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64th Annual Scientific Session & Expo



Update on ABIM Competency Based Pilot in IM-Cardiology

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MARCH 14 – 16, 2015
SAN DIEGO
CALIFORNIA

Objectives

- Describe the evolution and goals of the Pilot
- Review the progress of the Pilot during its first year
- Evaluate the future of the Pilot
- Review the importance of planning for the Pilot



Pathway to Cardiology Fellowship Training



PERSPECTIVE

The Generalist/Cardiovascular Specialist: A Proposal for a New Training Track

Valentin Fuster, MD, PhD, and Ira S. Nash, MD

The economic forces that are reshaping the delivery of health care in the United States have led to intense examination of the appropriate roles for specialists and generalists. Resolving this issue has profound implications for the future of U.S. health care and for the economic health of academic training centers and individual physicians. The

Ann Intern Med. 1997;127:630-634.

From Mount Sinai Medical Center, New York, New York. For current author addresses, see end of text.

a
goals of providing high-quality, specialist cardiovascular care while increasing the relative supply of generalists.

2 years
IM Residency



1 combined
year



2 years
Card
Fellowship



Cardiovascular Fellowship Redesign

- 2004: ACC 35th Bethesda Conference on Workforce (redesign)
- ACC representatives' discussion with ABIM and Alliance for Academic Internal Medicine's (AAIM) Project on Education Redesign; no progress
- 2004 -2012: IM training program milestones & ACC's curricular competencies and milestones developed
- 2011-2012: ABIM Pilots initiated



ABIM Cardiology-IM Pilot Core Principles

- A **competency-based** curriculum during the **3rd year** of **IM Residency** to a carefully selected small number of candidates **accepted to CV fellowship at participating sites**
- **Credit** for the experience **given towards both IM residency and CV Fellowship**
- The blended year remains with IM residency, **led by both IM and CV program directors**



Stakeholders



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Principles guiding the Pilot

1. **Early career focus** for CV education through ‘competency based’ rotations in 3rd year of IM residency
2. **Competency based curriculum** for CV fellowship training
3. Participating institutions maintain their **basic institutional training philosophy** (training academic physicians versus private practice physicians)
4. Importance of **core IM skills** and competencies maintained



Participating Training Sites



Vanderbilt University:

Lisa Mendes MD, Julie Damp MD (Cardiovascular)
John McPherson MD (IM)



University of Oklahoma:

C.A. Sivaram MD (Cardiovascular)
Shouvik Chakrabarty MD, Rhett Jackson MD (IM)



Mount Sinai New York Icahn School of Medicine:

Eric Stern MD (Cardiovascular)
Salvatore Cilmi MD (IM)



Indiana University:

Deepak Bhakta MD (Cardiovascular)
Mitchell Goldman MD (IM)

Pilot Resident Experiences 2014-15

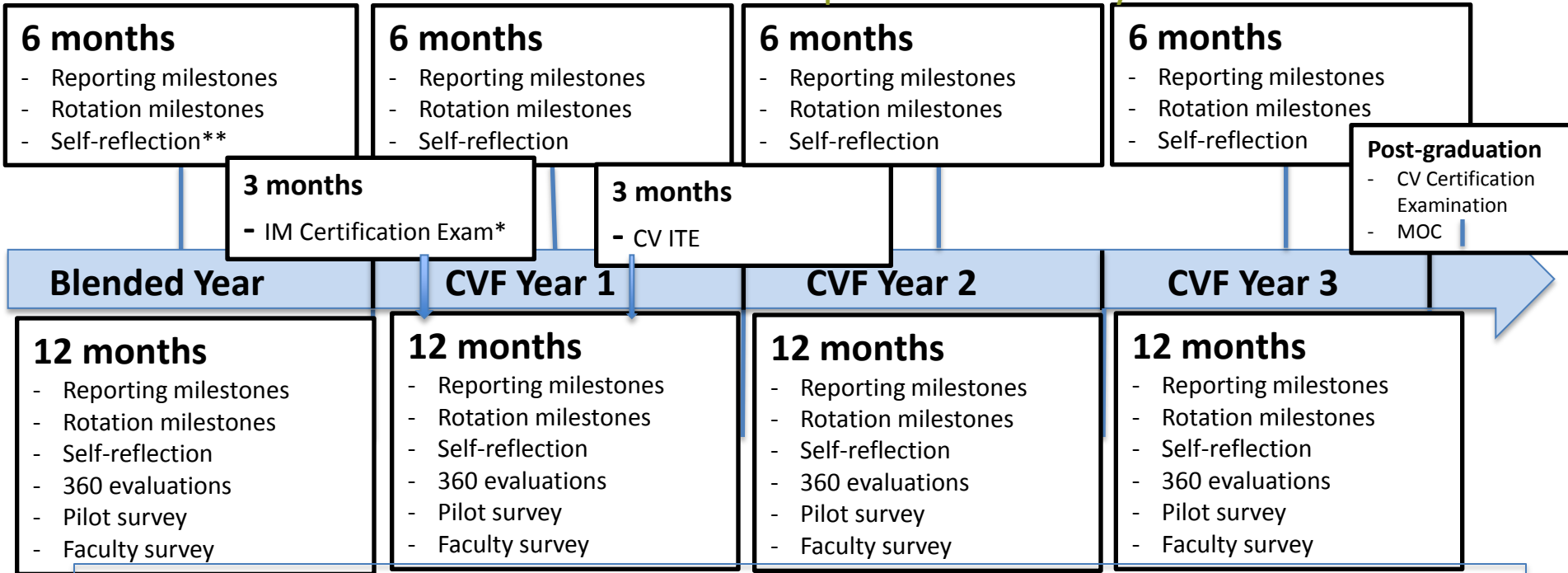
- **Uniform** set of **rotations** amongst 4 sites
 - EKG and Stress testing
 - Preventive Cardiology
 - Vascular Medicine
 - Echocardiography
- **Timing** of rotations within 3rd year IM **variable**



