




Program Directors Forum 2017

Update in ~~PM~~ CLP Fellowship Education

ACADEMY OF PSYCHOSOMATIC MEDICINE

Psychiatrists Providing Collaborative Care for Physical and Mental Health



APM 2017

Disclosure:
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With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company in the past 24 months which could be considered a conflict of interest.



Agenda

Paul Desan, MD, PhD, Chair, Education Committee

Madeleine Becker, MD, Fellowship Education Subcommittee

1. The Single Most Important Item of News in CLP Fellowship Education
2. Update on New Website & Fellowship Program Directory
3. Update on CLP Fellowship Programs
4. Update on the Match
5. Update on Competing Types of Fellowships
6. Review and Update on Program Requirements
7. Update on ACLP fellowship assessments
8. Other topics...



1. The Single Most Important Item of News in CLP Fellowship Education

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**WE ARE 100%
IN MATCH!**



2. Update on New Website

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New Website with Resources for PDs

- Fellowship Program Directors Guide
- 22 vignettes for fellowship education and evaluation
- All three ~~APM~~ ACLP evaluation forms and guide
- Slides from Program Directors Forum 2015
 - includes updates on PM Fellowship Program characteristics; history of the Match in graduate medical education, most recent PM Match statistics; survey of fellows regarding Match; new Program requirements and the Milestones; three new APM Fellowship Assessments, including a mobile option; also results of a survey of 101 current and recent fellows regarding factors affecting choice of PM as career.



New Website with Resources for PDs

- Slides from Program Directors Forum 2016

- includes updates on PM Fellowship Program characteristics; most recent PM Match statistics; new Match policies; update on possible new Program requirements; Program Directors Guide now available; results of a survey of program directors regarding specific program approaches to meeting ACGME requirements, use of evaluation methods, and challenges faced.

- more to come and will post tonight's slides as well



New Fellowship Program Directory: updated fields -

Institution Name

Program Director Name, Address, Telephone

[Email program contact](#) – *you can select who should be listed*

Accepts the Common Application – y / n

Available positions:

Number of hospital beds:

Number of inpatient consults per year:

Number of full-time faculty equivalents:

Annual salary:

Clinical Experience, average, inpatient (hours/week):

Clinical Experience, average, outpatient (hours/week):

Didactics and seminars, average (hours/week):

J1 visa accepted (y/n):

H1 visa accepted (y/n):

Academic project required?

Website:

Brief description of program:



New Fellowship Program Directory: optional fields -

The following are optional and are intended to direct application questions and materials, if you wish to use:

Contact information for application:

Name:

Title: - *eg, Program Coordinator*

Address:

Telephone:


E-mail:



