Department Chairs and Program Directors' Forum

John D. England, MD
Richard M. Paddison Professor and Chair
Department of Neurology
LSUHSC School of Medicine in New Orleans

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Speakers

- Dr. John England (LSU)
- Dr. Demetri Maraganore (Tulane)
- Dr. Gauri Pawar (West Virginia University)
- Dr. Erica Schuyler (UConn)
- Dr. Emily Pharr (Wake Forest)
- Dr. Brian Copeland (LSU)

Objectives

- To know and understand the challenges and opportunities when training residents and fellows at multiple sites.
- To know and understand the proposed ACGME requirements for 2022 and possible shifts in fellowship application deadlines.
- To understand the present and future role of virtual platforms for recruitment of Neurology residents and fellows.

Agenda

- Training at multiple sites:
  - Dr. John England, Dr. Demetri Maraganore, and others
- New ACGME requirements for 2022:
  - Dr. Gauri Pawar and others
- Neurology fellowship updates:
  - Dr. Erica Schuyler and others
- Virtual recruitment:
  - Dr. Emily Pharr and Dr. Brian Copeland

ACGME Update

Dr. Gauri Pawar

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Program Administration Time

- The ACGME Board approved focused revisions to dedicated time for program directors, assistant/associate program directors, program coordinators, and core faculty members.
- This was posted for a 45-day public comment period, which ended in Feb 2021.
- If approved by ACGME Committee on Requirements in February 2022, these PRs will be effective on July 1, 2022.

- Changes to PD/APD and PC dedicated times for
  - Adult Neurology
  - Child Neurology
  - 4 fellowships (CNP, Epilepsy, Vascular neurology, NDD)

Adult/Child Neurology PD+APD FTE

Current Program Requirement

Number of approved resident positions	Minimum program director FTE	Minimum aggregate program director/associate program director FTE
9-15	.35	0.40
16-20	.35	0.45
21-25	.35	0.50
26-30	.35	0.55
31-35	.35	0.60
36-40	.35	0.65
More than 40	.35	1.00

Effective 7/1/22

Number of Approved Resident Positions	Minimum support required (FTE)
1-6	0.2 FTE
7-10	0.4 FTE
11-15	0.5 FTE
16-20	0.6 FTE
21-25	0.7 FTE
26-30	0.8 FTE
31-35	0.9 FTE
36-40	1.0 FTE
41-45	1.1 FTE
46-50	1.2 FTE
51-55	1.3 FTE
56-60	1.4 FTE
61-65	1.5 FTE
66-70	1.6 FTE

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Program Coordinator FTE

Adult Neuro PC Current PR

Number of approved resident positions	Minimum FTE coordinator(s) required
1-6	0.5 FTE
7-15	0.75 FTE
16-24	1.0 FTE
25-33	1.25 FTE
34-42	1.5 FTE
43-51	1.75 FTE
52 or more	2.0 FTE

Child Neuro PC Current PR

At a minimum, the program coordinator must be supported at 50 percent FTE for the administration of the program.

Adult/Child PC FTE Effective 7/1/22

Number of Approved Resident Positions	Minimum FTE
1-6	0.5 FTE
7-10	0.7 FTE
11-15	0.8 FTE
16-20	0.9 FTE
21-25	1.0 FTE
26-30	1.1 FTE
31-35	1.2 FTE
36-40	1.3 FTE
41-45	1.4 FTE
46-50	1.5 FTE
51-55	1.6 FTE
56-60	1.7 FTE

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CNP/Epilepsy/Vascular Neuro/NDD FD FTE

Current Program Requirement

Number of approved fellow positions	Minimum FTE
1-3	0.1
4 or more	0.15

Effective 7/1/22

Number of Approved Fellow Positions	Minimum FTE
1-3	0.1 FTE
4-6	0.15 FTE
7-9	0.2 FTE
10-12	0.25 FTE
13-15	0.3 FTE

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CNP/Epilepsy/Vascular Neuro/NDD PC FTE

Current Program Requirement

The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration.

