Slide 1

THE ASSOCIATION OF PAIN PROGRAM DIRECTORS
ADVANCING EDUCATION IN MULTIDISCIPLINARY PAIN MEDICINE

SAAA 2017 Meeting

TIMOTHY FURNISH, MD
CLINICAL ASSOCIATE PROFESSOR, UCSD
PRESIDENT, APPD

SCOTT BRANCOLINI, MD, MPH
ASSOCIATE PROFESSOR, UPMC
VICE PRESIDENT, APPD

11.3.17

Slide 2

FINANCIAL DISCLOSURES

- DR. FURNISH – NONE
- DR. BRANCOLINI – NONE

Slide 3

LEARNING OBJECTIVES

- Welcome/Introductions
- APPD Election results
- Review 2017 Match data.
- Review potential changes in the ACGME Pain Medicine Fellowship Program Requirements
  - Review/discuss feedback from the Pain Medicine Fellowship Program Directors
- Review Medical Knowledge content resources newly available
  - APPD Website
  - Anesthesia Toolbox
    - Glenn Woodworth, MD, Associate Professor and Director of Regional Anesthesia, Oregon Health and Science University
- Discuss updates on the Universal Letter of Recommendation
- PD Compensation Survey results
- Future Meetings – Audience Response Polling: "Everything You Always Wanted to Know but Were Afraid to Ask"

Slide 4

APPD Leadership Elections

- President
- Vice President
- Secretary/Treasurer
- Board Members
- Past President

Slide 5

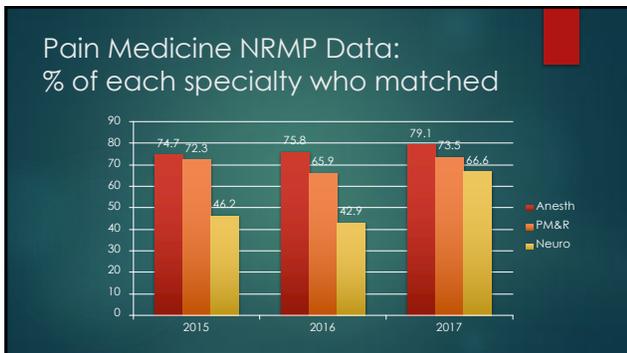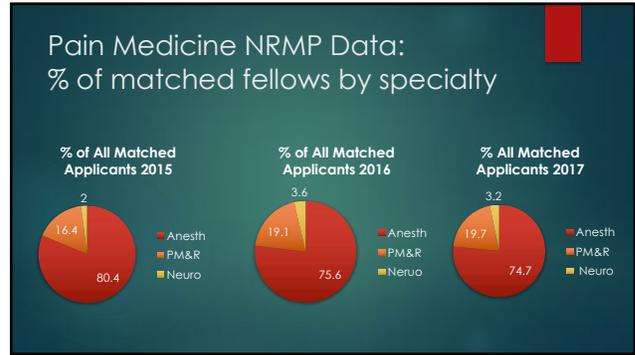### Pain Medicine NRMP Match Data Appointment Year 2018

Program Statistics	Number	%
Enrolled Programs	98	
Withdrawn Programs	0	
Certified Programs	98	
Programs Filled	95	96.9%
Programs Unfilled	3	3.1%
Certified Positions	335	
Positions Filled	331	98.8%
Positions Unfilled	4	1.2%

Slide 6

Pain Medicine Match Data Appointment Year 2018

Applicant Statistics	Number	%
Matched Applicants	331	
U.S. Grad	231	69.8%
U.S. Foreign	27	8.2%
Osteopathic	48	14.5%
Foreign	24	7.3%
Canadian	1	0.3%
Applicants Preferring this Specialty	437	
Matched to this Specialty	331	75.7%
Matched to Different Specialty	1	0.2%
Did not Match to any Program	105	24%

