

PIDS PD Meeting

2019 ID Week Meeting, San Francisco, California



**PEDIATRIC INFECTIOUS
DISEASES SOCIETY**

Agenda

- NRMP, & ERAS data
- CoPS update
- SPIN update
- Fellows' day/Happy Hour
- Website/Guide updates
- New Vaccine Books
- SHEA Course
- IDSA Leadership Institute
- Small breakout sessions
 - EPAs/Milestones and evaluations
 - Curriculum/ACGME requirements & fellowship tracks
 - Recruitment/URM
 - Dual Training Programs
- Large group share out
- Action Items/Next Steps
- Adjourn



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ERAS Data 2014-2019

Overview										
	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018
Total	0	46	62	61	60	0.0	9.9	12.3	16.1	12.7
UMGs	0	28	43	39	36	0.0	7.6	9.1	11.1	12.4
IMGs	0	18	19	22	24	0.0	13.4	19.5	25.1	13.0
By Medical School Type										
	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018
U.S. MD-Granting Public School	0	19	19	23	18	0.0	7.8	7.9	10.9	10.5
U.S. MD-Granting Private School	0	6	21	12	13	0.0	6.3	10.0	8.9	11.2
U.S. DO-Granting School	0	3	3	4	5	0.0	8.7	10.7	18.5	22.6
Canadian School	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
International School	0	18	19	22	24	0.0	13.4	19.5	25.1	13.0
By Sex										
	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018
Men	0	17	20	32	20	0.0	8.9	10.7	15.9	10.0
Women	0	29	42	29	40	0.0	10.4	13.1	16.4	14.0
Unknown	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0



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ERAS Data 2014-2019

By Self-Identified Race/Ethnicity										
	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2018
American Indian or Alaska Native	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Asian	0	9	5	4	7	0.0	13.6	20.2	13.5	9.0
Black or African American	0	0	0	2	2	0.0	0.0	0.0	3.5	8.5
Hispanic, Latino, or of Spanish Origin	0	2	3	4	4	0.0	15.5	10.3	24.3	16.3
Native Hawaiian or Other Pacific Islander	0	0	0	1	0	0.0	0.0	0.0	7.0	0.0
White	0	22	36	36	22	0.0	5.9	8.7	13.6	12.4
Other Race/Ethnicity	0	1	1	0	1	0.0	38.0	17.0	0.0	13.0
Unknown Race/Ethnicity	0	0	5	3	6	0.0	0.0	13.0	7.7	13.2



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NRMP Data 2018

Table 5

Fellowship Matches by Specialty and Applicant Choice, 2019 Appointments

Specialty	Number of Applicants Ranking Specialty		Number Matched		Matches by Rank Choice								Matched in Another Specialty	Unmatched	
	Total	Preferred Specialty	Total	Preferred Specialty	1st Choice	2nd Choice		3rd Choice		Greater Than 3rd Choice					
Pediatrics															
Academic General Pediatrics**	10	10	8	8	7	70.0	1	10.0	0	0.0	0	0.0	0	0.0	2 20.0
Child Abuse	17	17	13	13	12	70.6	0	0.0	1	5.9	0	0.0	0	0.0	4 23.5
Developmental and Behavioral Pediatrics	35	35	30	30	20	57.1	7	20.0	1	2.9	2	5.7	0	0.0	5 14.3
Neonatal-Perinatal Medicine	245	239	234	232	143	58.4	35	14.3	22	9.0	34	13.9	4	1.6	7 2.9
Pediatric Cardiology	177	176	151	151	69	39.0	25	14.1	22	12.4	35	19.8	2	1.1	24 13.6
Pediatric Critical Care Medicine	217	209	189	188	97	44.7	44	20.3	15	6.9	33	15.2	6	2.8	22 10.1
Pediatric Emergency Medicine*	270	267	196	170	109	40.4	31	11.5	21	7.8	35	13.0	4	1.5	70 25.9
Pediatric Endocrinology	53	51	50	50	40	75.5	8	15.1	1	1.9	1	1.9	2	3.8	1 1.9
Pediatric Gastroenterology	102	102	93	93	52	51.0	12	11.8	15	14.7	14	13.7	1	1.0	8 7.8
Pediatric Hematology/Oncology	165	165	158	158	89	53.9	37	22.4	15	9.1	17	10.3	0	0.0	7 4.2
Pediatric Hospital Medicine**	79	78	52	52	30	38.0	9	11.4	2	2.5	11	13.9	1	1.3	26 32.9
Pediatric Infectious Diseases	40	37	37	37	32	80.0	2	5.0	0	0.0	3	7.5	3	7.5	0 .0

NRMP Data 2019

Table 6 Number of Positions Offered and Percent Filled by Graduates of U.S. Allopathic Medical Schools and All Applicants, 2015 - 2019

Specialty	2019			2018			2017			2016			2015		
	No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled	
		U.S.	Tot		U.S.	Tot		U.S.	Tot		U.S.	Tot		U.S.	Tot
Academic General Pediatrics**	16	37.5	50.0	--	--	--	--	--	--	--	--	--	--	--	--
Adolescent Medicine	36	58.3	75.0	31	48.4	67.7	32	62.5	81.3	31	71.0	83.9	36	55.6	77.8
Child Abuse	20	50.0	65.0	27	37.0	51.9	26	38.5	46.2	19	21.1	26.3	20	60.0	65.0
Developmental and Behavioral Pediatrics	48	41.7	62.5	49	30.6	67.3	44	47.7	70.5	48	33.3	54.2	41	34.1	73.2
Neonatal-Perinatal Medicine	270	53.0	86.7	263	53.2	87.1	254	53.5	92.1	252	50.8	90.5	242	59.9	98.3
Pediatric Cardiology	154	70.8	98.1	145	66.2	96.6	142	75.4	97.9	139	69.8	96.4	141	68.1	97.2
Pediatric Critical Care Medicine	191	66.0	99.0	184	63.6	96.2	187	63.1	95.7	175	65.7	93.7	168	70.2	95.2
Pediatric Emergency Medicine*	196	73.5	100.0	180	65.6	98.9	180	66.1	98.3	177	72.9	100.0	162	64.2	98.1
Pediatric Endocrinology	99	26.3	50.5	96	42.7	66.7	88	39.8	68.2	83	36.1	65.1	85	49.4	76.5
Pediatric Gastroenterology	101	57.4	92.1	104	66.3	93.3	92	55.4	93.5	93	54.8	92.5	85	64.7	96.5
Pediatric Hematology/Oncology	176	55.1	89.8	170	63.5	90.0	166	68.1	98.2	164	73.2	97.0	162	54.3	94.4
Pediatric Hospital Medicine**	56	78.6	92.9	50	76.0	96.0	44	75.0	86.4	38	63.2	84.2	30	63.3	90.0
Pediatric Infectious Diseases	79	29.1	46.8	72	33.3	55.6	77	36.4	62.3	70	45.7	64.3	66	31.8	45.5
Pediatric Nephrology	65	27.7	41.5	58	48.3	62.1	59	30.5	54.2	62	25.8	43.5	58	17.2	36.2
Pediatric Pulmonology	74	33.8	54.1	69	37.7	68.1	67	31.3	70.1	66	39.4	65.2	61	29.5	49.2
Pediatric Rheumatology	39	35.9	48.7	41	39.0	53.7	40	50.0	72.5	37	43.2	67.6	40	30.0	55.0
Pediatric Sports Medicine	25	60.0	100.0	26	61.5	100.0	25	64.0	92.0	22	63.6	81.8	20	60.0	95.0