ABIM Pilot Evaluation Timelines*

All evaluations tools will be used for pilot and traditional fellows except for pilot and faculty surveys

** Self-reflection: rotation specific or semi-annually



Areas of Concern & Challenges at the Outset

- **Reduced work hours** effects on clinical experience
- **Careful selection** of committed Pilot candidates
- Timely **faculty development** and effective evaluation methods for Pilot candidates
- **Exit strategy** for under-performing Pilot candidates
- Pilot residents are **committed to Pilot institutions' CV fellowship program**



Pilot Residents for 2014-2015

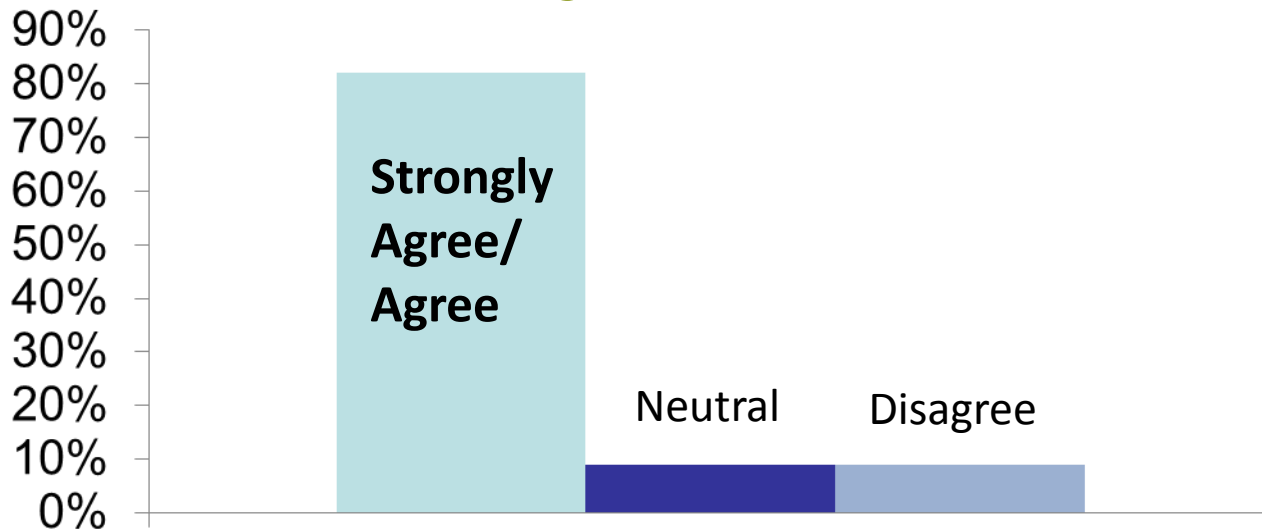
- **Tyler Bloomer MD** *Vanderbilt University*
- **Kimberly N. Hong MD** *Mount Sinai Icahn School of Medicine*
- **Daniel W. Hugenberg MD** *Indiana University*
- **Ethan S. Munzinger MD** *University of Oklahoma*



