

COMMON MILESTONES FOR THE SUBSPECIALTIES

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Disclosures: None pertinent to the presentation topic.

Objectives:

1. Upon completion of this learning activity, participants should be able to distinguish fellow educational goals that are common among fellowships
2. Upon completion of this learning activity, participants should be able to identify fellow educational goals that are better served by education activities with collected groups of fellows from several programs rather than the smaller groups possible with individual fellowships
3. Upon completion of this learning activity, participants should be able to describe the one institution's experience with combining fellowships for learning of some fellowship education topics.

Developing education activities for small fellowships - The problem:

A vast majority of AASPD one-year subspecialty programs are small. For example, 43 of 57 ACTA fellowships participating in the 2015 SF Match enroll 3 or fewer trainees annually. The strengths of small programs are well recognized, including enhanced opportunities for faculty interaction, mentorship, and clinical oversight. However, in comparison to typically large anesthesia residency programs, smaller fellowship programs pose challenges and require different solutions to effectively deliver some education topics and achieve milestone goals.

This discussion outlines several creative strategies that involve combining fellowships to increase participant numbers. Suitable topics and issues are typically those that require similar or identical coverage among fellowships and those that involve group work, particularly where larger numbers of trainees can justify the invitation and involvement of subject experts. Various strategies are outlined below, including an approach at one department where the collective efforts and combining of resources among several fellowships has met with success.

Multi-Site Solutions:

Travelling to a central location to generate larger groups of anesthesia trainees, and even faculty, from the same subspecialty has been used successfully for some topics. For example, the "Boot Camp" offered by the Children's Hospital of Philadelphia (CHOP) attracted 29 pediatric fellows and 20 fellowship directors in its August 1, 2015 (4th) iteration. This one-day/\$150 event reviews simulation scenarios for the new pediatric anesthesia fellow including PALS algorithms and crisis resource management. Skill stations also provide hands-on introductions to complicated airway tools and algorithms as well as to ultrasound and vascular access techniques.

Online strategies are useful to communicate some topics, particularly those involving lectures by experts. The Society of Cardiovascular Anesthesiologists' Fellowship Lecture Series is an example (<https://www.scahq.org/FellowshipCareerOpportunities/AdultCardiothoracicAnesthesiologyFellowships/FellowshipLectureSeries.aspx>). This series has been available since 2011 and currently includes 15

presentations that receive steady use. Sampled data indicate approximately 1300 views per year for the past several years, including participants from across the Americas, Europe, Asia, and Oceania.

Single-Site Solutions:

Institutional GME office activities are commonly used by institutions to facilitate onboarding activities and achieve administrative efficiencies. GME offices often also provide hospital-wide education initiatives that are useful.

Single department activities that formally combine the forces of multiple anesthesia fellowships are relatively novel. Nonetheless, this presenter is aware of at least two that have existed for at least a decade (Duke University, University of Toronto) including an established “Office of Fellowship Education” and “Director of Fellowship Education.” At both institutions, such structures have endured and been perceived as very constructive, by the fellowships involved, their Residency Office, and Department Chair. Examples of the types of activities among fellowships facilitated by such structures are outlined below.

Anesthesiology Department Office of Fellowship Education:

Since this presenter has participated in the Office of Fellowship Education at Duke University Department of Anesthesiology, activities at this institution will be used as an example of the potential gains from such a structure. The Office of Fellowship Education was proposed in early 2006 following a period of informal sharing of resources among programs to solve fellow issues. Currently, under the collaborative leadership of the Director of Fellowship Education, Program Directors and Coordinators, this group gathers to meet formally twice annually: broadly, the Fall meeting is to obtain feedback on current initiatives, the Spring to develop new initiatives. In 2006, the Department roster included 17 fellows among 6 fellowships, but this has since grown to 33 fellows among 8 fellowships (4 fellowships enroll 3 or fewer fellows).

Onboarding and other administrative responsibilities were initially managed separately by each fellowship but have steadily become more centralized to enhance efficiency, supported by Department and University investment in a Coordinator of Fellowship Education. This individual assists local program coordinators with added expertise in education (e.g., ACGME regulations, MedHub programming, ICGME Report Requirements, etc.). The Coordinator of Fellowship Education has been supported to attend educational offerings (e.g., annual ACGME meeting, visa management).

Efficiencies achieved through inviting experts have made it possible to streamline onboarding events and required activities for all fellowships to a single session (e.g., greeting from the Chair, pharmacy policies, infusion pump management) with the perception that *fellows are reliably available to participate in clinical activities much sooner* than prior to this structure. The event is attended by Program Directors who subsequently use the gathering to review program goals and objectives for the year with fellows.

A social event is scheduled early in the academic year for all Department Fellows and their families at a weekend lunch-time forum at the home of the Director of Fellowship Education. While there are obvious merits to such an occasion, *particular value in terms of social support is noted for fellows and their families arriving from other locations entering smaller fellowships*. Initiating social relationships for this group often results in long lasting friendships.

Department policies have been aligned for all fellowships through collaborative discussion. During early discussions, wide variation in policy by fellowships was exposed (e.g., interviewing budgets/meals, fellow academic funds, expenditure policies, phone policies). In general, unwitting outliers among the fellowships have gladly aligned, and the Department has overall seen a considerable cost saving.

A weekly late afternoon seminar series has contributed in many ways to facilitating fellowship Milestone goals. Notably, although the primary goal of this session is to address educational topics common to all fellowships, the social aspect for fellows (particularly those from small programs) of having a larger peer-group has been a positive aspect of this activity. Various topics that are common educational goals among fellowships are listed below:

Residency Oral Board Exam Preparation - (topic expert participants – 4 national examiners) early - strategic, later – practice orals.

Research Methodology and Participation – Research mentor assignment, EndNote use, statistics, abstract writing, interim findings presented to faculty, manuscript writing, Department Academic Evening presentation.

The Fellow as an Educator – Flipping the classroom, education styles (Kolb), making good slides.

Leadership – (topic expert participant – professional coach) personality profiles evaluated (PeopleMap), conflict management, transactional analysis, mindfulness.

Ethics - (topic expert participant – hospital ethicist) – case discussion.

Quality Assurance – (topic expert participant – QI faculty) classroom overview, run chart usage, group project (5-6/group), interim findings presented to faculty, Academic Evening presentation.

Clinical Operations/Business Management - (topic expert participant – VC of Clinical operations, Department Business Manager) care redesign and the perioperative surgical home, drug shortages, building and opening a new hospital, introducing an EMR.

Career Decisions and Development - (topic expert participant – senior academic faculty member, state representative for ASA – private practitioner) – career progression, academics vs. private practice.

Women in Medicine – Invited junior and senior women faculty discuss.

Global Health - (topic expert participants – faculty) Ghana nurse practitioner school, Guatemala.

Jurisprudence - (topic expert participant – lawyer)

Clinical Topics – Management of the VAD patient, new anticoagulants, the adult congenital heart patient, pain management, integrating new science into your practice.

Finally, *a separate fellowship graduation* has replaced the activity that was previously an appendage to the resident graduation event. Since fellow graduates (and future alumni) considerably outnumber resident graduates each year, this has also been seen as a worthwhile investment by the Department Chair.