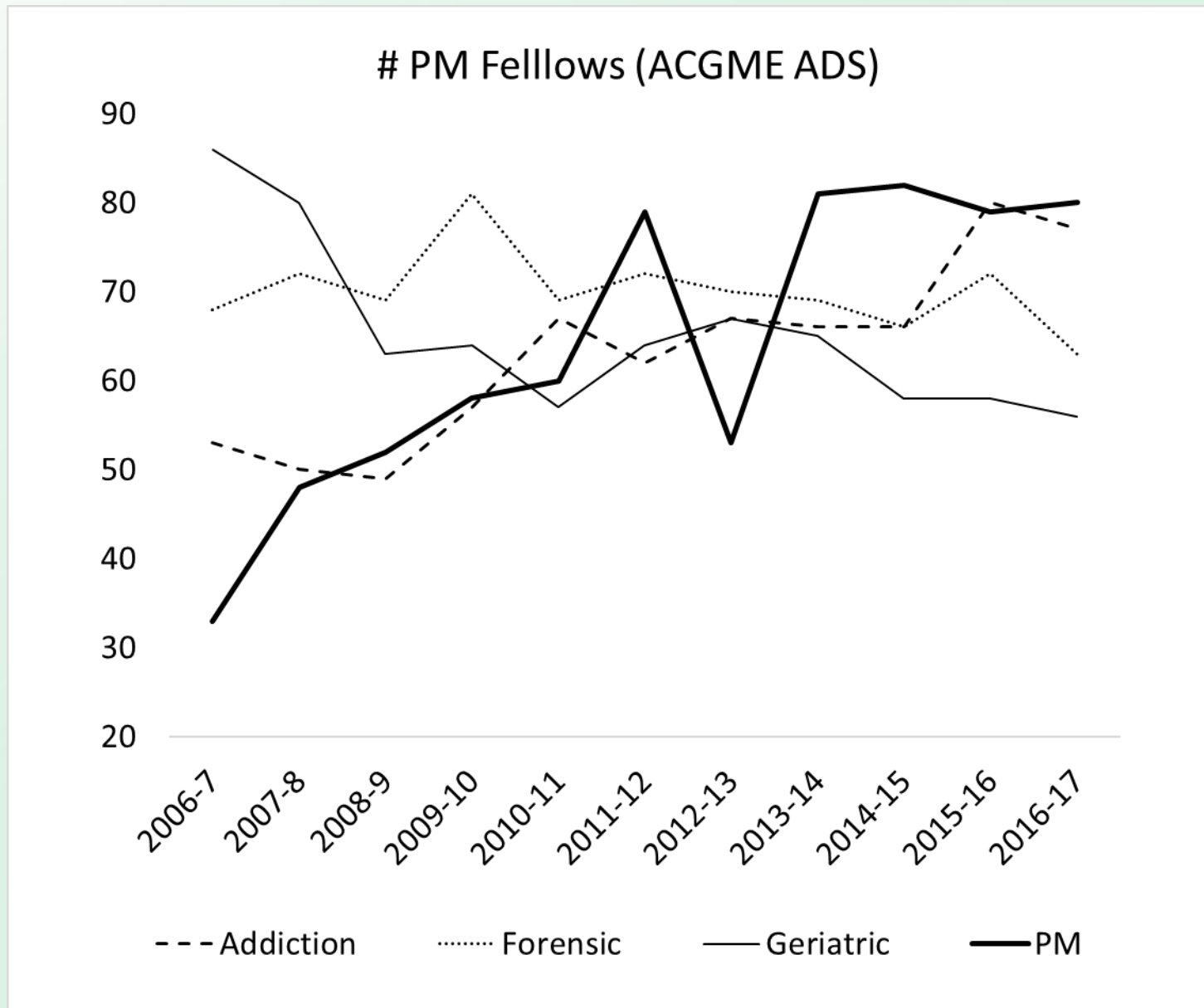
3. Update on CLP Fellowship Programs

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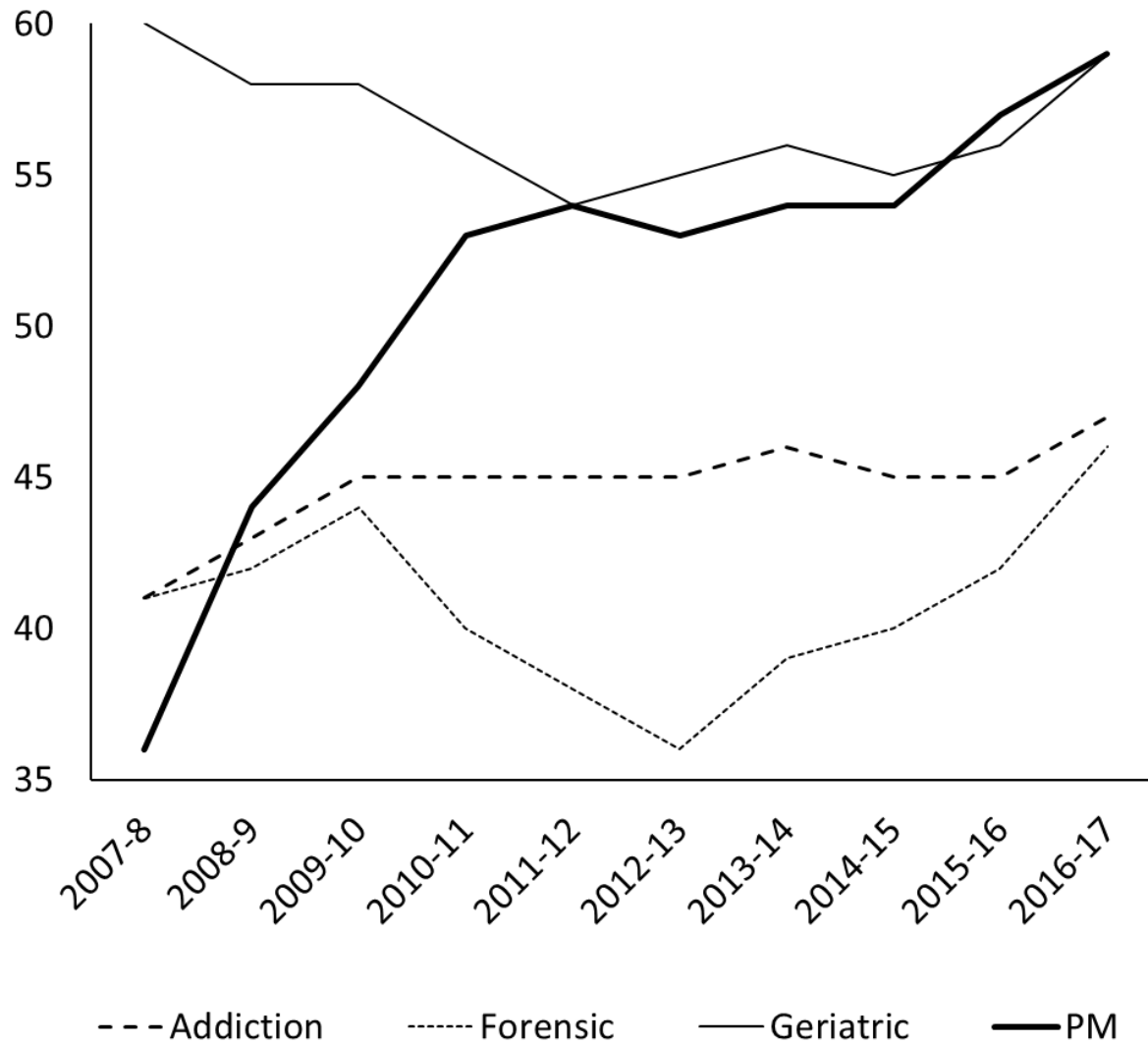


How are
we doing?