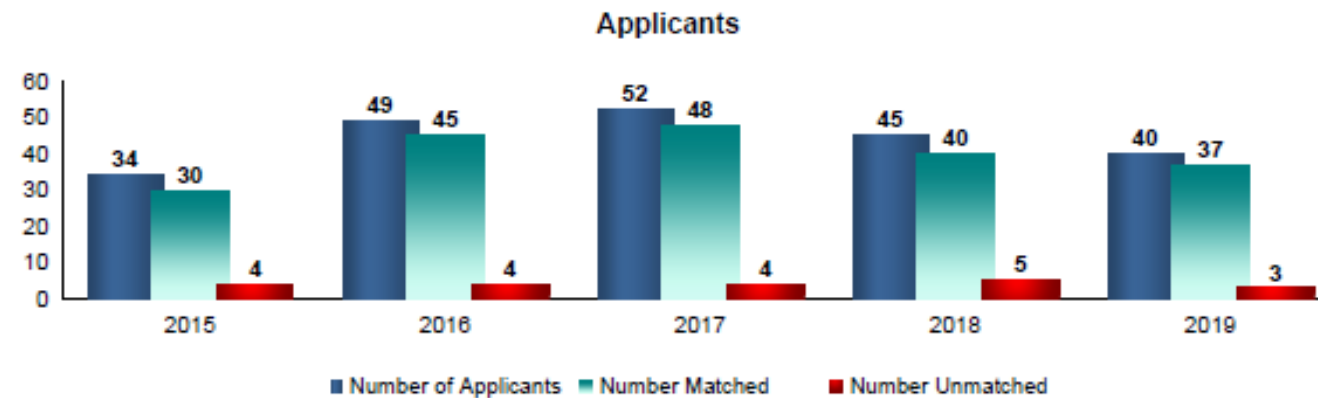
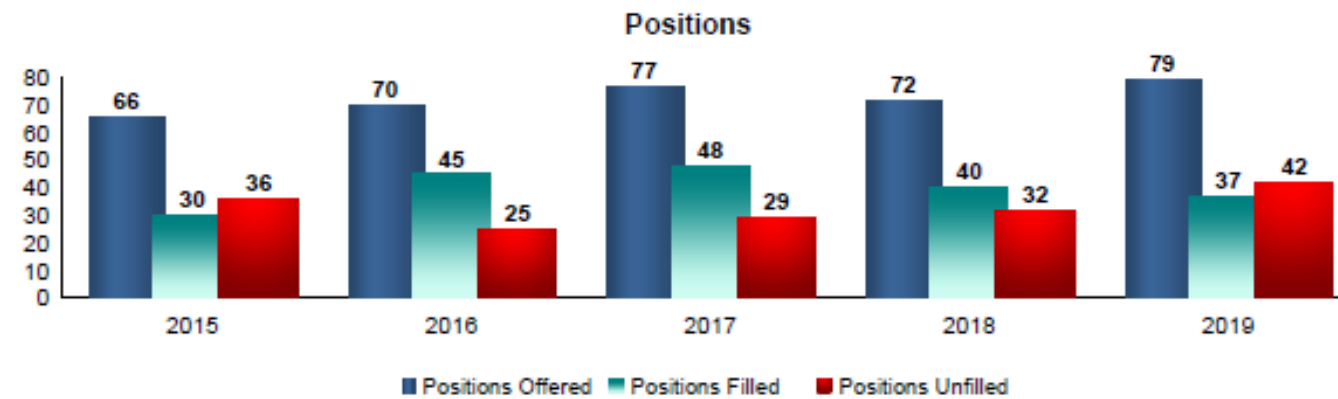
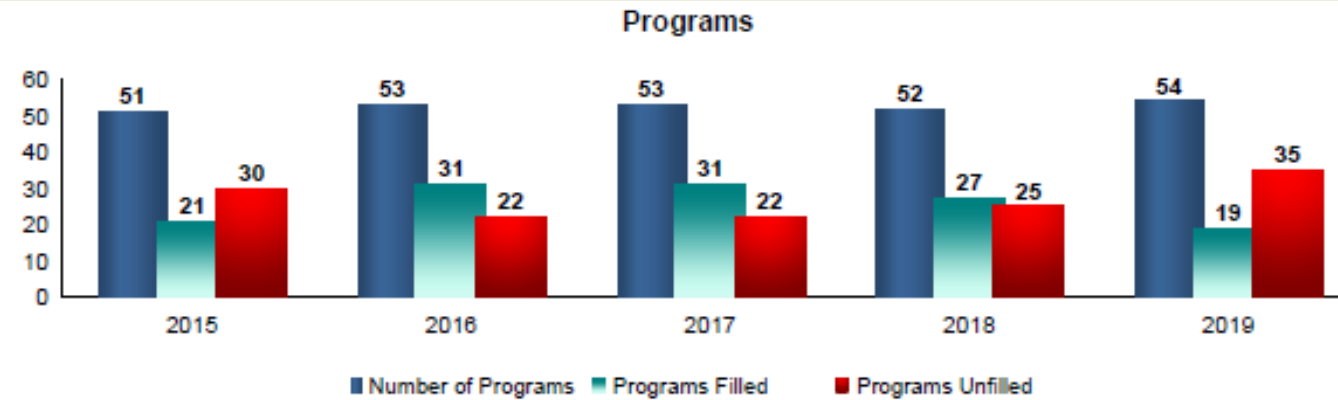
NRMP Data 2018

Specialty	Number of Positions	Number Filled	Applicant Type											
			U.S.		Osteopathic		Canadian		5th		U.S.		Non-U.S.	
			Allopathic	Graduates	Graduates		Graduates		Pathway	Graduates	International	Graduates	International	Graduates
Pediatrics														
Academic General Pediatrics**	16	8	6	75.0	2	25.0	0	0.0	0	0.0	0	0.0	0	0.0
Adolescent Medicine	36	27	21	77.8	4	14.8	0	0.0	0	0.0	1	3.7	1	3.7
Child Abuse	20	13	10	76.9	2	15.4	0	0.0	0	0.0	0	0.0	1	7.7
Developmental and Behavioral Pediatrics	48	30	20	66.7	3	10.0	0	0.0	0	0.0	5	16.7	2	6.7
Neonatal-Perinatal Medicine	270	234	143	61.1	34	14.5	1	0.4	0	0.0	23	9.8	33	14.1
Pediatric Cardiology	154	151	109	72.2	11	7.3	0	0.0	0	0.0	8	5.3	23	15.2
Pediatric Critical Care Medicine	191	189	126	66.7	19	10.1	0	0.0	0	0.0	14	7.4	30	15.9
Pediatric Emergency Medicine*	196	196	144	73.5	24	12.2	0	0.0	0	0.0	18	9.2	10	5.1
Pediatric Endocrinology	99	50	26	52.0	9	18.0	0	0.0	0	0.0	4	8.0	11	22.0
Pediatric Gastroenterology	101	93	58	62.4	9	9.7	0	0.0	0	0.0	8	8.6	18	19.4
Pediatric Hematology/Oncology	176	158	97	61.4	21	13.3	0	0.0	0	0.0	8	5.1	32	20.3
Pediatric Hospital Medicine**	56	52	44	84.6	5	9.6	0	0.0	0	0.0	2	3.8	1	1.9
Pediatric Infectious Diseases	79	37	23	62.2	8	21.6	0	0.0	0	0.0	1	2.7	5	13.5
Pediatric Nephrology	65	27	18	66.7	2	7.4	0	0.0	0	0.0	0	0.0	7	25.9
Pediatric Pulmonology	74	40	25	62.5	8	20.0	0	0.0	0	0.0	2	5.0	5	12.5
Pediatric Rheumatology	39	19	14	73.7	2	10.5	0	0.0	0	0.0	0	0.0	3	15.8
Pediatric Sports Medicine	25	25	15	60.0	4	16.0	0	0.0	0	0.0	4	16.0	2	8.0

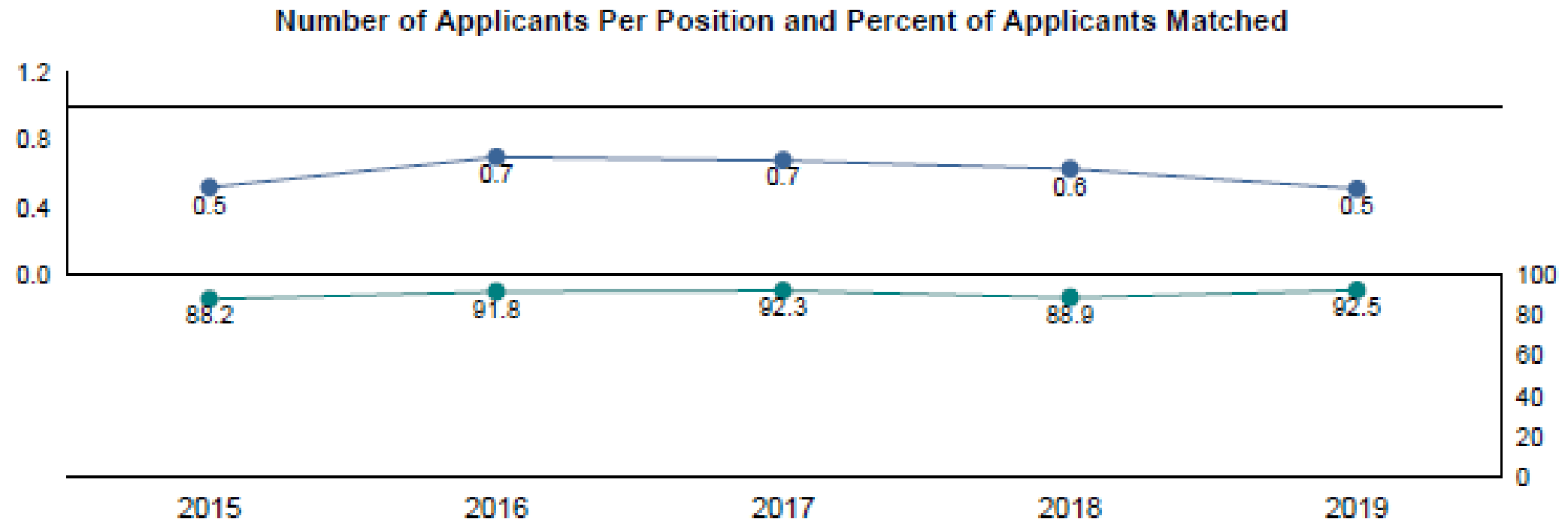
Number of Applicants and % Unfilled Programs by Subspecialty: 2019 Appointments

