CoPS Council Spring Webinar Meeting

Mel Heyman, MD
Chair, Council of Pediatrics Subspecialties
June 1, 2017
3-5pm Eastern Time
CoPS Council Spring Webinar Meeting

3pm: Welcome!
Introductions
CoPS Update (Heyman)

3:10pm  MOC (Nichols)

3:55pm  Fellowship funding/FPD FTE (APPD/AMSPDC – role for CoPS)

**Action Team Follow-Up:**

4:00pm  Workforce (Boyer)

4:15pm  SPIN project (Fussell for Mink)

4:25pm  Fellowship Start Date (Myers for Mink)

4:30pm  Communications / Social Media (Fussell for Van Marter)

4:35pm  Common Match Date (Spicer)

4:36pm  Election Results / Recognition of Outgoing Leaders (Heyman)

4:46pm  Fall Council Meeting Location: Chicago, IL - November 16-17, 2017; suggested topics/format?

4:55pm  Wrap Up - See you in the fall
Website: www.pedsubs.org

Mission: The Council of Pediatric Subspecialties advances child health through communication and collaboration within its network of pediatric subspecialties and liaison organizations.

Member organizations: AMSPDC, APPD, ABP, AAP, APA, APS, and representatives from 20 subspecialties organizations and/or AAP sections

✓ recent addition: Hospital Medicine
Since Last Meeting, Nov 2016

- MOC discussions with ABP

Action Teams:
- Workforce Assessment
- Fellowship Match Date, Start Date
- SPIN project
- Communications
Since Last Meeting, Nov 2016

- Core Curriculum for Fellowship Training
- Election for Member-at-Large and Secretary/Treasurer
- AMSPDC invitation for Webinar in Sept re FPD funding
CoPS Council Spring Webinar Meeting

• ACGME Subspecialty Program Requirements:
  – Response from CoPS reps regarding ACGME requirements for Duty Hours
    • ‘One size does not fit all’
  – Protected time for Program Directors
    • 15%-35% current recommendation, related to program size
  – Response from CoPS reps regarding Program Requirements, Section VI, specifically regarding documentation of on-call clinical time at home
    • Problematic for subspecialties
    • How document clinical effort at home?
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• MOC:
  – CoPS coordinating communication between Subspecialties and ABP (David Nichols)
  – Discussion points:
    • Fellows as question writers?
    • Department Chairs/Medical Directors attesting to meaningful QI work
    • Point system – single QI project to reach 60 or 100 points
    • Peer review publications for MOC 4 credit
Briefing for the Council on Pediatric Subspecialties (CoPS)

MOC Update

David G. Nichols, M.D., MBA
June 1, 2017
I am grateful for the feedback from CoPS!
Agenda

Where are we with:

• Life-long learning (MOC 2)
• Periodic Assessment (MOC 3)
• Quality Improvement (MOC 4)
Life-long Learning (MOC Part 2)

• **Definition:** Learning activities that incorporate individual learning with individual assessment and feedback.
• **CME credits:** MOC 2 activities offer CME credit
• **Sources:**
  • ABP-developed activities (e.g., subspecialty self assessments, topic specific self assessments, Decision Skills, Question of the Week)
  • Activities developed by other organizations (ex: AAP PREP).
  • *New ACCME collaboration*
• **ABP charge:** *none*
ACCME COLLABORATION

• CME providers apply for MOC credit for their activities on ACCME’s website at the same time they register the activity for CME

• No fee

• CME providers attest to meeting ABP’s revised standards and submitting completion data online within 30 days

• 235 new activities available as of May 30

• Credit transmitted to ABP daily, appears in diplomate portfolio immediately upon transmittal

• Diplomates received information in February 21 Diplomate “ABP Check Up” Newsletter
Periodic Assessment (MOC Part 3)
Discussion point: Fellows as question writers?