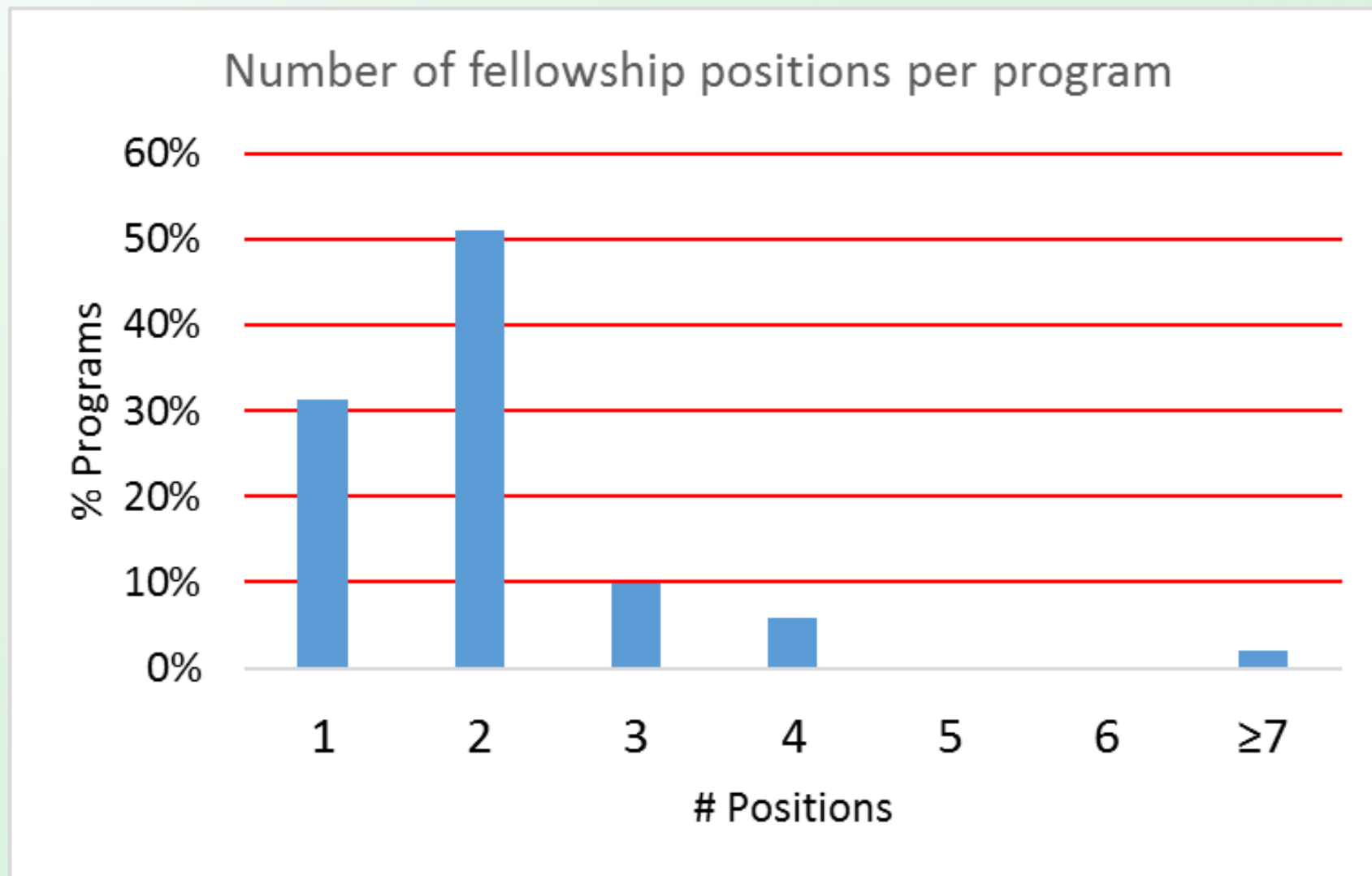




