VARIABILITY IN FELLOW ENTRUSTMENT ACROSS THE PEDIATRIC SUBSPECIALTIES FOR THE COMMON PEDIATRIC SUBSPECIALTY ENTRUSTABLE PROFESSIONAL ACTIVITIES

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Introduction
- Entrustable Professional Activities (EPAs) describe essential routine tasks that a practicing physician is expected to execute independently
- EPAs for the pediatric subspecialties include
  1. common to all (Fig.1)
  2. 3-6 subspecialty-specific

Fig. 1 Common Pediatric Subspecialty EPAs

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>Pubhealth</td>
<td>Public health principles and improvement methodology to improve care for populations, communities, and systems (QI)</td>
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<td>Consultation</td>
<td>Provide for and obtain consultation from other health care providers caring for children</td>
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<td>Management</td>
<td>Contribute to the fiscally sound and ethical management of practice (e.g. through billing, scheduling, coding, &amp; record keeping practices)</td>
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Methods
- Study Network
  - Subspecialty Pediatrics Investigator Network (SPIN) was utilized
  - Includes the 14 pediatric subspecialties with American Board of Pediatrics certification
  - Links the fellowship program director organizations
  - SPIN subspecialty representatives recruited programs to participate
  - Goal of > 20% program participation for each subspecialty

Data Collection
- At the time of the Clinical Competency Committee (CCC) meeting, CCC assigned level of supervision for each fellow for the 6 EPAs
- Used a validated level of supervision scale
  - 5 levels with progressive levels of entrustment
  - Scales developed to be consistent with current approach to fellow supervision
  - Supervision levels 4 or 5 considered entrustable

Data Analysis
- Linear and logistic regression
- Controlled for year of training
- Data are referenced to critical care

Results
- Differences (p<0.05) were observed in all EPAs (Fig. 2): pubhealth (n=5), management (5), consultation (2), leadteam (2), handover (1) and leadpod (1)
- In all cases except leadteam, subspecialties rated their trainees higher compared with critical care

Fig. 2 Level of Supervision by Year of Training (mean ± SE)

- This EPA, nephrology was the most stringent

CONCLUSIONS
- There was variability (p<0.05) in the percent of 3rd year fellows considered entrustable among the subspecialties (Fig. 3)
- Pubhealth had the most differences (n=8)
  - Fellows in Child Abuse, DBP and Adolescent were 3.5, 3.2 and 2.9 times, respectively, more likely to be judged entrustable compared with trainees in critical care
  - 5 differences were noted in management, 3 in leadpod and 1 each in leadteam and consultation
- No variability (p>0.05) was found in the handover EPA

HYPOTHESIS
- We hypothesized that there would be variability among the pediatric subspecialties in their determination of fellow entrustment for 6 of the 7 common pediatric subspecialty EPAs

Spin Steering Committee

Collaborators

Fig. 3 Percent (± SE) of Third Year Fellows Within Their Subspecialty Considered Entrustable

- There are differences in fellow entrustment decisions across the pediatric subspecialties
- Further studies are required to determine the factors contributing to this variability

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