



# GME ON-CALL

Volume 4, Issue 1 - Fall 2012

## A Message From The Co-Chairs

*Alan D. Woolf, MD, MPH*

*Frederick H. Lovejoy, Jr, MD*

A new academic year in graduate medical education at Boston Children's Hospital is well underway. The ACGME's new approach to medical education, termed the Next Accreditation System (NAS), is scheduled for implementation in pediatrics residencies and fellowships across the country starting in July 2013. The GME Office is already active in planning how it will assist program directors in the transition for all of the Hospital's training programs to the new system of evaluation of the key milestones in training knowledge, skills and performance.

**Comings & Goings:** We want to take this opportunity to welcome **Mr. Jeremy Levy**, who joined the Office of GME in November as our new full-time senior administrative associate. Jeremy has previous worked in Research Finance at Boston Children's Hospital and will be assisting in the daily operations of the office, attending to the needs of both trainees and faculty. We would also like to welcome **Trishna Rana**, fellowship coordinator for Pediatric Hematology/Oncology and **Jessica Hughes**, fellowship coordinator for Pediatric Cardiology. We also want to congratulate **Dr. Theodore Sectish** who has recently been appointed to be the Vice Chair of Education in the Department of Medicine. Ted has also formally joined the Executive Committee of GME as a member of our senior leadership.

In conjunction with the Boston Combined Residency Program (BCRP), the GME Office will sponsor a **GME Fall Retreat** for training program directors on **November 30th from 12:30-4:00 pm** at the Harvard Research Center on Pasteur Drive. This outstanding faculty development event is held twice each academic year and usually attracts more than 40 participants. **Dr. Jennifer Kesselheim**, our GME educator, has been working closely with **Dr. Ted Sectish** of the BCRP to develop offerings at this retreat. The theme planned for this session is exploring the new social media aspects of medical training. Our guest speakers include **Dr. Deborah Weiner**, an emergency medicine physician at BCH who has been active in developing electronic educational curricula, and faculty (to be announced) from Beth Israel Deaconess Medical Center who have great expertise in this area. Please see the article on the retreat elsewhere in this newsletter.

The GME Office recently announced the date of the next Boston Children's hospital Graduate Medical Education Day to be held on May 1st, 2013. **Dr. Angela Feraco**, chief resident in Pediatrics, will

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### GME STAFF

Alan Woolf, MD, MPH  
Designated Institutional Official (DIO); Co-Chair, GME Committee

Fred Lovejoy, MD  
Co-Chair, GME Committee

Mira Irons, MD  
Director, Internal Reviews

Jennifer Kesselheim, MD, M.Ed, MBE  
Medical Educator

Tery Noseworthy  
Manager, GME Office

Jeremy A. Levy  
Administrative Associate IV

Daniel Herrick  
Data Coordinator

be helping Tery Noseworthy and Drs. Alan Woolf, Jennifer Kesselheim, Alan Leichtner, Jean Emans, and others on the planning committee organize the many events of the day.

The Office for GME, in partnership with the Program in Patient Safety & Quality (PPSQ) at Children's Hospital, has developed a new initiative to offer funds for new research projects in patient care and safety organized by medical students, residents or fellows. **Dr. Jennifer Kesselheim** of the GME office has taken on the development of goals for the grants project. Research proposals should address any aspect of improving the health care and the safety of patients. The new request for proposals (RFP) has already been announced, with a deadline for receipt of completed applications of December 15th, 2012. Funds are anticipated to be available to the winning applicants in early 2013. Congratulations to all for the effort in rolling out this exciting new source of funding for quality improvement research by trainees.

The next meeting of the GME Committee will be held on Monday, December 10th from 5-6 pm in the Gamble Room of 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!

## [Next Accreditation System: News from the ACGME Pediatrics Review Committee - Frequently Asked Questions](#)

**1. The Pediatric Subspecialties will be participating in the Next Accreditation System (NAS) to be implemented July 2013. The NAS will involve an annual evaluation in which data must be submitted to ACGME. What data will the Pediatric Subspecialties need to provide in the 2013 annual evaluation?**

The annual review will include items that fellowships currently provide, such as the ADS update (which has been streamlined), and the resident survey. A faculty survey of subspecialty faculty will be distributed sometime early next year that will be similar to the resident survey. Beginning with the 2012 ADS update, programs will also need to provide information about faculty and fellow scholarly activities and complete a block diagram. The annual evaluation will also include ABP Certifying Exam pass rates (obtained directly from the ABP). No additional information related to resident evaluations will need to be reported for the 2013 annual review other than that currently included in the ADS update.

