American Board of Psychiatry and Neurology, Inc.
A Member Board of the American Board of Medical Specialties (ABMS)

Crucial Issues Forum

2015

"We believe that Entrustable Professional Activities might be a way of connecting education with ultimate patient and population needs."

— David Nichols, M.D.

"The challenge is to achieve the right balance between time-based education which emphasizes structure and process, and competency-based education which focuses on outcomes."

— Furman McDonald, M.D.

"Having been in training while Milestones were rolled out, I've seen a lot of variability in assessment, and I'd like to ask how it can be standardized across the country."

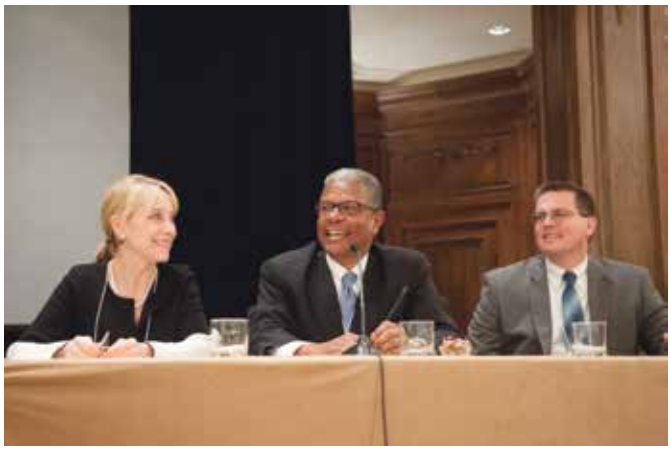
— Lara Cox, M.D., Psychiatry Resident

"We have the same questions [as the ABPN] about the relationship between performance on tests and performance in practice."

— Jo Buyske, M.D.

"The ABPN's main mission is to assess the competence of psychiatrists and neurologists."

— Larry R. Faulkner, M.D.



2015 Forum Highlights Psychiatry, Neurology and Child Neurology Resident Competence Requirements

The second Crucial Issues Forum organized by the American Board of Psychiatry and Neurology, Inc. (ABPN) was held on May 3-4, 2015, in Chicago. The goal of the forum was for ABPN Directors to gain insight and receive feedback from educational leaders on several issues related to resident competence requirements in psychiatry, neurology, and child neurology. The meeting was chaired by Dr. Ann Tilton, ABPN Chair, and representatives from several psychiatry, neurology, and child neurology organizations participated, including eight residents/fellows, as well as ABPN directors and senior staff. The participants appear later in this report.

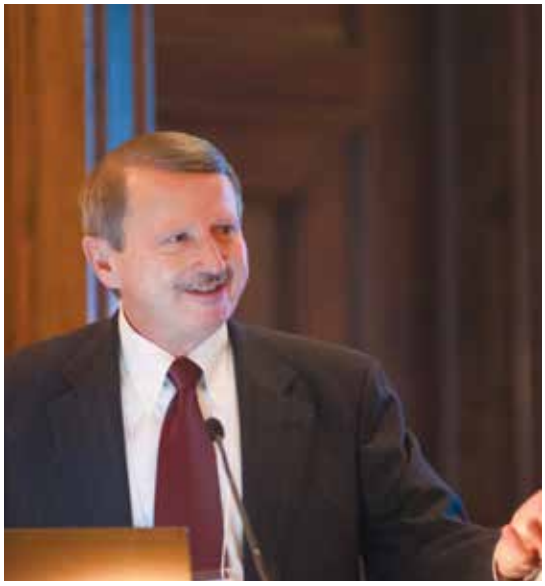
Four plenary speakers led off the forum. Dr. Larry Faulkner (ABPN) provided the ABPN's perspective on resident competence, and Drs. Jo Buyske (American Board of Surgery), Furman McDonald (American Board of Internal Medicine), and David Nichols (American Board of Pediatrics) provided insights from three other specialty boards.

Summary

It was the consensus of the ABPN directors that the forum met its objective. The ABPN plans to survey practicing psychiatrists and neurologists to gain their perspectives on these issues.