- Reviewed with subboards
- Takes 1-2 years to become a proficient question writer
- Consensus among subboards:
  - unrealistic to expect fellows or supervising faculty to be able to invest adequate amounts of time to become proficient
Maintenance of Certification Assessment for Pediatrics (MOCA-Peds) Pilot
Pilot Status

*** Successfully launched January 2017 ***

• 5081 enrolled (75%)
• 27% are subspecialists
• Oldest participant – age 75

Self-categorization
- Outpatient: 62.5%
- Inpatient: 17.2%
- Combined: 20.3%

*** Mobile App launched on April 1 ***
Time per Question

Average time per question
1 minute, 56 seconds
~35 minutes total
for 20 questions
Q1 Preliminary Results: MOCA-Peds System Questions

- **88% Strongly Agree/Agree**
  - a. Questions aligned with the learning objectives
- **83% Strongly Agree/Agree**
  - b. Question difficulty was appropriate
- **82% Strongly Agree/Agree**
  - c. Questions assessed my clinical judgment, going beyond factual recall
- **81% Strongly Agree/Agree**
  - d. Questions were relevant to general pediatrics
- **76% Strongly Agree/Agree**
  - e. I had enough time to answer each question
- **63% Strongly Agree/Agree**
  - f. Questions were relevant to my practice

THE AMERICAN BOARD of PEDIATRICS
MOCA-Peds Preliminary Q1 Data

Q1 Preliminary Results: Resource Used While Taking Questions

- I did NOT use resources during this quarter: 23%
- With 1 to 5 questions: 46%
- With 6 to 10 questions: 19%
- With more than 10 questions: 12%
Review of the Basics

The MOCA-Peds Model and Key Decisions
Background: MOCA-Peds Overview

- 2 questions per learning objective per year
- Application of fundamental knowledge of everyday pediatrics
- Short clinical vignettes with immediate feedback
- Five minutes per question
- Confidence and relevance ratings
- New for 2018: Incorporate guidelines into learning objectives
Five-year MOC Cycle (after completion of pilot)

Because you can drop 4 quarters, TECHNICALLY you can drop all of year 4 and participate only Years 1-3.

The 5-year MOCA-Peds cycle will be the same as the diplomate’s 5 year MOC cycle.

+ **Part 2 credit**

You do not have to participate in MOCA-Peds until your next MOC 5-year cycle.
Part 3 Options (after pilot completion)

**MOCA-Peds**
- Default with enrollment
- No additional fees
- Earn Part 2 points

**Proctored Exam**
- Every 5-years at proctored site
- Additional fee to cover cost of seat fee and processing
- No Part 2 credit
Subspecialty Model - Current Plan

• Similar to General Pediatrics approach
  • 40 learning objectives a year
  • 2 questions per learning objective
  • 80 questions
  • Clinical Practice Guidelines

• First subspecialty model release date 2019.
  • Child Abuse
  • Gastroenterology
  • Infectious Diseases

• Straight to live - no pilot.
MOCA-Peds for Subspecialties will begin 2019

- Child Abuse Peds
- Infectious Diseases
- Gastroenterology
Quality Improvement (MOC Part 4)
Discussion point:
Department Chairs/Medical Directors attesting to meaningful QI work

- Discussed at AMSPDC
- The ABP remains open to the possibility, but has not received a proposal from AMPSDC
Discussion point:
Point system – single QI project to reach 60 or 100 points

• The fundamental question:
  • Should pediatricians be engaged in continuous improvement efforts?

• A single project extending over several years will get repeated credit sufficient to satisfy the MOC Part 4 requirements for a 5-year cycle.

• For a single QI project lasting a few months to qualify for a 5-year cycle’s worth of credit would represent a lowering of ABP standards.
  • Would QI for a few months in 5 years be consistent with the ABP mission?
Recent Publications

• Nichols DG, Maintenance of Certification and the Challenge of Professionalism. Pediatrics 2017 May;139(5). pii: e20164371
  • 18 peer-reviewed publications demonstrating QI for which MOC credit was awarded. (5 controlled trials)
  • Pediatric subspecialties include: Cardiology, GI, Critical Care, Rheumatology, Nephrology

  • Improvement documented by parents
The ABP Philosophy on QI

- QI has become part of daily work in many settings
  - Required by Joint Commission
  - Required by many payers
  - Integral to establishing a PCMH
- ABP wants to recognize QI work already being done by diplomates
- ABP also wants to recognize that improvements made in all aspects of a pediatrician’s work can contribute to improved child health
- Thus, new pathways for Part 4 credit were created starting in 2015
Expansion of Part 4 to “Improvement in Professional Practice”

