Review Committee on ACGME issues/initiatives, etc.



## **ACGME Contacts**

ADS: <a href="mailto:ads@acgme.org">ads@acgme.org</a>

Tessa Banks (<a href="mailto:tbanks@acgme.org">tbanks@acgme.org</a>) 312.755.7449

Self-Study or Site Visit:

Ingrid Philibert (<a href="mailto:iphilibert@acgme.org">iphilibert@acgme.org</a>) 312.755.5003

Andrea Chow (achow@acgme.org) 312.755.5009

Penny Iverson-Lawrence (pil@acgme.org) 312.755.5014

Requirements, Forms, or Notification Letters:

Caroline Fischer (<u>cfischer@acgme.org</u>) 312.755.5046

Denise Braun-Hart (<a href="mailto:dbraun@acgme.org">dbraun@acgme.org</a>) 312.755.7478

Elizabeth Prendergast (<a href="mailto:eprendergast@acgme.org">eprendergast@acgme.org</a>) 312.755.7054



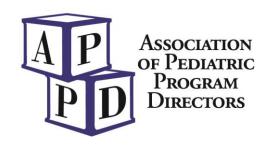


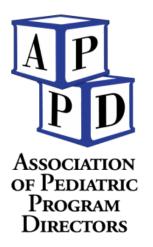




## Questions?

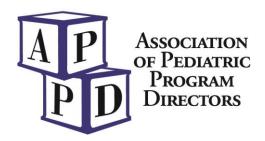






# HANDBOOK FOR PEDIATRIC FELLOWSHIP PROGRAM DIRECTORS

APPD FELLOWSHIP DIRECTORS' EXECUTIVE COMMITTEE

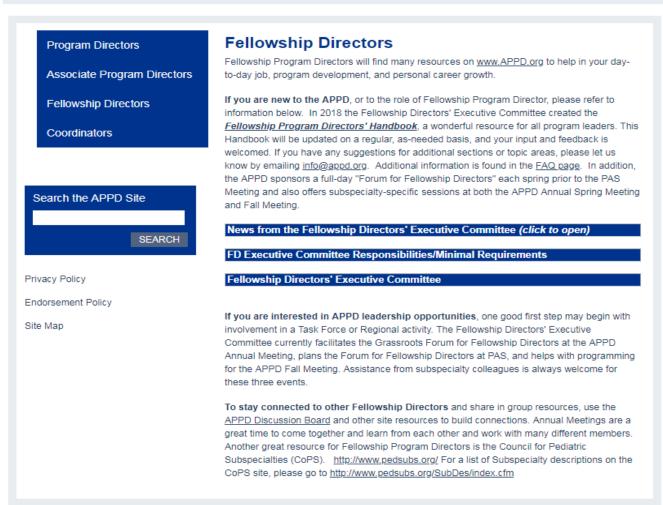




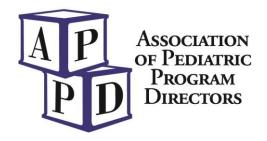
#### **Association of Pediatric Program Directors**

"Innovation, Collaboration, Communication, Scholarship"

About Us Meetings Communications Share Warehouse Educational Resources Activities

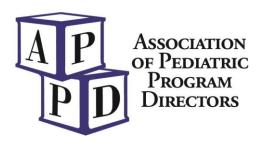


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#### **Table of Contents**

P	ROGRAM ADMINISTRATION	4
	Important Organizations	
	ACGME Program Requirements	7
	Committees	
	FPD Year at a Glance	9
	Core Curriculum	12
	Assessment of Fellows	15
	Program Assessment and Self Study	17
P	ROFESSIONAL DEVELOPMENT	18
	Educational and Professional Development Opportunities	18
	APPD meetings	24



## A Year in the Life of an FPD and FPC

#### JULY (cont)

- Obtain residency ITE scores for incoming fellow, if not done already (to help guide pediatric board preparation)
- Obtain residency milestone results for 1<sup>st</sup> year fellow (ACGME website)
- Mid-July review applications on ERAS
- Meet with program coordinator to develop interview structure/plan (e.g. days of the week, who
  to interview with, meals, information to provide applicants, schedule ranking meeting(s))
- Fellowship applicant screening and invitations to interview
- Meet with new fellow(s) to discuss study schedule for the general pediatrics exam and potential research projects

#### AUGUST

- Meet with coordinator to review the ADS Annual Program Update (ACGME)
- Activate program in NRMP
- Meet with 3<sup>rd</sup> year fellow(s) to strategize their job search/ write LOR as needed
- · Fellow applicant interviewing (through November)

#### SEPTEMBER

- Mid-September ACGME ADS annual program update due
- Fellowship applicant Interviews
- Annual internal program review due to GME office
- Review 3<sup>rd</sup> year fellow(s)' CV and cover letter

#### OCTOBER

- Fellowship applicant interviews
- First year fellow sits for general pediatric certifying exam
- First rank meeting
- Meet with first year fellow(s) to follow up discussion on research projects and SOC

#### NOVEMBER

- Fellowship applicant interviews
- Final rank meeting
- Early-November send out 360° evaluations (patients/families, peer, nursing, SW, etc.)
- Early-November rank list for next AY opens (NRMP)
- Mid-Late November rank list for next AY is due (NRMP)
- Schedule Scholarly Oversight Committee (SOC) meetings

#### DECEMBER

- Review 360 fellow evaluations & self-assessment
- Clinical Competency Committee (CCC) Meetings
- Scholarly Oversight Committee (SOC) Meetings
- Mid-December Match Day Welcome Letters
- ACGME Milestone Reporting following CCC meeting
- Remind incoming Fellows to apply for state license for July start
- Program Evaluation Committee (PEC) Meeting (if done biannually)



- ► Small Group Discussions on Fellowship Hot topics (2 2:45)
  - First table 20 minutes; 5 min transition; Second table 20 min
  - ▶ Peer mentoring Themes (facilitated conversations)
    - ► Recruitment
      - ▶ Programs w/small # of applicants Kammy McGann
      - ► Programs w/large # of applicants Jenny Duncan
    - ► Remediating the Challenged Learner Kathy Mason
    - ► Educational Scholarship Christine Barron
    - ► Program Evaluations and Self-study Pnina Weiss