Children's Hospital Boston

GME ON-CALL

Volume 2, Issue 2 - Winter 2011

A Message From The Co-Chairs Of The GME Committee

Welcome to a bright new calendar year of 2011 and continued exciting events and progress in graduate medical education at Children's Hospital.

Comings & Goings: We want to take this opportunity to extend our welcome to Samantha Taylor, who has begun her work as an administrative associate in the Office for GME. Samantha has already taken charge of the production of this newsletter and the scheduling of GME executive committee and GME committee meetings, among her other new administrative tasks. We also want to thank Kara O'Brien for her work as a part-time data manager over the past year. Kara will graduate from her master's degree program at Emerson College in May. She now assumes a new role in health care. Good luck, Kara, and you have our deep gratitude for all that you've done for the GME Office.

In conjunction with the Boston Combined Residency Program (BCRP), the GME Office will sponsor a GME Spring Retreat for training program directors in June at the Harvard Research Center on Pasteur Drive. Keep watch at the GME internal website for upcoming announcements of the date and topics for the retreat.

The Office of GME is also pleased to announce a new "Medical Education Grand Rounds" to be featured annually on one Wednesday at noon to 1pm in the Folkman Auditorium of the Enders Research Plaza at Children's Hospital. We are especially delighted and honored to be hosting this year the president of the Accreditation Council on Graduate Medical Education (ACGME), Dr. Thomas Nasca. Dr. Nasca will give our first medical education grand rounds on May 4, 2011. We hope that the entire hospital community will join us for what will undoubtably prove to be an interesting and informative event.

Inside this issue:

GME STAFF

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A Message From The Co-Chairs *(Cont'd)*

The Office for GME, in partnership with the Program in Patient Safety & Quality (PPSQ) at Children's Hospital and officials at the independent Institute for HealthCare Improvement (IHI), has developed a novel way to help individual programs satisfy the dual ACGME competencies of practice-based learning & improvement and systems-based practice. Drs. Michael Farias, Mira Irons, Caleb Nelson, and David Waisel are leading that effort on behalf of the GME Committee. The new initiative consists of four mandatory on-line educational modules intended for all residents and clinical fellows. This didactic learning will be paired with opportunities for trainees to participate in projects that address patient safety and the quality of their medical care. These hands-on projects are to be completed over the course of their training. Drs. Farias, Irons, Waisel, and Nelson are planning to present a workshop covering this innovative work at an upcoming AAMC seminar on quality improvement to be held in Chicago, IL, in June 2011. Congratulations to the team on this positive step forward in developing educational materials on quality improvement aimed at the needs of our residents and fellows.

[Note: These mandatory QI training modules can be found at the Graduate Medical Education Program area of the internal website of Children's Hospital under "Medical Care & Quality Improvement".]

The GME Office is also pleased to announce a new grant mechanism to support research projects initiated by trainees (residents, fellows, and/or medical students). The Children's Hospital has committed some research funds to this new initiative. It is expected that several projects will be funded in AY2011-2012. The goals and objectives of these research endeavors must center on some aspect of improving health care and/or the safety of patients and the research must be completed during training, with a work-plan not to exceed 2 years. The subcommittee to develop this new Trainee QI Research Grant Program is being formed this winter and more information and as schedule of requests for applications for funding is expected to be released by April, 2011. Keep checking the GME site on the Children's Hospital internal webpage to learn more details about this exciting new funding opportunity in the months to come.

The next meetings of the GMEC will be held on two Mondays, March 14th and April 11th from 5-6 pm in the Gamble Room in the house-staff library. All training program directors, associate directors, coordinators, and resident/fellow representatives are invited to attend. We hope to see you there!

- *Alan Woolf, MD, MPH & Frederick H. Lovejoy, Jr., MD*

By The Numbers

392
Number of Beds

225
Specialized Clinical Programs

25,000
Inpatient Admissions

524,700
Outpatient Visits

25,000
Surgical Procedures

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By The Numbers

200,000
Radiological Exams

1,077
Active Medical and Dental Staff

980
Residents, Clinical Fellows and Research Fellows

1596
Nurses and Clinical Personnel

5200
Other Full and Part time Employees

CHB's New Online Social Media Policy – The Important Role that All Staff Must Play

Mary Beckman & Craig Bennett, MPA, JD

Online social network media forums such as Facebook, MySpace, LinkedIn and Twitter, to name a few, have become popular communication tools over the past several years, and have become an integral part of the personal and work lives of many of our staff. Their use can offer unique opportunities to interact and can have great potential when used responsibly, thoughtfully and professionally. These online social media networks can also further the hospital's mission, allow us to engage patients and their families, to foster professional relationships, and also offer a forum in which to share the important work that is being done throughout the institution each and every day.