- Part 4 credit can be awarded for the “application of QI science and methods to any process that is intended to improve the health of children”
- Improvements in clinical care, clinical outcomes
- Improvements in medical education
  - Collaboration with ACGME to recognize NAS annual evaluation and improvement efforts
- Improvements in research processes
  - Education Research
  - Clinical Research
  - Bench Research
- Improvements in Child Health Advocacy (December 2016 mtg)
Portfolio Programs

- Portfolio sponsors (institutions, organizations) approve projects on behalf of ABP
- Pediatric Portfolios
  - 51 sponsors (e.g., CHOP, TCH, ICN, ...)
  - Over 500 projects approved
- Multispecialty Portfolios
  - 81 Multispecialty portfolio sponsors (e.g., Seattle, Nationwide, Mayo...)
  - Over 700 projects approved
- More portfolio sponsors in the pipeline, including major specialty organizations.
Cost

- ABP fees flat for several years
- Beginning 2018:
  - Option to pay MOC annually
  - $275/year
  - Less than most dues or CME courses
The ABP is grateful for advice, collaboration, and feedback from CoPS.
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• **Fellowship Funding**
  – CoPS is working with APPD to begin an assessment of issues surrounding fellowship funding
  – AMSPDC particularly interested in mandate for FPD support (15-35%)
  – Webinar in September
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ACTION TEAMS

• **Workforce** Action Team
  – Collaboration with AAP, APPD, & ABP, in planning stages (conference calls, possible summit meeting)
Workforce AT updates-1

• Debra Boyer attended ABP Research Advisory Committee meeting in February
• Discussed general concerns elicited from CoPS Council reps
• ABP has interest in moving forward on workforce issues
  – Will distribute current ABP workforce databook to CoPS reps
Workforce AT updates- 2

• Laurel Leslie and Gary Freed from ABP interested in helping to consider future research
  – Continuing longitudinal surveys of residents/fellows/attendings
  – Interest in determining other areas of need

• dfd
Workforce AT updates- 3

1. Need to define specific questions from CoPS reps concerns
2. Does data exist already?
3. If not, is this a testable hypothesis?
4. Prioritize the above concerns/questions
Workforce- next steps

• Workforce action team conference calls
• Distribute survey to CoPS reps to determine research questions
• Engage other stakeholders (ex. AAP Workforce group, etc.)
• Further work at CoPS Fall Meeting
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Subspecialty Pediatrics Investigator Network
SPIN’s First Study

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

• Focused on 6/7 common subspecialty EPAs
• FPD assigned level of supervision
• CCC assigned level of supervision and milestones
Academic Accomplishments

• 8 abstracts presented
  – APPD
  – APPD LEARN PMAC
  – ACGME
  – PAS

• Validity of level of supervision scale accepted to *Academic Medicine*

• Creation of network provisionally accepted to AMSPDC pages in *J Pediatr*
Academic Accomplishments

• Formed writing groups
  – Draft manuscript: correlation of ranking between FPD and CCC
  – Starting: comparison of entrustment levels across subspecialties

• Information posted on CoPS website
Second Study

*Determining the Minimum Level of Supervision Required for Graduating Fellows*

- Common and subspecialty-specific EPAs
  - Includes Scholarship EPA
Objectives

1. To develop level of supervision scales for the subspecialty-specific EPAs
2. To determine the minimum level of supervision needed for a fellow to satisfactorily complete a fellowship program and enter independent practice (all EPAs)
3. To identify at what level of supervision a fellow is considered entrustable (all EPAs)
4. To compare the minimum/entrustment levels among the pediatric subspecialties for the Common EPAs (all 7)
Methods

• Survey of FPDs
• Goal is 75% of FPDs in each subspecialty
  – potential high-stakes decision
  – not a lot of programs in some subspecialties
• First objective (developing scales) completed
  – based on themes from common EPAs
  – good consistency across subs
• Survey in progress
  – 800 FPDs
  – 446 respondents
  – Likely continue until end of June
Third Study

Longitudinal Evaluation of the Required Level of Supervision for Pediatric Fellows

• Assess fellows for 3 years
• Common and subspecialty-specific EPAs
Objectives

1. To obtain validity evidence for the subspecialty-specific and scholarship EPA level of supervision scales

2. To determine the developmental progression of levels of supervision for all EPAs during the 3 years of fellowship
   a) To investigate whether graduating pediatric fellows are meeting the previously defined minimum levels of supervision
   b) To determine if the time in training at which pediatric fellows meet the previously defined minimum levels of supervision differ among the subspecialties
   c) To determine if there is a level of supervision for any EPA below which remediation for poor performance is performed
   d) For learners in which remediation was initiated, to determine if the level of supervision rating guided the decision to do so
Objectives