Other ABIM Pilots

Pilot	Structure	Length of Training	Innovations
Gastroenterology- Transplant Hepatology	Demonstrate GI competency at end of 2 nd year	Decrease to 3 years (instead of 4 years)	<ul style="list-style-type: none"> • Clinical track with a decrease in research time • Innovative CBME assessments (i.e., chart-stimulated recall, liver biopsy checklist, Hepatitis C PIM) • Transplant Hepatology EPAs
Geriatrics- Palliative Medicine	Demonstrate clinical competency in Geri and PM in 16 months	Remains the same (2 years)	<ul style="list-style-type: none"> • Remaining 8 months focused on professional development • Innovative CBME assessments (i.e., ABIM Care of the Vulnerable Elderly PIM, AAHPM Small Group Teaching checklist, small group activity with trigger cases and SPs) • Combined Geriatric/Palliative Medicine EPAs
Internal Medicine- Cardiovascular Disease	CVD rotations during IM residency count towards fellowship	Remains the same (6 years)	<ul style="list-style-type: none"> • Allows for more electives and/or research during third year of Cardiology; • Uniform set of rotations among pilot sites (EKG & Stress Testing, Preventive Cardiology, Vascular Med, Echo)

Faculty Response to ABIM Pilots



* Faculty: “To what degree do you agree with the following statement: This pilot represents a better way to train fellows in the subspecialties” (N= 11)



Pilot's First Year

- All 4 sites will complete the expected experiences for the Pilot residents
- All 4 sites completed the evaluations
 - Pilot Resident's Self Assessment
 - Traditional track First Year CV fellow Self Assessment
 - Evaluation of the Pilot Resident during Echo Lab Rotation
 - Evaluation of the Traditional track First Year CV fellow during Echo Lab Rotation



Echocardiography Milestone Reporting 2014-15

- Example of criteria for one of the six ACGME Domains

1. Patient Care

● LEVEL 1:

Critical Deficiencies

- Fails to know when performing certain echocardiography exams is unsafe;
- attempts to perform exams w/o appropriate supervision



LEVEL 1.5

● LEVEL 2:

Early Learner

- Possesses partial skills needed to safely perform & interpret basic TTE exam;
- possesses insufficient skills to perform & interpret TEE inattentive to patient safety & comfort



LEVEL 2.5

● LEVEL 3:

Advancing/Improving

- Can safely perform & interpret basic TTE exams;
- possesses partial skills needed to perform & interpret TEE exam;
- inconsistently recognizes appropriate indications &/or high risk findings in all settings



LEVEL 3.5

● LEVEL 4: Ready

for

Unsupervised Practice

- Consistently & effectively performs & interprets TTE & TEE exams;
- consistently recognizes appropriate indications & contraindications to echocardiography exams;
- recognizes high risk findings & artifacts



LEVEL 4.5

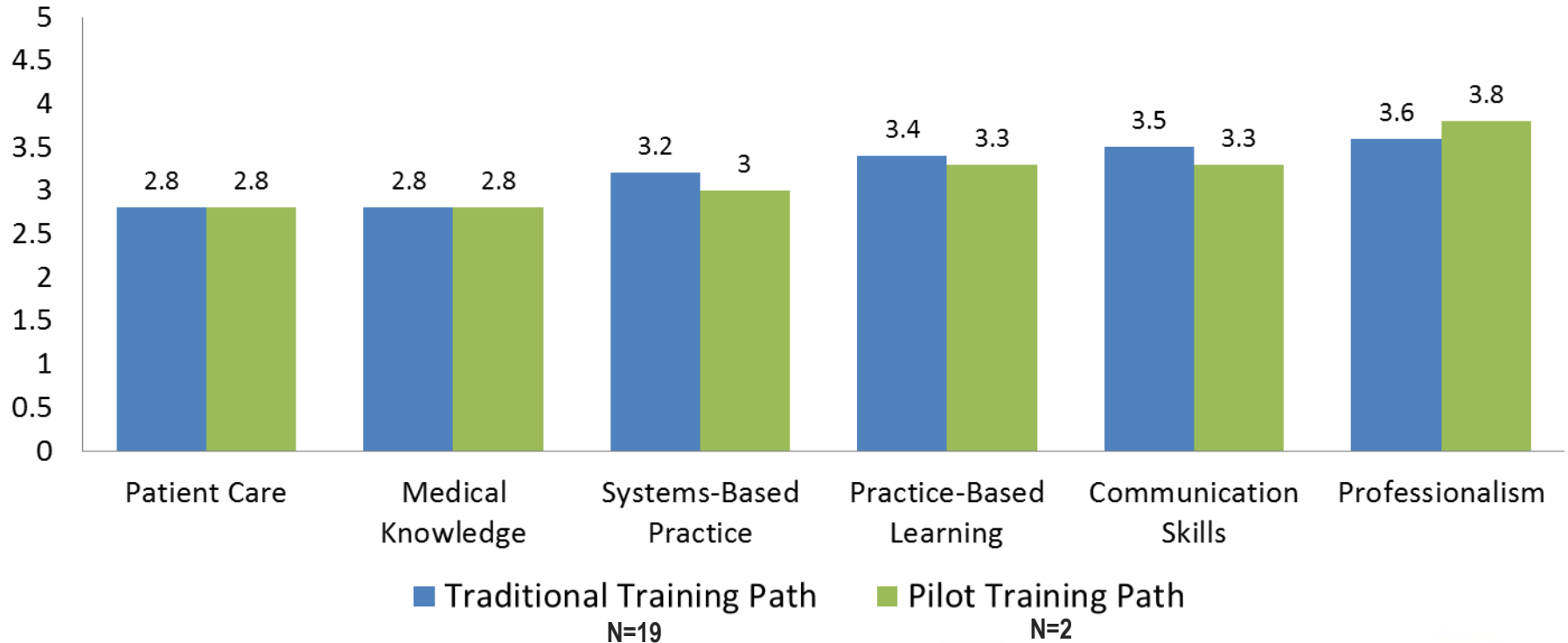
● LEVEL 5:

