

Competencias Mínimas en la Formación de Neumonólogos

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Core Competencies

- Defined by the Accreditation Council for Graduate Medical Education (ACGME – www.acgme.org) and the American Board of Pediatrics (ABP – www.abp.org)
 - Patient Care and Procedural Skills
 - Medical Knowledge
 - Interpersonal and Communication Skills
 - Professionalism
 - Practice-Based Learning and Improvement
 - Systems-Based Practice

Patient Care and Procedural Skills

- **Gathering essential and accurate information;** performing a complete history and physical examination; and ordering appropriate diagnostic studies.
- **Making informed diagnostic and treatment decisions;** analyzing and synthesizing information; and knowing one's limits of knowledge and expertise and when to obtain appropriate consultation.
- **Developing and carrying out patient care management plans;** prescribing and performing procedures; effectively counseling patients and families and, in so doing, allaying fears and providing comfort.

Medical Knowledge

- **Knowing, critically evaluating, and using current medical information and scientific evidence for patient care.**
- Content areas set by the American Board of Pediatrics

Interpersonal and

- # Communication Skills
- **Demonstrating interpersonal and communication skills that result in effective exchange of information and teaming collaboration with patients, their families, and professional associates.**

Professionalism

- **Demonstrating a commitment to carry out professional responsibilities, adherence to ethical principles, and being sensitive to diversity.**

Practice-Based Learning and Improvement

- **Investigating and evaluating patient care practices, appraising and assimilating scientific evidence and using that evidence to improve patient management; demonstrating a willingness to learn from errors.**

Systems-Based Practice

- **Practicing quality health care that is cost-effective and advocating for patients within the health care system.**

Evaluations

- Milestone-based competency assessment
 - Five milestone levels (novice to expert)
 - Level 4 the target for “graduation”, but not required
 - Rated by the Clinical Competency Committee at least annually
- Medical knowledge assessment – American Board of Pediatrics In-Training Exam (yearly)
 - Results reviewed with fellow by program director and plan to address deficiencies developed

PC3. Develop and carry out management plans

Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Develops and carries out management plans based on directives from others, either from the health care organization or the supervising physician; is unable to adjust plans based on individual patient differences or preferences; communication about the plan is unidirectional from the practitioner to the patient and family</p>	<p>Develops and carries out management plans based on one's theoretical knowledge and/or directives from others; can adapt plans to the individual patient, but only within the framework of one's own theoretical knowledge; is unable to focus on key information, so conclusions are often from arbitrary, poorly prioritized, and time-limited information gathering; develops management plans based on the framework of one's own assumptions and values</p>	<p>Develops and carries out management plans based on both theoretical knowledge and some experience, especially in managing common problems; follows health care institution directives as a matter of habit and good practice rather than as an externally imposed sanction; is able to more effectively and efficiently focus on key information, but still may be limited by time and convenience; begins to incorporate patients' assumptions and values into plans through more bidirectional communication</p>	<p>Develops and carries out management plans based most often on experience; effectively and efficiently focuses on key information to arrive at a plan; incorporates patients' assumptions and values through bidirectional communication with little interference from personal biases</p>	<p>Develops and carries out management plans, even for complicated or rare situations, based primarily on experience that puts theoretical knowledge into context; rapidly focuses on key information to arrive at the plan and augments that with available information or seeks new information as needed; has insight into one's own assumptions and values that allow one to filter them out and focus on the patient/family values in a bidirectional conversation about the management plan</p>

Comments:

<http://www.acgme.org/acgmeweb/portals/0/pdfs/milestones/pediatricssubspecialtymilestones.pdf>

Scholarly Activity

- Core curriculum
 - Biostatistics
 - Research Methodology
 - Study design
 - Funding Proposal/Protocol preparation
 - Critical literature review
 - Evidence-based medicine
 - Research ethics
 - Teaching skills
- In past done informally, and through modeling of essential behaviors by faculty.



Mel & Enid Zuckerman
College of Public Health

Clinical & Translational Research Graduate Certificate



The University of Arizona's Clinical & Translational Research (ACTR) graduate certificate program prepares interprofessional scientists for the complexities of clinical & translational research through high-quality didactic instruction, and mentored collaborative research experiences.