3. To compare level of supervision assessments made by the CCC with those of the pediatric fellow

4. For the Scholarship EPA, to examine the association between the level of supervision rating and the milestone level of the competencies mapped to the EPA

5. To investigate the thought process of the rater in deciding what constitutes a simple versus complex case

6. For the 5 EPAs that cross the generalist to subspecialist roles, to compare the level of supervision assigned to a resident at graduation to the level assigned at first assessment as a fellow
Methods

- Most assessments by CCC
  - Scholarship EPA assessment by FPD
- Fellow self-assessment
- Data from LEARN database for transition to evaluate transition from residency
- Participants will be collaborators and receive MOC part 4 credit (if ABP approves)
Progress

- Budget developed
- In process of submitting for funding
- Planned data collection December 2018
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<td>Bruce Herman</td>
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<td>Critical Care Medicine</td>
<td>David Turner</td>
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<td>Developmental and Behavioral Pediatrics</td>
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<td>Hematology-Oncology</td>
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<td>Christiane Dammann &amp; Patricia Chess</td>
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<td>Bruce Herman</td>
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<td>CoPS</td>
<td>Richard Mink</td>
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Collaborators from First Study

Acknowledgements

• Alma Ramirez BS
• American Board of Pediatrics Foundation for providing financial support
• Great support from subspecialty community
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Fellowship Start Date Action
Team
Update
CoPS Recommendations

• **Recommendations**
  – *Beginning with the 2017 appointment year, Pediatric Subspecialty Fellowships should start no earlier than July 7*
  – *Orientation should not be scheduled before July 5*

• **Supported by**
  – AMSPDC
  – ABP

• **Survey results and recommendations published in Journal of Pediatrics Aug 2015**
Current Members of Action Team

- Council of Pediatric Subspecialties
- Association of Pediatric Program Directors
- Alliance for Academic Internal Medicine
- Association of Program Directors in Surgery
- Fellowship Council (Surgery)
- Designated Institutional Officials
- Committee on Resident Education in Obstetrics/Gynecology
- Organization of Program Director Associations
- Association of American Medical Colleges
  - Group on Resident Affairs
  - Chief Health Care Officer
- Association for Hospital Medical Education
- Alliance for Independent Academic Medical Centers
- Council of Medical Subspecialties Societies
Key Issues

• Health insurance
  – COBRA
  – Educate trainees

• J-1 Visa
  – ECFMG and Department of State approved a brief gap (<30 days) for pediatric trainees
  – Form is posted on ECFMG website
  – No Fee
Exchange Visitor Sponsorship Program (EVSP)

Forms and Memos

Forms: Required Reporting

- Validation of Initial Arrival of ECFMG Sponsored J-1 Physicians for SEVIS Reporting
- Required Notification of Off-site Rotation / Elective
- Required Notification of a Leave of Absence
- Required Notification of J-1 Physician Resignation
- Required Notification of J-1 Physician Dismissal
- Required Notification of Remediation
- Required Reporting by J-1 Physician of Incident or Allegation
- Required Reporting by TPL of Incident or Allegation

Forms: Supplemental Application Materials

- Application involving Brief Gap Between Pediatrics Residency and Fellowship
- English Language Proficiency Attestation
- Form I-644: Supplementary Statement for Graduate Medical Trainees
- GMEC & Parent Program Verification Form
- Guidelines for Non-standard Discipline Program Description
- Guidelines for Research Program Description
- Guidelines for Training Program Description
- Instructions for J-2 Dependent Applicants
- Request for Duplicate Form DS-2019
- Sample Statement of Need
Request for Sponsorship Authorization: Gap in Training for Pediatrics Trainees

Many U.S. Pediatrics fellowship programs now begin between July 1 and July 15, rather than on the traditional July 1 start date, resulting in a brief gap between the completion of a residency and entry into fellowship training. This has a direct impact on ECFMG-sponsored Pediatrics trainees since J-1 regulations require full-time participation in a program of graduate medical education (GME). In an effort to address this issue, the U.S. Department of State (DOS) has authorized ECFMGs to sponsor J-1 physicians during the period between the programs, provided the following eligibility requirements are met:

- Submission of a complete application for sponsorship continuation in an ACGME-accredited Pediatrics subspecialty discipline;
- Completion and submission of this form in PDF format to the applicant’s pending (fellowship) application record; and
- The gap between residency and fellowship is less than 30 days.

