

PIDS PD Meeting

2017 ID Week Meeting, San Diego, California



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Agenda

- Introductions:
 - Chair
 - PD's
 - PTC members
- Quick survey of PD's
- 2017 ERAS data
- Review data from EPA study/New longitudinal study
- New ASP fellowship-Kevin Hsue
- Review of fellows' day/happy hour
- MOC Part II
- New issues/goals for next year



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MOC Part II at ID Week

- Available for first time this year
- Thanks to IDSA for negotiation with ABP
- Earn 8 points for 4 session
 - 13 available
 - All interactive sessions
- ABP more restrictive than ABIM



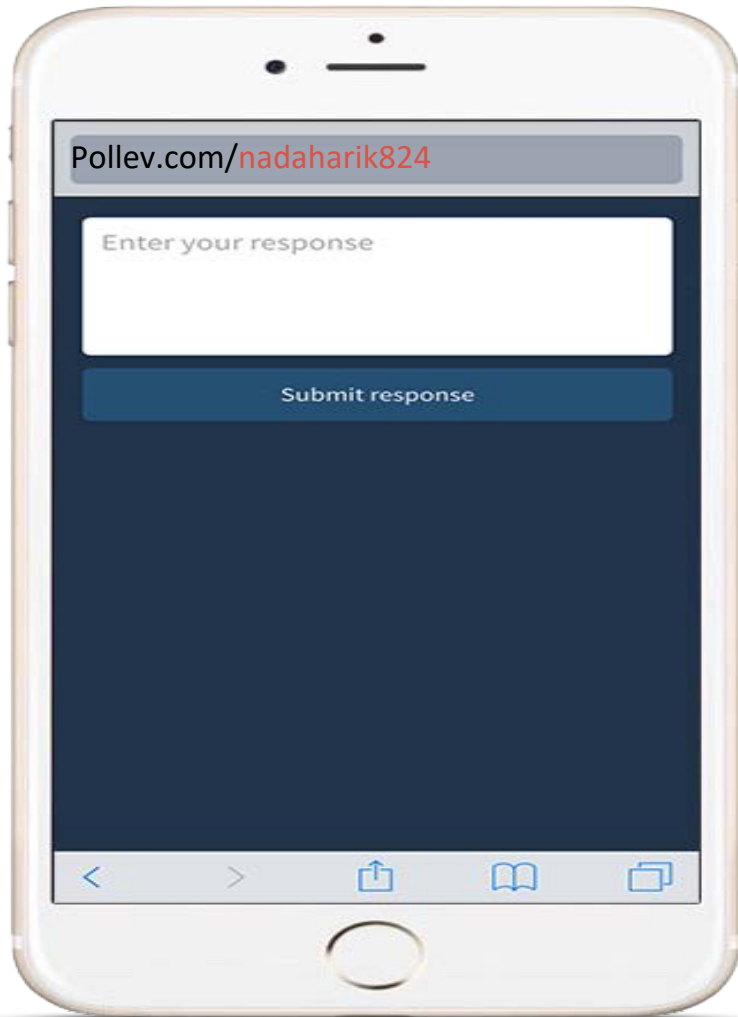
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Quick PD Survey

- What % FTE time do you have to run your fellowship program? <10%, 10-19%, 20-29%, ≥30%
- How many fellows did you fill in your program **before** the 2016 match? 0, 1, 2, 3, >3
- How many fellows did you fill in your program **through** the 2016 match? 0, 1, 2, 3, >3
- How many **NEW** fellows started in your program in 2017? 0, 1, 2, 3, >3



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Web voting

**We will be using
PollEverywhere to
complete a survey**

Please go to
**pollev.com/nadahar
ik824**
on your smartphone/laptop web
browser now