Aspirational

- Demonstrates skills necessary to interpret, teach, & supervise others in the performance of advanced echocardiography



Echocardiography Milestone Reporting (ABIM Pilot 2014-15)



Is Reducing the Duration of GME Wise?

Performance of Physicians Trained Through the Research Pathway in Internal Medicine

Rebecca S. Lipner, PhD, Carola Lelieveld, and Eric S. Holmboe, MD

Acad Med. 2012;87:1594–1599.
First published online September 26, 2012
doi: 10.1097/ACM.0b013e31826cba57

Abstract

Purpose

Educators in internal medicine are concerned that reducing clinical training from three years to two could negatively affect physicians' ability to provide good patient care. Physician-scientists already follow a short-track research pathway that shortens clinical training to two years. The authors examine whether this shortened training affects ability.

Method

The authors use a national sample of 101,031 physicians who took their first internal medicine certification examination between 1993 and 2008 and

trained in either a traditional or research pathway. They collected data, including demographics, exam information, and maintenance of certification (MOC) return rates. They used regression models to assess the relationship between training pathway and MOC exam scores and eventual certification status, adjusting for physician characteristics.

Results

In this study, research pathway training did not adversely impact internal medicine certification status. Although the scores of physicians who followed the research pathway were slightly lower,

the effect size was small. In a subset of research pathway physicians, 63% remained in academic medicine and 37% continued to spend a substantial portion of time in medical research 10 years later.

Conclusions

Different training pathways can lead to similar achievements in clinical judgment. The educational model, competency-based rather than time-dependent, that works for research pathway physicians could be extended to other talented trainees who would benefit by customizing training to meet career goals.

101,031 IM exam takers; Between 1993-2008; No adverse impact of research pathway on Board Certification; Slightly lower scores



Future Directions for the Pilot

- **Continue 2nd year** of Pilot at current sites (2015-16)
- First group of Pilot trainees will undergo **CV fellowship training between 2015-2018**
- **Assessments:**
 - ABIM's annual survey of Pilot trainees and faculty
 - Pilots own 6 monthly assessments
 - ABIM examination in IM
 - Cardiology In-Training Examination



Future Directions & Possibilities

- **Add more Pilot Sites**
- **Increase # Pilot trainees at current sites**
 - Less positions in the match
 - Issues with medical resident schedules
 - Loss of mentorship to interns from 3rd year IM residents



Pilot Requirements

CBME pilots are required to:

- Have a **national leader** for the overall pilot
- Have an **oversight committee** responsible for setting expectations and selecting trainees
- **Defined outcomes** to demonstrate how the innovation improved CBME
- Involve **more than one institution/site** to demonstrate the generalizability of the innovation
- Utilize the Internal Medicine Subspecialty **Reporting Milestones** and/or subspecialty **EPAs**
- Define specific **faculty development** activities and demonstrate outcomes
- Propose a strategy for incorporating data from the continuous MOC program to track the **progress and performance of the pilot trainees post completion of the pilot program**
- Training must occur at the **same institution for pilots involving two disciplines**