Subspecialty	# Applicants		Positions Offered	# Programs	% Filled		# Unfilled Pgms	% Pgrms Unfilled
	US Grads	All Applcts			US Grads	All Apps		
Pediatric Nephrology	18	27	65	43	27.7	41.5	33	77
Pediatric Pulmonology	25	43	74	48	33.8	54.1	29	60
Pediatric Infectious Diseases	23	40	79	54	29.1	46.8	35	65
Pediatric Rheumatology	14	22	39	30	35.9	48.7	15	50
Child Abuse	14	17	20	19	50	65	7	37
Pediatric Endocrinology	26	53	99	64	26.3	50.5	42	66
Developmental and Behavioral Pediatrics	22	35	48	35	41.7	62.5	15	43
Adolescent Medicine	22	31	36	25	55.6	77.8	7	28
Pediatric Hospital Medicine	65	59	56	39	78.6	92.9	3	7.7
Pediatric Hematology/Oncology	102	165	176	71	55.1	89.8	14	19.7
Pediatric Critical Care Medicine	144	217	191	67	66	99	2	3.0
Pediatric Gastroenterology	62	102	101	61	57.4	92.1	6	9.8
Pediatric Cardiology	122	177	154	58	70.8	98.1	3	5.2
Neonatal-Perinatal Medicine	148	245	270	96	53	86.7	25	26.0
Pediatric Emergency Medicine	176	270	196	77	73.5	100	0	0

Pediatric ID NRMP Data 2015-2019



Pediatric ID NRMP Data 2015-2019



Analysis by First-Year Trainees from Pediatric Specialties/Subspecialties (2014-2018)

Select (click ↓) a specialty/subspecialty name to filter graphs below.

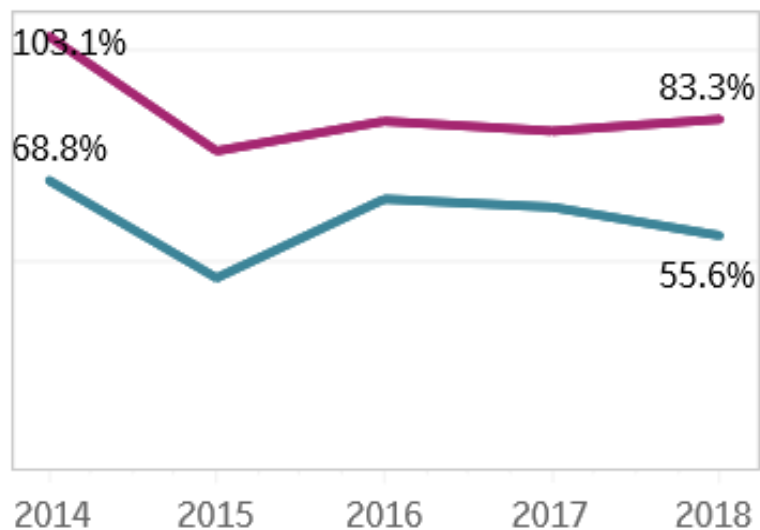
ABP Workforce Interactive Data. abp.org

	2014	2015	2016	2017	2018
Pediatrics (Categorical)	3,076	3,080	3,133	3,161	3,204
Medicine-Pediatrics	373	379	386	381	378
Adolescent Medicine	28	35	34	29	31
Child Abuse Pediatrics	13	16	7	14	18
Developmental and Behavioral Pediatrics	32	40	30	41	42
Neonatal-Perinatal Medicine	257	261	261	258	268
Pediatric Cardiology	145	149	152	152	154
Pediatric Critical Care Medicine	171	179	179	190	193
Pediatric Emergency Medicine	168	168	187	191	189
Pediatric Endocrinology	85	88	81	82	82
Pediatric Gastroenterology	94	102	101	103	113
Pediatric Hematology/Oncology	171	169	168	167	161
Pediatric Infectious Diseases	66	50	58	62	60
Pediatric Nephrology	41	33	36	36	46
Pediatric Pulmonology	58	54	60	52	59
Pediatric Rheumatology	32	25	29	39	29

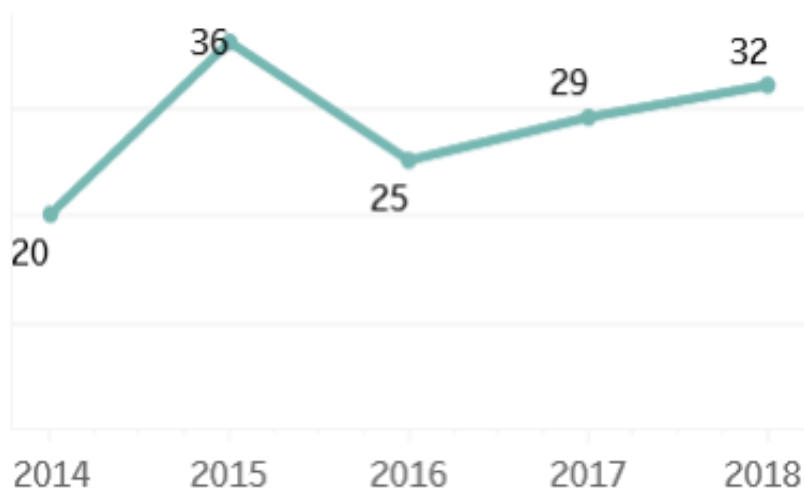
Pediatric Infectious Diseases Rates (2014-2018)

Average NRMP Matched Percent: 59.3%
Average Final Fill Rate (ABP): 85.1%

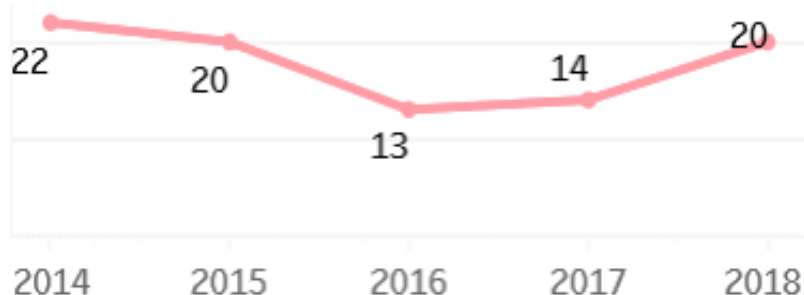
Yearly NRMP Match Percent and Final Fill Rate (ABP) for Pediatric Infectious Diseases



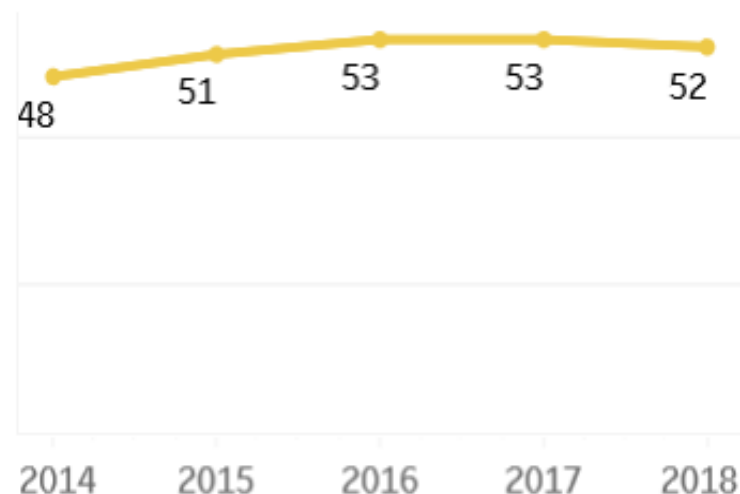
Number of Unfilled Positions per NRMP in Pediatric Infectious Diseases



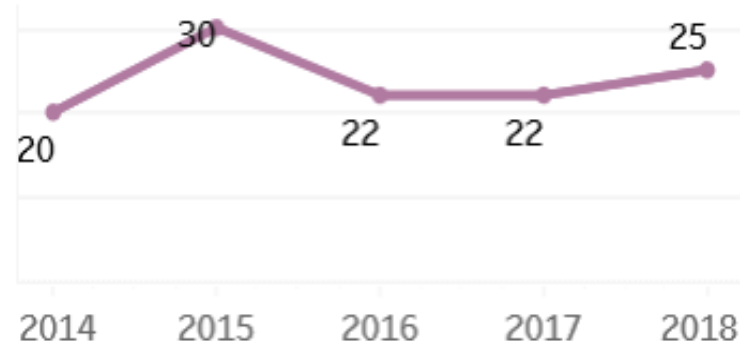
Number of Trainees (ABP) Above NRMP Matched Number in Pediatric Infectious Diseases



Number of Programs (NRMP) in Pediatric Infectious Diseases



Number of Unfilled Programs (NRMP) in Pediatric Infectious Diseases



Trends in First-Year Fellows in United States Programs by Subspecialty and Demographics from 2001 - 2017

Average Annual Growth Rate†
(From 2001 through 2017)

10-Year Percent Change‡
(Comparison of 2007 to 2017)

