Development of a Competency-Based Transplant Hepatology Fellowship


1Division of Gastroenterology and Hepatology, Thomas Jefferson University, Philadelphia, PA; 2Department of Transplant, Mayo Clinic, Jacksonville, FL; 3Division of Gastroenterology and Hepatology, The Johns Hopkins University, Baltimore, MD; 4Division of Gastroenterology, Virginia Commonwealth University, Richmond, VA; 5Department of Medicine, University of Minnesota Medical School, Minneapolis, MN

Abstract

Purpose: The Accreditation Council for Graduate Medical Education (ACGME) next accreditation cycle requires programs to demonstrate competency-based medical education (CBME) training and assessment in their programs. Responding to decreasing enrollments for the American Board of Internal Medicine (ABIM) Transplant Hepatology (TH) exam, workforce concerns in TH, and improvements data from Gastroenterology (GI) fellow and Program Directors (PDs), we developed an ABIM-approved one-year competency-based TH fellowship program.

Methods/Results: Responding to a Multi-society Task Force on GI Training recommendation that Board Certification in TH be abandoned in favor of a “Practicable Recognition” model and survey results suggesting that training duration had a detrimental effect on retaining trainees in TH careers, a competency-based three year combined GI/TH program was proposed, followed by participation in an ABIM workshop exploring CBME program development. The authors then participated in an ABIM “just-in-time” faculty development session.

Our pilot employs a hybrid design of the ABIM/ACGME milestones model and the entrustable professional activities model (EPAs) of ten Cate. Our 14 EPAs include management of disorders frequently seen at a referral liver center. The pilot utilizes a one-year time frame, is approved for ten years and will start enrolling trainees in July 2012. Any institution with an ABIM-approved TH program is eligible to participate. Trainees must be certified as competent (using traditional methods) in GI as a pre-requisite to enrollment. Faculty development will be available at national meetings and participating institutions. Outcomes measures include trainee achievement of level 4 or 5 entrustability for EPAs, TH Board Examination pass rate, Care Transition Measure (CTM-3) scores, trainees’ participation in continuous maintenance of certification activities, hospital readmission rates and hospital CAHPS scores.

Conclusion: In an effort to respond to workforce needs while meeting ACGME NAS requirements, we developed a CBME-based one-year program in TH. We anticipate that both GI and TH training can be completed in three years and that the lessons learned from the early implementation of our CBME-based program will be generalizable to other areas of Graduate Medical Education.

Methods (1)

Designed in consultation with and approved by the American Board of Internal Medicine (ABIM). Our pilot employs a hybrid design of the ABIM/ACGME milestones model1 and the entrustable professional activities model (EPAs) of ten Cate. The use of milestones insures that training meets ABIM competencies. Our milestones grid for the Patient Care competency is illustrated below.

The concept of entrustable professional activities (EPAs) provides a framework for assessment that can be conducted in the course of clinical practice. Our 14 EPAs include management of disorders frequently seen at a referral liver center. Examples of our EPAs for the management of portal hypertensive hemorrhage and compensated cirrhosis are illustrated below. Scoring of EPAs is based on a five point scale, with a score of 4 indicative of competence.

Example of Measurement Instruments

Outcome Measures

We choose a variety of outcomes measures to assess the progress of trainees and reproducibility across institutions. Use of these instruments required a manageable amount of faculty development, which will be provided both by ABIM and AASLD

Structure of the Fellowship

Although the specific structure of any given pilot program participant will depend on the institution, out design stipulates that each program have a Competency Certification in TH. Our TH Fellowship is designed for two other Transplant Hepatology faculty, which meets quarterly and reviews the assessments listed in the table below. Committee feedback and action are to be provided to the trainee in a timely fashion.

Conclusions

The Transplant Hepatology Pilot Program, designed using the assessment methods of Competency Based Medical Education, will allow more robust and reproducible training of future transplant hepatologists. We anticipate that the potential for reduced training time will increase the number of candidates for TH training and eventual TH Board Certification. Our hope is that our experience will provide valuable information for medical educators in other specialty areas.

References


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