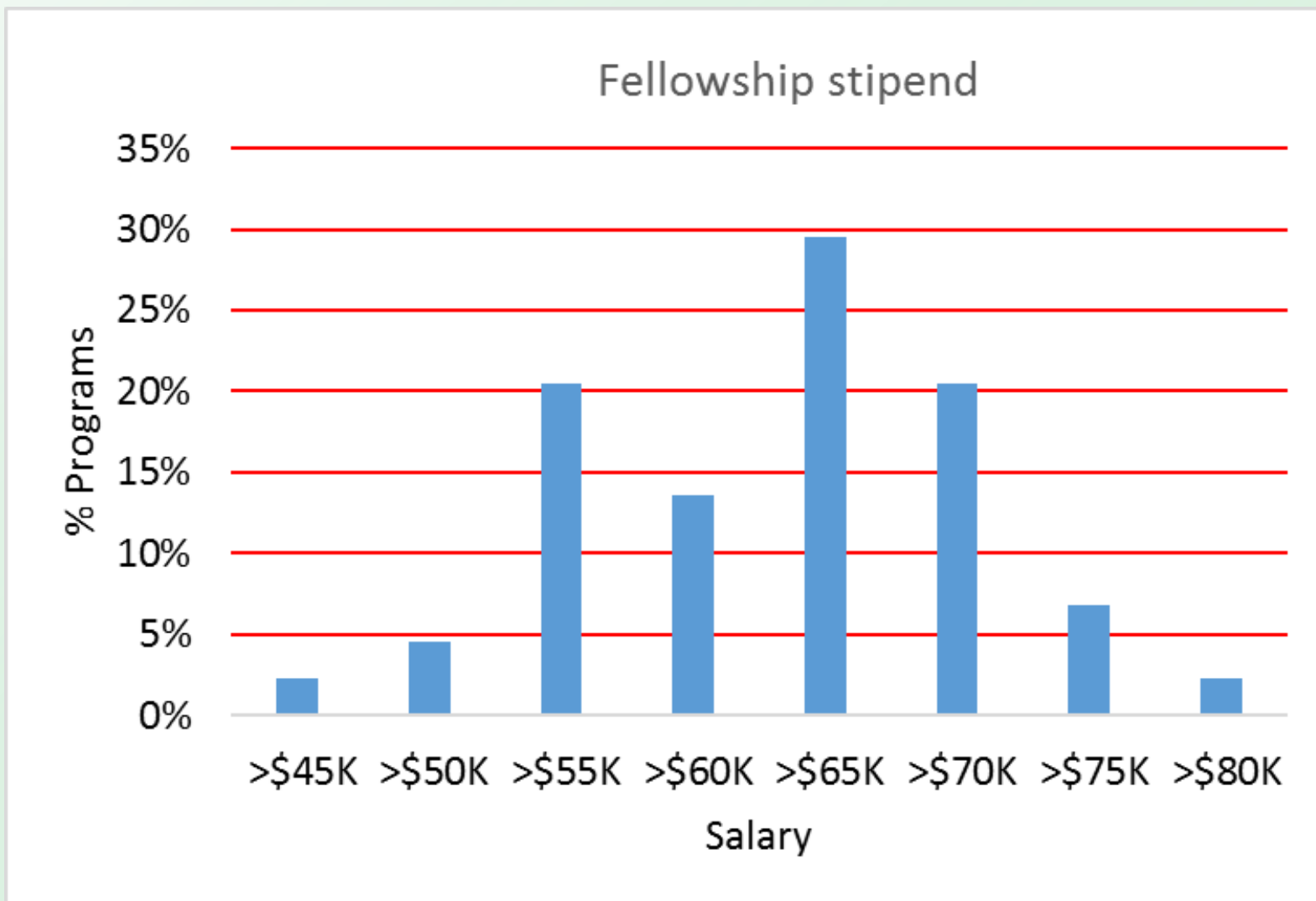
Fellowship Programs (ACGME ADS)