By the Numbers

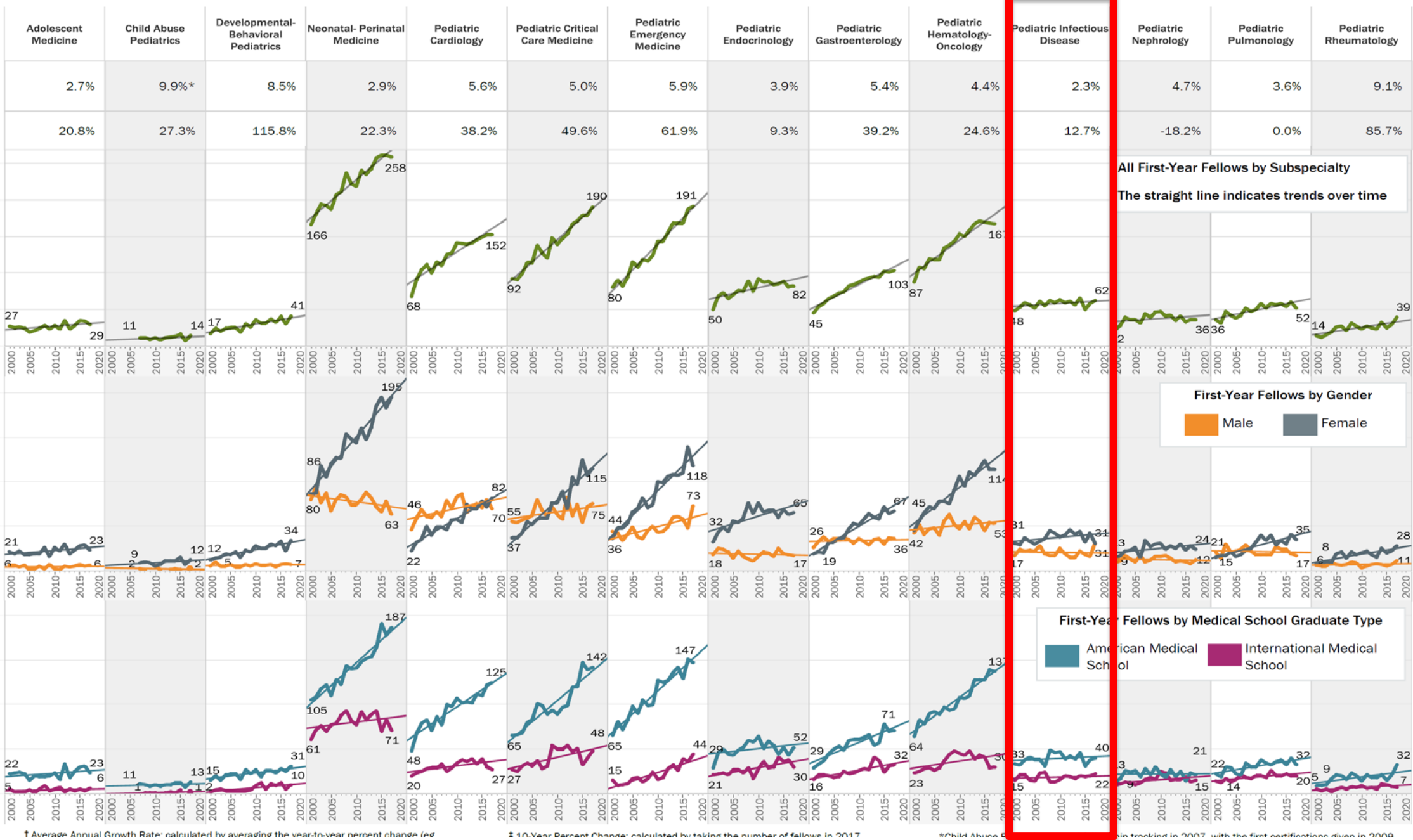
In 2017, 1,416 first-year fellows were enrolled in one of 14 ABP subspecialties. Seven were in a dual or combined fellowship (not shown here).

Fellows Increasing

Over the last 15 years, the number of first-year fellows in ABP subspecialties increased from 856 to 1,416, a 65.4% increase.

IMG Representation

International medical graduates have comprised an average of 28.6% first-year fellows in ABP subspecialties over the last 15 years.





General Pediatrics

Certified: 70,748
Average Age: 49
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

Certified: 2,603
Average Age: 50
Median Age: 48



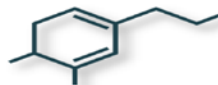
Developmental-Behavioral Pediatrics

Certified: 761
Average Age: 54
Median Age: 55



Pediatric Emergency Medicine

Certified: 2,458
Average Age: 50
Median Age: 49



Pediatric Endocrinology

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



Pediatric Gastroenterology

Certified: 1,725
Average Age: 49
Median Age: 46



Pediatric Hematology-Oncology

Certified: 2,699
Average Age: 50
Median Age: 49



Pediatric Infectious Diseases

Certified: 1,488
Average Age: 51
Median Age: 51



Neonatal-Perinatal Medicine

Certified: 5,287
Average Age: 54
Median Age: 55



Pediatric Nephrology

Certified: 711
Average Age: 52
Median Age: 51



Pediatric Pulmonology

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



Pediatric Rheumatology

Certified: 423
Average Age: 50
Median Age: 47



ERAS Data 2019-2020

- 63 programs
 - 55 Participating
 - 7 not participating
 - 1 no longer accepting applications



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CoPS Update

- Workforce working groups
- AMSPDC work group on pay for lower paid subspecialties
- ABP behavioral health initiative
- ABP creating a list of considerations if subsp. considering changing training length
- A group working on transitioning (lead by Rheumatology)
- ACGME revising general pediatric milestones-subs later



PEDIATRIC INFECTIOUS
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SUBSPECIALTY PEDIATRICS INVESTIGATOR NETWORK (SPIN)





What's the Validity Evidence for Subspecialty EPA Level of Supervision Scales?

- Content
- Response process
- Internal structure (reliability)
- Relationship to other variables
- Consequences (next study)





Assessing the Association between EPAs, Competencies and Milestones in the Pediatric Subspecialties

- Primary objective
 - develop and then obtain validity evidence for level of supervision scales for the common subspecialty EPAs
- FPD and CCC assessments
- Data collected fall 2014 and spring 2015





Content

- SPIN Steering Committee
 - Composition
 - CoPS
 - ABP
 - APPD LEARN
 - APPD Fellowship Committee
 - Pediatric subspecialties
 - 1-2 representatives per subspecialty
 - 86% served as FPD
 - Multiple conversations
- Reviewed by 3 GME experts





Study Participants

	Fall 2014 (n)	Spring 2015 (n)
Institutions	78	81
Fellowships	208	209
Number of Fellows (total)	1011	1036
1 st year	352	369
2 nd year	332	336
3 rd year	327	331

Subspecialty Participation

SUBSPECIALTY	FALL 2014	SPRING 2015
Adolescent Medicine	10 (36%)	11 (39%)
Cardiology	14 (25%)	12 (21%)
Child Abuse Pediatrics	10 (40%)	10 (40%)
Critical Care Medicine	24 (38%)	21 (33%)
Developmental & Behavioral Pediatrics	17 (46%)	18 (49%)
Emergency Medicine	19 (26%)	19 (26%)
Endocrinology	12 (18%)	14 (21%)
Gastroenterology	11 (19%)	10 (18%)
Hematology-Oncology	14 (20%)	13 (19%)
Infectious Diseases	14 (23%)	16 (26%)
Neonatology	33 (34%)	35 (36%)
Nephrology	7 (16%)	6 (13%)
Pulmonary Medicine	12 (23%)	13 (25%)
Rheumatology	11 (32%)	11 (32%)



Response Process

- Provided list of activities for EPA
- Instructions stated rating should be based on **what a fellow would be trusted to do**, not necessarily actually observed
- No centralized faculty development
- No calls to coordinating center about EPAs or scales



Internal Structure (Reliability)

- Internal consistency
 - Cronbach's alpha
 - Fall: 0.92
 - Spring: 0.92
- Inter-rater reliability
 - Jason & Olsson's iota
 - Fall: 0.70
 - Spring: 0.74
 - Correlation between FPD and CCC assessments (FPD not on CCC)
 - Fall: 0.61-0.70
 - Spring: 0.61-0.76



Relationship to other variables

- No relationship to program size, FPD on/not on CCC, FPD experience
- Levels increase from fall to spring
- Levels increase by year of training