Effective 7/1/22

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program:(Core)

Number of Approved Fellow Positions	Minimum FTE
1-3	0.2 FTE
4-6	0.2 FTE
7-9	0.2 FTE
10-12	0.25 FTE
13-15	0.3 FTE

New ACGME Neurology Milestones Effective as of 7/1/21

Patient Care

1. History
2. Neurological Exam
3. Formulation
4. Diagnosis and Management of Neurologic Disorders in the Outpatient Setting
5. Diagnosis and Management of Neurologic Disorders in the Inpatient Setting
6. Diagnosis and Management of Neurologic Emergencies
7. Determination of Death by Neurologic Criteria
8. Interpretation of Neuroimaging
9. Electroencephalogram (EEG)
10. Nerve Conduction Study/Electromyogram (NCS/EMG)
11. Lumbar Puncture
12. Psychiatric and Functional Aspects of Neurology

Medical Knowledge

1. Localization
2. Diagnostic Investigation

Systems-Based Practice

1. Patient Safety
2. Quality Improvement
3. System Navigation for Patient-Centered Care
4. Physician Role in Health Care Systems

Practice-Based Learning and Improvement

1. Evidence-Based and Informed Practice
2. Reflective Practice and Commitment to Personal Growth

Professionalism

1. Professional Behavior and Ethical Principles
2. Accountability/Conscientiousness
3. Well-Being

Interpersonal and Communication Skills

1. Patient- and Family-Centered Communication
2. Barrier and Bias Mitigation
3. Interprofessional and Team Communication
4. Communication within Health Care Systems

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Various ACGME Milestone Resources

Milestones Resources

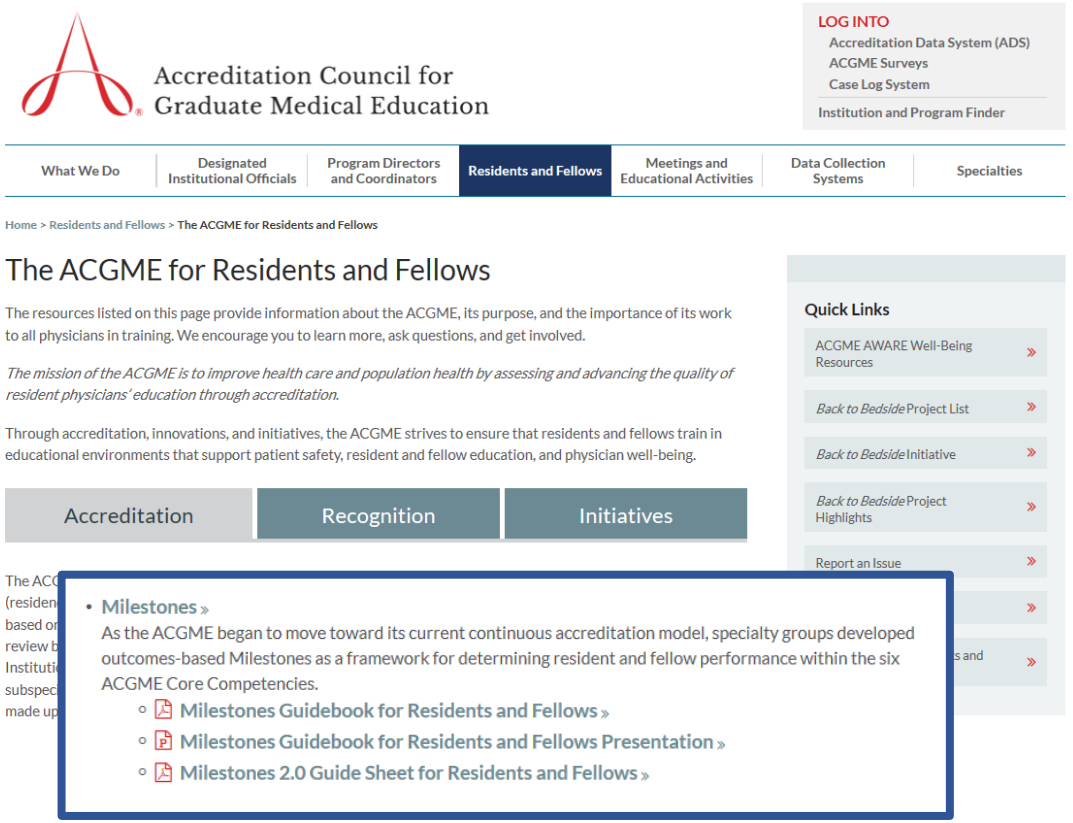
Guidebooks

- Assessment Guidebook
- Milestones Implementation Guidebook
- Milestones Guidebook
- Milestones Guidebook for Residents and Fellows
- Clinical Competency Committee Guidebook
- Clinical Competency Committee Guidebook Executive Summaries +