**2. The annual data collection requires that information about faculty be submitted. How are the faculty for the Subspecialties identified?**

The ACGME recently changed the definition of faculty for the Pediatric Subspecialty programs. Subspecialty faculty refers only to divisional faculty members and does not include faculty members from other disciplines or those who serve only as research mentors (e.g. pediatric cardiology programs should only list pediatric cardiology faculty members). If faculty members

### BY THE NUMBERS

#### AAMC Physician Specialty Data

*In 2010, the specialties with the largest number of first-year ACGME residents and fellows were the primary care specialties of internal medicine (8,551), family medicine/general practice (3,246), and pediatrics (2,696)*

*In 2010, the largest proportion of residents and fellows in ACGME-accredited programs were U.S. M.D.s (65.0%), while International Medical Graduates (I.M.G.s) comprised 27.4% and 7.3% were D.O.s*

*In 2010, 46.1% of the residents and fellows in ACGME-accredited programs were female. Percentages in the top specialties ranged from a high of 81.4% female in obstetrics and gynecology residencies to a low of 13.2% female in orthopedic surgery residencies*

## BY THE NUMBERS

AAMC Physician  
Specialty Data

Between 2005 and 2010, neurological surgery (59.2%), vascular surgery (53.7%), and urology (50.0%) saw the most growth in the number of first-year ACGME residents and fellows.

Plastic surgery (-30.2%), preventive medicine(-25.0%), and thoracic surgery (-17.4%) saw the biggest decreases.

## BY THE NUMBERS

ACGME Data  
January 1, 2011 –  
December 31, 2011

94

Institutional Reviews

1,005

Core Program Site Visits

1,017

Specialty Program Site Visits

262

New Program Applications

from other disciplines are already listed on the ADS roster, they should be removed to ensure that the appropriate members are included on the faculty scholarly activity table and that the faculty survey is disseminated to the correct individuals. NOTE: When removing any non-essential faculty from the ADS roster, enter 7/1/2012 as the "date left program". Program Directors should complete the ADS update by 11/16/2012.

### 3. What information about scholarly activity by the subspecialty faculty will need to be reported as a part of the annual evaluation in July 2013?

For subspecialty faculty, scholarly activity will need to be reported beginning with the 2012 ADS update. Examples of the data that will need to be reported annually include the number of publications (with PubMed ID #), abstracts, chapters and textbooks written, number of grants awarded and presentations given, whether the faculty member has developed curricular items and whether he/she has participated in national committees. Similar data for fellows will also need to be reported.

Finally he challenged physicians, namely residents, to reevaluate their approach to education in honor of their commitment to the public and the profession.

### 4. Will milestones be used to evaluate trainees enrolled in a Pediatric Subspecialty Fellowship? If so, should the subspecialties begin developing them and when is the expected implementation?

Milestones will be utilized to evaluate fellows in the Pediatric Subspecialty programs. The ACGME and the ABP have agreed that the recently published Pediatric Milestones will be used for the Pediatric Subspecialties since they were developed recognizing that medical education occurs along a continuum. Therefore, individual subspecialties need not develop their own. The Milestones need not be used to evaluate fellows until July 2014. Data will be required to be uploaded to ACGME beginning December 2014

### 5. Will Entrustable Professional Activities, or EPAs, be utilized by the Pediatric Subspecialties? If so, should the individual Subspecialties begin creating them now?

EPAs for each Pediatric Subspecialty will be utilized, but the process by which they will be developed is still being devised. While each Subspecialty will ultimately create their own EPAs, this will be done under a process being developed by the ACGME and ABP. Each Subspecialty should not work on writing their own EPAs. These do not need to be implemented by July 2013.

### 6. The NAS requires that fellowships develop Clinical Competency Committees. What is a Clinical Competency Committee and when do they need to be developed for Pediatric Subspecialty programs?

Much like SOCs review fellow progress in scholarly activity, Clinical Competency Committees (CCC) will function to review fellow evaluations and make a determination about a trainee's progress in his/her clinical training. This will be accomplished using the Pediatric Milestones. Many Pediatric Subspecialty programs may already have a CCC that is functioning under a different name,

(e.g. promotion committee). CCCs need not be in place until July 2014 but programs should begin thinking about their composition and what assessments are available to make a determination.

7. Previously, programs had a site visit that occurred at least once every five years. This is being replaced with a self-study and site visit of no less than once every 10 years, depending upon the annual evaluation. Of what will these be comprised?

Components of the self-study and site visit have not yet been finalized.

8. Revised program requirements for the Subspecialty Common Program Requirements and Subspecialty Specific Requirements have been approved and are effective in July 2013. The revisions categorize requirements as core, detail and outcome. What's the difference between the three categories?