**NRMP MATCH DATA FOR PEDIATRIC SUBSPECIALTIES:
2016 & 2017 MATCH APPOINTMENTS**

Applicants and % Unfilled Programs by Subspecialty: 2016 Appointments

Subspecialty	# Applicants		Positions Offered	# Programs	% Filled		# Unfilled Prgms	% Prgms Unfilled
	US Grads	All Applicts			US Grads	All Apps		
Pediatric Nephrology	10	23	58	39	17.2	36.2	31	79
Pediatric Pulmonology	19	33	61	43	29.5	49.2	28	65
Pediatric Infectious Diseases	21	34	66	51	31.8	45.5	30	59
Pediatric Rheumatology	13	27	40	30	30	55	16	53
Child Abuse	13	15	20	19	60	65	7	37
Pediatric Endocrinology	43	75	85	57	49.4	76.5	17	30
Developmental and Behavioral Pediatrics	18	38	41	33	34.1	73.2	10	30
Adolescent Medicine	22	31	36	25	55.6	77.8	7	28
Pediatric Hospital Medicine	26	37	30	24	63.3	90	3	16
Pediatric Hematology/Oncology	94	181	162	65	54.3	94.4	7	11
Pediatric Critical Care Medicine	136	206	168	62	70.2	95.2	5	8
Pediatric Gastroenterology	64	117	85	51	64.7	96.5	3	6
Pediatric Cardiology	112	181	141	57	68.1	97.2	3	5
Neonatal-Perinatal Medicine	166	295	242	92	59.9	98.3	4	4
Pediatric Emergency Medicine	126	201	162	73	64.2	98.1	3	4

Applicants and % Unfilled Programs by Subspecialty 2017 Appointments

Subspecialty	# Applicants		Positions Offered	# Programs	% Filled		# Unfilled Programs	% Prgms Unfilled
	US Grads	All Applicts			US Grads	All Apps		
Pediatric Nephrology	18	33	59	36	30.5	54.2	20	56
Child Abuse	12	14	26	25	38.5	46.2	13	52
Pediatric Endocrinology	35	61	88	59	39.8	68.2	25	42
Pediatric Infectious Diseases	30	52	77	53	36.4	62.3	22	42
Pediatric Pulmonology	23	52	67	46	31.3	70.1	19	41
Developmental and Behavioral Pediatrics	21	32	44	34	47.7	70.5	12	35
Pediatric Rheumatology	20	31	40	31	50.0	72.5	9	29
Adolescent Medicine	21	30	32	21	62.5	81.3	5	24
Pediatric Hospital Medicine	39	46	44	33	75.0	86.4	6	18
Neonatal-Perinatal Medicine	142	248	254	94	53.5	92.1	16	17
Pediatric Critical Care Medicine	125	188	187	63	63.1	95.7	6	9.5
Pediatric Gastroenterology	53	102	92	54	55.4	93.5	5	9.3
Pediatric Hematology/Oncology	120	188	166	68	68.1	98.2	3	4.4
Pediatric Emergency Medicine	135	214	180	75	66.1	98.3	3	4
Pediatric Cardiology	114	165	142	56	75.4	97.9	2	3.6



**ERAS DATA FOR PEDIATRIC INFECTIOUS DISEASES:
2013 - 2017**

2017 ERAS Data

Overview										
	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017
Total	61	0	46	62	61	13.7	0.0	8.9	14.7	17.3
UMGs	41	0	28	43	39	5.8	0.0	4.5	7.6	7.6
IMGs	20	0	18	19	22	8.0	0.0	4.8	7.1	9.7
By Medical School Type										
	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017
U.S. Public School	23	0	19	19	23	3.9	0.0	3.3	3.6	4.5
U.S. Private School	16	0	6	21	12	2.4	0.0	1.6	4.2	2.5
Osteopathic School	2	0	3	3	4	1.0	0.0	1.0	1.1	1.7
Canadian School	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
International School	20	0	18	19	22	8.0	0.0	4.8	7.1	9.7
By Sex										
	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017
Male	24	0	17	20	32	6.5	0.0	3.2	4.2	9.1
Female	37	0	29	42	29	7.2	0.0	6.0	10.6	8.3
No Answer	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0



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2017 ERAS Data

By Self-Identified Race/Ethnicity

	Number of Applicants					Average Number of Applications per APPLICANT				
	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017
White	35	0	22	36	36	5.4	0.0	2.9	6.1	8.6
Black or African American	1	0	0	0	2	1.0	0.0	0.0	0.0	1.0
Asian	4	0	9	5	4	1.7	0.0	2.7	2.2	1.7
Native Hawaiian or Other Pacific Islander	0	0	0	0	1	0.0	0.0	0.0	0.0	1.0
American Indian or Alaska Native	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Hispanic, Latino, or of Spanish Origin	5	0	2	3	4	1.9	0.0	1.2	1.6	1.7
Other	2	0	1	1	0	1.0	0.0	1.0	1.0	0.0
No Answer	4	0	0	5	3	1.0	0.0	0.0	0.0	0.0