Applicant Information

FULL NAME: __________________________________________

USMLE/ECFMG #: ______________________________________

SEVIS ID: ____________________________________________

FELLOWSHIP
HOST INSTITUTION: __________________________________

SUBSPECIALTY DISCIPLINE: ____________________________

PROPOSED DATES OF GAP: ____________________________

Certification Statement

As a J-1 physician sponsored by ECFMG, I confirm the following:

1. I understand that the time between programs is to be used to transition from one program to the next and carries no work or training authorization; any work or training pursued during the period identified above will be deemed to be a violation of my J-1 status.

2. As required in 22CFR§62, I and any/all accompanying J-2 dependents will maintain required levels of health insurance during the gap period identified above and any additional time until coverage is available through the new training program/institution.

J-1 PHYSICIAN SIGNATURE: ___________________________ DATE: ____________

*Additional documentation may be requested upon review of sponsorship application and this form.

SCAN AND UPLOAD THE COMPLETED FORM TO THE J-1 PHYSICIAN’S PENDING APPLICATION RECORD VIA EVNET (TPI) OR OASIS (J-1 PHYSICIAN)

APRIL 17, 2017
Key Issues

• H1-B Visa
  – CoPS/APPD Hired an Immigration Attorney
    • Kristen Harris
  – Two memos distributed throughout GME
  – Regulations changed end of last year
    • 10-day gap possible
  – No payment for non-productive time
    • Only pay individuals when they start working
Implementation

• Institution dependent
• Who have we *heard* is delaying their start date?

- Boston Children’s
- CHOP
- University of Pittsburgh Med Ctr
- Children’s Mercy Hospital
- Lurie Children’s
- University of Chicago (all programs)
- UCSF
- Emory

- Primary Children’s
- Duke
- University of North Carolina
- Rainbow Babies
- Children’s Hospital of Alabama
- Children’s Hospital of Michigan
- Cardinal Glennon Children’s
- University of Louisville
Progress in Other Specialties

• Surgery
  – 30 day delay in start date initiated last year

• Internal Medicine
  – Continued discussion
    • “solving” visa issues has helped discussion
  – No orientation before July 1

• Obstetrics/Gynecology
  – Agreed to July 7 start date
  – Implementation date not set
Next Steps

• Organization of Program Directors Associations (OPDA)
  – Develop formal statement supporting delayed start date across specialties
  – Use to ask ECFMG to expand J-1 gap process to all specialties
  – Fall meeting after first pediatric “experience”
Next Steps

• Consider survey in fall in Pediatrics
  – FPDs
    • Who delayed and who did not/why
  – Fellows
    • Experience of fellows in which start date delayed or not delayed
    • Challenge may be getting e-mails of fellows to conduct representative survey
Remind everyone to keep advocating for our trainees...this is a well-being issue!
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Website & Social Media

Jill Fussell
Linda Van Marter
Website: www.pedsubs.org
November 23, 2016 - May 23, 2017

Overall view to the website

New Views to a page (past user views new page)

% who leave the site immediately

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Website
November 23, 2016 - May 23, 2017

Top 10 Pages Viewed:

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</tr>
<tr>
<td>/SubDes/Developmental-Behavioral.cfm</td>
<td>1,682</td>
<td>2.86%</td>
</tr>
<tr>
<td>/SubDes/ChildAbuse.cfm</td>
<td>1,669</td>
<td>2.84%</td>
</tr>
</tbody>
</table>
Website Summary

• Traffic is fairly good but most viewers log off quickly after viewing our home page.
• Subspecialty pages remain of interest.
• We must make our home page more vibrant (frequently updated) and more engaging/useful and keep subspecialty pages updated.