Core requirements must be followed by all programs. Detail standards describe a way that a program achieves compliance with a core requirement. Programs in substantial compliance with the outcome requirements may utilize alternative or innovative approaches to meet core requirements. Outcome requirements are those that involve measurable or observable attributes and are tied to the Milestones.

9. What is the CLER and what is its purpose?

CLER stands for Clinical Learning Environment Review. This is an assessment of the sponsoring institution. It involves an institutional site visit (planned for every 18 months) that is focused on evaluating the integration of residents and fellows in patient safety and quality improvement programs, supervision of and transitions in care, duty hours and fatigue management and professionalism.

*\*\*Material above excerpted from the Pediatrics Subspecialties Council as published by the ACGME - 2012*

## Moonlighting and Extra Training Opportunities

### Tery Noseworthy

The hospital's Moonlighting Committee has recently reviewed and revamped the institution's Moonlighting Policy for trainees. Residents and fellows who moonlight are providing clinical service outside of the training requirements and educational opportunities of their program. The policy describes the hospital-wide criteria under which trainees with a full medical license may moonlight; moonlighting activities must be approved by the resident or fellow's training program director and must comply with all duty hour requirements. In addition, the resident or fellow must have a full license issued by the Commonwealth of Massachusetts and is be covered by medical malpractice insurance. PGY1 and PGY2 residents may not moonlight under any circumstances; PGY 3 residents and higher and fellows may moonlight under specific circumstances that are detailed in the policy. Residents and fellows on J-1 visas may never engage in moonlighting activities, residents and fellows on other types of visas may be

#### BY THE NUMBERS

ACGME Data  
January 1, 2011 –  
December 31, 2011

2,301

Review Committee  
Accreditation Decisions

2,854

Review Committee  
Administrative Decisions

241

programs received initial  
accreditation

18

programs received  
probationary status

3

programs had their  
accreditation withdrawn

113,142

residents and  
fellows in  
8,887  
training programs

## BY THE NUMBERS

## ACGME Data

1981

Year Established

28

Review Committees

133

Specialties

113,142

Residents Nationwide

in

8,887

ACGME

Accredited Programs

2,000

Site Visits

Conducted Annually

able to moonlight after consultation with the visa office at Boston Children's Hospital. It is strictly the prerogative of each training program director to determine whether any moonlighting activities will be allowed for the residents or fellows in their program.

Trainees on a limited medical license may have the opportunity to participate in additional clinical time for the purposes of extra training and education. All additional clinical time must be part of the resident or fellow's clinical training program and be directly related to the goals and objectives for their training. Additional training opportunities may be offered to trainees when there is a need for additional coverage, such as coverage for trainee vacations and other absences, and coverage to meet increased patient volume. Additional training opportunities must conform to the duty hours restrictions, be supervised, and be approved in advanced by the Training Program Director for the trainee's program.

Both the Moonlighting Policy and the Extra Training Opportunities Policy are available on the GME Page of the Internal Web Page. A Moonlighting Toolkit is also available there to guide you through the process.

### *Faculty Development Retreat*

The Office of Graduate Medical Education sponsored a Faculty Development Retreat on June 15th, 2012 at the Conference Center at Harvard Medical School. The retreats are opportunities for the program directors, program faculty and residency/fellowship coordinators to come together to learn about and discuss topics related to education. Previous topics have included building curricula, communication, evaluation and faculty development.



The June retreat focused on the Milestones Project. The retreat began with a brief introduction by Alan Woolf, MD, MPH and was followed by a presentation from Eileen Reynolds, MD and Christopher Smith, MD. Dr. Reynolds and Dr. Smith are faculty members in the Internal Medicine residency program at Beth Israel Deaconess Medical Center. They spoke about their experience implementing milestones in their own program and the application of milestones to other settings. They shared examples of milestones currently in use as well as evaluation forms used to evaluate the milestones. The final presentation came from Debra Boyer, MD, Program Director for Pediatric Pulmonology and Associate Program Director for the Boston Combined Residency Program. Dr. Boyer spoke about the work done so far on the milestones for Pediatrics. She also spoke about Entrustable Professional Activities – EPAs. EPAs are professional activities of a particular specialty that can be entrusted to a trainee once they have demonstrated competence. EPAs are tied to the competencies, are part of the everyday work done in the program and require an integration of knowledge and skills.

If you missed the retreat, don't worry – our next retreat will be held in November 2012. Watch your inbox for more details. Questions about the retreats or suggestions for future topics should be directed to Dr. Jennifer Kesselheim at [Jennifer.kesselheim@childrens.harvard.edu](mailto:Jennifer.kesselheim@childrens.harvard.edu).