Other Resources

- Resources for Assessment in the Learn at ACGME Online Learning Portal
- Use of Individual Milestones Data by External Entities for High Stakes Decisions
- Milestones FAQs

https://acgme.org/What-We-Do/Accreditation/Milestones/Resources



https://www.acgme.org/Residents-and-Fellows/The-ACGME-for-Residents-and-Fellows

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https://meridian.allenpress.com/jgme/issue/13/2s

MILESTONES BIBLIOGRAPHY - JUNE 2020

Use of Bibliography

The bibliography is organized according to the categories below, and is presented by year of publication (in descending order) within each category. Note: some articles are coded in more than one category.

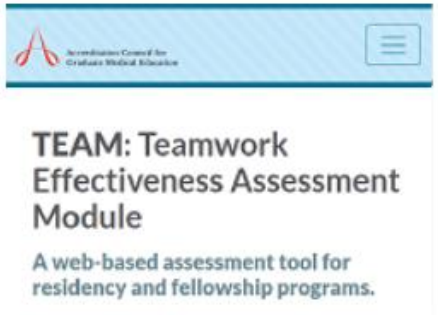
Audience:	*Category*	*Number of Articles*
Program Directors	*Assessment Tools/Processes for Collecting Milestones Data*	*119*
	CCCs – Structure and Function	*25*
	How to Use Milestones Data to Improve your Program	*53*
	Using Milestones to Guide Curriculum	*58*
	Rationale for Milestones	*69*
	Trends in Milestones Data	*39*
	Content - Do the Milestones Represent my Specialty/Program?	*60*
	How Residents Can Use Milestones Data	*19*
Policymakers	*Impact of Milestones*	*222*
	Total # of Articles	***374***

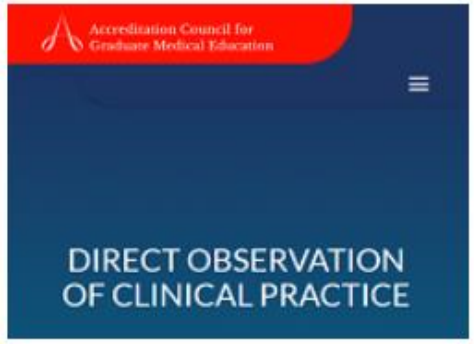
https://acgme.org/What-We-Do/Accreditation/Milestones/Research

https://acgme.org/What-We-Do/Accreditation/Milestones/Research

TEAM – Multisource Feedback

DOCC – Direct Observation





Available for free on Learn at ACGME

https://dl.acgme.org/pages/assessment

DEVELOPING FACULTY COMPETENCIES IN ASSESSMENT

LEARN at ACGME

A Course to Help Achieve the Goals of Competency-Based Medical Education (CBME)

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Update on Fellowship Application Timelines

Erica A. Schuyler, MD, FAAN, FANA

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AAN Fellowship Timeline Workgroup

- AAN Graduate Education Subcommittee Workgroup
  - Zachary London (chair)
  - Jaffar Khan
  - Abhimanyu Mahajan
  - Raymond Price
  - Erica Schuyler
- 2019 AAN position statement for fellowship recruitment to start no earlier than March 1 of PGY3 (PGY4 child) and offers/match no earlier than August 1 of final year of training.
- Based on input from PDs, chairs, resident input—all overwhelmingly in favor. IM and most other specialties with fellowship recruitment in final year of training, IM in December of final year.
- Surveyed residents who participated in 20-21 fellowship applications, manuscript under review.