• Ideas to re-invigorate our website:
  – Add spotlight feature at least monthly adding some insight to the work of the Council and/or Executive Committee
  – Add ‘Articles of Interest’ Feature sorted by topic
  – ...Your ideas???
Twitter: @_pedsubbs

- **Launched:** March 17th (Match Day)
- **Name:** Council of Ped Subs
- **Tweets (most from members’ Fall mtng tweets +):** 35+
- **Following:** 16 (primarily organizations)
- **Followers:** 55 (primarily individuals)
- **Retweets:** 27
- **Tweets sent with mention of @_pedsubbs:** 5

**Twitter Team:** Brandi Walsh, Alice Ackerman, Mark Atlas, Markus Renno, Tom Wallach, Jill Fussell, Linda Van Marter
Twitter: We are following...

- ABP
- AAP
- AAP News
- AAP Neonatal *
- CDC
- HealthyChildren.org
- KidsHealth
- Mayo Clinic
- NASPGHAN *
- SCCM *
- WHO

* Only 3 are subspecialty groups!
Twitter: Next steps...

- Tell us your organization’s Twitter handle...today!
- Ask your organization’s social media guru to follow @_pedsubs
- Next round of tweets is due to brandi@degnon.org
  - We ask each Council member to please send 8 new subspecialty-specific tweets by June 9th
    - Feel free to reference your subspecialty organization
    - Limit references to home institution only to share information re: resources that are truly unique
Good Bye, CoPS!

Thank you for the opportunity to do the good work of CoPS with such great people. I look forward to our paths crossing in the future.

Linda
CoPS Council Spring Webinar Meeting

3pm:   Welcome
       Introductions
       CoPS Update (Heyman)

3:10pm MOC (Nichols)

3:55pm Fellowship funding/FPD FTE (APPD/AMSPDC – role for CoPS)
       
       *Action Team Follow-Up:*

4:00pm Workforce (Boyer)

4:15pm SPIN project (Fussell for Mink)

4:25pm Fellowship Start Date (Myers for Mink)

4:30pm Communications / Social Media (Van Marter)

4:35pm Common Match Date (Spicer)

4:36pm Election Results / Recognition of Outgoing Leaders (Heyman)

4:46pm Fall Council Meeting Location: Chicago, IL - November 16-17, 2017; suggested topics/format?

4:55pm Wrap Up - See you in the fall
CoPS Council Spring Webinar Meeting

Common Match Date

Dr. Robert Spicer
CoPS Council Spring Webinar Meeting

3pm: Welcome
Introductions
CoPS Update (Heyman)

3:10pm MOC (Nichols)

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CoPS Council Spring Webinar Meeting

New officers:

Member-at-Large
  Lisa Imundo, MD
  Rheumatology, Columbia University, NYC

Secretary-Treasurer
  Tandy Aye, MD
  Endocrinology, Stanford University, CA
CoPS Council Spring Webinar Meeting

“Retiring” officers:

Member-at-Large
Linda Van Marter, MD

Secretary-Treasurer
Patrick Leavey, MD

Continuing:
Mel Heyman, Rob Spicer, Deb Boyer, Jill Fussell
CoPS Council Spring Webinar Meeting

Pediatric Subspecialty Descriptions (resource for residents, med students)

Please update your section
http://pedsubs.org/SubDes/index.cfm

PED pa tric Subspecialties Descriptions

Pediatric Subspecialties

- Academic Generalist
- Adolescent Medicine
- Allergy and Immunology
- Cardiology
- Child Abuse
- Critical Care
- Dermatology
- Developmental and Behavioral
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Hematology-Oncology
- Hospitalist
- Infectious Diseases
- Neonatology
- Nephrology
- Neurology
- Pulmonary Medicine
- Rheumatology

Descriptions of Pediatric Subspecialties

These pages provide brief descriptions of what a career in one of these pediatric subspecialties involves. Each narrative was developed by representatives from the respective subspecialty and there are links on each page to provide additional information. The ACGME, National Resident Matching Program (NRMP) and San Francisco Match websites also serve as valuable resources. Interested individuals are highly encouraged to contact their advisor, categorical and fellowship program directors and/or faculty at their institution for more information. Two additional items:
CoPS Council Spring Webinar Meeting

Upcoming meetings, 2017:
• Monthly EC conference calls
• Executive Committee Meeting: Aug 3-4
• AMSPDC webinar – TBD
• Fall Council Meeting: Nov 16-17 (Chicago, IL)
Thank you!