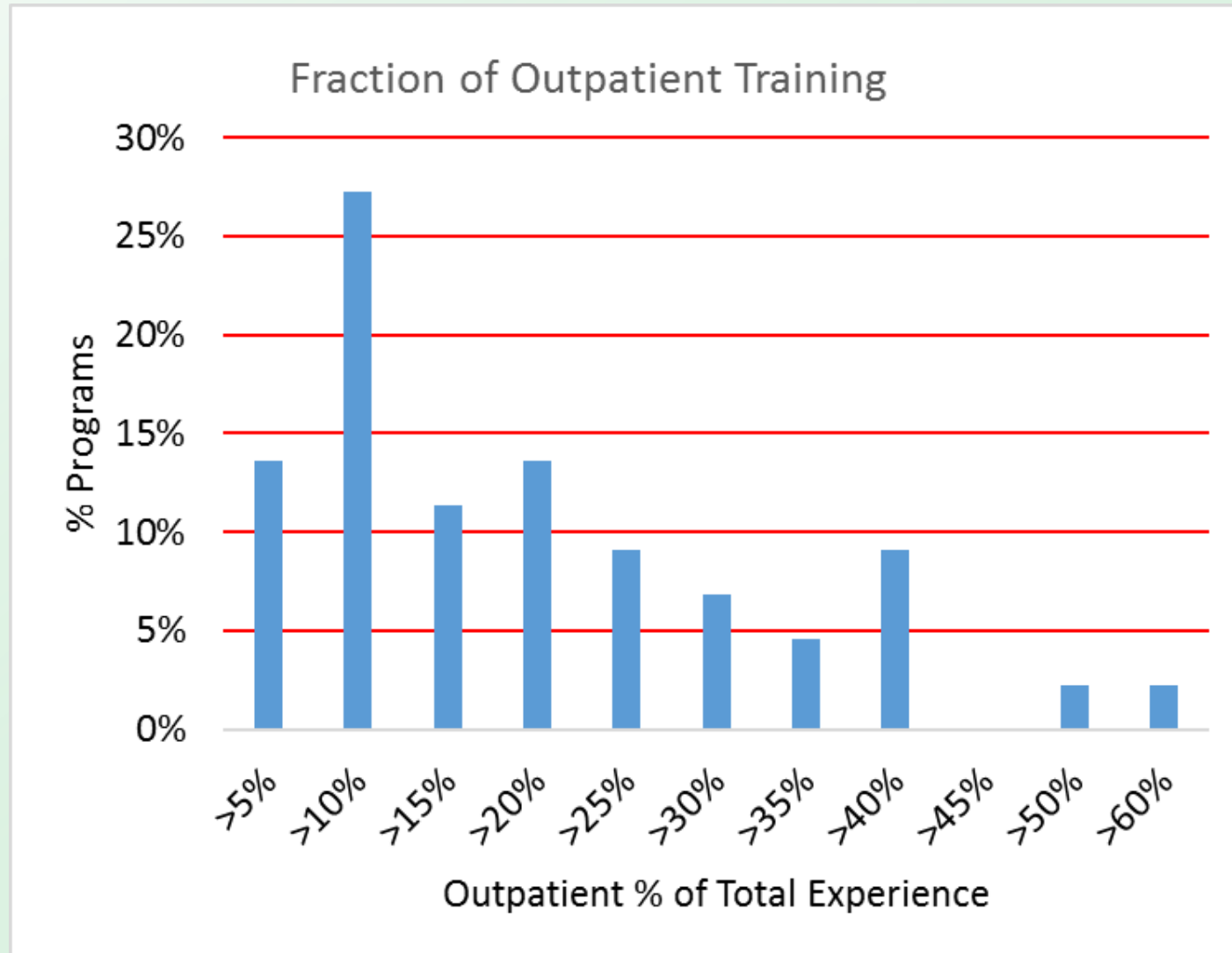
CLP Fellowships 2017: number of positions



CLP Fellowships 2017: salary



CLP Fellowships 2017: inpt vs outpt experience





CLP Fellowships 2017: visa requirements

- Accept J1 visa applicants: 90%
- Accept H1 visa applicants: 52%



4. Update on CLP Match

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Match in US graduate medical education

1940s: due to need for residents, hospitals begin signing residents earlier and earlier, offering “exploding matches” with 48-72 hour deadlines

1950s: NRMP Match established at demand of residents

1995: Match discovered to be using “hospital proposal” system, which favors hospitals

1997: Match algorithm switched to “resident proposal”

2012: Nobel prize in Economics for match algorithms

2013: Match introduced in PM

2017: 100% program participation accomplished in CLP

~~Psychosomatic Medicine Match~~

Consultation-Liaison Psychiatry Match

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Number of positions:	95	93	101	105
Number of applicants:	73	68	80	74
Number matched:	66	64	73	70
<i>Positions filled:</i>	<i>69%</i>	<i>69%</i>	<i>72%</i>	<i>67%</i>
Choices:				
First choice	74%	65%	72%	72%
Second choice	14%	12%	12%	11%
Third choice	3%	10%	5%	9%
> 3 rd choice	0%	7%	1%	3%
Other specialty	1%	0%	1%	0%
Unmatched	8%	6%	8%	5%



~~Psychosomatic Medicine Match~~

Consultation-Liaison Psychiatry Match

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
US allopathic:	68%	56%	59%	60%
US osteopathic:	9%	5%	8%	10%
Canadian:	2%	3%	3%	0%
US international:	12%	14%	11%	11%
Non-US international:	9%	22%	19%	19%



Survey of fellows - November, 2014

The Match gives all applicants an opportunity to interview at all the programs they wish to visit and consider.

Agree: 90%

The Match should be continued as continued as the means for applying to Psychosomatic Medicine fellowships.

Agree: 82%



The Match

NRMP: National Resident Matching Program, 2017

- **November 8th:** Rank order list opens
- **November 29th:** Quota change deadline
- **December 13th:** Rank order list deadline
- **January 3th:** Match Day!



The Match

The purpose of the Specialties Matching Service (SMS) is to provide a uniform time for both applicants and programs to make their selections **without pressure**. All participants in the SMS shall conduct their affairs in an ethical and professionally responsible manner and shall respect the right of applicants to **freely investigate program options prior to submission of a final rank order list**.