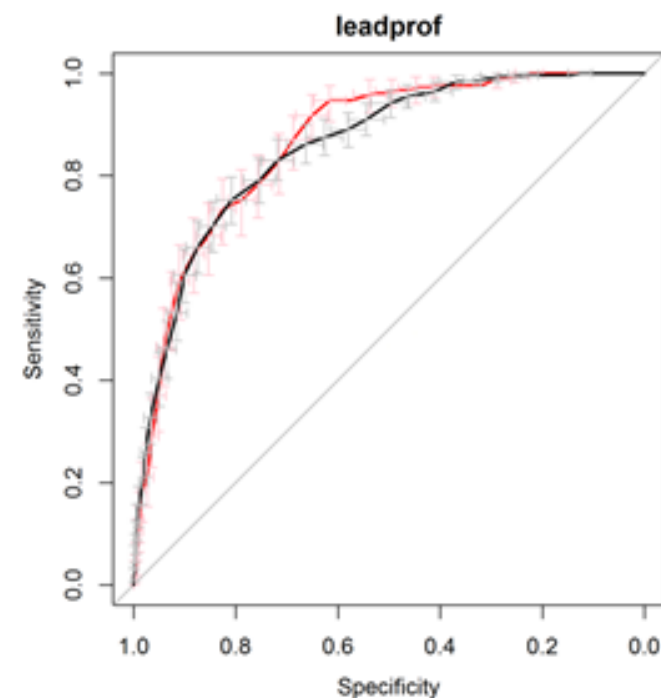
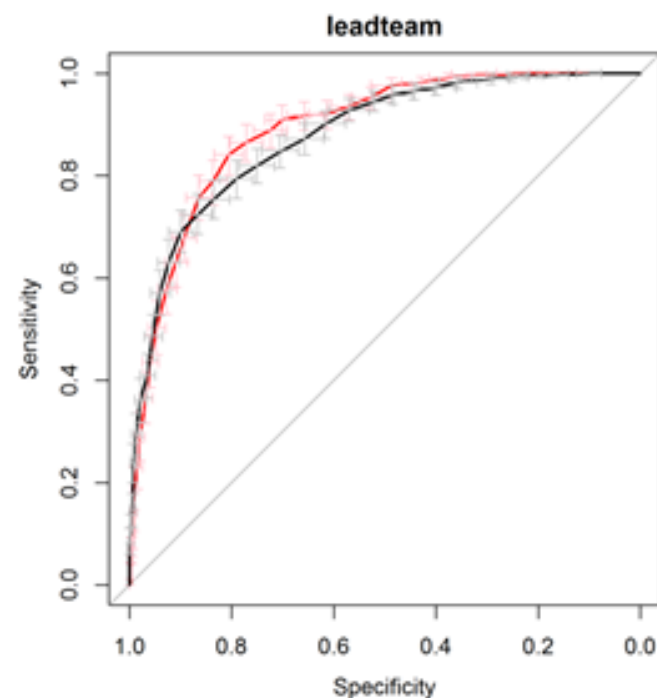
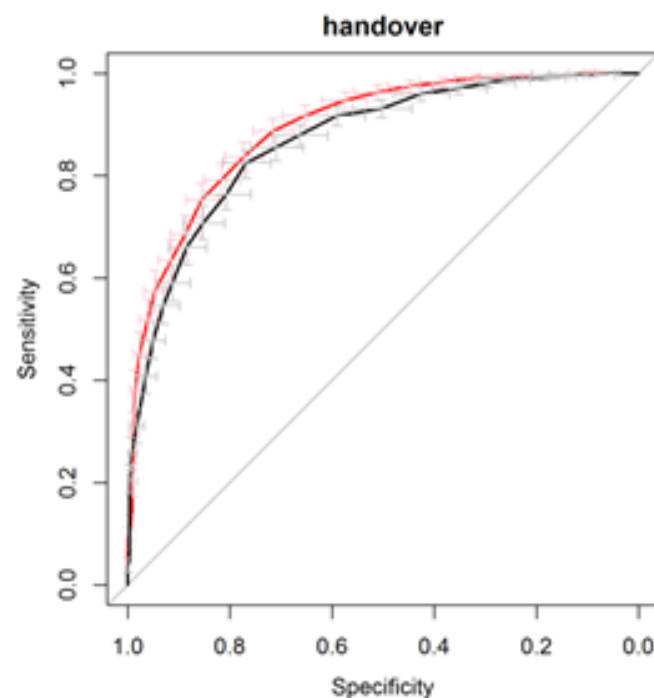
Relationship to Other Variables: Milestones

- Each EPA mapped to 6-9 competencies
- Mean milestone level for all competencies mapped to that EPA
 - Unweighted vs. weighted

Correlation of Level of Supervision with Mean Milestone Level

EPA	Period	Rho (95% CI)
Pubhealth	Fall	0.67(0.63 - 0.70)
	Spring	0.70(0.66 - 0.73)
Consultation	Fall	0.72(0.69 - 0.75)
	Spring	0.71(0.68 - 0.74)
Management	Fall	0.60(0.56 - 0.64)
	Spring	0.59(0.55 - 0.63)
Handover	Fall	0.71(0.68 - 0.75)
	Spring	0.67(0.63 - 0.71)
Leadteam	Fall	0.74(0.71 - 0.76)
	Spring	0.72(0.68 - 0.75)
Leadprof	Fall	0.68(0.64 - 0.71)
	Spring	0.68(0.64 - 0.71)

Predicting Entrustment



A	0.89(0.87 - 0.91)	0.89(0.87 - 0.91)	0.87(0.84 - 0.89)
B	0.87(0.85 - 0.89)	0.88(0.86 - 0.90)	0.86(0.83 - 0.88)



Consequences

- Determining the Minimum Level of Supervision Required for Graduating Fellows
 - Survey of Fellowship Program Directors



What is a “Consensus?”

- 10th percentile originally set as the minimum level
- Now using 20th percentile meaning 80% of FPDs believed a fellow must achieve that level or higher to graduate
- Data collection 4/4/2017 through 8/2/2017
- 47% indicated EPAs used in program

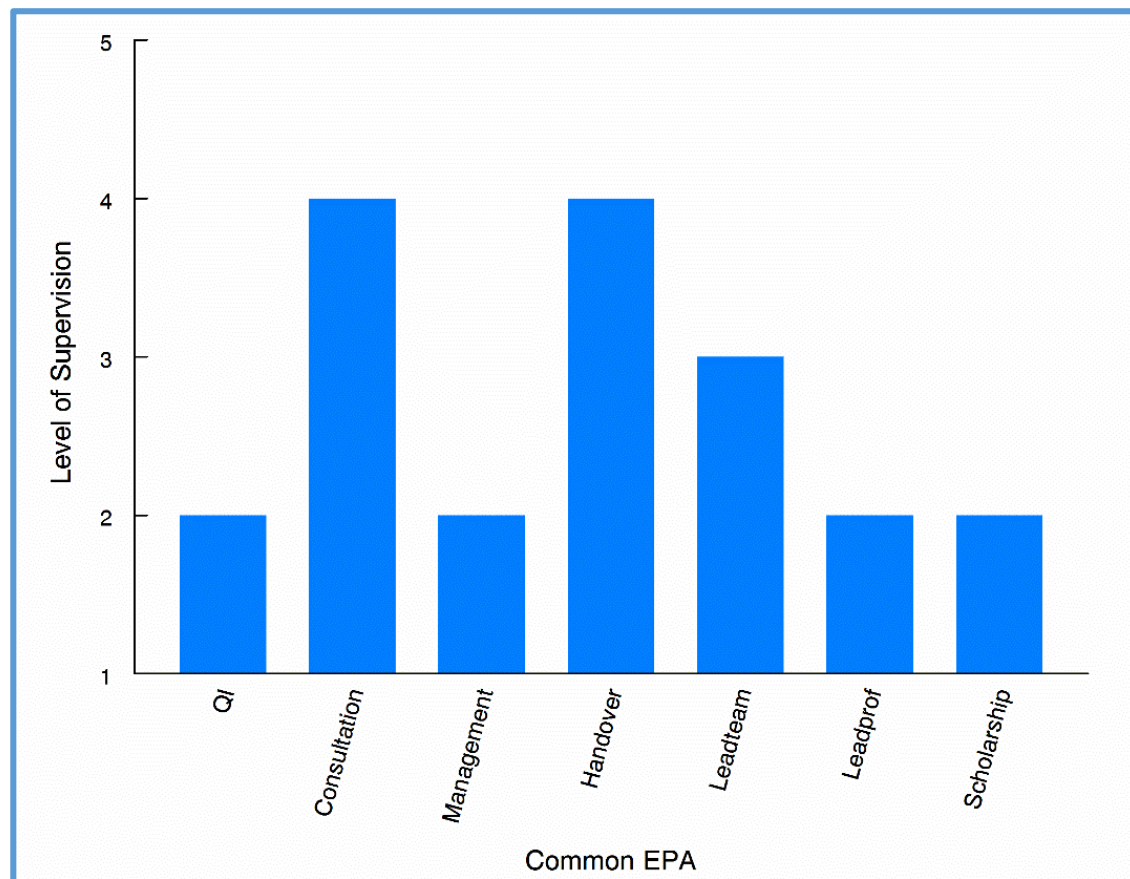
Response Rates

SUBSPECIALTY	NUMBER of FPDS	% of FPDS in SUBSPECIALTY
Adolescent Medicine	23	82.1%
Cardiology	47	79.7%
Child Abuse	24	82.8%
Critical Care	59	88.1%
Developmental & Behavioral	39	100%
Emergency Medicine	60	77.9%
Endocrinology	54	77.1%
Gastroenterology	54	87.1%
Hematology-Oncology	58	79.5%
Infectious Diseases	43	67.2%
Neonatology	80	80.8%
Nephrology	44	97.8%
Pulmonary	66	85.2%
Rheumatology	29	80.6%

