

ASPEN Workforce and Training Program Director Committees Combined Meeting



American Society of
Pediatric Nephrology

Agenda

- ▶ Introductions
- ▶ Fellowship/TPD Report
 - John Mahan, Alicia Neu
- ▶ Workforce Needs, How many do we need?
 - Larry Greenbaum, Kevin Meyers, Bill Primack, Meredith Atkinson
- ▶ Challenges in the Job Search
 - Kirsten Kusumi, Lauren Becton
- ▶ Workforce Committee Updates/Engaging Trainee Interest
 - Adam Weinstein, Meredith Atkinson
- ▶ ABP Requirements for creating new fellowship options
 - Vicky Norwood
- ▶ Breakout Groups– Bob Ettinger



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Breakout Groups

- ▶ Modifications to Fellowship
 - Vicky Norwood, Bob Ettenger, Coral Hanevold
- ▶ How to attract high quality candidates
 - Adam Weinstein, Larry Greenbaum
- ▶ Fellow job search
 - Alicia Neu, John Mahan, Kirsten Kusumi
- ▶ Flexible job opportunities
 - Elaine Kamil, Susan Halbech
- ▶ Workforce Needs
 - Kevin Meyers, Meredith Atkinson



**Pediatric Nephrology
Fellowship
TPD Report**
*ASPN Combined
Workforce/TPD Meeting*
4.25.15

John D Mahan, MD
Alicia Neu MD

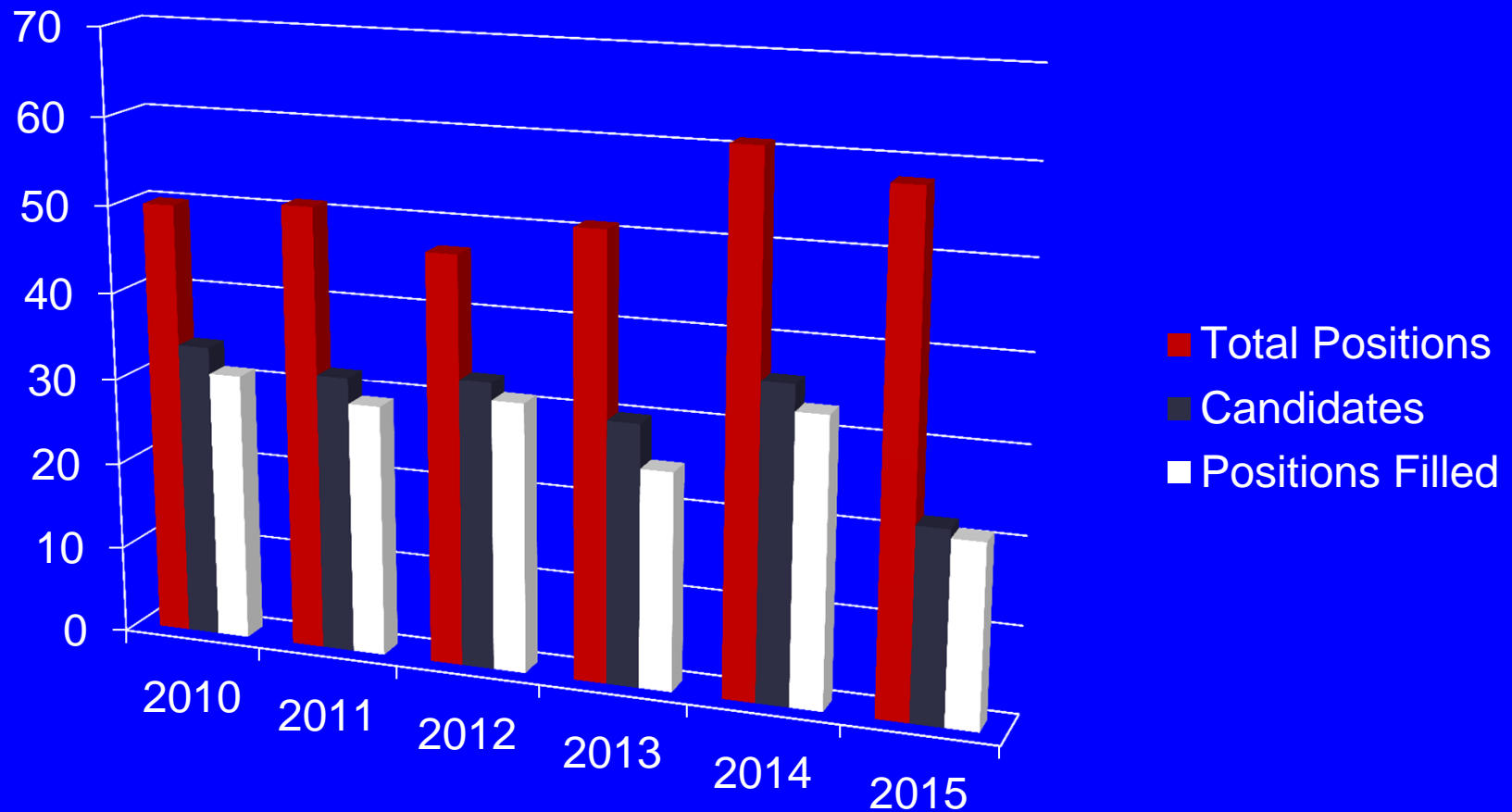
Post-Match Era

Pediatric Nephrology Data

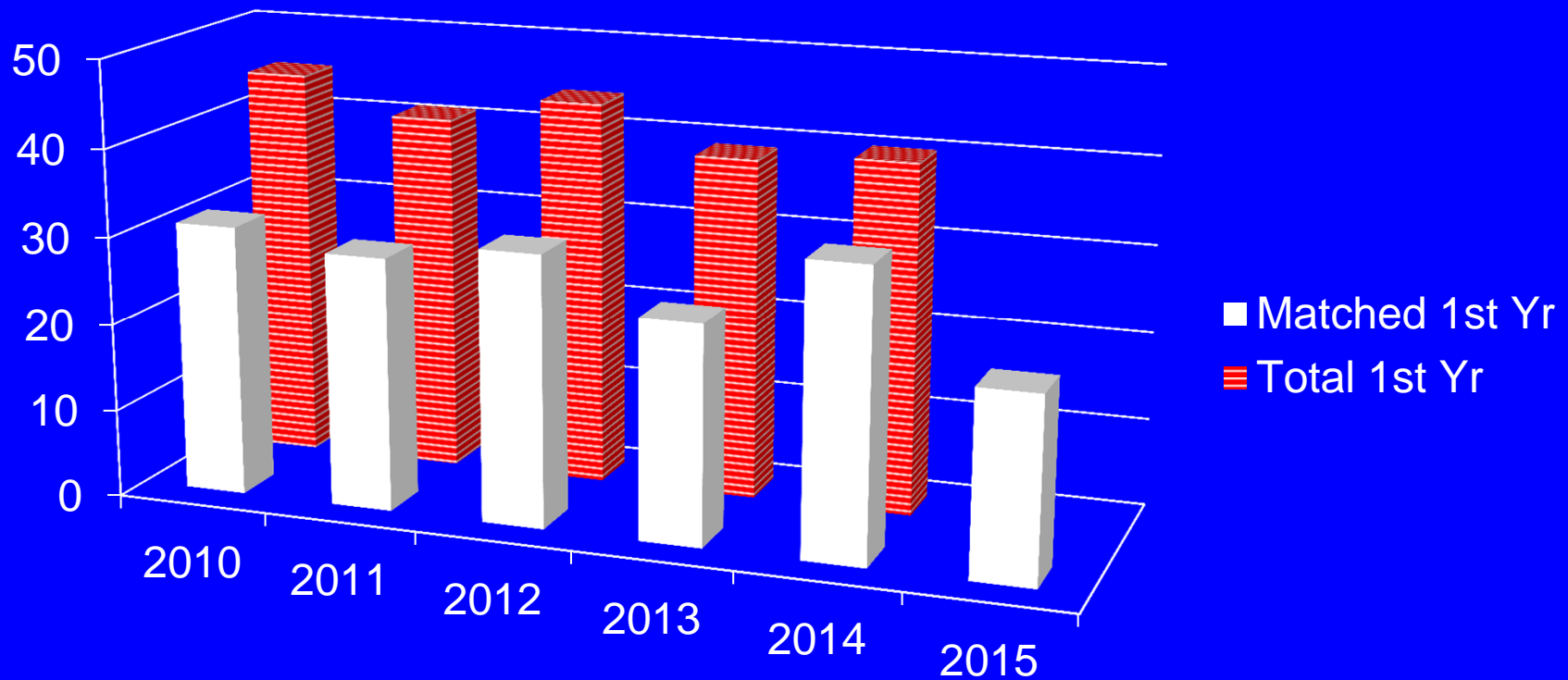
- Pediatric Nephrology Fellowship NRMP Match Process approved in Nov 2008
- First Match (Spring) in 2009 for Fellow Class starting 2010
- Fourth Match (Fall) in 2012 for Fellow Class starting 2013
- Sixth Match in 2014 – for Fellow Class starting 2015

