



New Changes in American Pediatric Training



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Paul Miles MD

Senior Vice President for Maintenance of Certification and Quality

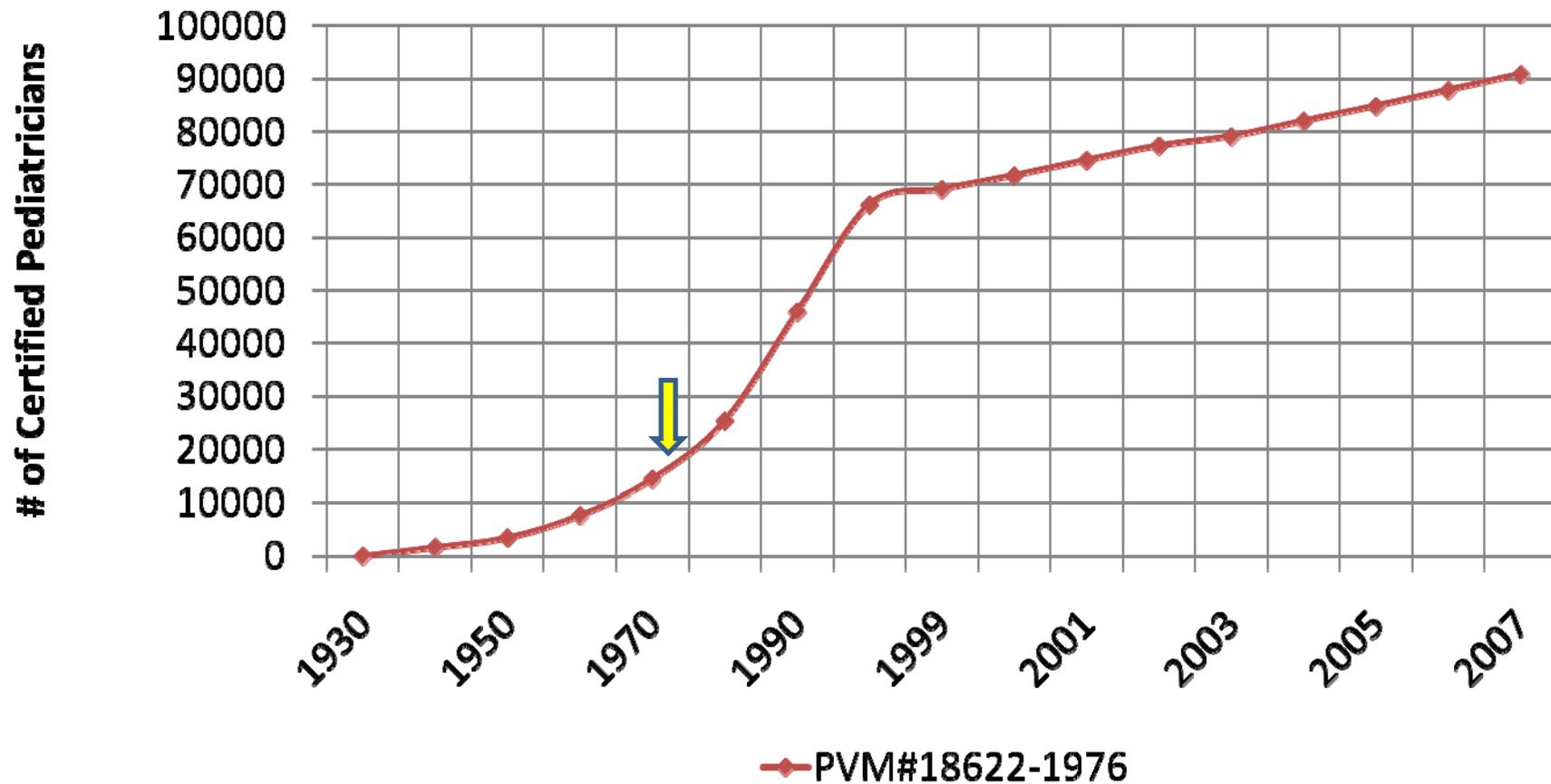
The American Board of Pediatrics

New Changes in American Pediatric Training

- How do we move to outcome based education? – the ACGME six core competencies
- How do we develop standards and tools to assess the six competencies? - The “Milestone” project
- How do we document acquisition of the competencies? - The “Portfolio” project
- How do we make thoughtful innovations in pediatric training?– IPE Quality Improvement projects
- Fellowship training – how much clinical experience is necessary to be competent?
- Fellowship training – how to prepare fellows for an academic career?