Scholarly Activity

- Scholarly project(s)
 - Involve hypothesis development or substantive scholarly exploration and analysis
 - Require critical thinking
 - Multiple possible areas
 - Basic, clinical, or translational biomedicine
 - Health services
 - Quality improvement
 - Bioethics
 - Education
 - Public policy

Scholarly Activity

- Overseen by a Scholarly Oversight Committee
 - 3 or more faculty members
 - At least 1 member from another subspecialty
 - Meets at least annually; documented assessment and recommendations
- Results in a work product
 - A peer-reviewed publication in which a fellow played a substantial role
 - An in-depth manuscript describing a completed project
 - A thesis or dissertation written in connection with the pursuit of an advanced degree
 - An extramural grant application that has either been accepted or favorably reviewed
 - A progress report for projects of exceptional complexity, such as a multi-year clinical trial

Flexible Bronchoscopy

- Key procedural skill for fellows
- No consensus on time or number of procedures needed for competency
- Tracking of procedures, immediate feedback critical
- Simulation may be very helpful

Lung Function Testing

- A one month rotation with tutorials on physiologic basis of each test, key components to interpretation
- Interpret all studies for the month under guidance of PFT Lab Medical Director
- Interpret all studies on patients they care for during remainder of fellowship

Radiology

- No formal process at present
- Interpret all studies on their patients with oversight by attending
- Review complex studies with pediatric radiologist and attending

Pathology

- No formal process at present
- Encouraged to review all pathology studies with the pathologist



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INSTITUTION	ABSTRACT	PA
The following five fellowship programs were selected by the ATS Training Committee as the stand out programs demonstrating educational excellence this year:		
☆ University of North Carolina*	An Interactive Web-based Cardiopulmonary Exercise Test Curriculum	
☆ Baylor College of Medicine	Beyond Board Review; Team Based Learning in a Pediatric Pulmonology Fellowship Program	
☆ Jamaica Hospital Medical Center	Innovative Research Curriculum to Formalize and Encourage Clinical Research in a Community Based Pulmonary Fellowship Program	
☆ University of Arizona	Advanced Airway Management in Critical Care Fellowship Training	
☆ University of Washington	Creation of a Global Health Pathway within the Pulmonary and Critical Care Fellowship Training Program.	
<i>*University of North Carolina submitted the top Innovations abstract for 2015</i>		
The ATS would like to showcase the additional programs who submitted an abstract to the 2014 Innovations in Fellowship Education Program.		
Cleveland Clinic	Teaching Mechanical Ventilation in the Era of 300 Modes of Ventilation	
Columbia University	Flipping Journal Club	
Henry Ford Hospital	Bringing Simulation-Based Communication Training Back to the Real World	
Mayo Clinic	Incorporation and Impact of a Formalized Mentoring Program for First-Year Fellows in Pulmonary and Critical Care Medicine Fellowship Training	
Mayo Clinic	Instituting Resilience Training to Address Stress and Burnout Among Critical Care Fellows	
Medical University of South Carolina	Variability in Structure of University Pulmonary/Critical Care Fellowships and Retention of Fellows in Academic Medicine	
The Perelman School of Medicine at the University of Pennsylvania	Implementation of an Outpatient Pulmonary Fellowship Curriculum	
The University of Texas at MD Anderson Cancer Center	Implementation of a Regional Procedural "Boot Camp" for Incoming Pulmonary & Critical Care Fellows	
Tulane University	Innovative Clinical Research Certificate for Pulmonary and Critical Care Medicine Fellowship Trainees	
University of Toronto Interdepartmental Division of Critical Care Medicine	Integrated Research and Education: Building Capacity for Multi-system Point of Care Ultrasound in Adult Critical Care Medicine	
University of Wisconsin Madison	Assessment Redesign to Include Milestones and EPAs, with Reduced Burden on Faculty	
Wake Forest School of Medicine	Fellowship Academic Pathways: A Fellow-centered Model for Academic Success During Fellowship	
Yale University School of Medicine	Implementation of CHAT: CODES- a Collaborative Housestaff Assessment and Training: Communication Skills Development Series	