Match Communication Code of Conduct

- One of the purposes of the *SMS is to allow both applicants and programs to make selection decisions on a uniform schedule and without coercion or undue or unwarranted pressure.*
- *Both applicants and programs may express their interest in each other; however, they shall not solicit verbal or written statements implying a commitment.*



Match Communication Code of Conduct

- Program directors shall **instruct all interviewers about compliance with** Match policies and the need to ensure that all applicant interviews are conducted in an atmosphere that is safe, respectful, and nonjudgmental.
- **Program directors shall assume responsibility for the actions of the entire interview team.**



Match Communication Code of Conduct

During the interview and matching processes, it is a breach of this Agreement for:

- a program to ask applicants **the names, specialties, geographic locations, or other identifying information about programs to which they have or may apply**
- asking illegal or coercive questions; about **age, gender, religion, sexual orientation, and family status**, PDs shall ensure that communication with applicants remains focused on the applicant's **goodness of fit** within their programs
- a program to request applicants to **reveal ranking preferences**
- <http://www.nrmp.org/code-of-conduct/>

Match Communication Code of Conduct

- **PDs should not require second visits or visiting rotations**, and shall respect the logistical and financial burden many applicants face in pursuing multiple interactions with programs and shall not require them or imply that second visits are used in determining applicant placement on a rank order list.
- **Discouraging unnecessary post-interview communication**.
Program directors shall not solicit or require post-interview communication from applicants, nor shall program directors engage in post-interview communication that is disingenuous for the purpose of influencing applicants' ranking preferences.
- <http://www.nrmp.org/code-of-conduct/>



Match Communication Code of Conduct

- **It is a violation for a program and an applicant in the *SMS* to *make any verbal or written contract for appointment to a concurrent year fellowship position prior to the release of the List of Unfilled Programs.***



Dealing with internal or preferred applicants

- It is not a violation to inform an applicant that you will rank them to match
- It would be a violation to require them to inform you how they intend to rank your program



5. Update on competing types of fellowships

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Integrated Care / Primary Care Fellowship Programs

- The University of Washington operates an “Integrated Care Fellowship” with up to 5 positions annually under the leadership of Anna Ratzliff, MD. The program emphasizes research and implementation expertise, beyond clinical skills alone.
- Montefiore (Albert Einstein College Of Medicine) offers an “Integrated Behavioral Health Care and Population Management Fellowship” under the leadership of Sally Rickitts, MD. This program also appears to emphasize implementation skills rather than clinical training alone.
- Northeast Ohio Medical University (NEOMED), Departments of Psychiatry and Family and Community Medicine, offers an Integrated Community Psychiatry and Primary Care Fellowship, under the leadership of Douglas Smith, MD.
- Additional programs in “primary care” psychiatry appear to derive from community psychiatry traditions and appear to represent more strictly clinical programs.

Women's Psychiatry Programs


- University of Illinois at Chicago - Chicago, IL 1998
- Brigham and Women's Hospital - Boston, MA 2008
- Columbia University; New York Presbyterian Hospital - New York, NY 2008
- New York University Medical Ctr, Bellevue Hospital Ctr - New York, NY 2012
- University of North Carolina Chapel Hill - Chapel Hill, NC 2012
- Brown Univ Alpert Med Sch; Women' and Infant's Hosp - Providence RI 2013
- Loyola Univ Stritch Sch of Med; Edward Hines Jr. VA Hosp - Chicago, IL 2014
- Keck Sch of Med Univ of Southern California - Los Angeles, CA 2016
- Northwestern University - Chicago, IL 2016
- Johns Hopkins University School of Medicine - Baltimore, MD 2016
- Case Western Reserve Univ Sch of Med; Univ Hosp - Cleveland, OH 2016
- Medical University of South Carolina - Charleston, SC 2016



6. Review and Update on Program Requirements

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ACGME Common Program Requirements for One-year Fellowships

- Updated July, 2017



Program director

- There must be a single PD with authority and accountability for the operation of the program.
- Must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas.
- Must devote 10 hours week in programs with 1-2 fellows, 15 hours a week with 3 or more fellows.
- Includes admin time, didactic time, fellow supervision, and time directly observing fellows in clinical setting.
- The sponsoring institution and the program must ensure that the program director has sufficient time and financial support for his or her educational and administrative responsibilities of the program.



Faculty

- There must be a sufficient **number of faculty** with documented qualifications to instruct and supervise all fellows.
- The faculty must devote a **sufficient time** to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in the education of fellows.
- Faculty must have **current certification** in the subspecialty by the ABPN or possess qualifications judged to be acceptable to the review committee.



Personnel

- The institution and the program must jointly assure the availability of all nec professional, technical and clerical personnel for the effective administration of the program.



Resources

- IID. The institution and the program must jointly ensure the availability of adequate **resources** for fellow education.



Fellow appointments

- All clinical education for entry into ACGME-accredited fellowship programs should be completed in **ACGME-accredited residency program**, or RCPSC- or CFPC-accredited programs.
- There are no **exceptional candidates** in Psychiatry fellowships (including no international “ACGME-i” candidates).
- Must receive **verification** of each entering fellows level of competency using **Milestones assessments from core residency program**.



Educational program

- IV.A1. Curriculum must contain skills and competencies that the fellow is able to demonstrate at the end of the program. PD must **distribute these competencies** in written or electronic form.



PM/CL educational Program

- Journal clubs, critical incident conferences, weekly didactics seminars and teaching patient rounds.
- Must document attendance of at least **70%** of required didactics.
- Each fellow must have a min of 2 hrs of faculty preceptorship weekly, one hour 1:1.