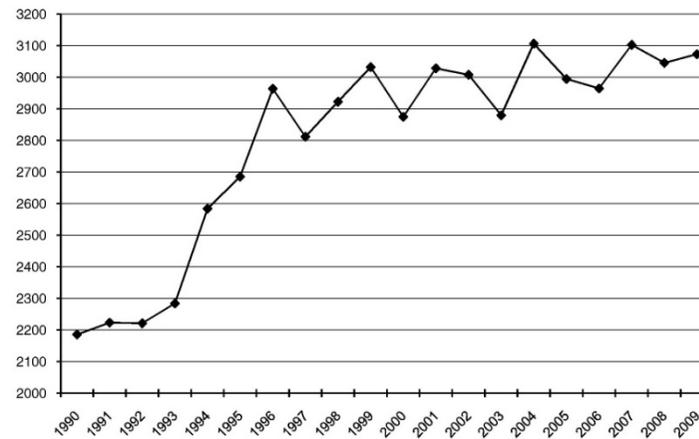
Total # of Certified Pediatricians



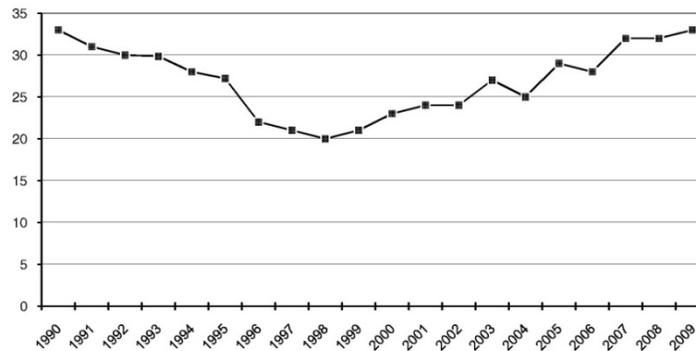


Pediatrics as a Career Choice (1990 - 2009)

General Pediatrics Examination
Overall Total Number of First-time Applicants Since 1990



General Pediatrics Examination
Percent of First-time Applicants Selecting Subspecialty Career Areas Since 1990



- About Us
- The Project ▶
- Competencies ▶
- Assessment ▶
- Implementation ▶
- Faculty Development ▶



Outcome Project

*Enhancing residency education
through outcomes assessment*

Announcements:

- A new [RSVP](#) has been added to the Outcome Project website (2/15/10)
- [Educating Physicians for the 21st Century: A 4 module educational resource for teaching and learning the competencies](#)

Six Core Competencies

- Patient Care
- Medical Knowledge
- Communication
- Professionalism
- Practice based learning and improvement
- System based practice

ACGME Milestone Project

- Milestones describe performance levels residents are expected to demonstrate for skills, knowledge and behaviors in the general competencies domains. Milestones will lay out a framework of observable behaviors and other attributes associated with progressive levels of development.

Toolkit to Assess Competencies

Assessment Tools

360-Degree Evaluation Instrument

Chart Stimulated Recall Oral Examination (CSR)

Checklist Evaluation of Live or Recorded Performance

Global Rating of Live or Recorded Performance

Objective Structured Clinical Examination (OSCE)

Procedure, Operative, or Case Logs

Patient Surveys

Portfolios

Record Review

Simulations and Models

Standardized Oral Examination

Standardized Patient Examination (SP)

Written Examination (MCQ)

Six Core Competencies

(Board of Pediatrics tools)

- Patient Care – (see Practice Based Learning below)
- Medical Knowledge – ABP in training exams, knowledge self assessment activities, secure certification examination
- Communication – Patient survey (CAHPS)
- Professionalism – 360°
- Practice based learning and improvement
 - Web based performance improvement modules
 - Credit for approved QI projects (SQUIRE based standards)
- System based practice – patient safety module



Initiative for Innovation in Pediatric Education (IIPE)

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Welcome to the Initiative for Innovation in Pediatric Education (IIPE)

2010 cycle for LOI

[Click Here to Read Letter from IIPE Director, Dr. Carol Carraccio](#)

[Click Here to Submit a Letter of Intent](#)

Mission – To initiate, facilitate and oversee innovative change in pediatric residency education through carefully monitored, outcome-directed experimentation.

Vision – Residency education will improve the health of children, adolescent and young adults by adapting to changes in their health care needs and changes in the organization and delivery of pediatric health care.

2010 (2nd Cycle) Timeline::

2010 (2nd Cycle) Timeline::	
Document/Activity:	Due Date:

Initiative for Innovation in Pediatric Education (IPE)

Approved Proposals

There were 25 LOIs received in June 2009. Of the 25 LOIs, 10 projects were asked to submit full proposals. Of the 10 projects, 9 submitted full proposals and 4 were approved to be part of the IPE. Congratulations to these 4 programs. Copies of their abstracts are posted below.