## *Trainee Grants for Patient Safety and Quality Improvement at Boston Children's Hospital*

We are excited to announce that the Office of GME and the Program for Patient Safety and Quality (PPSQ) are co-sponsoring a new grant for trainees at Boston Children's Hospital. The application process for the Trainee Grants for Patient Safety and Quality Improvement will begin this fall and the first cohort of awards will be given early in 2013.

The aim of this award is to support quality improvement projects or research projects on QI or patient safety that could otherwise not move forward without financial assistance. The hospital's goal is to allow trainees to initiate new quality improvement projects (or enhance existing projects) and to allow trainee investigators to conduct research that addresses patient safety or quality issues relevant to Boston Children's Hospital. Ideally, projects will lead to an improvement in the care provided at Boston Children's Hospital and/or will yield generalizable information that can be applied to the broader hospital community. We expect most awards to be in the \$5000-\$8000 range but will consider budgets as high as \$10,000.

### **Eligibility:**

The Principle Investigator must be a resident or fellow in a training program based at Boston Children's Hospital. Harvard Medical School students may also apply if they intend to conduct a project in collaboration with a resident or fellow at Boston Children's Hospital. In such cases, the medical student should assume a major leadership role in the project with collaboration from a resident

GME @  
Boston Children's Hospital

39

ACGME-Accredited  
Training Programs

1

ADA-Accredited  
Training Program

44

Interns

137

Residents

314

Clinical Fellows

1144

Active Staff

## Upcoming Meetings and Events

### **GME Committee**

*Monday, December 12th*

*5:00 p.m.- 6:00 p.m.*

Gamble Reading Room,  
Hospital Library

### **Training Program Director/Faculty Retreat**

*November 30th, 2012*

*12:30 p.m. -4:00 p.m.*

Joseph P Martin  
Conference Center  
at GMS

### **2013 Association of Pediatric Program Directors Spring Meeting**

*April 10 – 13, 2013*

Nashville, Tennessee

### **ACGME Annual Educational Conference**

*March 1st – March 3rd,  
2013*

Swan and Dolphin,  
Orlando, Florida

### **Pediatric Academic Societies Annual Meeting**

*May 4 – May 7, 2013*

Washington, DC

or fellow. All applicants must have mentorship from a faculty member with an academic appointment at this institution. Although mentorship from a faculty member is required, trainees should still assume the roles and responsibilities of a Principal Investigator. Applications will only be considered from individuals; training programs are not eligible to apply. Applicants are permitted to apply both for this award and grants from the Program for Patient Safety and Quality if they are able to justify the need for both awards to support their projects.

### **Selection Committee:**

Applicants should feel free to consult with any selection committee member for advice and help in preparing the grant application or developing the project. For now, questions should be directed to Dr. Jennifer Kesselheim at Jennifer.kesselheim@childrens.harvard.edu

### **Period of Funding:**

Applicants at any training level who receive funding for their projects may extend their funding into the subsequent phase of their training/careers. This will better allow for completion of projects and will facilitate both meeting presentations and publications in the literature. Priority will be given to projects that can be completed within 1-2 years or before the principal investigator finishes all training. A timeline will be requested as part of the application. Investigators whose projects last more than 2 years will have the option of applying for a no-cost extension. If the PI leaves the institution to train or practice elsewhere, the funding will not continue unless an alternate PI willing to assume leadership for the project is identified. IN this case, funding for the project may proceed.

### **Application**

The application will become available in November 2012 and will be due on December 15, 2012 at 5pm. The selection committee will evaluate each application and select award recipients early in 2013. Stay tuned for more announcements and for the application materials!

**GRADUATE MEDICAL EDUCATION SUPPORT AT CHILDREN'S HOSPITAL**

**Faculty  
Development**

**Office of GME**  
Policies  
Consults  
Communications

**OGME Activities**  
Surveys, Tools, Resources  
Data Collection  
Data Analysis & Reporting

**GMEC**  
GME Exec Com  
Internal Reviews  
Subcommittees

**ACGME Compliance**  
Competencies  
Duty Hours  
Supervision  
Handoffs

**Graduate Medical Education  
Training Program Directors  
Chief Residents  
Residents  
Fellows**

**Patient & Family-Centered  
Clinical Care  
Patient Safety**

**Hospital-Wide  
Trainee Teaching  
Events**

**Program Support**

**Trainee Support**  
Taxi Vouchers  
Lease Guarantee  
Orientation

**Trainee Life Issues**  
Salary & Benefits  
On-Call Rooms  
On-Call Meals

**Trainee Compliance**  
New Innovations  
Surveys

**Medical Education  
Research**

Questions?  
Contact the  
GME Office

Tery Noseworthy  
Program Manager  
617-355-3396

Jeremy A. Levy  
Administrative Associate IV  
617-355-4372

Daniel Herrick  
Data Coordinator  
857-218-5195