

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
 - 7 common to all (Fig.1)
 - 3-6 subspecialty-specific

Fig. 1 Common Pediatric Subspecialty EPAs	Abbreviation
Apply public health principles and improvement methodology to improve care for populations, communities, and systems (QI)	Pubhealth
Provide for and obtain consultation from other health care providers caring for children	Consultation
Contribute to the fiscally sound and ethical management of practice (e.g. through billing, scheduling, coding, & record keeping practices)	Management
Facilitate handovers to another health care provider	Handover
Lead and work within interprofessional health care teams	Leadteam
Lead within the subspecialty profession	Leadprof
Engage in scholarly activities through the discovery, application, and dissemination of new knowledge	Not evaluated in this study

- Practice requirements of each of the pediatric subspecialties vary
- Training models for the subspecialties are different, e.g. majority of clinical time in first year of fellowship vs. distributed over 3 years
- There may be differences across the subspecialties in fellow entrustment decisions

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

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 $\geq 20\%$ 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 collected in spring 2015

Data Analysis

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

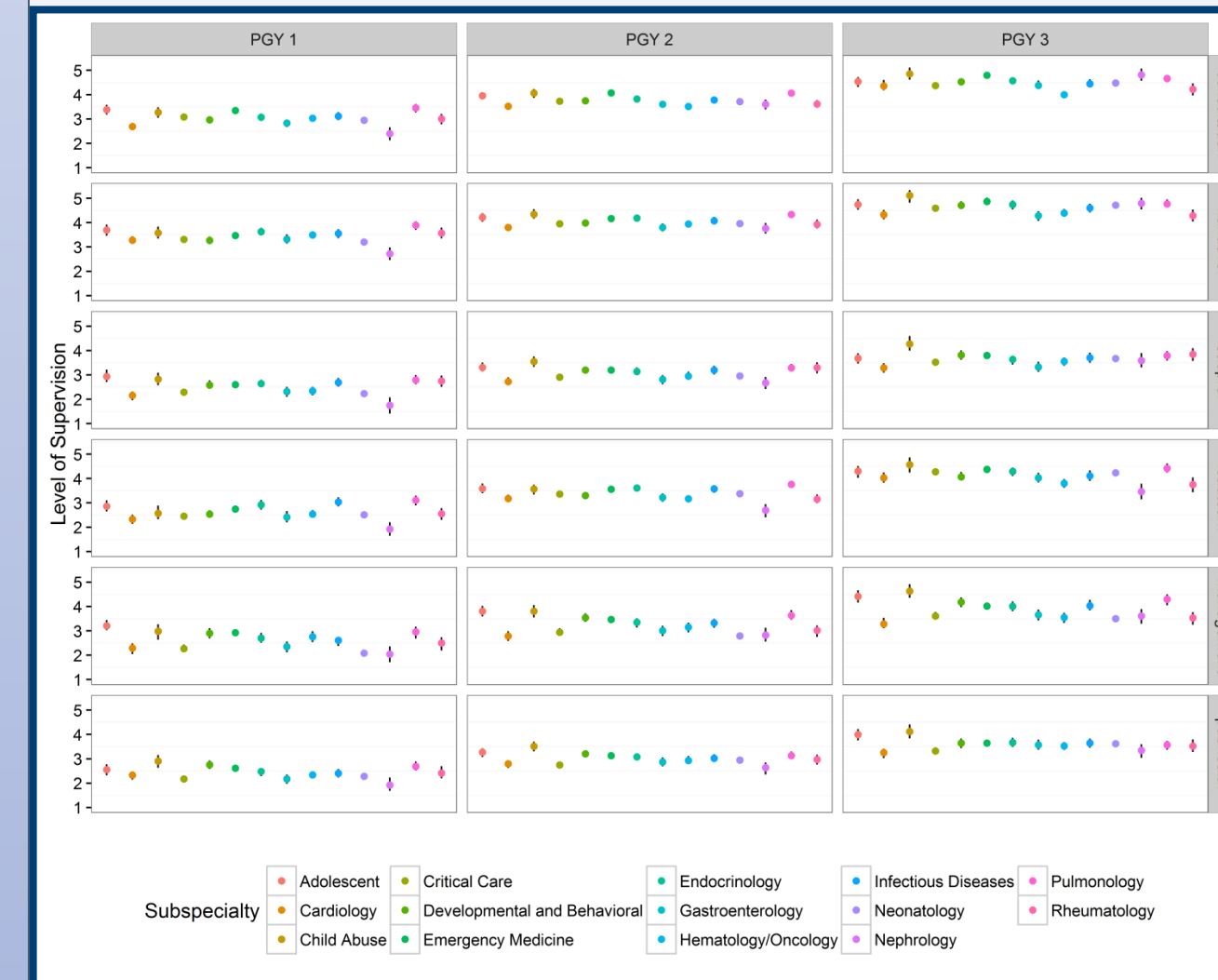
Results

Study Participation	Number
Institutions	81
Programs	209
Subspecialties with Program Participation $\geq 20\%$ (% of ACGME accredited fellowships)	79
Total Number of Fellows	1036
1 st year fellows	369
2 nd year fellows	336
3 rd year fellows	331

- All subspecialties contributed data

Results

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



- Differences ($p < 0.05$) were observed in all EPAs (Fig. 2): pubhealth ($n=5$), management (5), consultation (2), leadteam (2), handover (1) and leadprof (1)
- In all cases except leadteam, subspecialties rated their trainees higher compared with critical care
 - In this EPA, nephrology was the most stringent



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

Results

- 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 leadprof and 1 each in leadteam and consultation
- No variability ($p > 0.05$) was found in the handover EPA

Conclusions

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

SPIN Steering Committee

Adolescent Medicine: Sarah Pitts; Cardiology: Gina Baffa; Child Abuse: Bruce Herman; Critical Care: David Turner; Developmental & Behavioral Pediatrics: Jill Fussell & Pam High; EM: Deb Hsu; Endocrinology: Dianne Stafford & Tandy Aye; GI: Cary Sauer; Heme-Onc: Jennifer Kesselheim; ID: Angie Myers & Kammy McGann; Neonatology: Christiane Dammann & Patricia Chess; Nephrology: John Mahan; Pulmonary: Phina Weiss; Rheumatology: Megan Curran; APPD LEARN: Alan Schwartz; ABP: Carol Carraccio; APPD Fellowship Committee: Bruce Herman; CoPS: Richard Mink

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