However, as pointed out by Dr. Daniel Nigrin, Senior VP for Information Services and Chief Information Officer in his memo to all Children's employees, staff and volunteers, when announcing CHB's new Online Social Networking policy, "social networks, blogs, and other forms of communication online also present some new challenges, not only when dealing with patients and families, but also between staff." Children's always encourages the creative and innovative use of information technology to enhance its clinical, research and education missions. However, we must all be aware of the public nature of these forums and the permanent nature of postings and the impact they can have on our patients, families, staff, and the hospital's reputation.

To help navigate some of these challenges, the new Online Social Networking Policy is the first step toward addressing some of the important questions and concerns that were heard over the last year, with initial focus on educating all staff, including our medical professionals, to provide some clear guidelines and expectations. The new policy is the product of more than a year of discussion, research and deliberation by an interdisciplinary working group that has tried to consider the challenges, opportunities and dangers that use of social media can present for CHB and our community. Some highlights of the new policy as was outlined at December's GME Retreat include:

- Maintaining and respecting appropriate professional boundaries with patients and families;
- Respecting patient privacy and confidentiality. The rules of HIPAA apply online exactly as they do in other types of interactions.

- Being careful not to discuss confidential or sensitive information about patients, families, colleagues or hospital operations – recognizing that actions online and content posted online could negatively impact not only your own, but the hospital's reputation. This includes posting photos and images of patients online unless specific written permission has been obtained.
- Declining offers or invitations form patients and families to view or participate in their online social networking if the basis of that relationship developed a part of your role at CHB.
- Ensuring that your social networking activities do not district from patient care or work.
- Complying with all CHB policies and the requirements of applicable laws and regulations.

We encourage you to visit the hospital's new internal social networking web site to familiarize yourself with the entire policy. Also, all members of the GME community are invited to provide their feedback on the policy and suggestions for further guidance that would be helpful.

By The Numbers

1100
Scientists

830
Volunteers

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By The Numbers

Number of ACGME Accredited Programs by Specialty for the Current Academic Year (2010 - 2011), Cont'd.

Entrustable Professional Activities

David Briscoe, M.D.

Why EPA? Consider this quote from a recent publication (1) explaining 'entrustable professional activities' (or EPA) as a concept for evaluating resident or clinical fellow performance as opposed to our current need to assess multiple competencies:

Competency based training suggests that competence and competencies are what we want trainees to attain. But is this the same as performance? If a doctor is competent, what happens if she does not perform according to her assessed competence? Most authors agree that performance involves more than competence. It clearly includes something that cannot easily be caught with traditional assessment methods. One component is willingness to apply your competence. But there is more. Consider two residents, 1 and 2. Resident 1 scored A on the knowledge, applied knowledge, and objective skills examinations whereas resident 2 scored B. Both serve in a night shift in the hospital, and you are on call that week. Each of them faces a critical acute care problem. Resident 1 decides not to call you and manages according to the best of his ability. Resident 2 is hesitant and calls you to discuss the case. Management is then carried out in line with your advice. Which resident, in terms of the "does" level, should receive the highest mark? Who would you trust most to do night shifts? Resident B's behavior may yield better care than resident A's. Just as trainees' scores for "knows" and "knows how" do not necessarily predict scores for "shows how," all these may not predict the "does." In terms of our focus on clinical training, and patient care the outcome of care and the ability of the trainee to perform the task may be more important than the trainee's attributes in terms of knowledge and skill and being able to interact with residents and nursing staff (i.e., competency). It is important to grasp this factor, as the movement towards competency based training rarely asks about our ranking of performance and trustworthyness,. Nevertheless, specialty programs and program directors face the task of devising assessment models related to the new competency frameworks. This is difficult. Let's take the Canadian framework (CanMEDS) as an example. This model states that medical professionals should adequately execute the roles of medical expert, communicator, collaborator, scholar health advocate, and professional. Clearly, these roles are so intertwined that assessing each of them separately would make little sense. Another problem is their broadness. The ability to collaborate in one situation may not predict it for another situation. The same problems hold for other roles and for underlying detailed key competencies formulated within each of these competency frameworks. Attempting to assess them separately may result in a trivialized set of attained abilities. The sum of what professionals do is far greater

than any parts that can be described in competence terms. Identifying a lack of competence may be possible, but confirming the attainment of a competency is difficult. We need another direction.