Pediatric Nephrology Match Results

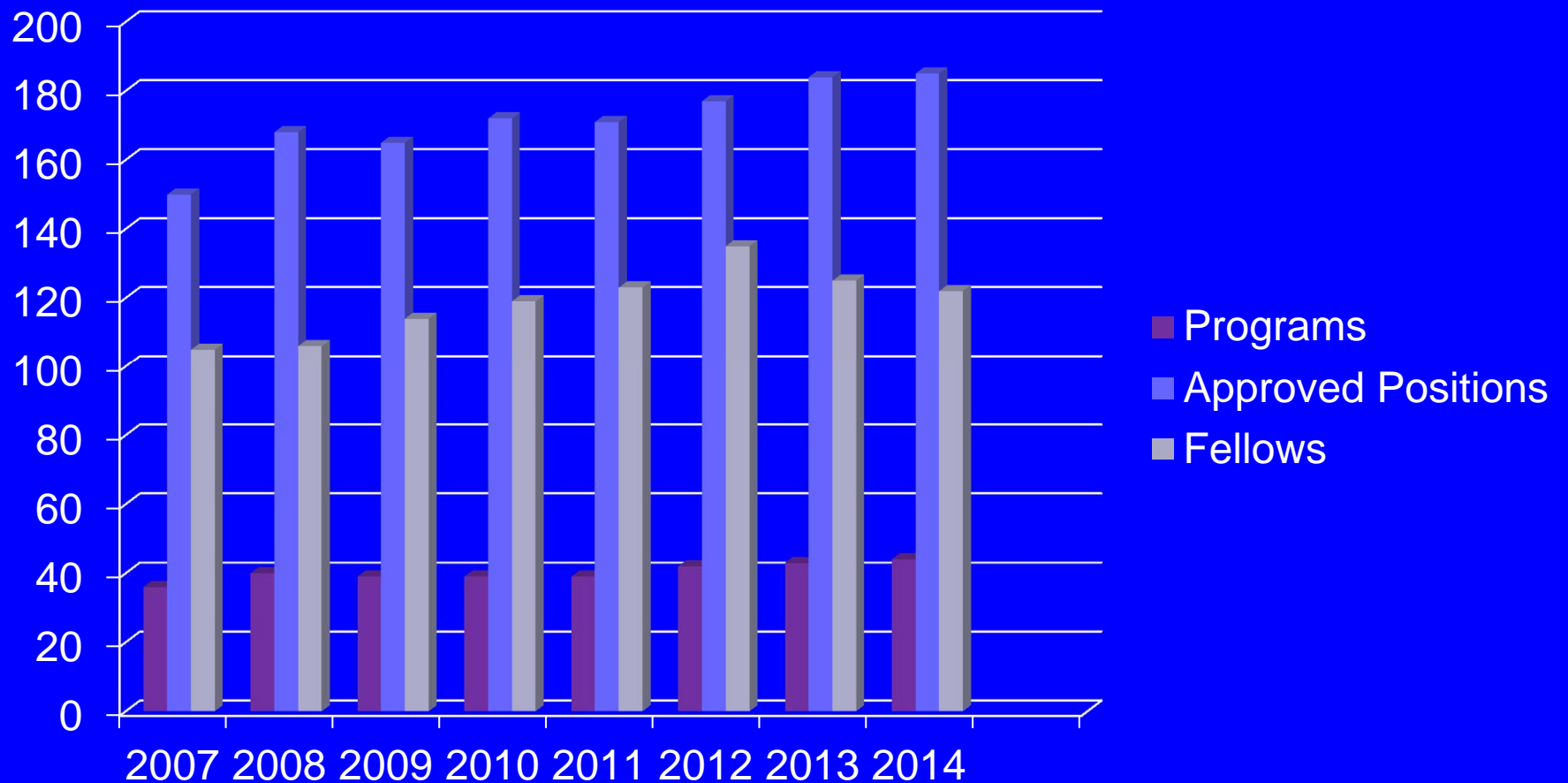
For Class Starting Year



Pediatric Nephrology Matched/Starting First Year Fellows *For Class Starting Year*