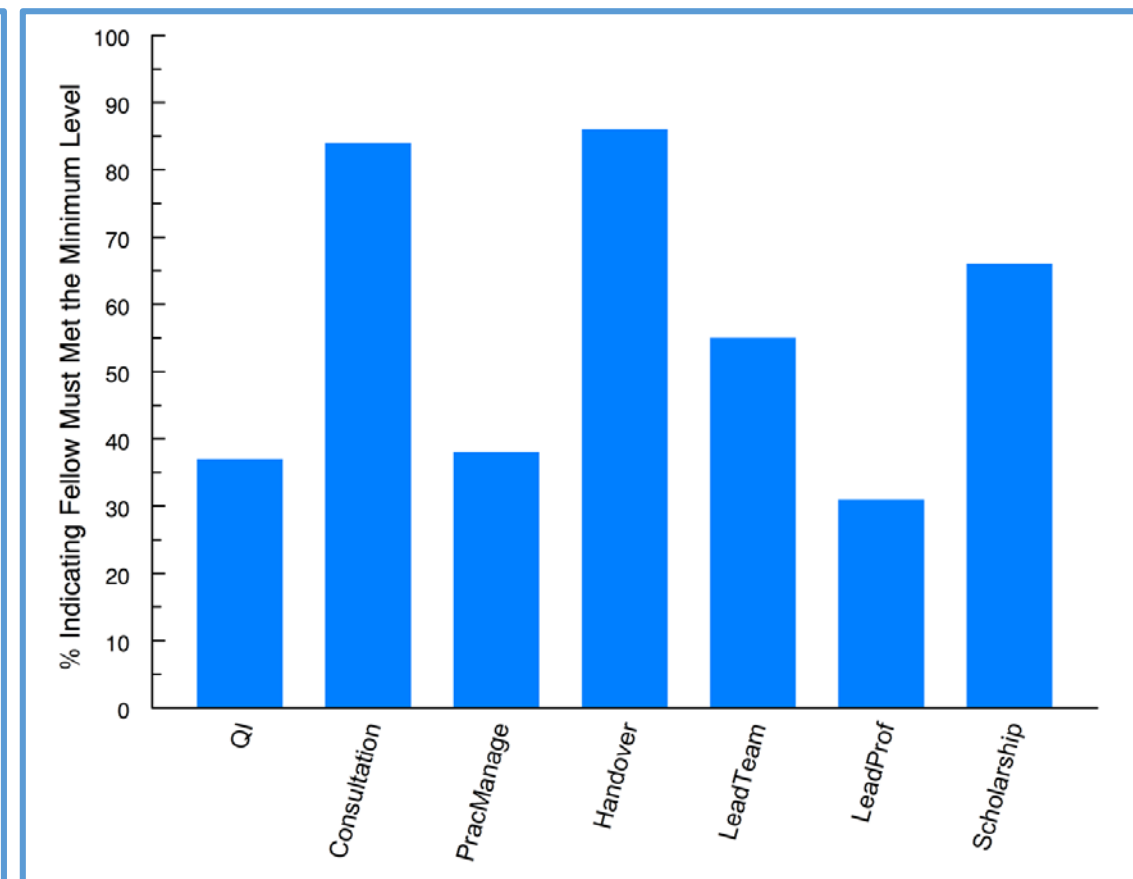


Minimum Level of Supervision at Graduation


EPA	QI	Consultation	Practice Management	Handover	Leadteam	Leadprof	Scholarship
Minimum Level at Graduation	2	4	2	4	3	2	2
Description	Trusted to contribute with direct supervision and coaching as a member of a collaborative effort to improve care at the institutional level	Trusted to execute with indirect supervision and may require discussion of information conveyed but only for selected complex cases	Trusted to perform with direct supervision and coaching with supervisor verifying work product for accuracy	Trusted to execute with indirect supervision with verification of information after the handover for selected complex cases	Trusted to lead with supervisor occasionally present to provide advice	Trusted to contribute to advocacy and public education activities for the subspecialty profession with direct supervision and coaching at the institutional level	Trusted to develop and conduct scholarly activities with direct oversight and frequent coaching



LOS for Graduation



Percent "NO"



Case Complexity in LOS for Subspecialty EPAs

1	Trusted to observe only
2	Trusted to provide care with direct supervision and coaching
3	Trusted to provide care with indirect supervision and discussion of case details for most simple and some complex cases
4	Trusted to provide care with indirect supervision but may require discussion of case details for a few complex cases
5	Trusted to provide care without supervision

Minimum LOS for Graduation in Subspecialty EPAs

SUBSPECIALTY	EPA #1	EPA #2	EPA #3	EPA #4	EPA #5	EPA #6
Adolescent	4	4	4	3		
Cardiology	3	2	3	3	3	3
Child Abuse	4	4	4			
Critical Care	4		3			
DBP			4	4	3	
EM	4	4	3	4		
Endocrine	3	3	4	4		
GI	3	3	3	3	3	
Heme-Onc	3	3	3		4	4
ID	4	3				
Neonatology		4	3	4	4	
Nephrology	4	4	3	3		
Pulmonary	3	3	3	3	3	
Rheumatology	4	4	3			

Peds ID Level of Supervision Scales

Management of healthy patients with pediatric infectious diseases

1	Trusted to observe only
2	Trusted to execute with direct supervision and coaching
3	Trusted to execute with indirect supervision and discussion of information conveyed for selected simple and complex cases
4	Trusted to execute with indirect supervision and may require discussion of information conveyed but only for selected complex cases
5	Trusted to execute independently without supervision

Management of patients with complex medical problems and a pediatric infectious diseases

1	Trusted to observe only
2	Trusted to execute with direct supervision and coaching
3	Trusted to execute with indirect supervision and discussion of information conveyed for selected simple and complex cases
4	Trusted to execute with indirect supervision and may require discussion of information conveyed but only for selected complex cases
5	Trusted to execute independently without supervision

Promoting Antimicrobial Stewardship Based on Microbiological Principles

1	Trusted to participate only
2	Trusted to lead with direct supervision and coaching
3	Trusted to lead with supervisor occasionally present to provide advice
4	Trusted to lead without supervisor present but requires coaching to improve member and team performance
5	Trusted to lead without supervision to improve member and team performance

Peds ID Level of Supervision Scales

<i>Prevention and containment of infection</i>	
1	Trusted to observe only
2	Trusted to contribute to advocacy and educational activities for the subspecialty profession with direct supervision and coaching at the institutional level
3	Trusted to contribute to advocacy and educational activities for the subspecialty profession with indirect supervision at the institutional level
4	Trusted to mentor others and lead advocacy and educational activities for the subspecialty profession at the institutional level
5	Trusted to lead advocacy and educational activities for the subspecialty profession at the regional and/or national level

<i>Management and prevention of infections associated with medical/surgical devices, surgery and trauma</i>	
1	Trusted to observe only
2	Trusted to contribute with direct supervision and coaching as a member of a collaborative effort to improve care at the patient and institutional levels
3	Trusted to contribute without direct coaching as a member of a collaborative effort to improve care at the patient and institutional levels
4	Trusted to lead collaborative efforts to improve care for populations and improve systems at the institutional level
5	Trusted to lead collaborative efforts to improve care at the level of populations and systems at the regional and/or national level

Subspecialty EPAs: Percent “No”

SUBSPECIALTY	EPA #1	EPA #2	EPA #3	EPA #4	EPA #5	EPA #6
Adolescent	91	87	91	65		
Cardiology	87	72	85	77	85	81
Child Abuse	88	92	96			
Critical Care	92		76			
DBP			92	90	92	
EM	88	82	83	87		
Endocrine	78	96	98	96		
GI	87	83	89	82	87	
Heme-Onc	90	74	66		78	62
ID	93	91				
Neonatology		89	80	91	88	
Nephrology	89	91	89	89		
Pulmonary	91	91	83	91	94	
Rheumatology	93	93	79			



Longitudinal Evaluation of the Required Level of Supervision for Pediatric Fellows

Primary objective

- Obtain validity evidence for the subspecialty-specific and scholarship EPAs scales
- Performance data over 3 years
- Study initiated Fall 2018
- MOC part 4 Credit
- Still enrolling programs



Study Participation

Assessment Type	Fall 2018	Spring 2019
CCC	1699	1615
FPD	1666	1674
Fellow	1063	918
CCC Case Complexity	300	289
Fellows also in GP EPA study	?	X

Subspecialty Participation

SUBSPECIALTY	FALL 2018			Spring 2019		
	ACGME PROGRAMS (August 2018)	Submitted Data	%	ACGME PROGRAMS (June 2019)	Submitted Data	%
Adolescent	29	11	37.9	29	11	37.9
Cardiology	60	19	31.7	60	19	31.7
Child Abuse	31	16	51.6	31	14	45.2
Critical Care	67	26	38.8	67	28	41.8
DBP	41	22	53.7	41	19	46.3
EM	78	25	32.1	78	28	35.9
Endocrinology	72	20	27.8	72	19	26.4
GI	64	25	39.1	63	22	34.9
Hematology-Onc	74	23	31.1	74	23	31.1
ID	65	27	41.5	65	26	40.0
Neonatology	100	43	43.0	100	42	42.0
Nephrology	44	14	31.8	44	12	27.3
Pulmonary	54	18	33.3	54	20	37.0
Rheumatology	36	15	41.7	35	14	40.0
TOTAL	815	304	37.3	813	297	36.5



Proposed Implementation Study

- Primary Objective
 - To identify the facilitators and barriers to using EPAs to assess pediatric fellows
- Mixed methods
- Structured interviews late fall/early winter
 - EPA users and non-users
 - Representatives from all subspecialties
- Survey of all FPDs fall 2020

Where we are now

- Consistent level of supervision scales created for all common and subspecialty EPAs
- A substantial amount of validity evidence obtained
- Defining simple/complex case in each subspecialty
- Programs are using EPAs without incentive
- Starting to evaluate use for formative assessment



What we don't know

- How many programs are using EPAs and how are they are using them?
- Do programs find them more valuable to assess fellows compared with milestones?
- How do they determine their ratings?
- How many fellows are meeting the minimum levels for the subspecialty EPAs?
- Are the fellows not meeting the required levels graduating?