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Survey study about level of supervision for the Entrustable Professional Activities (EPA)

Angela Myers MD, MPH

Kammy McGann MD

Rich Mink MD

Alan Schwartz PhD



Program Response Rates

Subspecialty	# of programs responded 8/3/2017	total number of programs	%
Adolescent	23	28	82.1
Cardiology	47	59	79.7
Child Abuse	24	29	82.8
Critical Care	59	67	88.1
Developmental-Behavioral	39	39	100.0
Emergency Medicine	60	77	77.9
Endocrinology	54	70	77.1
Gastroenterology	54	62	87.1
Hematology-Oncology	58	73	79.5
Infectious Diseases	43	64	67.2
Neonatology	80	99	80.8
Nephrology	44	45	97.8
Pulmonology	46	54	85.2
Rheumatology	29	36	80.6
TOTAL	660	802	82.3

ID Entrustable Professional Activities (EPAs)

1. Management of healthy patients with pediatric infectious diseases
2. Management of pediatric patients with complex medical problems and a proven or suspected infectious disease
3. Promoting antimicrobial stewardship based on microbiological principles
4. Prevention and containment of infection
5. Management and prevention of infections associated with medical/surgical devices, surgery and trauma

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

***Same scale for patients with complex medical problems**

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

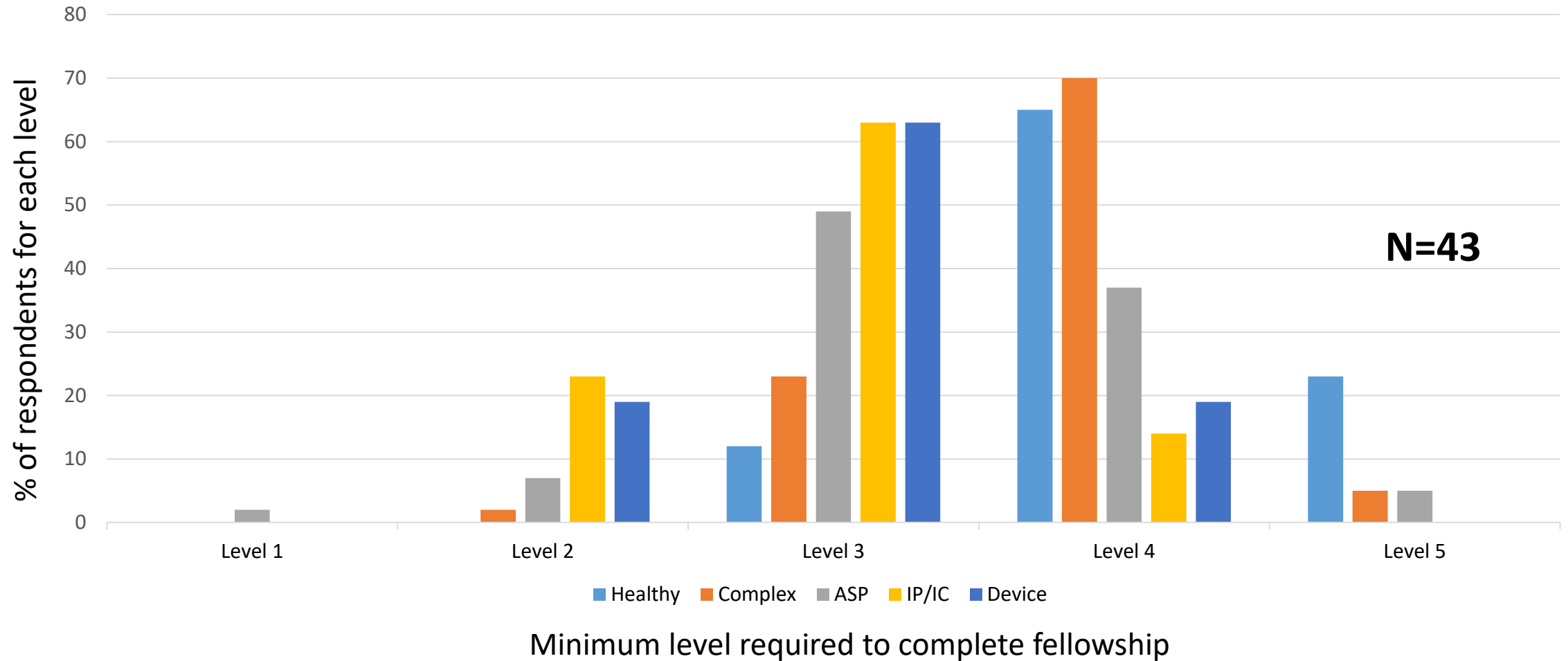
<i>Prevention and containment of infection</i>	
1	Trusted to observe only
2	Trusted to contribute to advocacy and educational activities for the subspecialty profession with direct supervision and coaching at the institutional level
3	Trusted to contribute to advocacy and educational activities for the 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