Pain Medicine Applicants' Residency Specialties Appointment Years 2015-2017						
	2015		2016		2017	
Residency Specialty	All Applicants	Matched Applicants	All Applicants	Matched Applicants	All Applicants	Matched Applicants
Anesthesiology	308	230	302	229	292	231
Emergency Medicine					3	<3
Family Medicine	4	<3	<3	<3		
Internal Medicine	<3		<3		<3	
Neurology	13	6	16	11	15	10
Child Neurology					<3	<3
Pediatrics	<3					
PM&R	65	47	88	58	83	61
Psychiatry	<3		7	3	4	<3
Radiology - Diagnostic	<3		<3	<3		
Internal Medicine/Psychiatry	<3	<3				
Pediatrics/Anesthesiology					<3	<3
Pediatrics/PM&R	<3	<3				
Diagnostic Radiology/Nuclear Medicine/Nuclear Radiology					<3	<3
Total	397	286	416	303	401	309
Percent unmatched		28%		27%		23%

Pain Medicine NRMP Data: % of matched fellows by specialty

% of All Matched Applicants 2015
- 2 — Anesth
- 16.4 — PM&R
- 80.4 — Neuro

% of All Matched Applicants 2016
- 3.6 — Anesth
- 19.1 — PM&R
- 75.6 — Neruo

% All Matched Applicants 2017
- 3.2 — Anesth
- 19.7 — PM&R
- 74.7 — Neuro

Pain Medicine NRMP Data: % of each specialty who matched

Anesth: 2015: 74.7, 2016: 75.8, 2017: 79.1
PM&R: 2015: 72.3, 2016: 65.9, 2017: 73.5
Neuro: 2015: 46.2, 2016: 42.9, 2017: 66.6

ACGME Pain Medicine Program Requirement Changes

- Child Neurology
- Elimination of required numbers (CT/MRI readings, rehab plans, mental status exam, neuro exams)
- Anesthesia changes
  - IV experience eliminated
  - Basic airway management with mask ventilation
  - LMA added; intubations not needed
  - Local anesthetic toxicity
- Risk mitigation/opioid management/addiction added
- Elimination of required procedure numbers
  - Discography?

ACGME Program Directors Feedback

- Discussion

APPD Website Updates

Let's Take a Tour!

Resident Chronic Pain Curriculum

**GLENN WOODWORTH, MD**
OREGON HEALTH AND SCIENCE UNIVERSITY

Disclosures

- **No Financial Disclosures**
- **Current Editor for the Anesthesia Toolbox**

Learning Objectives

Upon completion of this activity, participants will be able to:

- Understand the goals and objectives of the resident curriculum project and the participation of the pain program directors
- Describe the curriculum development and review process
- Identify the resources for learners and faculty in the Anesthesia Toolbox
- Describe how to utilize the Toolbox to implement a chronic pain curriculum

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Goals of the Project
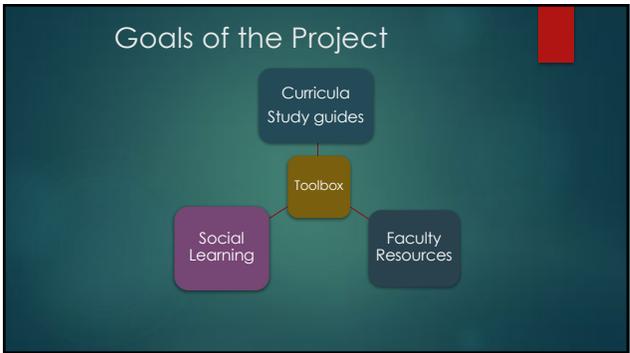
Resident Rotation Experience

- Highly variable experience
  - Clinical cases vary
  - Clinical teaching varies

Gruppen LD et al. The consistency and educational benefits of clinical experiences during an ambulatory care internal medicine rotation. Acad Med. 1993;68:674-680.

Resident Rotation Experience

- Take a specific rotation
- What knowledge, skills and behaviors should be mastered?