Education in Team-based Collaborative Care and Transfer of Care to Improve Resident Education and Quality of Care

(University of Michigan) (Children's Hospital of Philadelphia)

Implementation of a comprehensive handoff program to improve pediatric patient safety: A multi center Pediatric residency quality improvement initiative.

(Children's Hospital Boston - primary site) (Stanford) (St. Christopher's Hospital) (University of Utah – Primary Care Children's Hospital); (University of California, San Francisco) (National Capital Consortium); (Hospital for Sick Children, Toronto, Canada); (Washington University in St. Louis) (Cincinnati Children's Medical Center)

Structured extended career centered block time in a Pediatric Residency Program

(University of Colorado)

Academy of Pediatric Education and Learning (APEL ®)

(University of Utah)

<http://www.innovatepedsgme.org/>

Meaningful Accomplishment in Scholarship for Fellows

- Peer reviewed scientific article
- Quality Improvement Project
- Educational Outcomes Research
- Advanced Degree (such as a Masters in Public Health)

Requirements for Fellowship Clinical Training

- A new task force has been formed to address the requirements for clinical training during pediatric fellowship to assure clinical competency

ABP Aim of MOC Part 4

- The American Board of Pediatrics requires physicians to demonstrate competency in quality improvement to receive credit under the Performance in Practice component – also known as Part 4 -- of the Maintenance of Certification (MOC). Competency is defined as the ability to assess and improve the quality of care you and your care team provide by having knowledge of quality improvement methods **and** implementing quality improvement methods in your practice. One way you can meet this Performance in Practice requirement is through meaningful participation in an ABP-approved quality improvement project involving your own patients.

The SQUIRE (Standards for QUality Improvement Reporting Excellence) guidelines for quality improvement reporting

1. Title
2. Abstract
3. Background knowledge
4. Local Problem
5. Intended improvement
6. Study question
7. Ethical issues
8. Setting
9. Planning the intervention
10. Planning the study of the intervention
10. Methods of evaluation
11. Analysis
12. Outcomes
13. Summary
14. Relation to other evidence
15. Limitations
16. Interpretation
17. Conclusions
18. Funding

ABP Standards for a Valid QI Project

- Clear, explicit aim
- Address one of the IOM dimensions of quality
- Address issues relevant to physician practice
- Measure performance over time
- Use nationally approved measures where available
- Compare performance to benchmarks
- Use a systematic sampling strategy
- Systematic testing of change strategies
- Analyze and report data using run charts and control charts
- Monitor data quality
- Formal training in QI methods
- At a minimum show process improvement over time

Standards for Meaningful Participation

Physicians must have meaningful participation in a QI project and be enrolled in MOC and must:

- Provide direct or consultative care to patients as part of the QI project
- Implement interventions to improve care as guided by the QI project
- Demonstrate active collaboration in the design and/or implementation of the project
- Meet the minimum duration of participation criteria established by the QI project or the project leader

Physicians must complete the program's Physician Participation Attestation form describing their involvement in the QI project

ABP Approved QI Projects for MOC Part 4 Credit

Over 40 projects have been approved:

- Asthma (6 projects)
- Immunizations (3 projects)
- Developmental and Autism Screening (7 projects)
- Obesity (2 projects)
- Vision Screening
- Blood Stream Infections (4 projects)
- Inflammatory Bowel Disease
- Cystic Fibrosis
- Neonatal Care (6 projects)
- Access to Care
- Hospital Throughput
- Febrile Infants
- Inflammatory Bowel Disease

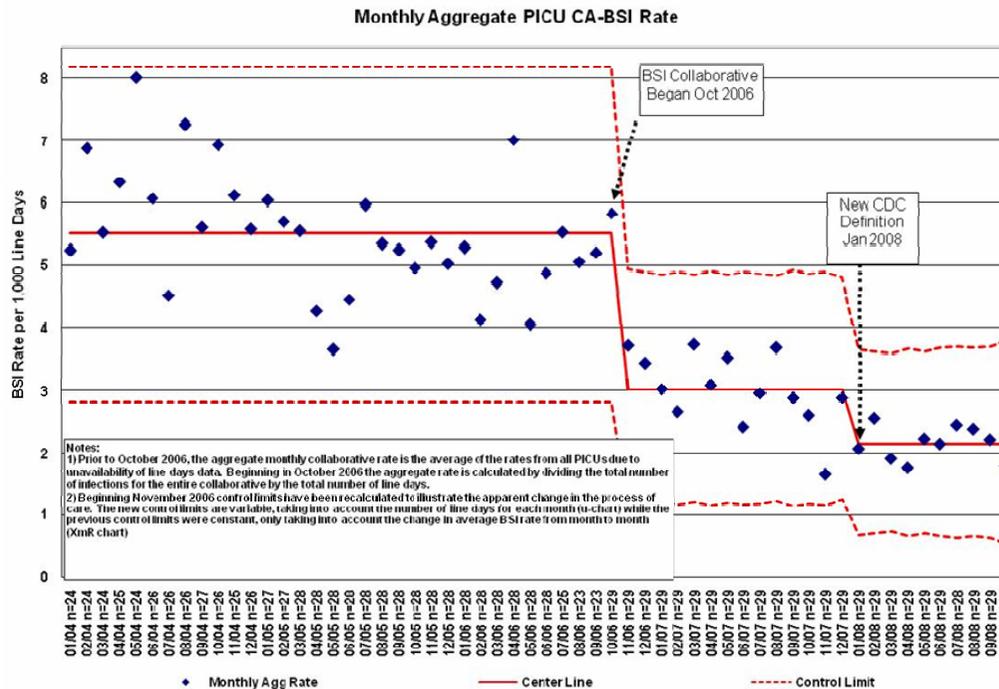
(see abp.org for a complete list of topics and projects)