Acknowledgements

- American Board of Pediatric Foundation
- Alma Ramirez, BS
- Mazia Hazara (Marzia.hazara@labiomed.org)



Fellows' Day/ Happy Hour Feedback



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Vaccine Handbook

- 8th edition released in 2016 and updated
- Download from itunes for iOS for **FREE!!**



The Vaccine Handbook App 17+

Gary S. Marshall, MD

[Eye of the Tiger Technologies](#)

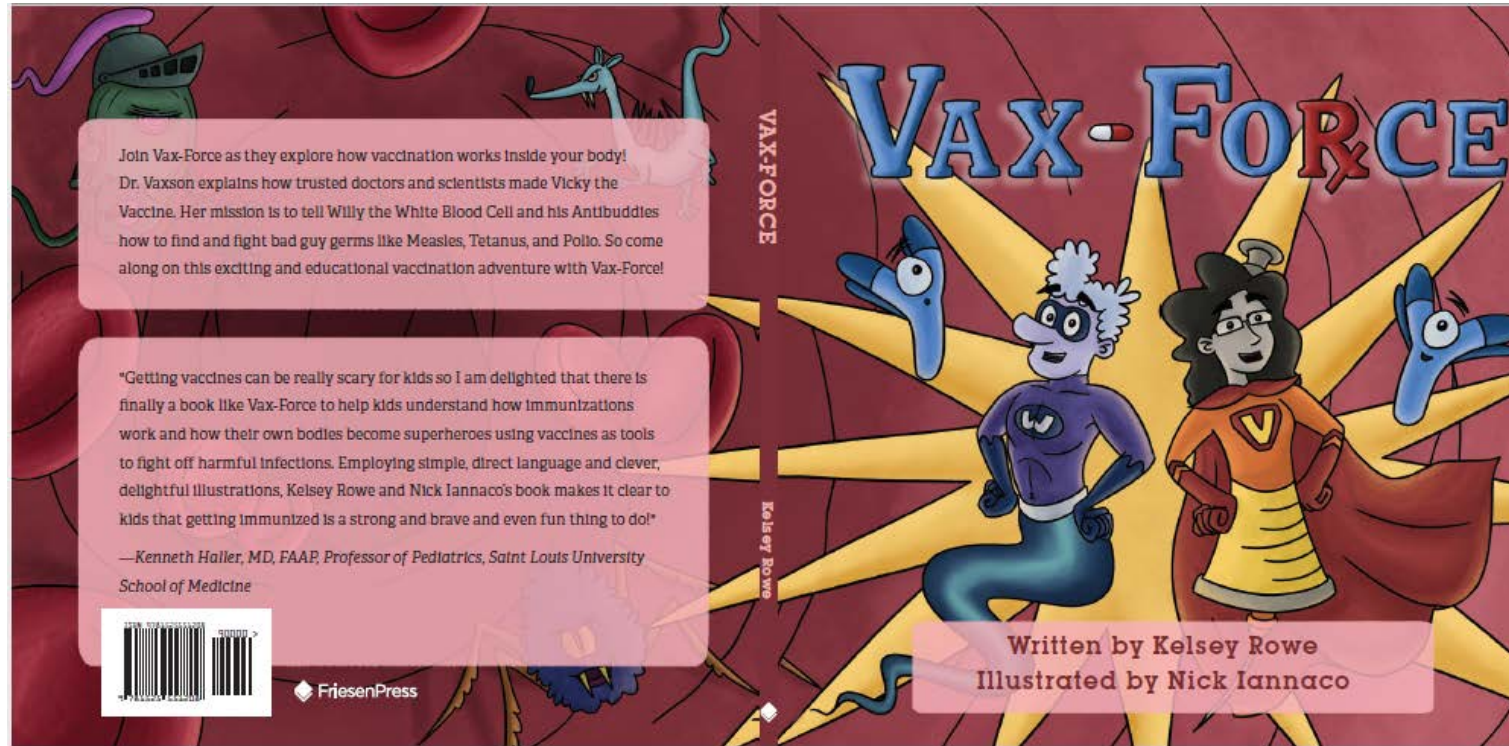
★★★★★ 4.6, 22 Ratings

Free



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New Vaccine Book



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SHEA Primer on Epi, IC, & ASP

Available Now!

[The Primer on Healthcare Epidemiology, Infection Control & Antimicrobial Stewardship](#) is an online training course for Infectious Disease students and trainees as well as other physicians and healthcare practitioners interested in increasing and solidifying their understanding of healthcare epidemiology, infection control & antimicrobial stewardship. This course meets the requirements for infectious disease fellows for coursework in healthcare epidemiology & infection prevention as outlined by the American Board for Internal Medicine (ABIM). Ideal for remote learning, the modules were designed using state-of-the-art online learning tools based on expert knowledge from leading specialists in healthcare epidemiology.



The course is comprised of 13 online modules using interactive, engaging case-based scenarios on the following topics:

- Pathogen transmission: Diarrheal illness, airborne infections, respiratory viral illness
- Implementing antimicrobial stewardship
- Outbreak management in the healthcare setting
- Approach to control of bioterrorism agents
- Advanced occupational health management
- Prevention and management of multidrug-resistant organisms including MRSA, CRE, VRE, ESBL, *C. difficile*
- Device Associated Infection: CLABSI, CAUTI, and VAP
- Surgical site infections: Impact, frequency, risk factors

Accreditation Statement: The Society for Healthcare Epidemiology of America (SHEA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Physicians: The Society for Healthcare Epidemiology of America designates this live activity for a maximum of 4.75 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Fellows/Allied Professionals Member: \$149

Fellows/Allied Professionals Non-Member: \$199

Physician Member: \$349

Physician Non-Member: \$399

Visit SHEA's Online Education Center, [LearningCE](#), to take this course.

Updates

- Fellowship Survival guide
 - <http://www.pids.org/education-and-training/resources-for-fellows/fellows-survival-guide.html>
- TPC Webpage
- FPD Handbook is available!
 - Direct link: https://www.appd.org/home/pdf/APPD_FPD_handbook_2018.pdf
 - Website: <https://www.appd.org/home/fd.cfm>



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EPAs, Milestones, & Evaluations

- EPAs as evaluation tools
- Milestone reporting
- New Evaluation Development



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Curriculum/ACGME Requirements

- New ACGME Requirements
 - ASP, Infection Control, Microbiology
- Fellowship tracks
- Curriculum development & sharing



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Recruitment/URM

- General recruitment methods
 - UME & GME
- Specific URM recruitment methods
- What efforts should PIDS be doing?



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Dual Training Programs

- Approaches programs have used
- Increasing applicants for dual pathways
 - Med/Peds ID
 - PICU/ID, ED/ID, NICU/ID, etc.
- Match implications



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2019 IDSA Leadership Institute

May 6th to May 8th, 2019

Ritz-Carlton, Pentagon City

Leadership Institute Attendees

Thirty attendees from across the United States (29) and Malawi (1).