Speakers Discussed Resident Competence Requirements

Larry R. Faulkner, MD, ABPN President and CEO presented: "The ABPN Perspective on Promoting and Assessing Resident Competence"



Dr. Faulkner reviewed national concerns about graduate medical education (GME) and the historical role of the ABPN in promoting and assessing resident competence. He outlined the implications of selected ABPN philosophical tenets concerning resident competence and ABPN strategies for assessing resident competence, as well as several future dilemmas. He concluded that:

- These are challenging times for all of medicine.
- Certifying boards must promote the competence of residents and then assess that competence with state-of-the-art techniques.
- To remain effective, the ABPN must reexamine its basic philosophical tenets, improve its specific strategies, and resolve complex future dilemmas.
- None of these tasks will be easy.
- Success will depend upon a collaborative effort and a willingness to change.

Jo Buyske, MD, Associate Executive Director and Director of Evaluation, American Board of Surgery presented: "Establishing and Assessing Competencies"

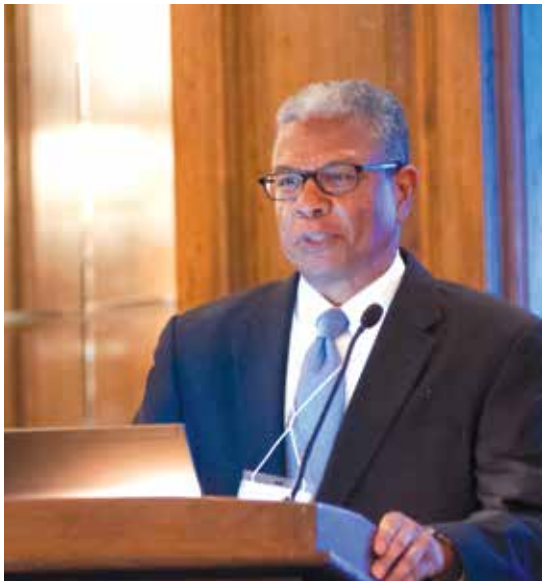
Dr. Buyske described several factors that led the ABS to partner with several surgical societies to develop a national curriculum for surgical residency training based on the ACGME's six core competencies and to institute requirements for advanced cardiovascular life support, advanced trauma life support, and fundamentals of laparoscopic surgery. She outlined additional requirements that are under development and ended with lessons learned:

- Not all assessment needs to be done by the Board.
- Not all assessment needs to be done at the conclusion of training.
- Move slowly.
- Be inclusive.
- Plan to spend money.
- Avoid recreating the wheel.
- Be sure all assessments are accessible and affordable.
- Work closely with program directors.
- Work closely with the RRC.
- It is a long process…don't be in a hurry and keep your eye on the prize.

Furman McDonald, MD, Vice President for Graduate Medical Education, American Board of Internal Medicine presented: "Establishing and Assessing Competencies During Residency Training: ABIM"

Dr. McDonald described Assessment 2020, an ABIM initiative that seeks to identify what skills physicians of the future should have and how to best assess those skills, and the development of ACGME/ABIM reporting milestones. He also described the system (FasTrack) that residency programs use to submit annual performance ratings of their trainees to the ABIM and how data is shared with the ACGME. He suggested that Entrustable Professional Activities (EPAs) may prove to be a useful way to conceptualize and assess competency. He compared time-based versus competency-based approaches to medical education (CBME) and identified several CBME pilot projects that are underway.

David Nichols, MD, MBA, President and CEO, American Board of Pediatrics presented: "Establishing and Assessing Competencies in Pediatrics"



Dr. Nichols described the ABP's Initiative for Innovation in Pediatric Education and the ACGME/ABP partnership that developed the pediatric milestones. A Pediatrics Milestones Assessment Collaborative has been organized to conduct a five-year study of pediatric milestones. He then discussed Entrustable Professional Activities (EPAs) as the focus point of assessment in general pediatrics and in the subspecialties. If validated by research, successful mastery of the EPAs may become a credential to sit for initial certification. He also described a joint AAMC/ABP project studying the feasibility of transition from medical school to residency based on EPAs rather than on time. He concluded that EPAs may:

- Link patient (population) needs with pediatrician competency.
- Allow competency-based promotion.
- Frame competency-based education across the continuum.
- Credential graduates to sit for the initial certification exam.
- Connect QI and outcomes gaps.

Small group discussions were held, centering on three specific questions with ample opportunity for informal exchange among attendees. The discussion questions and results of the deliberations can be summarized as follows:

What should ABPN goals and requirements be for general medicine experiences during residency training?

