Becoming a Medical Specialist and a Lifelong Learner: Residency, Fellowship, and Continuing Medical Education

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Topics for Tonight

• Graduate Medical Education (GME)
  – Residents
  – Fellows
  – Advanced fellows (not yet formally accredited)

• Lifelong Learning
  – Continuing Medical Education (CME)
  – Maintenance of Certification (MOC)
What is Postgraduate Training?

- Medical School (UME)
- Residency (First Board)
- Fellowship
- Graduate Medical Education
- Specialization

May or may not be eligible for board certification upon completion.
Specialties of Medicine

- Allergy & Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine & Rehabilitation
- Preventive Medicine
- Plastic Surgery
- Preventive Medicine
- Psychiatry & Neurology
- Radiology (includes Radiation Oncology)
- Surgery
- Thoracic Surgery
- Urology
## Specialties and Subspecialties of Medicine

<table>
<thead>
<tr>
<th>Residency Programs</th>
<th>Fellowship Programs</th>
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<tbody>
<tr>
<td>Internal Medicine</td>
<td>Cardiology</td>
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<td></td>
<td>Rheumatology</td>
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<td>Hematology/Oncology</td>
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<tr>
<td>Pediatrics</td>
<td>Pediatric Critical Care</td>
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<td>Pediatric Nephrology</td>
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<td>General Pediatrics</td>
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<td>Radiology</td>
<td>Abdominal Imaging</td>
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<td>Cross-Sectional Imaging</td>
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<td>Pediatric Radiology</td>
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<td>Ophthalmology</td>
<td>Uveitis</td>
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<td>Retina</td>
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<td>Glaucoma</td>
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<td>Neurological Surgery</td>
<td>Functional Neurosurgery</td>
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<td>Spine</td>
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What is a Resident or Fellow?

- Med School Graduate
- Doctor (Medical License)
- Care Provider
- Team Member
- Learner
- Scholar
- Teacher
- Patient Advocate
- Community Advocate
Education versus Service
Supervision versus Autonomy
2017-2018
UCSF Residents and Fellows

- 944 Residents
- 311 ACGME/ABMS Fellows
- 296 Non-ACGME Fellows
- 27 Residencies
- 63 ACGME/ABMS Fellowships
- 93 Non-ACGME Fellowships
Oversight and Quality: ACGME and UCSF

• Requirements
  1. Institutional
  2. Common Program
  3. Program

• Review Committees
  – Length of training
  – How many trainees
  – What they have to learn
  – How they have to learn
  – Program personnel
  – Well-being
  – Evaluation and assessment
  – How is the program doing

Sponsoring Institution
Designated Institutional Official
Rotations and Sites
Faculty
Work Hours
Learning Environment
Continuous Improvement

The “Next Accreditation System”
“Continuous”
Observations

Assure Improvement has occurred and is sustained

Promote Innovation

Identify areas for improvement

Assess and address the reasons for the areas needing improvement
(Diagnosis and Treatment)

© 2014 Accreditation Council for Graduate Medical Education
The Building Blocks of the ACGME Accreditation System

- Program Self Study Visits – 10 years
- Institutional Self Study Visits – 10 years
- Additional Site Visits as Needed
- Continuous RRC Oversight and Accreditation
  Core Program Oversight of Subspecialties
  Sponsor Oversight for All
- Clinical Learning Environment Review (CLER) Visits every 18 months
Outcome Data for Annual Review

• Program attrition
• Program changes
• Scholarly activity (faculty and trainees)
• Board pass rate (from Boards)
• Clinical experience (case logs, survey data)
• Resident survey
• Faculty survey
• Milestone reporting
Categories of Accreditation

Initial Accreditation
- New Programs

Accreditation with Warning
- Accredited Programs on Probation or Warning
- Probationary Accreditation

Withhold Accreditation
- Withdrawal of Accreditation

Maintenance of Accreditation
- Accredited Programs without Major Concerns
- Continued Accreditation

STANDARDS
- Structure
- Resources
- Core Process
- Detailed Process
- Outcomes
GME Principles

• Excellence in quality of care of today’s patients
• Excellence in quality of care of patients cared for by today’s residents in the future
• Excellence in professionalism through faculty modeling:
  – Effacement of self-interest in a humanistic environment
  – Joy of curiosity, problem-solving, intellectual rigor, discovery
• Commitment to well-being of residents, faculty, students and all members of health care team
Primary Drivers

- Align the organization’s strategic priorities and GME strategic priorities.
- Establish the processes and practices that fully integrate CLE staff and learners into the pursuit of quality, safety, equity, and value in the organization.
- Create qualified, engaged, and motivated educators capable of practicing, teaching, and assessing quality, safety, equity, and value to residents.
- Maximize shared learning with coordinated educational resources across health professions.

AIM
Integrate health care delivery system operations and graduate medical education (GME), such that the clinical learning environment (CLE) enables measurable improvement in both learner experience and patient care.
UCSF Health

MISSION
Caring – Healing
Teaching – Discovering

VISION
Be the best provider of health care services,
the best place to work and
the best environment for teaching and research.