Toolbox Curricula

- National faculty experts define curriculum
- Sequenced exposure to topics
- Learner and faculty driven

Sample CP Week 1 Curriculum

Topic	Topic	
Self-Directed	Joint Pain	Podcast
	History taking in the pain patient	Podcast
	Physical exam of the spine	Video
	Week 1 Quiz	
Faculty-Driven	Exam of the Spine	Hands on skills
	Applied Anatomy of Pain pathways	PBLD
	Back and Neck Pain	Lecture

Toolbox Curricula Elements

- **Self Directed**
  - Podcast
  - Online module
  - Video
  - Reading
  - Lecture archive
  - Quiz bank
- **Faculty directed**
  - Lectures
  - PBLDs
  - In-room teaching
  - SIM

Content Development

- Call to authors
- All volunteer army

Author Support

- Instructions, templates, examples
- Medical art/Stock Photography
- Computer programmer for e-learning modules
- Instructional design review
- Peer review

Progress

Curriculum map   Published Curricula
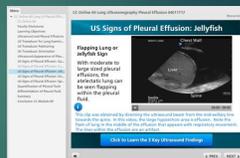
- **Regional Acute Pain**
- **Neuro**
- **OB**
- **Cardiac**
- **Critical Care**
- **Airway**
- **Ambulatory**
- **Trauma**
- **CA 1**
- **Pediatrics**
- **Chronic pain**
- **PACU**
- **Acute Pain**
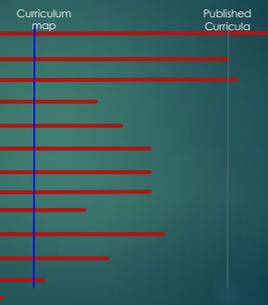
Education Platforms

Online LMS

- Course-based study
- Create and assign curricula
- Quiz bank
- Track learner progress

Community Portal

- Wiki Cases
- Ask a clinical question
- Clinical pearls
- Online PBLDs and Journal Clubs
- What's new
- What's trending

Toolbox Community

Create a social community of learning

- Use modern social knowledge management technology
- Capture and distribute key knowledge
  - Crowd-sourced knowledge
  - Collaborative learning
- Better alignment with the way current trainees communicate and learn

Toolbox LMS

Course or Rotation-based Learning

- Create Curricula
- Self-enroll or be assigned curricula
- Track learner progress
- Self-guided access
- Quiz bank

Strategic Partners

- Society for Education in Anesthesia
- World Federation of Anesthesiologists
- Society for Ambulatory Anesthesia
- Trauma Anesthesia Society
- Society for Airway Medicine
- Association of Peds Program Director
- Association of Pain Program Directors
- SAAA?
- ASA?

ASK

- Help finish the resident month 1 and 2 curricula (we need a few authors)
- Desperate for Peer Reviews
- Tackle the fellow curricula

COOPERATION

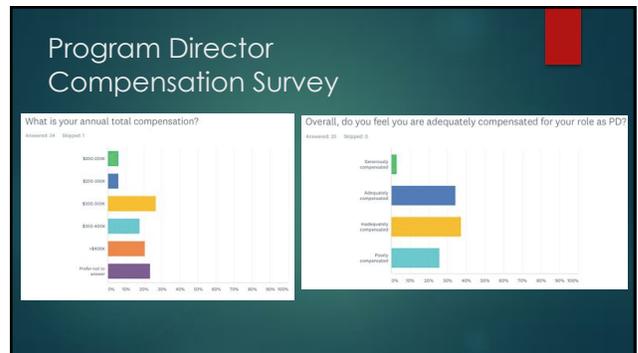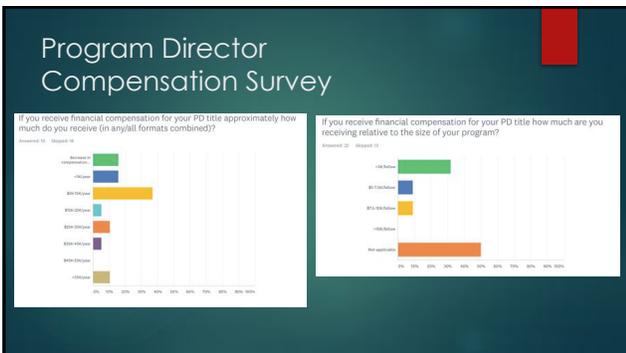## Program Director Compensation Survey

In what environment is your practice located?