It was generally agreed that the ABPN goals for required general medicine experiences for psychiatry and neurology residents should include:

- Consolidate identity as a physician
- Refine physical examination techniques
- Recognize common general medicine problems
- Undertake initial management of common general medicine problems
- Recognize the need for medical or surgical consultation

Other observations/suggestions:

- There is little evidence as to whether the current ABPN requirements for general medicine experiences are adequate to achieve these goals.
- The ABPN should survey RTPs to determine what psychiatry and neurology residents actually do in their general medicine experiences and how those experiences might be improved.
- The ABPN should also survey practicing psychiatrists and neurologists to determine what additional skills they believe they need in general medicine.
- The ABPN should collaborate with the RRCs to implement requirements for psychiatry and neurology residents that are consistent with ABPN intended goals and the additional skills practicing psychiatrists and neurologists believe they need in general medicine.

Should the ABPN change the content and/or process of clinical skills evaluations (CSEs)?

It was agreed that:

- The ABPN should not conduct site visits of selected RTPs to assess their CSE processes.
- The ABPN could consider developing an audit process and/or require the entry of more data about the CSEs into preCERT credentialing system.
- The ABPN should develop a faculty training module for CSEs but should not require that faculty complete it before doing CSEs.
- The ABPN should not standardize specific CSE requirements for psychiatry, child and adolescent psychiatry, neurology and child neurology.
- The ABPN should not eliminate the requirement to complete CSEs for graduates who entered RTPs before the CSEs began.
- The ABPN should not permit non-RTPs to conduct CSEs for graduates who entered RTPs before the CSEs began.
- The ABPN should be cautious about allowing subspecialties other than CAP to require documentation of specific competencies during residency training.
- The ABPN should advocate with the Psychiatry RRC and the Neurology RRC to include the exact ABPN CSE wording in the Program Requirements and Milestones.
- Even if the above is accomplished, the ABPN should not eliminate its own credentialing requirement for CSEs.

What should ABPN goals and requirements be for neurology for psychiatry residents and psychiatry for neurology residents?

The ABPN goals for neurology experiences for psychiatry residents should include:

- Conduct of the neurologic examination
- Familiarity with common neurologic medications
- Diagnosis of neurologic disorders relevant to psychiatric practice
- Initial management of neurologic disorders relevant to psychiatric practice
- Recognition of the need for neurologic consultation

Current ACGME requirements for neurology experiences for psychiatry residents are not adequate to achieve these goals.

The ABPN goals for psychiatry experiences for neurology residents should include:

- Conduct of the psychiatric examination, including psychiatric history
- Familiarity with common psychiatric medications
- Diagnosis of psychiatric disorders relevant to neurologic practice
- Initial management of psychiatric disorders relevant to neurologic practice
- Recognition of the need for psychiatric consultation

Current ACGME requirements for psychiatry experiences for neurology residents are not adequate to achieve these goals.

It was agreed that:

- The ABPN should survey RTPs to determine what psychiatry and neurology residents actually do during their respective neurology and psychiatry experiences.
- The ABPN should survey practicing psychiatrists and neurologists to determine what additional skills they believe they need in neurology and psychiatry, respectively.
- The ABPN should work with the RRCs to implement requirements for psychiatry and neurology residents that are consistent with ABPN intended goals and the additional skills practicing psychiatrists and neurologists believe they need in neurology and psychiatry, respectively.

Crucial Issues Forum Attendees

Zubair Ahmed, MD
American Board of Psychiatry and Neurology
Senior Resident Administrative Fellow

Joan Anzia, MD
American Board of Psychiatry and Neurology

Melissa Arbuckle, MD, PhD
American Board of Psychiatry and Neurology
Faculty Innovation in Education Award Recipient

Jonathan Avery, MD
American Board of Psychiatry and Neurology
Faculty Innovation in Education Award Recipient

Sheldon Benjamin, MD
American Psychiatric Association

John Bodensteiner, MD
American Board of Psychiatry and Neurology

Allison Brashear, MD
American Board of Psychiatry and Neurology

Beth Ann Brooks, MD
American College of Psychiatrists

Jo Buyske, MD
American Board of Surgery

Robin Callen
American Board of Psychiatry and Neurology

Jason Caplan, MD
Association for Academic Psychiatry

Terrence Cascino, MD
American Academy of Neurology

Josepha Cheong, MD
Psychiatry Residency Review Committee

Jeffrey Cohen, MD
Association of University Professors of Neurology

Alexis Cohen-Oram, MD
American Board of Psychiatry and Neurology
Senior Resident Administrative Fellow