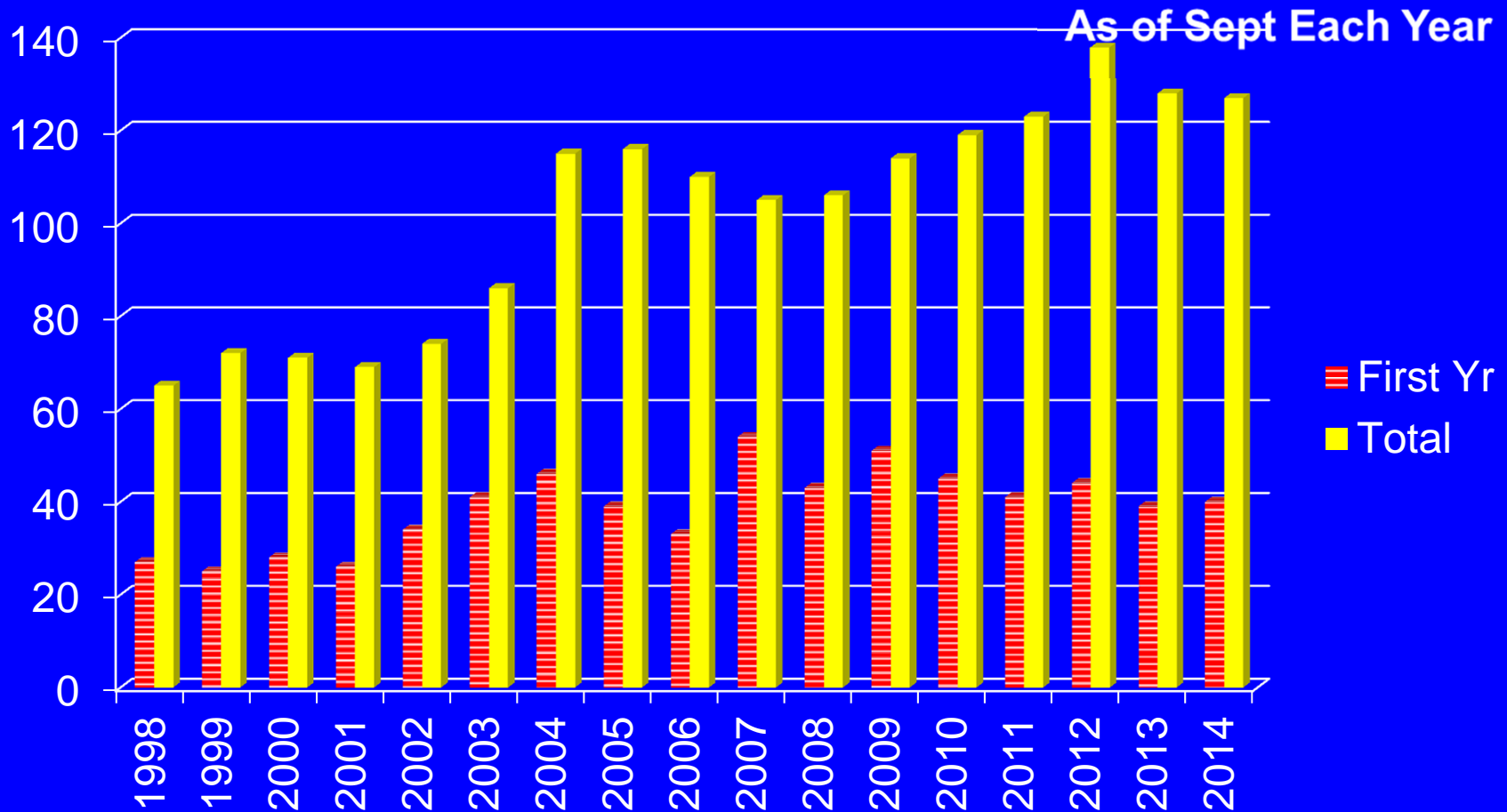


Pediatric Nephrology Fellowship *Training Programs/Positions*



Pediatric Nephrology

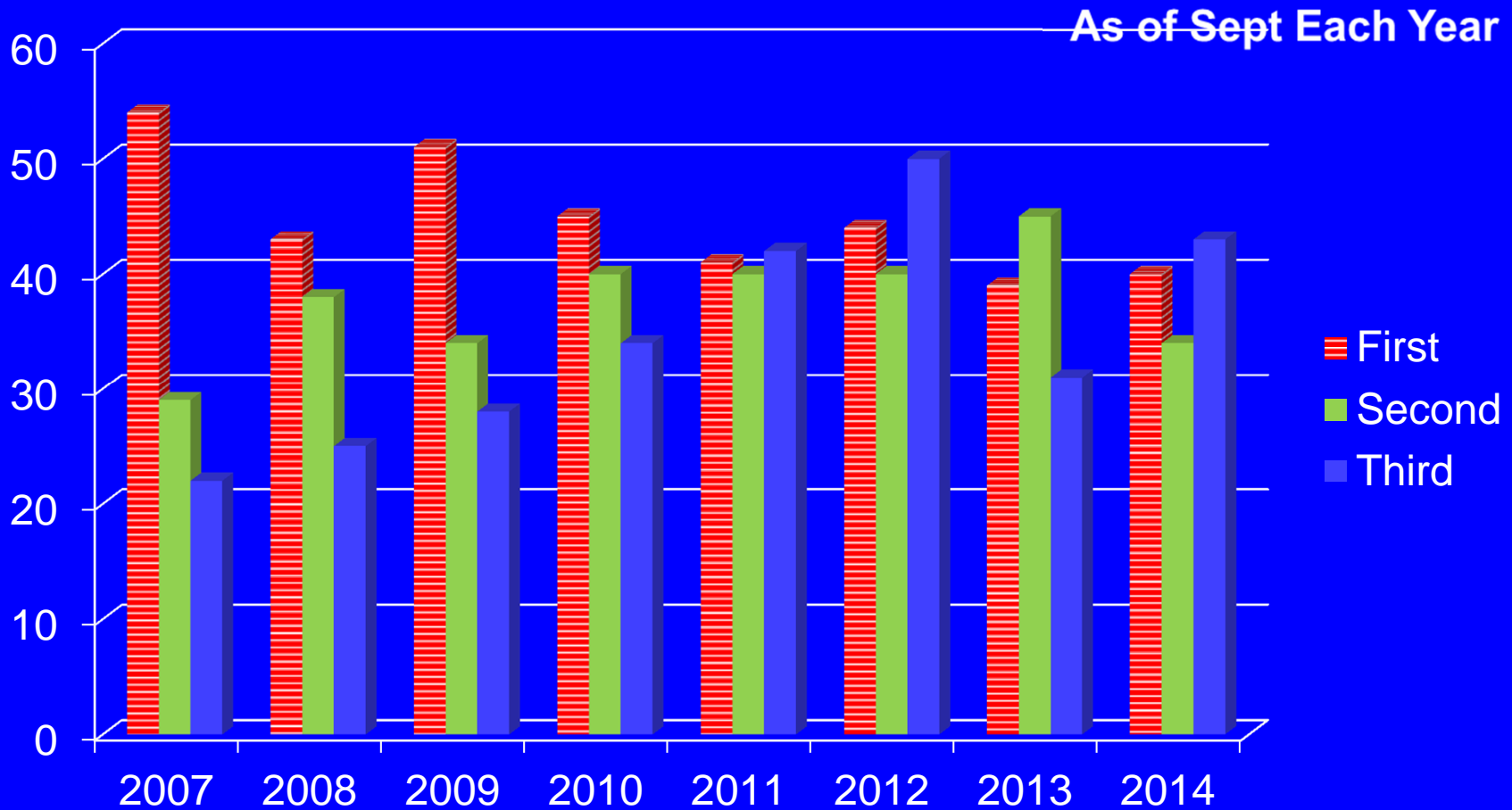
All Fellowship Trainees



Total Fellows = 8% increase over last 10 yrs

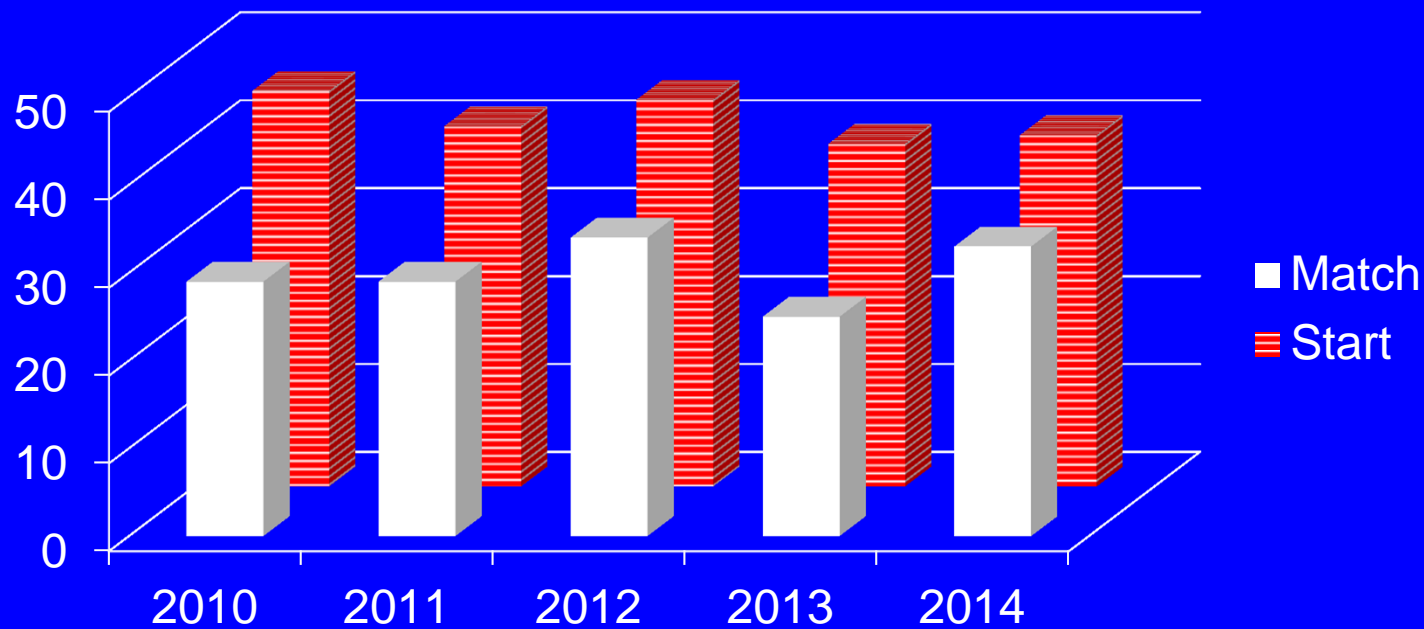
First Year Fellows = 2% increase over last 10 yrs

Pediatric Nephrology Fellowship Trainees - *By Year of Training*



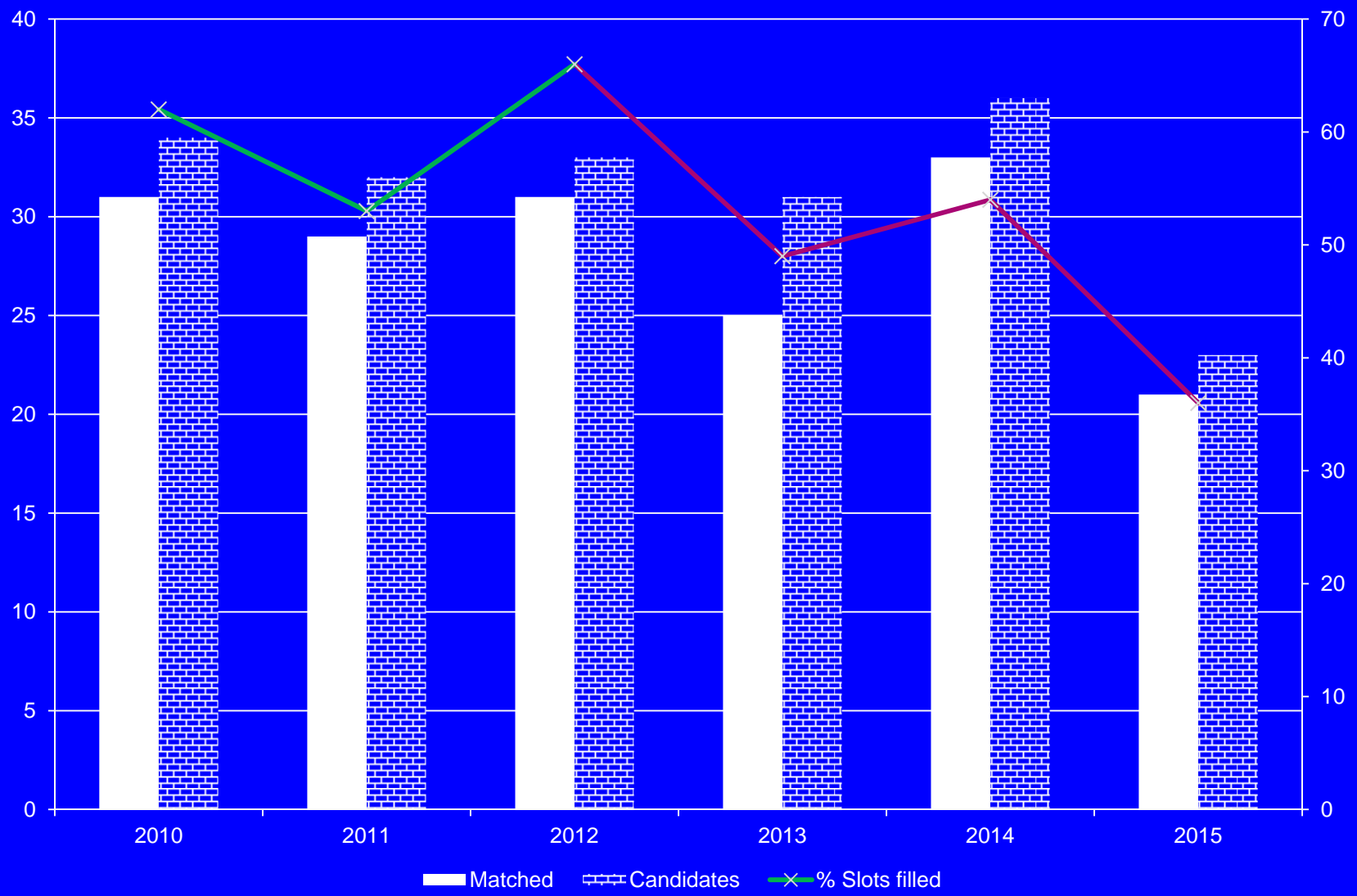
Ped Neph Match Observations

- Match – stability, no violations
- Number of fellows starting who did not match decreasing (36% 2010; 18% 2014)