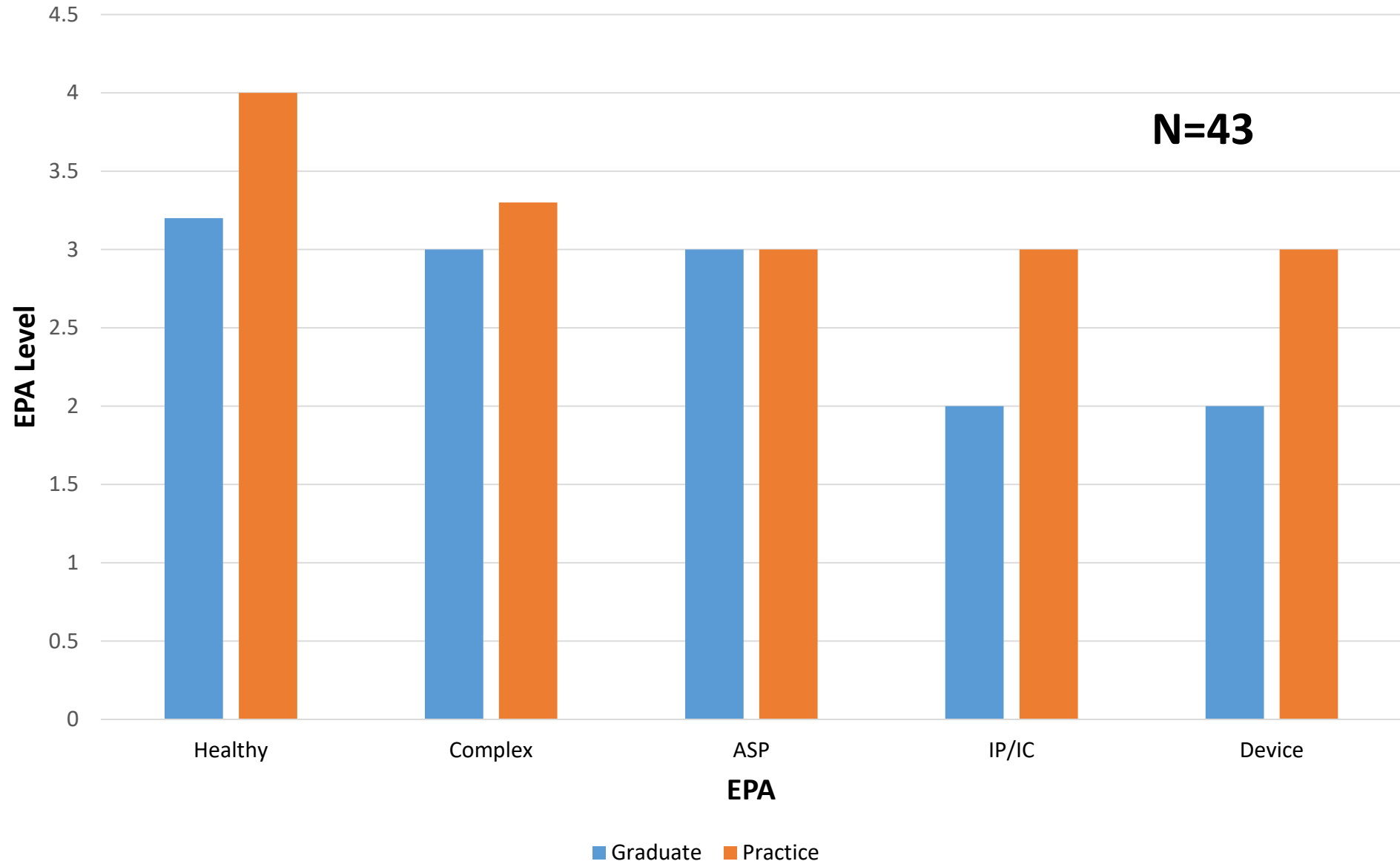
Results

- Duration as PD
 - Median 4.5 years (IQR 1.65, 9.5 yrs)