Lara Cox, MD, MS
American Psychiatric Association
Residents and Fellows

Larry R. Faulkner, MD
American Board of Psychiatry and Neurology

Charles Flippen, II, MD
American Board of Psychiatry and Neurology
Faculty Innovation in Education Award Recipient

Blair Ford, MD
American Academy of Neurology Consortium of Neurology Program Directors

Robert Golden, MD
American Board of Psychiatry and Neurology

J. Clay Goodman, MD
American Board of Psychiatry and Neurology

Laurie Gutmann, MD
American Board of Psychiatry and Neurology

Robert Guynn, MD
American Board of Psychiatry and Neurology

Mira Irons, MD
American Board of Medical Specialties

Pat Janda
American Board of Psychiatry and Neurology

Michael Jibson, MD, PhD
American Board of Psychiatry and Neurology Faculty Innovation in Education Award Recipient

Paramjit Joshi, MD
American Board of Psychiatry and Neurology

Andres Jovel, MD
American Psychiatric Association
Residents and Fellows

Michelle Joy, MD
American Psychiatric Association
Residents and Fellows

Dorthea Juul, PhD
American Board of Psychiatry and Neurology

Jaffar Khan, MD
American Academy of Neurology Consortium of Neurology Program Directors

George Keepers, MD
American Board of Psychiatry and Neurology

Ayaz Khawaja, MD
American Academy of Neurology Consortium of Residents and Fellows

Shannon Kilgore, MD
Neurology Residency Review Committee

Kerry Levin, MD
American Board of Psychiatry and Neurology

Steven Lewis, MD
Neurology Residency Review Committee

John Luo, MD
Association for Academic Psychiatry

Jeffrey Lyness, MD
American Board of Psychiatry and Neurology

Kenneth Mack, MD, PhD
Child Neurology Society

Furman McDonald, MD, MPH
American Board of Internal Medicine

Ricka Messer, MD
American Academy of Neurology Consortium of Residents and Fellows

Jeremy Moeller, MD
American Neurological Association

David Nichols, MD, MBA
American Board of Pediatrics

Robert Pascuzzi, MD
Association of University Professors of Neurology

Carlos Pato, MD
American Association of Chairs of Departments of Psychiatry

Noor Pirzada, MD
American Board of Psychiatry and Neurology

Mark Rapaport, MD
American Association of Chairs of Departments of Psychiatry

Robert Ronis, MD, MPH
American Board of Psychiatry and Neurology

John Sargent, MD
American Psychiatric Association

Logan Schneider, MD
American Academy of Neurology Consortium of Residents and Fellows

James Scully, Jr., MD
American College of Psychiatrists

Lesha Shah, MD
American Psychiatric Association
Residents and Fellows

Linjun Shen, PhD
American Board of Psychiatry and Neurology

A. Gordon Smith, MD
American Academy of Neurology

Roy Strowd, MD
American Academy of Neurology Consortium of Residents and Fellows

Ann Tilton, MD
American Board of Psychiatry and Neurology

David Urion, MD
Professors of Child Neurology

Christopher Varley, MD
American Association of Directors of Psychiatric Residency Training

Barbara Vickrey, MD, MPH
American Neurological Association

Patti Vondrak
American Board of Psychiatry and Neurology

Art Walaszek, MD
American Association of Directors of Psychiatric Residency Training

Paul Whittington
American Board of Psychiatry and Neurology

Our Mission

The mission of the ABPN is to develop and provide valid and reliable procedures for certification and maintenance of certification in psychiatry and neurology by:

- Developing the best testing methods to evaluate candidate and diplomate competencies;
- Applying the best technologies and information available to collect and analyze pertinent data;
- Communicating and collaborating effectively with training programs, residents, candidates, diplomates, professional and health care organizations, and the public; and
- Operating programs and services effectively and efficiently.

American Board of Psychiatry and Neurology, Inc.
A Member Board of the American Board of Medical Specialties (ABMS)

2150 E. LAKE COOK ROAD, SUITE 900, BUFFALO GROVE, IL 60089
PHONE: 847.229.6500 • FAX: 847.229.6600 • WWW.ABPN.COM