PM/CL Educational Program

- Each fellow must have a **patient log**: *this is a **detail requirement** (not a core requirement) and may be met in different ways.*
- Fellow must engage in **scholarly activity**: *developing new knowledge or evaluating research findings.*



V.A: Fellow Evaluation

- PD must appoint the **Clinical Competency Committee (CCC)**.
- Must be composed of at least 3 members of the faculty.
- Must be a **written description** of the responsibilities of the CCC.



VB: Formative Evaluation

- The faculty must evaluate fellow performance in a timely manner.
- Must provide **objective assessments** of competence in pt care and medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems based practice.



VA3: Summative evaluation

- **Milestones for PM**
- **Summative evaluation** upon graduation must be:
 - permanent to the institution
 - accessible to the fellow
 - document fellows performance during their education
 - verify sufficient competence to practice without supervision



VB: Faculty evaluation

- At least **annually, program must evaluate faculty performance** and include a review of:
 - clinical teaching abilities,
 - commitment to the educational program,
 - clinical knowledge,
 - professionalism,
 - scholarly activities.



Program evaluation and improvement

- PD appoints **Program Evaluation Committee (PEC)**
- At least 2 faculty members and 1 fellow
- Provide written description of responsibilities:
- Planning, developing, implementing and evaluating educational activities of the program
- Reviews and makes recommendations for revision of the competency based curriculum goals and objectives,



PEC

- Addresses areas of non-compliance with ACGME standards,
- Reviews the program annually using evaluations of faculty, fellows and others.
- The program, through the PEC, must document formal systematic evaluation of the curriculum at least annually and is responsible for rendering a **written annual program evaluation**.



PEC

- Prepare a **written plan of action** to document initiatives to improve performance in one or more of the areas listed and delineate how they will be measured and monitored.



The Learning and Work Environment

- Must emphasize **safety and quality of care**,
- Excellence in professionalism through faculty modeling,
- Commitment to the **well-being** of the students, residents/fellows, faculty and all members of the health care team.



vi. Patient Safety, Quality Improvement

- The program, its faculty, residents, and fellows **must actively participate in a pt safety systems** and contribute to a culture of safety.
- Provide formal educational activities that promote pt safety related goals, tools and techniques.
- Participate in clinical pt safety activities including root cause analysis or other activities.



The Program

- Must provide training and opportunity to participate in disclosing **adverse events** to pts and families.
- Receive training and experience in **quality improvement** process.
- Fellows and faculty must **receive data** on quality metrics and benchmarks related to their patient populations.



Supervision

- Each patient has an identifiable and appropriately credentialed attending **physician responsible** and accountable for their care.
- Fellows must know the limits of their scope of authority and the circumstances under which the fellow is permitted to act with conditional independence.



vIB: professionalism

- Learning objectives of the program should be accomplished through appropriate blend of supervised pt care responsibilities, clinical teaching and didactics.
- Be accomplished without excessive reliance on fellows to fulfill non-physician obligations.
- Ensure manageable pt care responsibilities



VI.C: Well-being

- Responsibility to enhance the meaning that fellow finds in the experience of being a physician.
- Policies that encourage optimal fellow and faculty well-being.
- Fellows must be given opportunity to attend medical, mental health and dental care appointments **including those scheduled during work hrs.**



Wellbeing

- Provide access to confidential and affordable mental health assessment, counseling and treatment including access to urgent and emergent care 24 hrs a day 7 days a week.



VI.D: Fatigue mitigation/duty hours

- Educate to recognize the signs of fatigue and sleep deprivation.
- No more than 80 hrs a week, averaged over 4 wk period, **including moonlighting.**
- Mandatory time free of clinical work and education.



Work hour exceptions

- Fellows on their own initiative can elect to remain at work for:
 - continuity of care of a single severely ill pt,
 - humanistic attn to need of pt or family,
 - to attend unique educational events.
- (Additional hrs count toward the 80)



Program Directors Guide

ACGME requirements

- One-year fellowship program requirements
- Psychosomatic Medicine Fellowship requirements
- 4 pages
- Includes bare-bones schedule
- Sample checklist for incoming/outgoing fellows



6. APM Fellowship Assessments

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~~APM~~ ACLP Fellowship Assessments

- The ACGME urges all programs to use objective assessments developed by national specialty organizations
- These are available in MedHub (go to shared assessments, use Yale version – *caution: there was an incorrect version being shared*) and in New Innovations (go to external templates)
- At the present time, we have developed three assessments
 - APM Fellowship Evaluation: Overall
 - APM Fellowship Evaluation: 360° Assessment
 - APM Fellowship Evaluation: Observed Consultation

Overall assessment on MedHub: mobile use

1 Consultative & Integrative Patient Care Question clarification & data collection

Basic		Intermediate		Advanced		Expert		Leadership	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Consultative & Integrative Patient Care Patient interview

Basic		Intermediate		Advanced		Expert		Leadership	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 Consultative & Integrative Patient Care Diagnostic & therapeutic formulation

Basic		Intermediate		Advanced		Expert		Leadership	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall assessment on MedHub: mobile use

5 Consultative & Integrative Patient Care Integrative care role (if applicable)

Basic		Intermediate		Advanced		Expert		Leadership	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 Consultative & Integrative Patient Care Comment:

7 Knowledge of Psychosomatic Medicine Primary psychiatric disorders in medically ill



Verizon 2:18 PM

Faculty evaluation of a resident

APM Fellowship Evaluation: Observe...