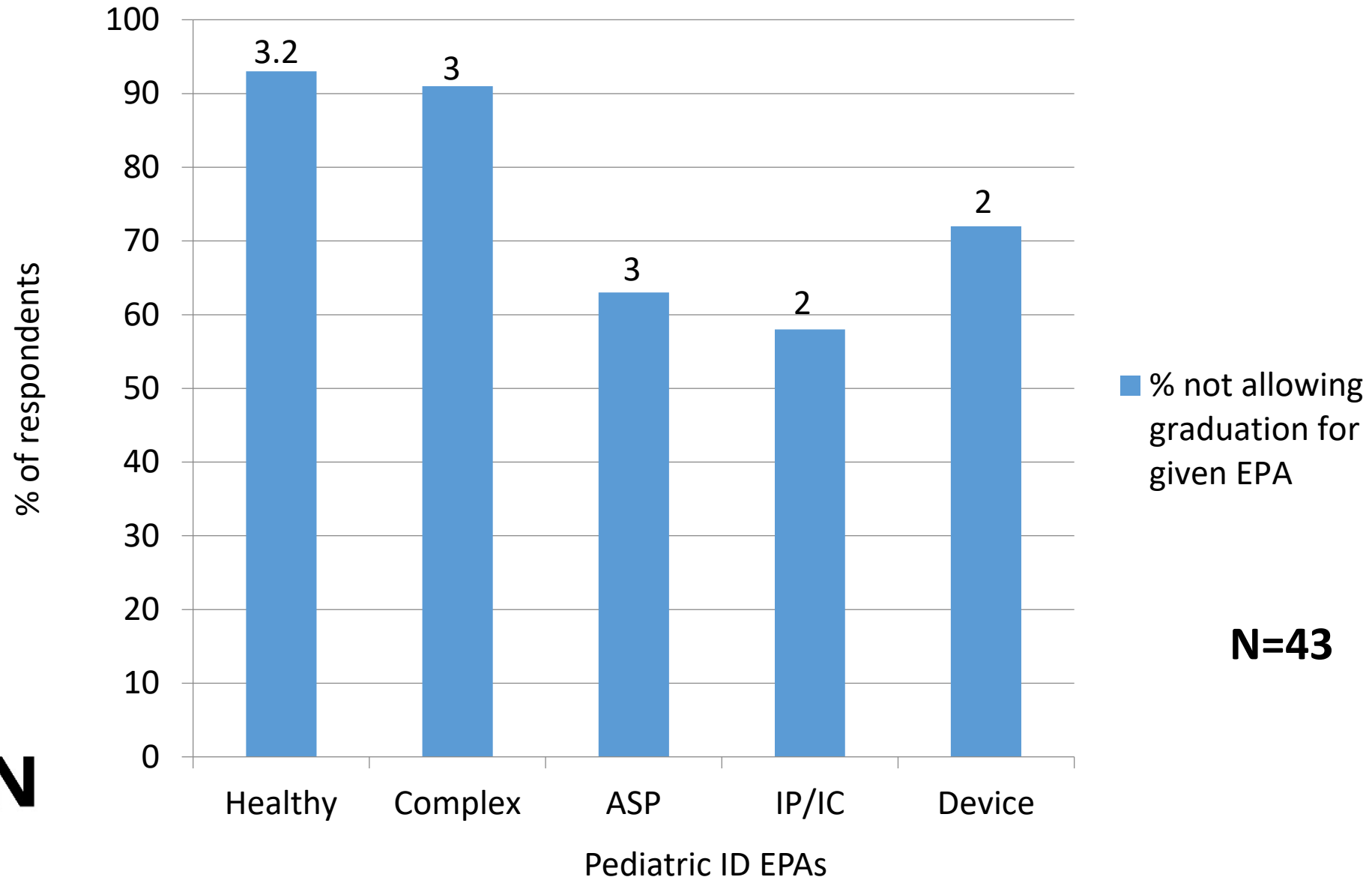
Minimum EPA Level to Complete Fellowship