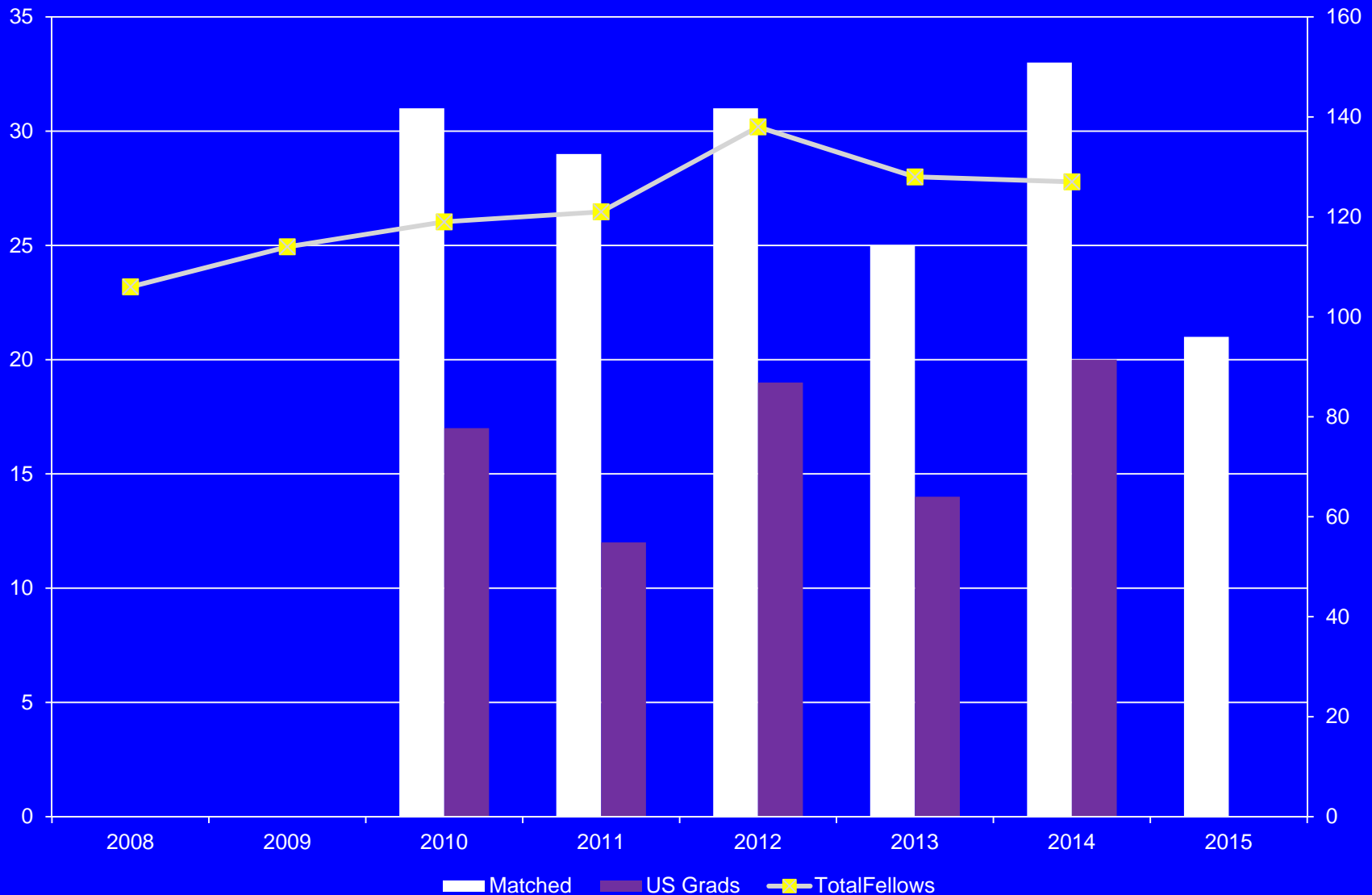
Pediatric Nephrology Match

Fellow Matched / % Slots Filled



Pediatric Nephrology Match

Total Fellows/First Yr Fellow Origins



Latest NRMP Fall Match Data

For Class Starting 2015

	Child Abuse	Dev-Behav	Neonatal	Peds Crit Care	Peds EM	Peds Neph	Peds Rheum	Peds ID
Programs	19	33	92	62	52	39	30	51
Programs filled in Match (%)	12 (63)	23 (70)	88 (96)	57 (92)	49 (94)	8 (31)	14 (47)	21 (41)
Positions in match	20	41	242	168	123	58	38	66
Positions Filled (%)	13 (65)	30 (73)	238 (98)	160 (95)	120 (98)	21 (36)	26 (68)	30 (45)
Positions Unfilled (%)	7 (35)	11 (27)	4 (2)	8 (5)	3 (2)	19 (64)	12	33 (55)
Matched Applicants	13	30	238	160	120	21	22	30
US Grads (%)	12 (92)	20 (67)	175 (74)	131 (82)	95 (75)	11 (53)	13 (60)	22 (73)
Int Grads (%)	1 (8)	10 (33)	63 (26)	29 (18)	25 (21)	10 (47)	9 (40)	8 (27)
Applicants Preferring this Specialty	14	36	293	202	166	22	24	32

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Fellow Observations

- **Retention of Fellows**

[2007 First Yr - 2009 Third Yr] 54 to 28 – 52%

[2009 First Yr - 2011 Third Yr] 51 to 42 – 82%

[2012 First Yr – 2014 Third Yr] 44 to 43 – 97%

- Total retention year 1-3 yr up to 97%!!!

[Caveat – significant movement, i.e., fellows returning to ACGME rolls, from leave, etc]

TPD Activities

- Residents expect Match [all programs in!]
- Trend for more balanced clinical time over 3 yrs training
- Attempted ASPN Fellow Attrition Survey – still a concern?
- Monitoring Exceptions
 - Med – Peds Fellows
 - Couples matches
 - Special programs (PSDP)?
- Potential impact of 2 year training requirement - ABP Subspecialty Training Review

Workforce Needs

Larry Greenbaum, MD, PhD
Emory University



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Predicting the Future

- ▶ Long-term more challenging than short-term
- ▶ Macro trends are difficult to predict
 - Economy
 - Healthcare
 - Pediatric nephrology
 - Biopsies and CRRT
 - Nurse practitioners



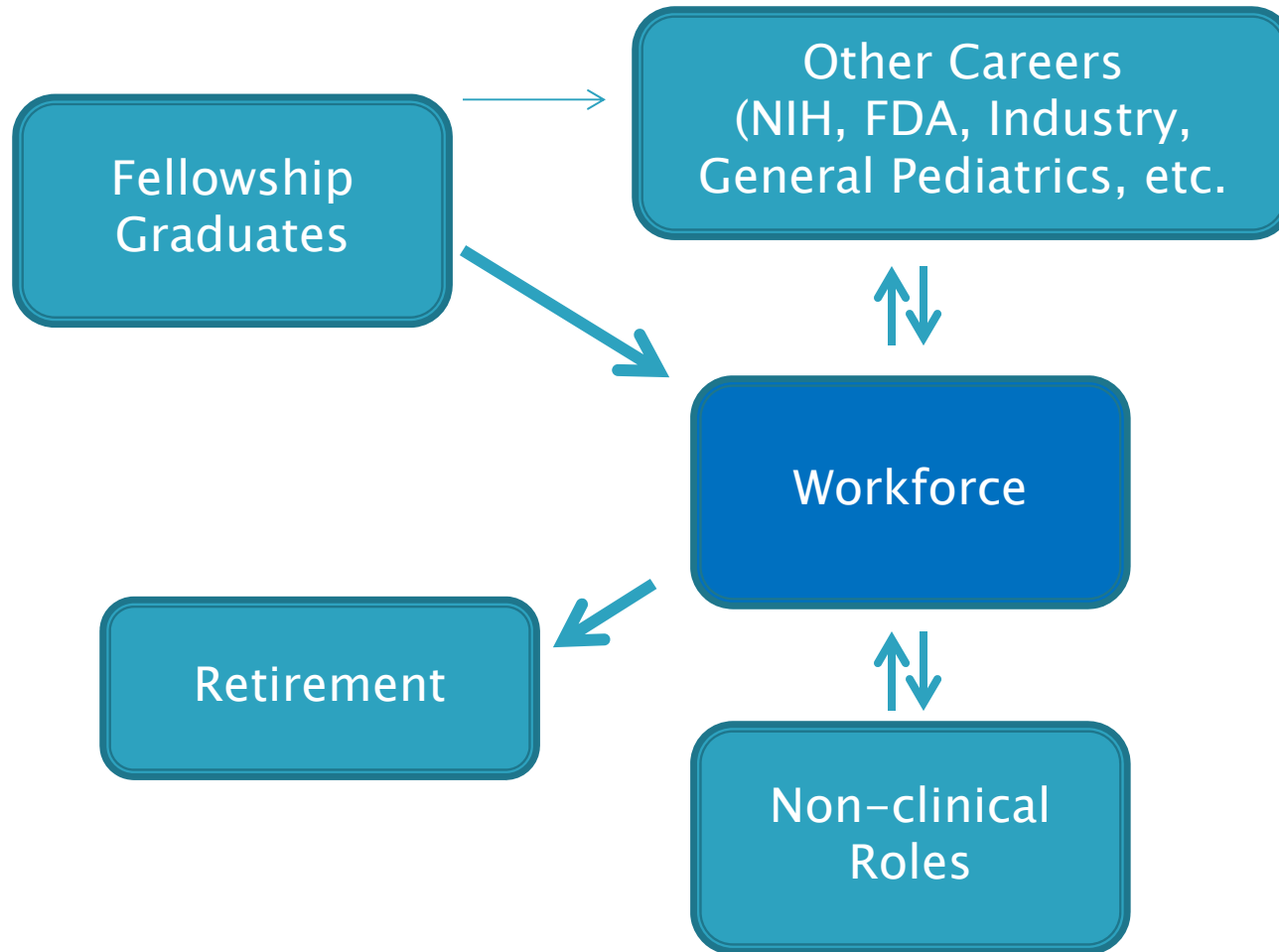
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Strategies for Predicting Jobs