VALUES
Professionalism – Respect – Integrity – Diversity - Excellence

TRUE NORTH PILLARS & STRATEGIC PRIORITIES
- Patient Experience
  - Deliver an Outstanding Patient Experience
- Quality & Safety
  - Achieve Zero Harm
  - Continually Improve Patient Care
- Our People
  - Create an Optimal Work Experience
- Financial Strength
  - Lower Our Costs
- Strategic Growth
  - Expand Our Reach
  - Optimize Access
- Learning Health System
  - Advance, Apply and Disseminate Knowledge

THE UCSF HEALTH WAY: OUR MANAGEMENT SYSTEM
Align – Engage - Improve

REDEFINING POSSIBLE
Financing Graduate Medical Education

- Mostly from Medicare Trust Fund
- Institution sends reports to Medicare
- Each clinical site contributes
- Must be paid at all times (no volunteering)
- Other funding:
  - State appropriated
  - Grants
  - Department funds
  - Other funds
  - Military
- All funds processed through UCSF School of Medicine (except military)
Continuing Medical Education (CME)

• CME is for practicing health care providers, designed to support and improve:
  – Medical Knowledge
  – Patient Care and Procedural Skills
  – Practice-based Learning and Improvement
  – Communication
  – Professionalism
  – Systems-based Practice
  – Technology Skills
Continuing Medical Education (CME)

• >790 Accredited CME providers in the US
  – 132 are medical schools
• Accredited by the Accreditation of Council of CME (ACCME)
• CME credits are required to maintain licensure
Continuing Medical Education (CME)

- Valid continuing education credit for other professions
- Purpose is to improve knowledge, competence, performance and patient outcomes through unbiased education and training
- CME is one part of Continuous Professional Development (CPD)
CME Design: CME Fills a Gap

- Practice gap is the result of an educational or practice need:
  - Knowing something
  - Knowing HOW to do something
  - Actually doing something

**Ideal Practice**
= 100% VTE prophylaxis

**Current Practice**
= 33% VTE prophylaxis

**Practice Gap**
67% of eligible pts do not receive VTE prophylaxis
CME Design: Avoiding Bias

• Education without influence of commercial interests.
• Disclosure of financial relationships from anyone in control of content.
• Financial relationship with a company that produces goods or services related to the education = conflict of interest.
• Conflicts must be resolved or eliminated.
• Education must be evidence-based, scientifically rigorous, within accepted practice, and without commercial bias.
CME Design: How Does it Work?

• Identify a gap and determine the need (knowledge, competence or performance). *What is it providers are not doing?*

• Determine the expected outcomes of education. *What is it providers ought to be doing?*

• Plan an activity to deliver the knowledge, strategies and skills to meet the need and fill the gap.
CME Design: Target Audience

- Global
- North America
- California
- Bay Area
- UCSF Health

UCSF CME
CME Design: How Does it Work?

• Make a plan to evaluate the effectiveness.
• Revise and repeat, if necessary.
• Peer review to ensure elements are satisfactory and meeting UCSF’s mission for continuing education.
CME Design: Ensuring Independence

• Obtain financial relationships.
  – Disclosure form
  – Verbal/email dialogue
• Identify conflicts of interest.
  – Products/services of company related to content = Conflict of interest
• Mitigate, or resolve, conflicts of interest.
  – Content validation
  – Consultation to avoid bias and treatment recommendations
  – Peer review
• Monitor perceptions of bias through evaluation.
CME Design: Evaluation

- Educational activity assessed for impact on improving strategies, skills, performance or patient outcomes.
  - Surveys
  - Post-tests
  - Case Vignettes
  - Direct observation
  - Patient charts, registries
- Assessment level is based on Moore’s Pyramid for CME Outcomes
CME Delivery: UCSF

- Courses, conference, symposia (in-person) – 90/year
- Webinars, streaming video, streaming audio (online, on-demand) – 45/year
- Grand rounds, M&M conferences, tumor boards, monthly webinars – 60/year
- Adjunct activities include non-accredited activities.
- Patient and community education to better inform healthcare consumers and integrate shared decision-making
- Quality Improvement projects.
## Maintenance of Certification (MOC)

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<tr>
<th>MOC Component</th>
<th>Commonly known as…</th>
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<tbody>
<tr>
<td>Part I: Professionalism and Professional Standing</td>
<td>State Licensure</td>
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<tr>
<td>Part II: Lifelong Learning and Self-Assessment</td>
<td>CME and Self-Assessment</td>
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<tr>
<td>Part III: Assessment of Knowledge, Judgment, and Skills</td>
<td>Pass a written examination</td>
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<tr>
<td>Part IV: Improvement in Medical Practice</td>
<td>Engage in ongoing assessment and improvement activities to improve patient outcomes</td>
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Continuous Professional Development Leads to Healthcare Improvements