Sponsoring Organizations of Approved QI Projects

- Hospitals
- National professional societies
- National foundations
- National hospital organizations
- National companies
- National QI collaboratives
- State coalitions
- Insurance company
- PHO
- Other

An Example of an Outstanding Approved QI Project

NACHRI CA-BSI Project Eliminating Bloodstream Infections in PICUs



In the first 6 months, 29 children's hospitals reduced infection rates in the PICU by nearly 70 percent by adhering to a rigid set of evidence-based practices shown to prevent infections in children.

THE WALL STREET JOURNAL
 WASHINGTON, APRIL 16, 2007

Pediatric ICU: Make Handover Agency Infections

Over the past few years, hospital leaders have been increasingly concerned to contain antibiotic-resistant bacteria patients and eliminate infections from PICUs. There are no proven antibiotics to cure these infections, and the Centers for Disease Control and Prevention (CDC) estimates that 100,000 children die each year from bloodstream infections. In a pediatric critical-care unit at Children's Hospital of Philadelphia, a pediatric critical-care physician, Dr. Robert M. Wachter, and his colleagues have been working to reduce the rate of bloodstream infections in PICUs. They have found that a rigid set of evidence-based practices, such as hand hygiene, can reduce the rate of infections by nearly 70 percent.

Children's Hospital of Philadelphia is a pioneer in this effort. In 2004, the hospital launched a program to reduce bloodstream infections in PICUs. The program was based on a set of evidence-based practices that were developed by a team of experts. The practices included hand hygiene, use of central-line bundles, and use of evidence-based practices for catheter care. The program was implemented in 2004, and the results were published in a paper in the *New England Journal of Medicine* in 2005.

The program has been successful. In the first 6 months, 29 children's hospitals reduced infection rates in the PICU by nearly 70 percent. The program is now being implemented in other hospitals across the country. The program is a model for how to reduce infections in PICUs. It shows that a rigid set of evidence-based practices can make a significant difference in patient care.

51% improvement: 85 lives saved, over 850 infections prevented, \$25 million saved over first 30 months. Now with 62 units

Marlene Miller & Rich Brill

Pediatrics. 2010 Feb;125(2):206-13. Epub 2010 Jan 11.

**Decreasing PICU catheter-associated bloodstream infections:
NACHRI's quality transformation efforts.**

Miller MR, Griswold M, Harris JM 2nd, Yenokyan G, Huskins WC,
Moss M, Rice TB, Ridling D, Campbell D, Margolis P, Muething
S, Brill R





PIM Home

Collect Data

My Results

Improvement Strategies

Welcome back, Dr. Miles!

Home

Getting Started

Ideal Care

Model for Improvement

Improvement Checklist

Collaborate with Others

- ▶ [Track Progress](#)
- ▶ [CME Credit](#)
- ▶ [MOC Requirements](#)
- ▶ [Tools, Resources, and Links](#)
- ▶ [About this PIM](#)
- ▶ [Contact Us](#)
- ▶ [Feedback](#)
- ▶ [Evaluation](#)

Welcome to the ADHD Performance Improvement Module



Partnering with Patients & Families
Caregivers • Parents • Physicians • Patients

Ideal Care

Attention deficit hyperactivity disorder (ADHD) is one of the most prevalent chronic health problems affecting children. Systematic, guideline-based diagnosis, treatment, and follow-up care improve outcomes and quality of life for children with ADHD.

Learn effective strategies and implement proven tools to deliver ADHD care



Case Study: **Ideal Care in Cincinnati**

Improve your care by using the approach that is getting results in Cincinnati.