In your pain practice you are employed by:?

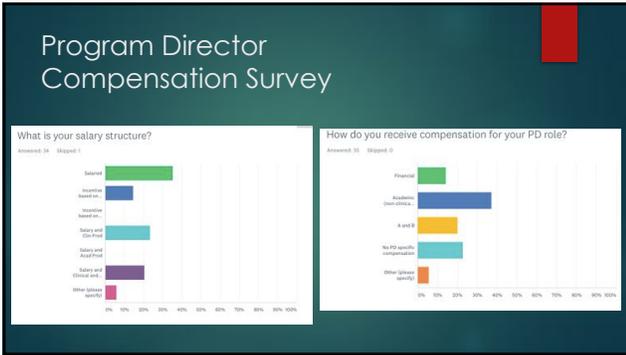## Program Director Compensation Survey

What is your salary structure?

How do you receive compensation for your PD role?

Program Director Compensation Survey

If you are receiving compensation in the form of a decrease in clinical requirements, roughly how much time reduction are you receiving per week?

If you receive financial compensation is it in the form of:

Program Director Compensation Survey

If you receive financial compensation for your PD title approximately how much do you receive (in any/all formats combined)?

If you receive financial compensation for your PD title how much are you receiving relative to the size of your program?

Program Director Compensation Survey

What is your annual total compensation?

Overall, do you feel you are adequately compensated for your role as PD?

Universal Letter of Recommendation

► Rationale:
  ► Letters of recommendation vary widely in content and comparability
  ► Provide some consistency for at least the pain PDs letters of rec
► Survey of PDs

PD Survey Regarding LOR

Perspectives on Current and Ideal Practice Re: LOR

Pain Fellowship Applicant Screening Process		
Characteristic	Yes n (%)	No n (%)
Applications are screened on standardized criteria	42 (82%)	9 (18%)
Letter of recommendation is currently part of the screening process	18 (43%)	24 (57%)
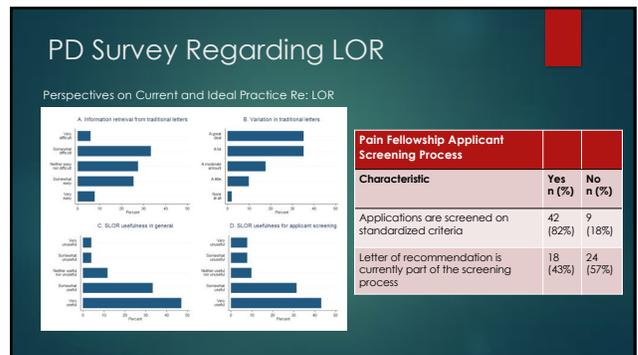
PD Letter of Recommendation

- Standardized, fillable Word Document
- Print on letterhead
- Compare similar letters across institutions
- Applicants graded on defined skills and domains
- **Voluntary**

PD Letter of Recommendation

PD Letter of Recommendation

Future Topics: Everything you Want to Know but are Afraid to Ask

- Anonymous polling
- Sample questions:
  - Nonclinical time?
  - Do you use ERAS to screen board scores?
  - Do you prefer some subspecialties over others?
  - Do you do dedicated "fellow clinics"?
  - How do you meet requirements for various experiences (psychiatry, neurology, PM&R, anesthesiology, palliative care, etc)?