Sub-Specialty	Applications Submitted	Offers	Match
Clinical Neurophysiology CNP-EMG CNP-EEG	August/September PGY3 Optional March PGY3 with NM Nov/Dec PGY3 w/epilepsy	Rolling June PGY3 May PGY3	No Yes-AANEM YES, NRMP
Neuromuscular	March PGY3-AANEM portal	June PGY3	No YES-AANEM
Epilepsy	August/September PGY3 Dec PGY3	Rolling May PGY3	No YES NRMP
Neurocritical care	October PGY3 January PGY3	June PGY3 August PGY3	SF Match
Neuro-oncology	October PGY3	June PGY3	SF Match
Vascular neurology	December PGY3	May PGY3	YES-NRMP
Headache	March PGY3	August PGY4	No YES ?NRMP
Movement disorders	March PGY3	August PGY4	SF Match
Sleep	July PGY4	October PGY4	NRMP
Cognitive neurology	Variable	Rolling	No
Neuroimmunology	Variable	Rolling No offers prior to Feb PGY3	No

Black-2020/21 recruitment
Red-updates for 2021/22
Blue-updates for 2022/23

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Virtual Recruitment of Residents and Fellows: Is it here to stay?

Brian Copeland, MD
LSU Health Sciences Center School of Medicine
Emily Pharr, MD
Wake Forest Baptist Health

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Virtual Recruitment

- Pros and Cons
- Data from Virtual Recruitment to date
- Recommendations from National Organizations
- Possible Future Directions

Virtual Recruitment - PROS

- More equitable
- Fewer cancellations
- Involvement of less available faculty
- Cost savings (programs and applicants)
- Efficient interview days
- Increased number of applications (also listed as a Con)

Virtual Recruitment - CONS

- Difficult to maintain attention (interviewers and candidates)
- Harder to read nonverbal cues
- Less interaction with residents
- Inability to see facilities
- More interview days/ overwhelming number of applications
- Tech Issues
- More emphasis on on-line/social media presence for schools and the work required to maintain

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NATIONAL RESIDENT MATCHING PROGRAM®

2021 APPLICANT AND PROGRAM DIRECTOR SURVEY FINDINGS:
IMPACT OF THE VIRTUAL EXPERIENCE ON THE TRANSITION TO RESIDENCY
RESEARCH BRIEF

- The program director survey → 4,429 program directors
- 1,033 were returned
- 23 percent response rate

- The applicant survey → 42,545 applicants
- 8,901 submitted responses
- 21 percent response rate.

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2021 APPLICANT AND PROGRAM DIRECTOR SURVEY FINDINGS:
IMPACT OF THE VIRTUAL EXPERIENCE ON THE TRANSITION TO RESIDENCY
RESEARCH BRIEF

- The overall position fill rate for the 2021 Match → 94.9%
- At the conclusion of SOAP → 99.6%

- "… initial data reports… revealed the 2021 Main Residency Match to be highly successful and that the pivot to a virtual recruitment season did not constrain the abilities of applicants and programs to obtain more PGY-1 placements."

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2021 APPLICANT AND PROGRAM DIRECTOR SURVEY FINDINGS:
IMPACT OF THE VIRTUAL EXPERIENCE ON THE TRANSITION TO RESIDENCY
RESEARCH BRIEF

- “More than one-third of applicants reported preferring virtual interaction to in-person or being unsure which format they preferred.

- In addition, nearly two-thirds of program directors reportedly envision using virtual formats for some part of future recruitment seasons”

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Table 1. 2021 Applicant Survey: Impact of Virtual Experience on Mental State, Programs Applied to, Interviewed, and Ranked

Survey Items	Not at all	Not Very	Somewhat	Very
How prepared respondent felt for residency application, interview, and matching processes	0.5	6.4	55.0	38.1
How comfortable respondent felt with virtual environment	0.8	6.1	51.6	41.5
How stressful respondent found residency application, interview, and matching processes	1.0	9.1	47.5	42.5
Survey Items	**Did Not Affect Number**	**Fewer**	**More**	**Unsure**
How virtual process affected number of programs to which respondent applied	52.2	1.6	41.6	4.6
How virtual process affected number of programs with which respondent interviewed	35.8	13.1	36.3	14.7
How virtual process affected number of programs respondent ranked	72.4	3.7	16.1	7.8
Survey Item	**No Preference**	**Virtual**	**In-Person**	**Unsure**
Respondent preference for type of interview experience	10.7	20.7	51.4	17.2