1 Interview: process & relationship with patient

2 Interview: relevant, accurate data collection

3 Chart, lab & collateral data collection

4 Formulation & treatment planning

Observed Consultation assessment on MedHub: mobile use

APM Fellowship Evaluation: Overall

Instructions:

"Basic" should indicate elementary knowledge or skill level in PM. "Intermediate" should reflect adequate knowledge of standard diagnoses and interventions of PM: one would expect that a well-trained PGY-IV graduate might attain roughly this level. "Advanced" should correspond to reliable competence in handling routine situations with limited supervision in consult practice: one might expect a fellow in training to achieve this level during the course of the fellowship year. "Expert" should depend on fluency in handling complex, extreme, or unusual situations in PM, as might ideally be reached at the end of fellowship training (this should not be regarded as the minimum level of competence for a PM). "Leadership" should reflect the ability to contribute to the advancement of PM, as in the generation or improvement of programs, or the development of new care systems: this level should be reached by a PM who is ready to assume a leadership role.



Subject Name

Status

Employer

Program

Rotation

Evaluation Dates

Overall assessment
on New Innovations:
desktop use

Name

Program

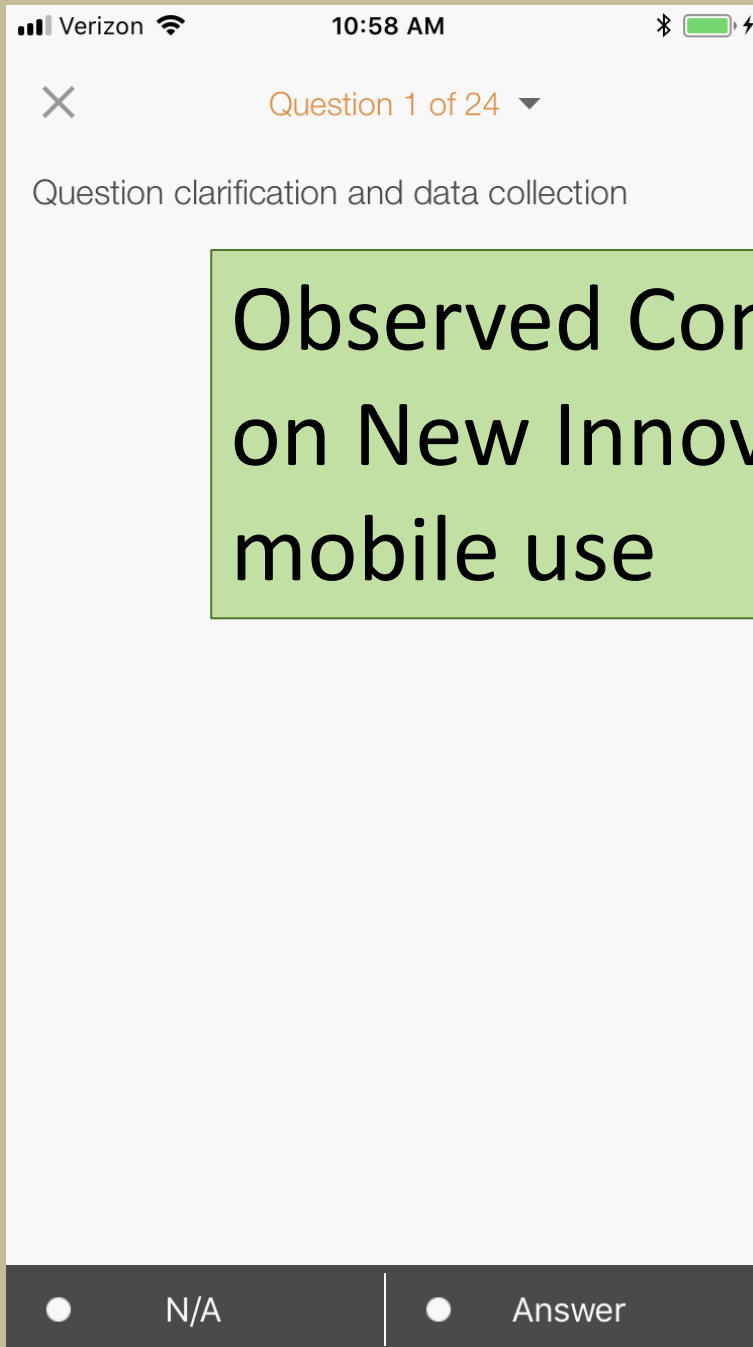
Consultation & Integrative Patient Care

1* Question clarification & data collection

Basic		Intermediate		Advanced		Expert		Leadership	N/A
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2* Patient interview



Observed Consultatin on New Innovations: mobile use





7. Additional topics...

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Thank you!

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