Required EPA Level to Graduate Fellowship and Practice Independently (Response at 90th %ile)



Relative Importance of Each EPA in Determining Graduation



Level of Supervision Scales

****Management of healthy patients with pediatric infectious diseases***

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Level of Supervision Scales

<i>Prevention and containment of infection</i>	
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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>	
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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

EPA Studies: Past, Present, & Future

1. ***Cross-sectional study on level of supervision*** for 6 of the 7 common subspecialty EPAs for pediatric subspecialty fellows, as well as validity evidence for the supervision scales
2. ***Opinion*** of fellowship program directors ***regarding the minimum level*** of supervision expected of a fellow at the time of graduation for all EPAs (common and subspecialty-specific), as well as the relative importance of the EPA in making graduation decisions
3. ***Evaluate fellow level of supervision*** as determined by the CCC ***longitudinally*** as well as provide validity evidence for the subspecialty-specific and scholarship EPA level of supervision scales; also examine the concordance between CCC ranking and fellow self-determination of level of supervision



Study #3 Longitudinal EPA Study

- At least 20% of programs in each subspecialty
- Site PI identified, IRB approval obtained at each site
- Study start: Nov 2018-Jan 2019=1st data collection period
- 6 total data collection periods
 - every 6 months with CCC ending May-July 2021
- Include common and subspecialty specific EPAs (12 EPAs)
- PD will determine level for Scholarship EPA