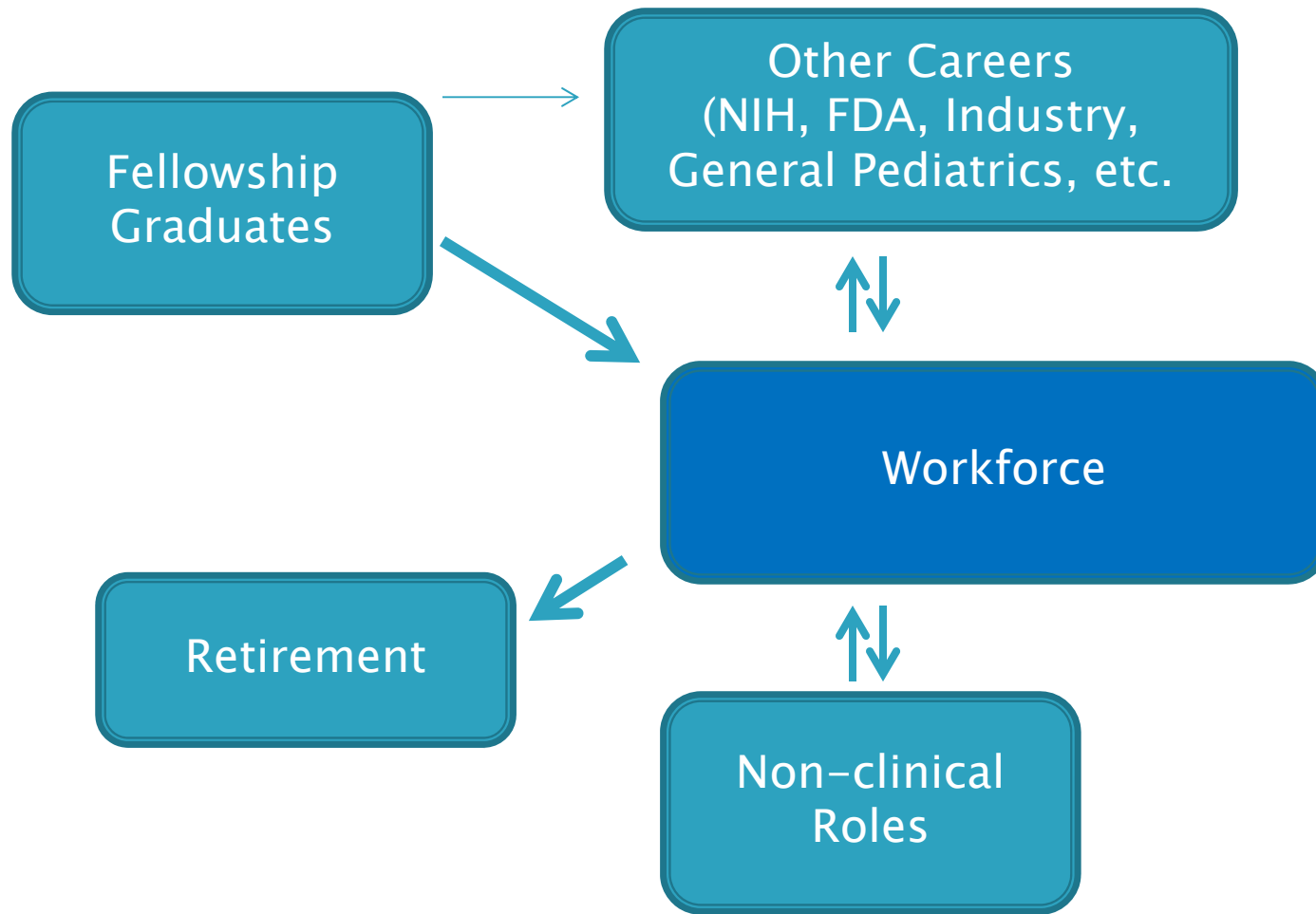
- ▶ Demand
 - Graduating fellows?
- ▶ Supply
 - Ask individuals (leaving or entering the workforce)
 - Ask division directors
- ▶ Look at trends in job openings
 - Number of interviews
 - Satisfaction with options



Models are Difficult



Models are Difficult

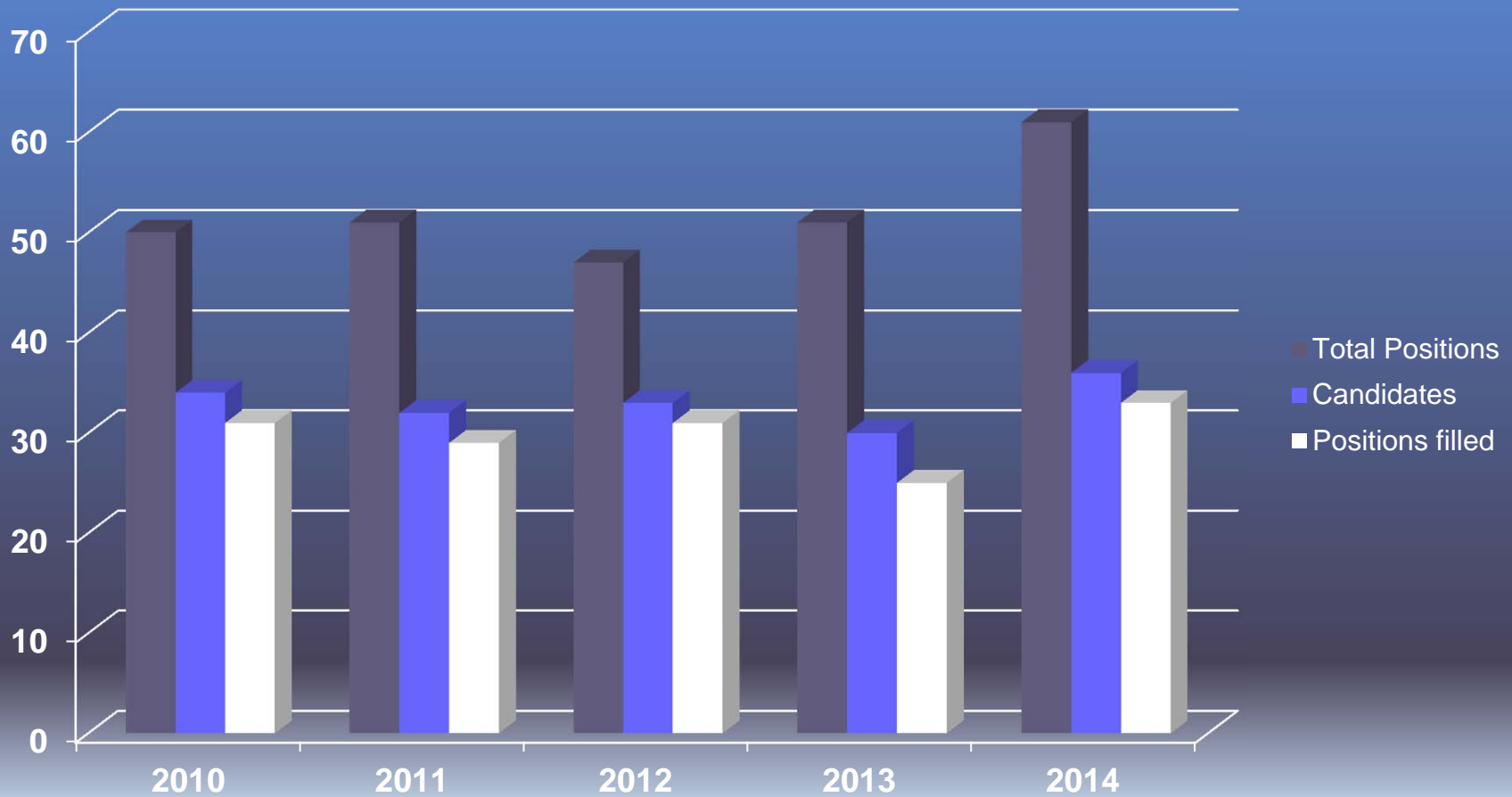


**5:30 – 5:40 PM Kevin Meyers and
Bill Primack**

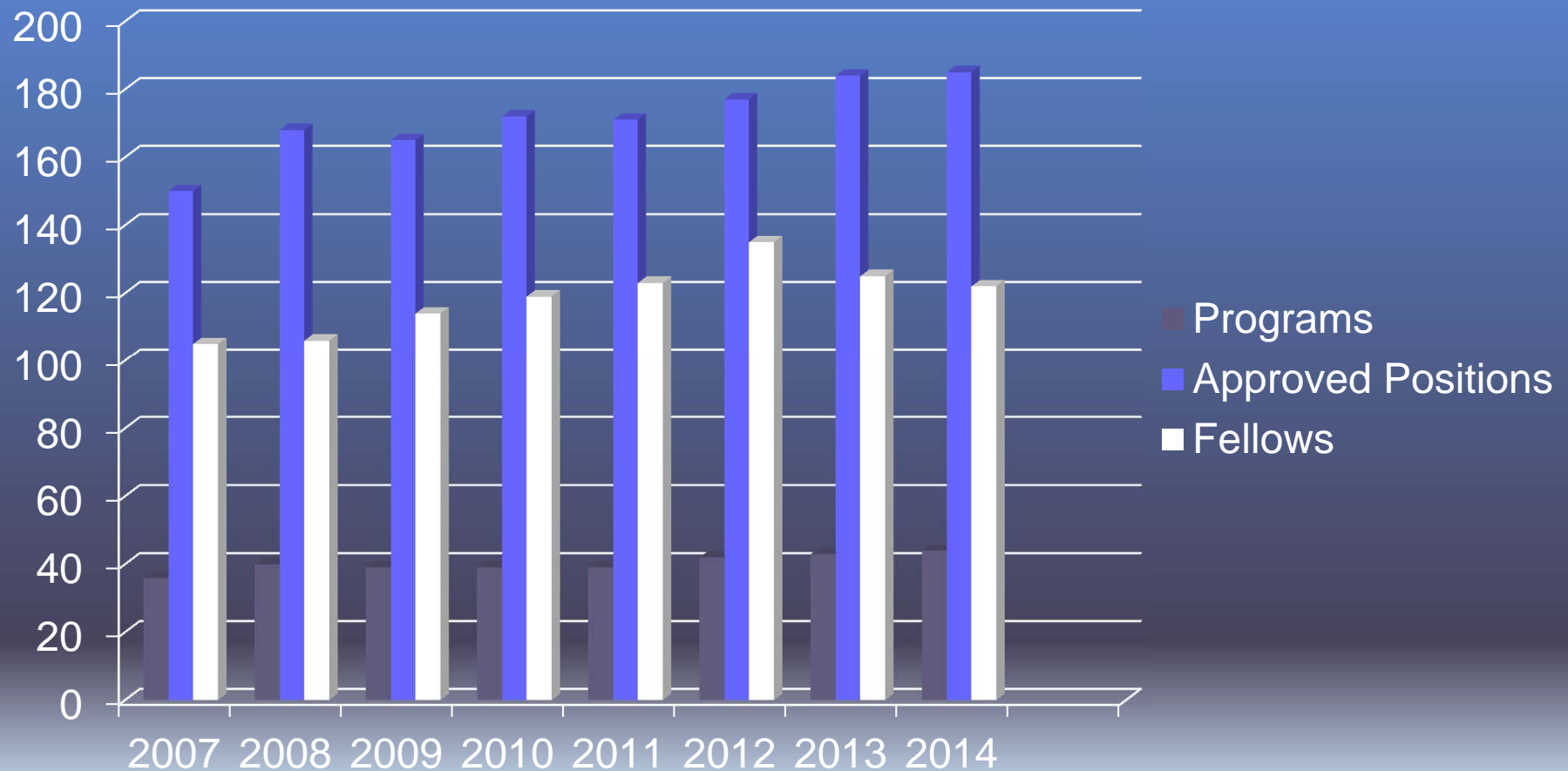
**How many trainees per year do we
really need - do we need 60
fellows/year?**