Dr. Dev Anderson

Duke Center for Antimicrobial Stewardship and Infection Prevention



Dr. Cesar Arias

University of Texas Health Science Center at Houston



Dr. Mariam Aziz

Rush University Medical Center



Dr. Allison Bartlett

University of Chicago Medicine



Dr. Ingrid Bassett

Massachusetts General Hospital



Dr. Michelle Cespedes

Icahn School of Medicine at Mount Sinai



Dr. Mahalia Desruisseaux

Yale University School of Medicine



Dr. Nada Fadul

University of Nebraska Medical Center



Dr. Pui-Ying Iroh Tam

Malawi-Liverpool Wellcome Trust Clinical Research Programme



Dr. Sameer Kadri

Critical Care Medicine Department, National Institutes of Health Clinical Center



Dr. Nina Kim

University of Washington



Dr. Anu Malani

St. Joseph Mercy Health System



Prof. Yuka Manabe

Johns Hopkins University School of Medicine



Dr. Trini Mathew

Beaumont Hospital, Royal Oak



Dr. Mehri McKellar

Duke University



Dr. Sapna Morris

USPHS / CDC



Dr. Obi Nnedu

Ochsner Clinic Foundation



Dr. Sameer Patel

Ann & Robert H. Lurie Children's Hospital of Chicago



Dr. Jen Philips

Washington University School of Medicine in St. Louis



Dr. Jen Pisano

UChicago Medicine



Dr. Shannon Ross

The University of Alabama at Birmingham



Dr. Nadine Rouphael

Emory University



Dr. Matt Schinabeck

ID Consultants, Inc



Dr. Charurut Somboonwit

USF Health



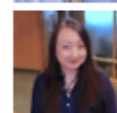
Dr. Jeanne Triant

Massachusetts General Hospital



Dr. Trevor Van Schooneveld

University of Nebraska Medical Center



Dr. Jennifer Wang

University of Massachusetts Medical School



Dr. Sharon Weissman

University of South Carolina



Dr. David Wheeler

Infectious Diseases Physicians



Dr. Laila Woc-Colburn

Baylor College of Medicine

Attendee Profile

Professional Activity	LI	IDSA*
Basic Research	13.33%	4.24%
Patient Care	40.00%	58.38%
Teaching/Education	10.00%	8.79%
Clinical Research	23.33%	10.10%
Other or no response	13.34%	17.00%

Professional Affiliation	LI	IDSA*
Hospital/Clinic	20.00%	31.60%
University/Medical School	63.33%	44.60%
Other or no response	6.67%	8.60%
Private/Group Practice	10.00%	9.70%

Gender Identity	LI	IDSA*
Male	30.00%	50.00%
Female	70.00%	38.00%

Ethnicity	LI	IDSA*
Hispanic or Latinx	13.33%	6.00%
Not Hispanic or Latinx	86.67%	94.00%

Professional Activity	LI	IDSA*
White	46.67%	52.00%
Asian	40.00%	16.00%
Black or African American	13.33%	3.00%

*May not sum to 100%. Only fields selected by **Leadership Institute** participants reported.

Learning Objectives

Assessed via pre-assessment, post-assessment, and 360-degree skills inventory.

Monday, May 6th

Theme: *Personal Leadership*

Description

The IDSA Leadership Institute is a leadership training program designed exclusively for mid-career, infectious diseases and HIV specialists. The program begins with a 2.5-day intensive investigation into the skills and practices of effective leaders. Following the live training, participants are expected to build on their shared experience by contributing to a remote-learning community.

Intended Audience

This CME activity is intended for infectious diseases and HIV physicians, academicians, and internal medicine physicians.

Learning Objectives

At the conclusion of this event, participants will be able to:

1. Recall and apply strategies for participating in effective learning communities.
2. Construct a plan to achieve long-term career goals.
3. Construct a project plan to meet an urgent challenge in their place of work.
4. Examine the skills and practices of effective leaders in medical and nonmedical contexts.
5. Develop fundamental medical and nonmedical business management skills.
6. Create ongoing mentoring relationships to support career development.
7. Increase self-awareness by recognizing and regulating their emotions.
8. Evaluate their personal leadership style.
9. Enhance their cultural competency.
10. Enhance their emotional intelligence.
11. Acquire the skills and language to promote and advocate for the work of infectious diseases specialists in local, regional, and national contexts.

Agenda – Monday, May 6th 2019

Time	Session	Speakers/Faculty	Room
7:00 to 7:30	Breakfast		Salon I
7:30 to 7:45	Welcome	Chris Busky, CAE Cynthia Sears, MD	Salon I
7:45 to 8:45	Orientation	Vicky Fraser, MD Ravi Jhaveri, MD	Plaza C
8:45 to 9:45	Personal Leadership Investigation	Vicky Fraser, MD Ravi Jhaveri, MD	Plaza C
9:45 to 10:00	Break		
10:00 to 12:00	Leadership Skills Inventory	Vicky Fraser, MD Ravi Jhaveri, MD	Plaza C
12:00 to 12:45	Lunch		Salon I
12:45 to 2:15	Emotional Intelligence: The Secret Sauce and Achilles Heel of Leadership	Stephanie Fischer, MBA	Ambassador
	Performance Management	Julie Gerberding, MD, MPH	Plaza C
2:15 to 2:30	Break		
2:30 to 4:00	Emotional Intelligence: The Secret Sauce and Achilles Heel of Leadership	Stephanie Fischer, MBA	Ambassador
	Performance Management	Julie Gerberding, MD, MPH	Plaza C
4:00 to 4:15	Break		
4:15 to 6:15	Career Development Workshop	Successful Culture International	Plaza C
6:15 to 7:00	Dinner		Diplomat
7:00 to 8:00	Leadership Path Panel	Moderators: Vicky Fraser, MD Ravi Jhaveri, MD	Diplomat

Tuesday, May 7th

Theme: *Team Leadership*

Wednesday, May 8th

Theme: *Accountability*

Agenda – Tuesday, May 7th 2019

Time	Session	Speakers/Faculty	Room
7:00 to 7:30	Breakfast		Salon I
7:30 to 8:30	Selecting Your Personal-Best Leadership Project	Vicky Fraser, MD Ravi Jhaveri, MD	Plaza C
8:30 to 10:00	Making Change: How to Hit Home Runs	Joshua Hartzell, MD	Plaza C
10:00 to 10:15	Break		
10:15 to 11:45	Negotiation Skills	Russell Petrak, MD	Plaza A
	Conflict Resolution	Michael Buckley, MD	Plaza B
	Strategic Visioning	Bridgette Theurer	Plaza C
11:45 to 12:30	Lunch		Salon I
12:30 to 2:00	Negotiation Skills	Russell Petrak, MD	Plaza A
	Conflict Resolution	Michael Buckley, MD	Plaza B
	Strategic Visioning	Bridgette Theurer	Plaza C
2:00 to 2:15	Break		
2:15 to 3:45	Negotiation Skills	Russell Petrak, MD	Plaza A
	Conflict Resolution	Michael Buckley, MD	Plaza B
	Strategic Visioning	Bridgette Theurer	Plaza C
3:45 to 4:00	Break		
4:00 to 6:00	Personal-Best Leadership Project Workshop	Successful Culture International	Plaza C
6:00 to 6:45	Dinner		Diplomat
6:45 to 7:45	Wellness Learning Communities	Vicky Fraser, MD Ravi Jhaveri, MD	Salon I

Agenda – Wednesday, May 8th 2019

Time	Session	Speakers/Faculty	Room
7:00 to 7:30	Breakfast		Salon I
7:30 to 8:30	Medical Finance Essentials	Charles Woods, MD, MS	Plaza C
8:30 to 9:30	Medical Finance Learning Communities	Charles Woods, MD, MS	Plaza A
		Vicky Fraser, MD	Plaza B
		Ravi Jhaveri, MD	Plaza C
9:30 to 9:45	Break		
9:45 to 11:00	Making the Business Case for Infection Control	Waleed Javaid, MD	Plaza A
	Communicating Your Value and Success	Michael Buckley, MD	Plaza B
11:00 to 11:15	Break		
11:15 to 12:30	Making the Business Case for Infection Control	Waleed Javaid, MD	Plaza A
	Communicating Your Value and Success	Michael Buckley, MD	Plaza B
12:30 to 1:15	Lunch		Salon I
1:15 to 2:15	What Comes Next?	Successful Culture International	Salon I
2:15 to 4:00	Program Debriefing	Successful Culture International	Salon I

Continued Engagement

2019 Distance Learning Schedule		
Date	Type	Topic
Choose One Tuesday, August 6 th	Webinar	Using Your Leadership Practices Inventory (LPI) 360
Choose One Thursday, August 8 th	Webinar	Using Your Leadership Practices Inventory (LPI) 360
Monday, September 23 rd	Book Club	<i>Grit: The Power of Passion and Perseverance</i> by Angela Duckworth
Tuesday, October 1 st	Special Event	President's Reception at IDWeek
Wednesday, October 2 nd	Special Event	Working Breakfast Action Planning for Career Growth
Friday, October 4 th	Special Event	Leadership Reception
Tuesday, November 5 th	Webinar	<i>Tentative:</i> Employee Management and Difficult Conversations
Choose One Tuesday, December 3 rd	Discussion Group	Project Progress Report
Choose One Thursday, December 5 th	Discussion Group	Project Progress Report

Continued Engagement

2020 Distance Learning Schedule		
Date	Type	Topic
January 2020 <i>Date TBA</i>	Book Club	<i>The Five Dysfunctions of a Team</i> by Patrick Lencioni
Tuesday, February 4 th	Webinar	<i>Tentative: Project Management Methodologies I</i>
Tuesday, March 3 rd	Webinar	<i>Tentative: Project Management Methodologies II</i>
Tuesday, April 7 th	Book Club	<i>To be determined</i>
Choose One Tuesday, May 12 th	Discussion Group	Final Project Report
Choose One Thursday, May 14 th	Discussion Group	Final Project Report

2020 IDSA Leadership Institute

2020 Leadership Institute Application

Application Open: Monday, September 8th

Application Close: Friday, November 8th

Leadership Institute Live Training

Kaiser Permanente Center® for Total Health

Monday, May 4th to Wednesday, May 6th, 2020

Washington, D.C.