Longitudinal EPA Study

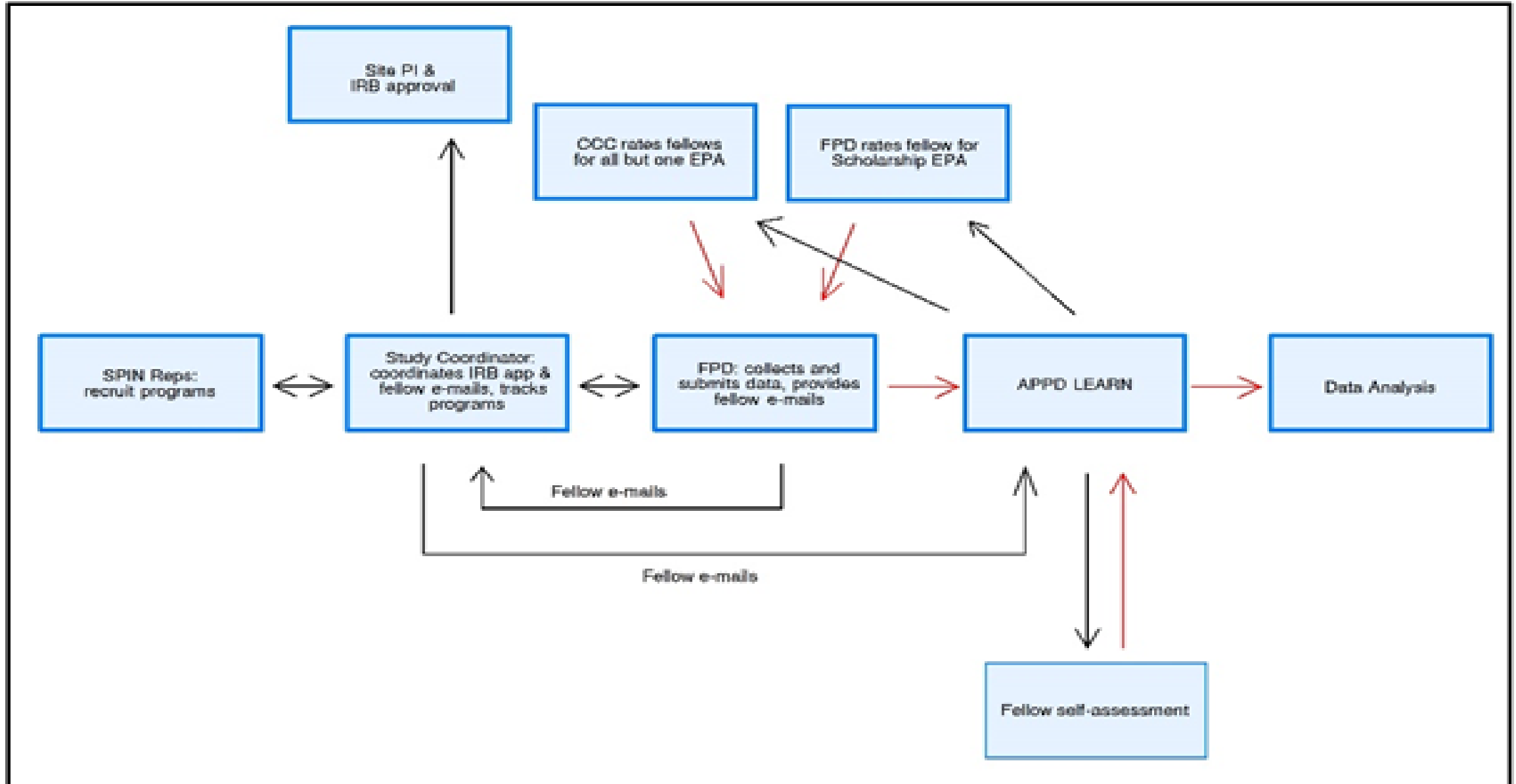


Figure 3. Flow chart of the study. Black lines indicate command and control structure while red lines indicate data flow.

The Antimicrobial Stewardship and Resistance Innovation Fellowship

A CDC-sponsored IDSA/SHEA/PIDS Pilot Program

- 2018-2019 Academic Year
- 1 Year Funded Fellowship (4 Fellows Nationally)
- Antimicrobial Stewardship Training, Research, and Quality Improvement
- Nationally Guided Curriculum
- Mentoring
- Experiential Learning
- Research/Quality Improvement Projects
- National Conference Attendance (Presentation/Training/Networking)
 - Expectation of >75% Protected Time
- Curriculum Guided by Steering Committee of National Experts

Contact Michele Wagner (mwagner@idsociety.org) for more information



The Antimicrobial Stewardship and Resistance Innovation Fellowship

Competitive Selection of Training Programs and Fellow Candidates

- *Criterion Still Under Development*
 - Training Program
- Strong Antimicrobial Stewardship Program(s)
- Diverse Potential Stewardship Exposures
- Broad Research/QI Opportunities in Stewardship
- Association with Health Departments
 - Fellow Candidates
- Strong Interest in Antimicrobial Stewardship
- Novel or Impactful Research/QI Concept
- Academic or Leadership Promise

Contact Michele Wagner (mwagner@idsociety.org) for more information



Fellows' Day/Happy Hour Feedback

- Low numbers completed the evaluation
- Fellow cases outstanding
- Ravi Jhaveri talk on job negotiation was great
- 6 career breakout sessions w/ good feedback
- Networking lunch good conversation
- Happy hour well attended



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Association of Pediatric Program Directors (APPD)

- A community dedicated to Medical Education
 - 2,000 members spanning 180 different institutions
- Support for Program Directors and Coordinators
 - Fall meeting: Overview of ACGME/ABP/AAP/ERAS/RC
 - Ideal for new PD/APD/PC
 - Spring meeting: focus on innovation and scholarship
 - Forum for Fellowship Directors at PAS: key updates, workshops, innovation & collaborations
- Opportunities for professional development and leadership
 - Interested in collaborating on a workshop for PAS/spring contact Hayley, Angie, Kammy
- Webpage has a wealth of information including shared curriculum:
<https://www.appd.org/home/index.cfm>



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New Business/Future Goals

- Listserv
- FPD Handbook-coming soon!
- Develop list of combined Med-Peds ID faculty
 - Potential survey regarding career choices, etc.



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