**OTHER SUBSPECIALTY MATCHES
FILL MUCH MORE THAN US—IS
THAT BECAUSE WE NEED TO
RECRUIT MORE OR IS THAT
BECAUSE WE HAVE MORE THAN
ENOUGH?**

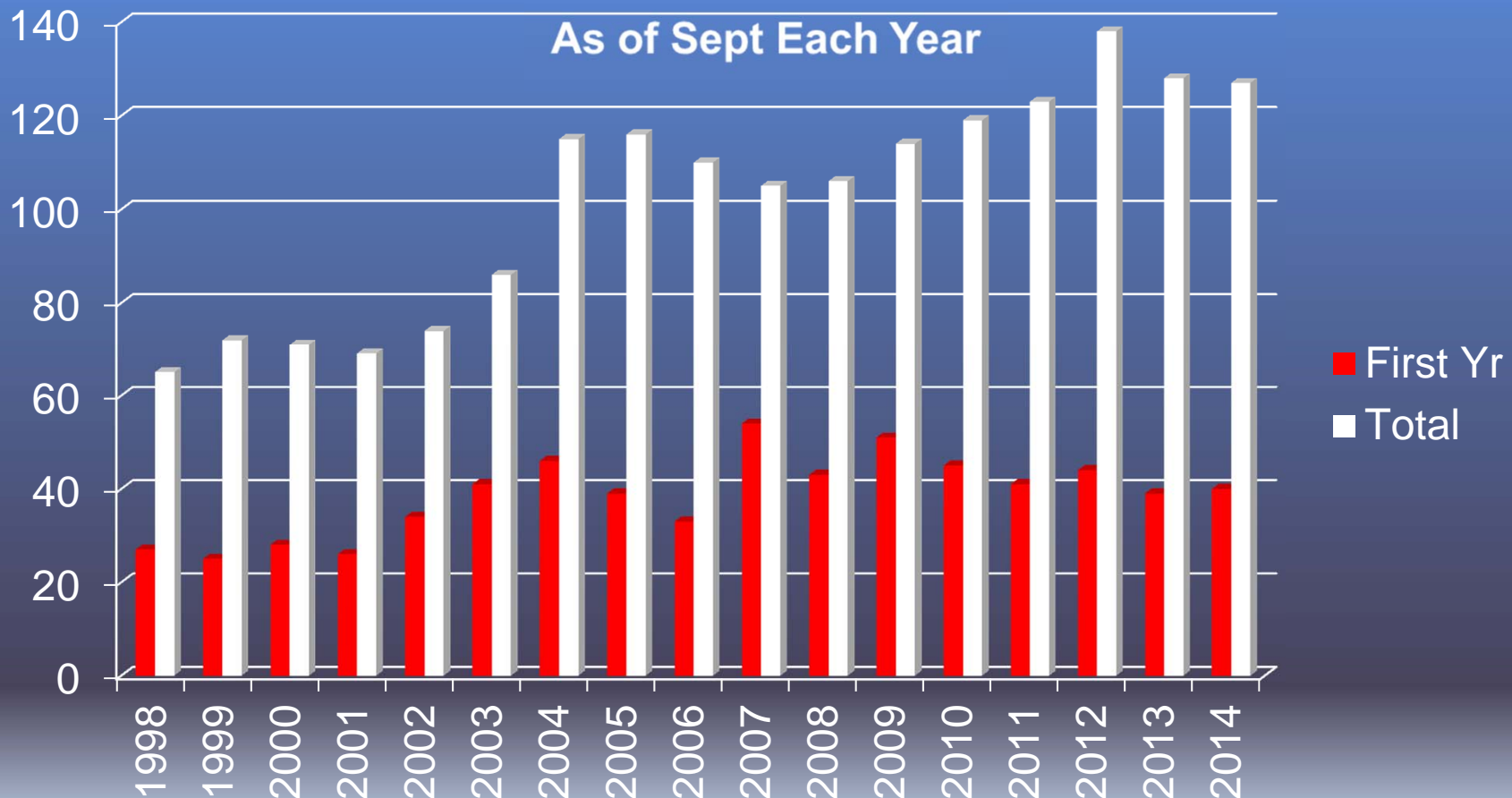
PEDIATRIC NEPHROLOGY MATCH RESULTS



PEDIATRIC NEPHROLOGY FELLOWSHIP TRAINING



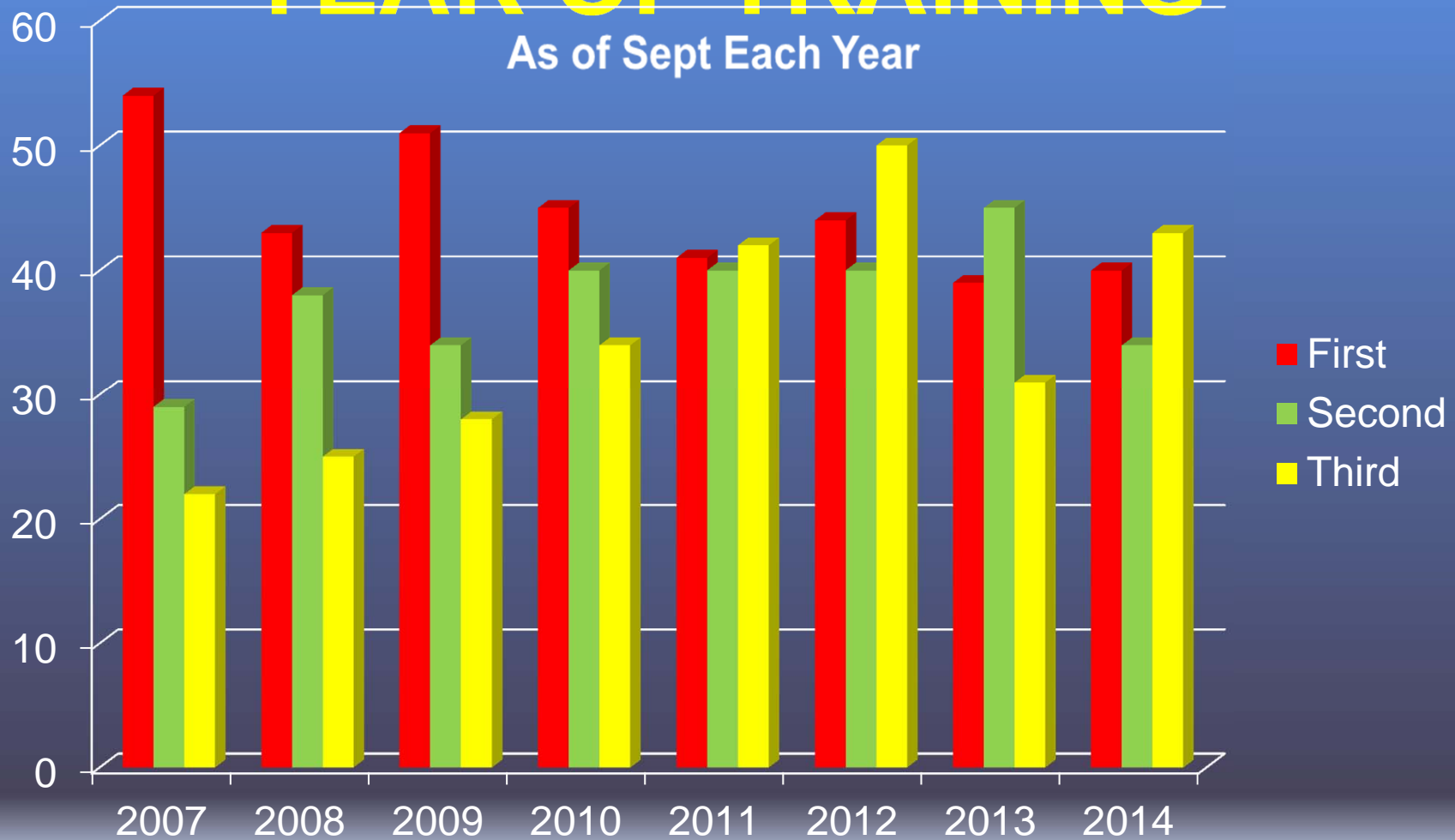
PEDIATRIC NEPHROLOGY ALL FELLOWSHIP TRAINEES



Total = 180% increase over 12 yrs

First Year Fellows = 149% increase over 12 yrs

PEDIATRIC NEPHROLOGY FELLOWSHIP TRAINEES - BY YEAR OF TRAINING



IMPORTANT OBSERVATION

RETENTION OF FELLOWS

[2007 First Yr - 2009 Third year] 54 to 28 – 52%

[2009 First Yr - 2011 Third year] 51 to 42 – 82%

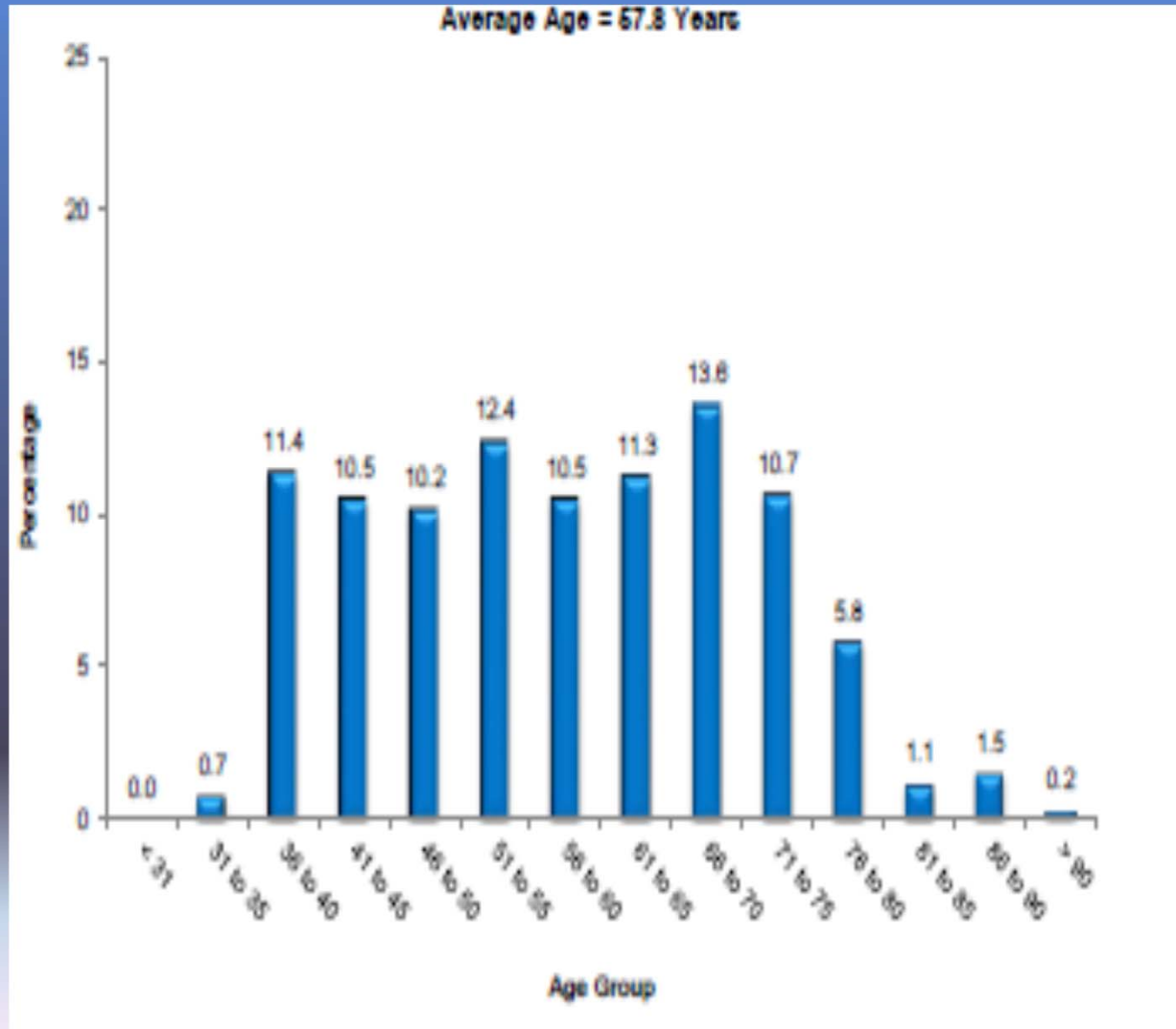
[2012 First Yr – 2014 Third year] 44 to 43 – 97%