At the end of the day, we all wish to ensure that our trainees are competent. However, we hope that they have been trained adequately to care complex patients and to do the right thing. EPA have been proposed as a model to help Program Directors score trainees in terms of Performance rather than Competency alone. In other words, EPA can be used to ensure that a competent trainee is also able to perform. EPA takes into consideration the need for extra training in one trainee and the occasional trainee is capable to perform a task, yet may not yet have achieved expertise on some competency based milestones, , The American Society of Pediatric Nephrology is responding to calls that EPA can be used as a component of training to support competency based milestones. EPA for a given task (e.g. dialysis) may be graded in the future in terms of "know how" and the ability to "do", for instance.

1=[trainee requires] full supervision
2= moderate supervision
3= supervision with call
4=minimal supervision (report afterwards/backstage reporting)
5= no supervision needed (fully entrustable)

In this way, we will have a quantitative rating of the progress of each trainee in attaining the goal of excellence in performance .

Cited Reference

1. Cate OT. Trust, competence, and the supervisor's role in postgraduate training. Brit Med J 2006; 333: 748-51.

By The Numbers

Number of ACGME Accredited Programs by Specialty for the Current Academic Year (2010 - 2011), Cont'd.

July 1st, House Staff Orientation

Samantha Taylor

The hospital will hold its annual orientation for new residents and clinical fellows on July 1, 2011, at the Joseph B. Martin Conference Center at Harvard Medical School. The attendees will be welcomed by James Mandell, Chief Executive Officer at Children's Hospital Boston. In the morning they will hear lectures on compliance, HIPAA, exceptional care and service,

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By The Numbers

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benefits, infection control, graduate medical education, teaching, clarity in communication, the Office of Clinician Support, and clinical research. In the afternoon they will hear lectures on human factors and sleep deprivation, patient safety, and they will have the opportunity to meet with Human Resources, Benefits, Occupational Health, and Ancillary Services. After gathering all necessary information, our new House Staff will get their ID cards and proceed to their respective departments, ready to start their training at Children's Hospital Boston.

Principles of Adult Learning

1. **Adults are self-directed and active learners.**

   Adults are likely to want to control their learning environment so they can seek information and opportunities to learn relevant to their own learning goals and everyday experiences.

2. **Lifelong learning and improved performance depend upon assessing feedback from others and oneself in light of one's goals.**

   Over time, goals change, sometimes becoming more focused in response to increased mastery and interest in one area. Thus, adults rely increasingly on internal, rather than external, motivations.

3. **Adults continue to construct knowledge throughout their lifetime.**

   Accumulated knowledge, experience and practice deepen understanding and solidify skills related to daily activities. Adults are more likely to attend to new information that builds upon areas of greatest immediate personal importance, interest and relevance.

4. **Adults are not always ready to learn outside their comfort zone.**

   There is normal variation amongst adults in openness to new ideas and information, curiosity about other fields and tolerance for cognitive dissonance. Satisfaction with

   one's work and life may be associated with seeking opportunities to learn beyond one's level of expertise. Being unaware of one's gaps in knowledge or skill and resistant to external feedback may also arrest learning.

Fall Training Program Directors/Faculty Retreat Addresses Practice—Based Learning and Improvement and Professionalism

Samantha Taylor

The Office of Graduate Medical Education (GME) and the Boston Combined Residency Program in Pediatrics (BCRP) sponsored a Faculty Development Retreat on December 3, 2010. Past retreats have focused on writing goals and objectives for educational experiences, developing and implementing competency based evaluations and assessment tools, and feedback among other topics. The Fall 2010 retreat focused on practice—based learning and improvement and professionalism. These two ACGME core competencies were critical as they are often difficult to define, understand, and measure. Many medical educators struggle to meet ACGME requirements with respect to these areas; therefore, the retreat provided a valuable opportunity to explore these topics.

David Waisel, MD from the Program for Patient Safety and Quality (PPSQ) joined us to discuss an approach to education on quality improvement (QI). The Office of Graduate Medical Education and the PPSQ Education Committee collaboratively developed a structure to educate trainees and meet the QI requirement. The structural components consist of didactic education and an experiential component. To help us better understand how programs are implementing this curriculum, three physicians presented their individual program projects: James Moses, MD, of the Boston Combined Residency Program (BCRP); Sarah Pitts, MD, of Adolescent Medicine; and Kiran Maski, MD, of Child Neurology. Next, a brief lecture was given by HIPPA Compliance Manager, Craig Bennett, MPA, JD on the new CHB Policy on Social Networking. This Policy describes the appropriate use of online social networking sites by CHB employees and other users within the institution's network. A small-group, interactive format was used to examine professionalism or the lack thereof when using social media sites. Participants had the opportunity to report their interpretations of their respective vignettes back to the entire group.

The Fall Retreat was a success. More retreats of this kind will be held in the coming months. All retreat materials are available on the GME SharePoint site. For questions about the retreat, please feel free to contact Samantha Taylor at samantha.taylor@childrens.harvard.edu

Questions?
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