Program Directors Forum 2017

Update in PM CLP Fellowship Education

ACADEMY OF PSYCHOSOMATIC MEDICINE
Psychiatrists Providing Collaborative Care for Physical and Mental Health
Disclosure:
Paul Desan, MD, PhD
Madeleine Becker, MD

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
WE ARE 100% IN MATCH!
2. Update on New Website
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
How are we doing?
# PM Fellows (ACGME ADS)

- - - Addiction
- - - Forensic
- - - Geriatric

PM
CLP Fellowships 2017: number of positions

Number of fellowship positions per program

- 60% of programs have 1 position
- 50% of programs have 2 positions
- 40% of programs have 3 positions
- 30% of programs have 4 positions
- 20% of programs have 5, 6, or ≥7 positions
CLP Fellowships 2017: salary

Fellowship stipend

% Programs

Salary

>$45K  >$50K  >$55K  >$60K  >$65K  >$70K  >$75K  >$80K
CLP Fellowships 2017: inpt vs outpt experience

Fraction of Outpatient Training

% Programs

Outpatient % of Total Experience
CLP Fellowships 2017: visa requirements

- Accept J1 visa applicants: 90%
- Accept H1 visa applicants: 52%
4. Update on CLP Match
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

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<td>Number of applicants:</td>
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<td>64</td>
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<td>65%</td>
<td>72%</td>
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<td>Unmatched</td>
<td>8%</td>
<td>6%</td>
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# Psychosomatic Medicine Match
Consultation-Liaison Psychiatry Match

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<td>US allopathic:</td>
<td>68%</td>
<td>56%</td>
<td>59%</td>
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<td>9%</td>
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<td>US international:</td>
<td>12%</td>
<td>14%</td>
<td>11%</td>
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<tr>
<td>Non-US international:</td>
<td>9%</td>
<td>22%</td>
<td>19%</td>
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</table>
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 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 3rd**: Match Day!
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
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
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 conductive 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 necessary 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.
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 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 an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactics.
- Be accomplished without excessive reliance on fellows to fulfill non-physician obligations.
- Ensure manageable patient 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)
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
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

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Overall assessment on MedHub: mobile use

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Consultative & Integrative Patient Care Comment:

Knowledge of Psychosomatic Medicine Primary psychiatric disorders in medically ill
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
Overall assessment on New Innovations: desktop use
Observed Consultation on New Innovations: mobile use
7. Additional topics...
Thank you!