Total retention from 1st - 3rd year is now up to

97%!

**Currently Available Pediatric
Nephrology Workforce Data
including results from AAP
Workforce**

THE AVERAGE AGE OF OUR PRACTICING PEDIATRIC NEPHROLOGISTS IS OLDER THAN



CURRENT WORKFORCE

- 384 US practicing pediatric nephrologists
- What are your plans for the next 5 years.
 - 33% (126) plan to decrease clinical activities
 - 53% plan to completely or partially retire
 - 9% plan to increase clinical activities, 26 % increase research, 19% increase administrative activities

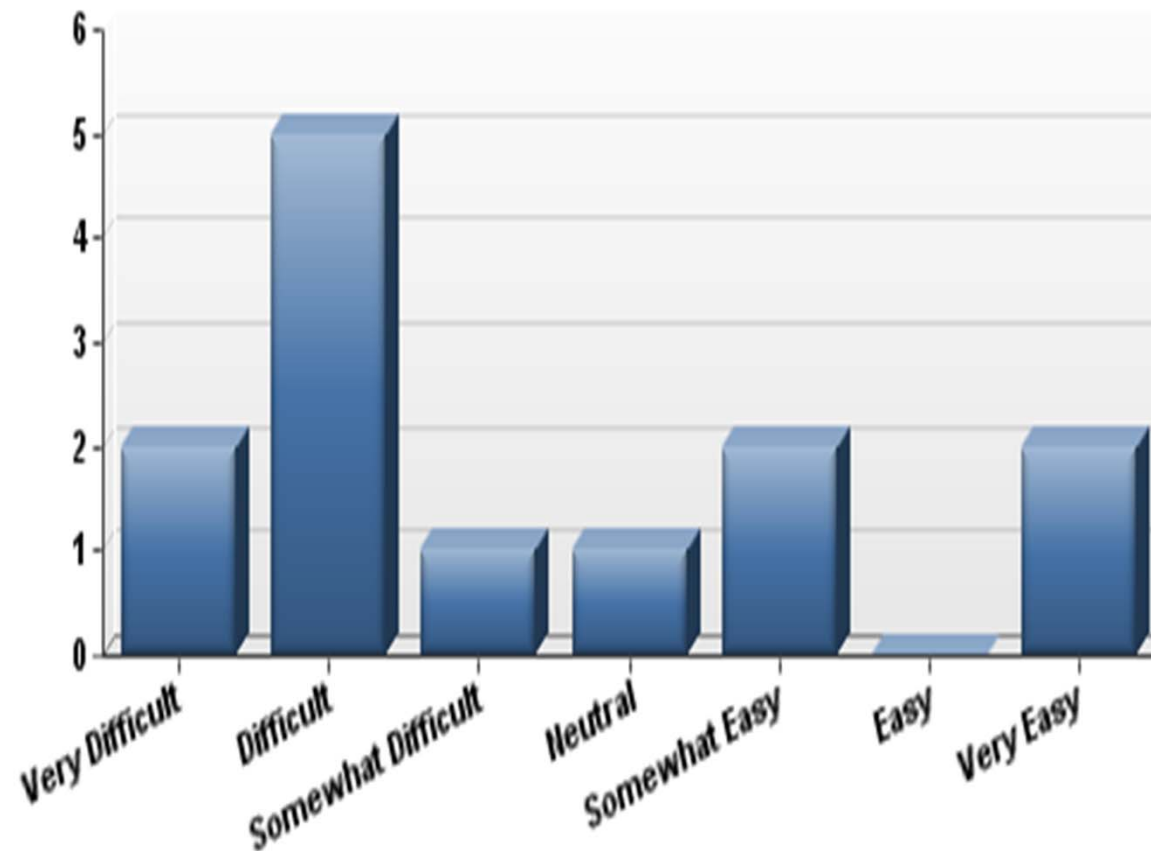
Based on recent AAP workforce survey, many pediatric nephrologists say they plan to retire in the next 5 years