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Table 2. 2021 Applicant Survey: Importance of Interview Factors Potentially Affected by Virtual Experience on Programs Applied to, Interviewed

Survey Items	Not at All Important	Slightly Important	Moderately Important	Very Important	Not Applicable
Reduction of financial constraints on travel	12.2	13.4	20.4	51.2	2.8
Flexibility for interview dates	8.8	12.1	25.7	50.8	2.6
Efficiency of interview process	10.2	15.6	29.2	42.5	2.6
Number of interviews respondent could attend	11.8	11.4	22.1	50.2	4.4

Table 3. 2021 Applicant Survey: Perceived Challenges of Virtual Interviewing

Survey Items	Not at All Challenging	Slightly Challenging	Moderately Challenging	Very Challenging	Not Applicable
Getting exposure to preferred specialties when clerkships not available at home institution	10.3	12.3	16.1	26.9	34.4
Obtaining letters of recommendation when in-person clerkships were not possible	13.5	18.2	19.5	23.0	25.7
Assembling other pieces of application package (e.g., test score reports, personal statement reviews by mentors, MSPEs)	48.6	26.1	14.5	5.6	5.1
Determining program curriculum/ mission from web-based materials	22.1	31.1	31.5	14.0	1.3
Determining program culture from web-based materials	4.8	12.2	28.1	54.0	0.9
Determining "fit" with program faculty from web-based materials	4.3	12.8	31.3	50.6	0.9
Experiencing limited availability of away rotation experiences	5.9	10.9	17.1	41.8	24.3

Table 4. 2021 PD Survey: Impact of Virtual Experience on Applications Received and Reviewed; Applicants Interviewed and Ranked

Survey Item	More than 25% fewer than in 2020	10-25% fewer than in 2020	About the same (+/- 10%) as in 2020	10-25% more than in 2020	More than 25% more than in 2020
Number of applications received	0.6	4.2	47.2	37.4	10.7
Applications rejected based on a standardized screening process	3.3	6.6	71.1	12.8	6.1
Applications receiving an holistic review	0.6	2.2	57.9	28.1	11.2
Interview invitations sent	0.9	7.2	49.0	33.3	9.6
Interview invitations cancelled by applicants	20.0	28.4	41.3	8.4	1.9
Applicants interviewed	0.5	5.1	45.5	36.7	12.2
Applicants ranked	0.4	3.8	45.6	37.8	12.4
Survey Item	**25% or fewer**	**26-50%**	**51-75%**	**76-99%**	**100%**
Percentage of interviews conducted virtually	0.0	0.2	0.1	3.7	96.0

Future Intentions of Virtual	Yes	No	Do Not Know
Intend to conduct part/all of recruitment process virtually in the future	59.9	7.1	33.0
If yes (n=609): Which aspects?			
First-look opportunities	40.2		
Interview itself	67.7		
Second visits	16.9		

Guidance from National Organizations

- Statement from the AAN Virtual Recruitment Workgroup, July 2021
- Emily Poole Pharr, MD; Erica A. Schuyler, MD, FAAN; and Logan D. Schneider, MD

- "...the American Academy of Neurology advises that all Neurology and Child Neurology residency/fellowship programs should commit to virtual interviews for all applicants in place of in-person interviews for the 2021–2022 application cycle.
- The goals of this recommendation are to:

1. Maximize safety for applicants and programs
2. Maintain an equitable interview process for all candidates.

Final Report and Recommendations for Medical Education Institutions of LCME-Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants

Submitted by

The Coalition for Physician Accountability's Work Group on Medical Students in the Class of 2021 Moving Across Institutions for Post Graduate Training

- "The WG recommends that all programs commit to online interviews and virtual visits for all applicants, including local students, rather than in-person interviews for the entire cycle
- and that the medical education community commit to creating a robust digital environment and set of tools to yield the best experiences for programs and applicants."

- * The Coalition for Physician Accountability - a cross-organizational group composed of AACOM, AAMC, ACCME, ACGME, AMA, AOGME, AOA, CMSS (OPDA), ECFMG, FSMB, LCME, NBME, and NBOME,

Possible Future Directions

- Initial virtual interview followed by in-person second look

- Preference Signaling
- Supplemental Applications

- Increase in reliance on away rotations