CURRENT WORKFORCE DIVISION CHIEFS PROJECTIONS

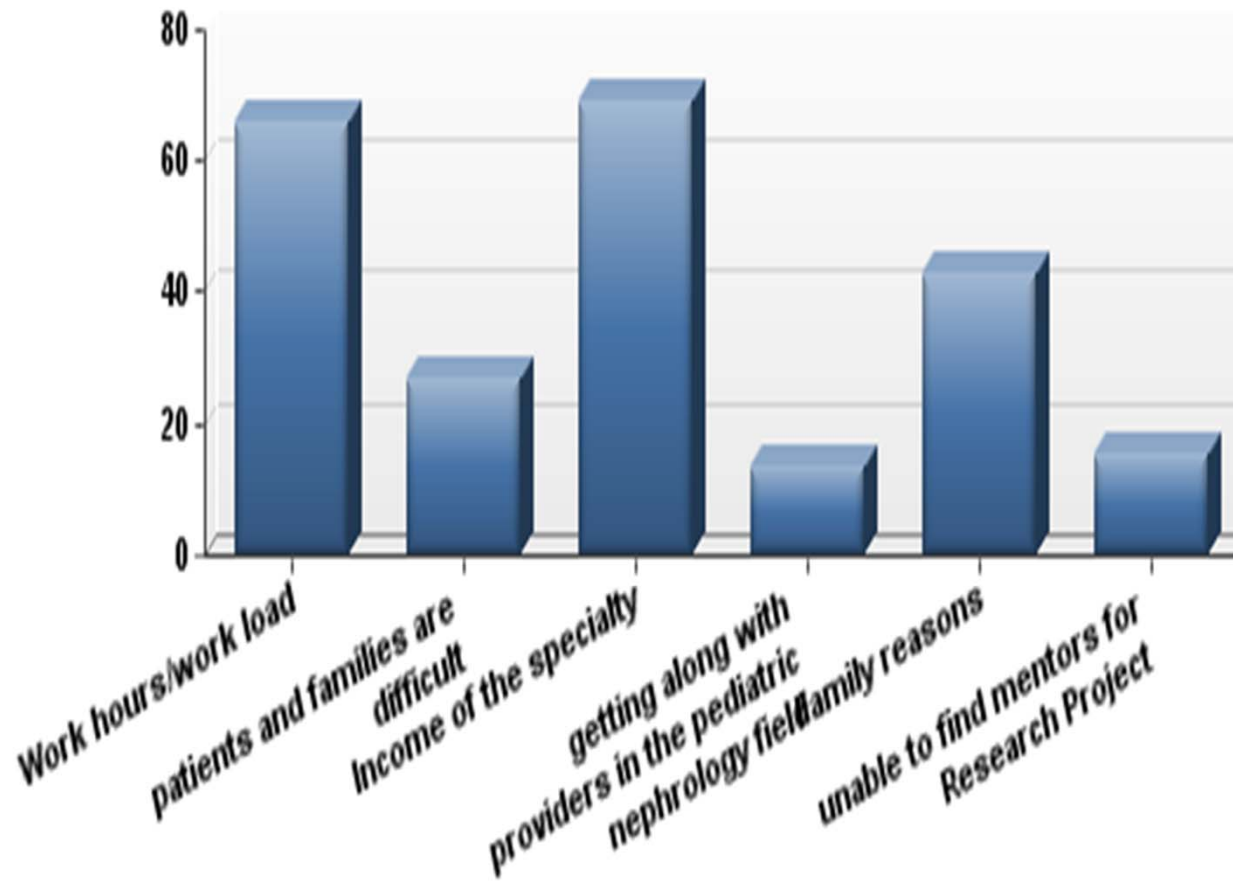
- Is your current staffing adequate?
 - 52% yes, 47% no
- How many positions are currently available
 - 60 positions in 33 programs
 - 47 primarily clinical
 - 13 primarily research
- How many positions do you anticipate needing in the next 3 years?
 - 66 programs, 79 new positions
 - 24 to replace retirees, 12 to replace folks leaving

CURRENT JOB MARKETS: LIMITED INFORMATION ON THAT BECAUSE THERE ARE MANY JOBS NOT OFFICIALLY POSTED...BUT COULD COLLECT TRENDS IF THE NUMBERS

US PEDIATRIC NEPHROLOGY PD PERCEPTION OF EASE OF RECRUITING QUALIFIED APPLICANTS



WHY US NON-NEPHROLOGY PEDIATRIC FELLOWS DID NOT CHOOSE NEPHROLOGY





FELLOWS JOB SEARCH

Kirsten Kusumi and Lauren Becton

pFeNA



Resources

- ASPN marketplace
- Reached out to specific places they are interested in
- Word of mouth especially at conferences

Job issues

- Not all jobs are listed (ASPN marketplace)
- There are jobs but.....
 - Not where people trained and are settled
 - Not geographically desirable
 - Smaller programs (worse call)

Job issues

- Lack of Formal Preparation
 - How to approach potential employers
 - What to look for (specific to pediatric nephrology)
 - Important questions to ask
 - Salary and benefits
 - CV/cover letter

Wish List

- Centralized resource for job information
 - Current and complete
 - General information on job hunting
 - Answers to common questions
- Workshop at PAS or ASN to help prepare fellows for job search

ASPN Workforce Committee 2014–2015 Update

Engaging Resident–Student Interest
in Pediatric Nephrology

Adam Weinstein, MD

ASPN Workforce Committee Chair



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Activities and Accomplishments

- ▶ Efforts to encourage engagement of young trainees
- ▶ Assessment of attrition and reasons for attrition
- ▶ Promoting and publicizing career opportunities as pediatric nephrologist



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Efforts to Encourage Engagement of Young Trainees

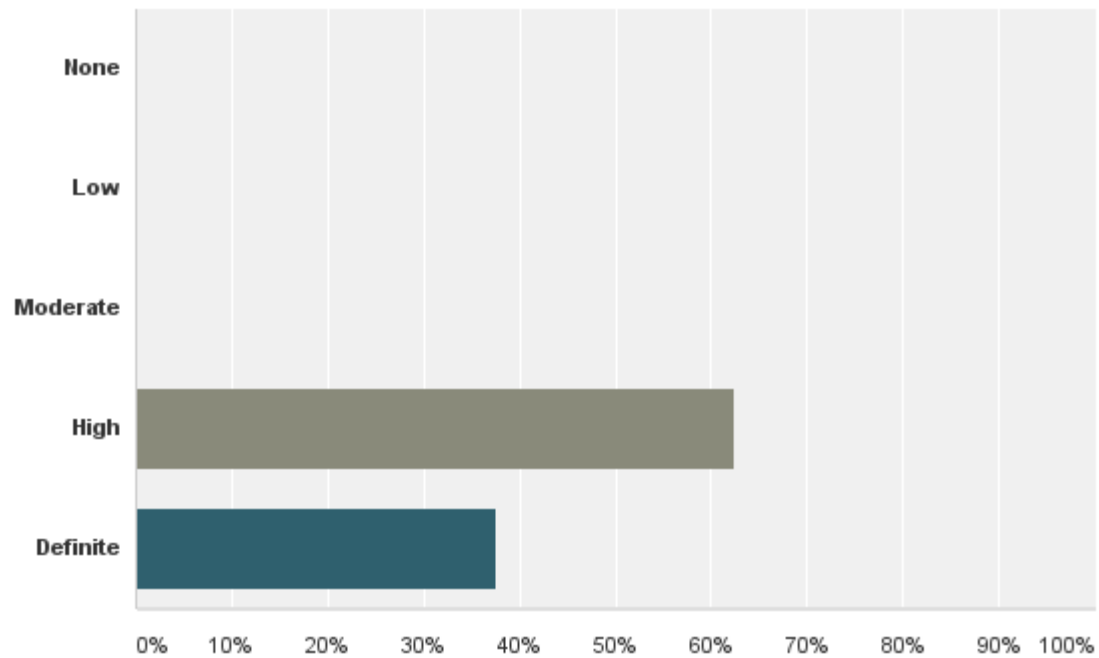
- ▶ We continued efforts to engage medical students and pediatric residents who attended the ASN and ASPN meetings.
 - We participate in an ASN program and have modelled a similar program for the ASPN meeting
 - 4–5 learners are paired with a mentor--meet at the breakfast, and do a poster walk together and attend a Workshop or Invited Science session together.
 - In addition to the three sessions with the mentor group, all learners had invitations to the pFeNA and ASPN Member Receptions.
 - Past attendance 20 to 30 pediatric trainees at each meeting.



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Q1 How would you rate your interest in a career in pediatric nephrology before attending the conference?

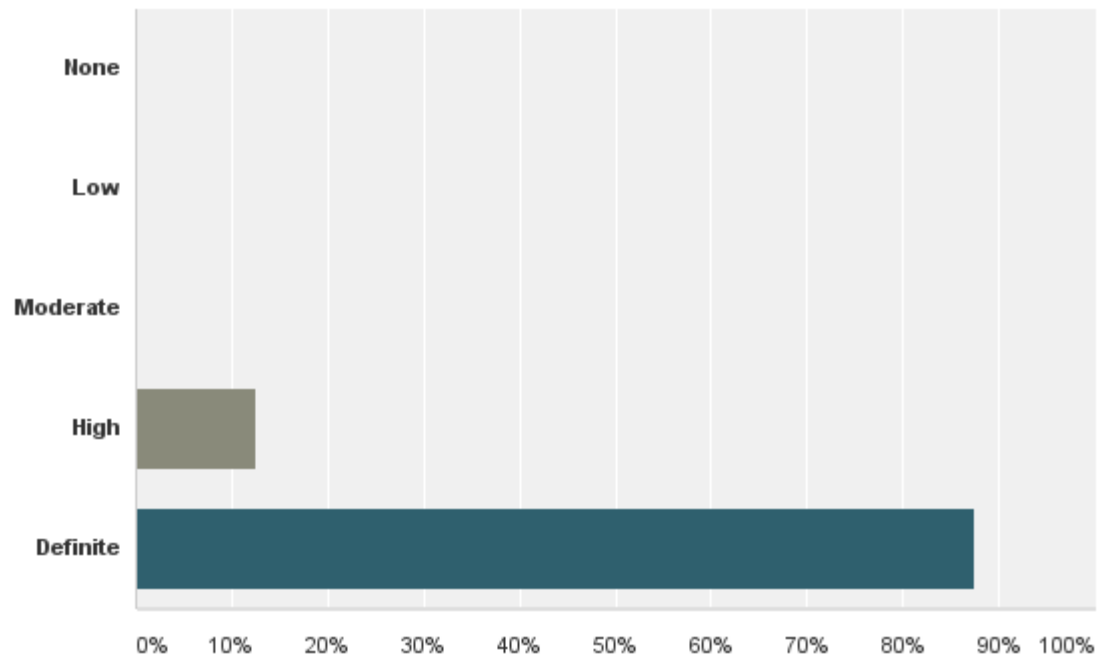
Answered: 8 Skipped: 0



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Q2 How would you rate your interest in a career in pediatric nephrology after attending the conference?

Answered: 8 Skipped: 0



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Comments about the above events

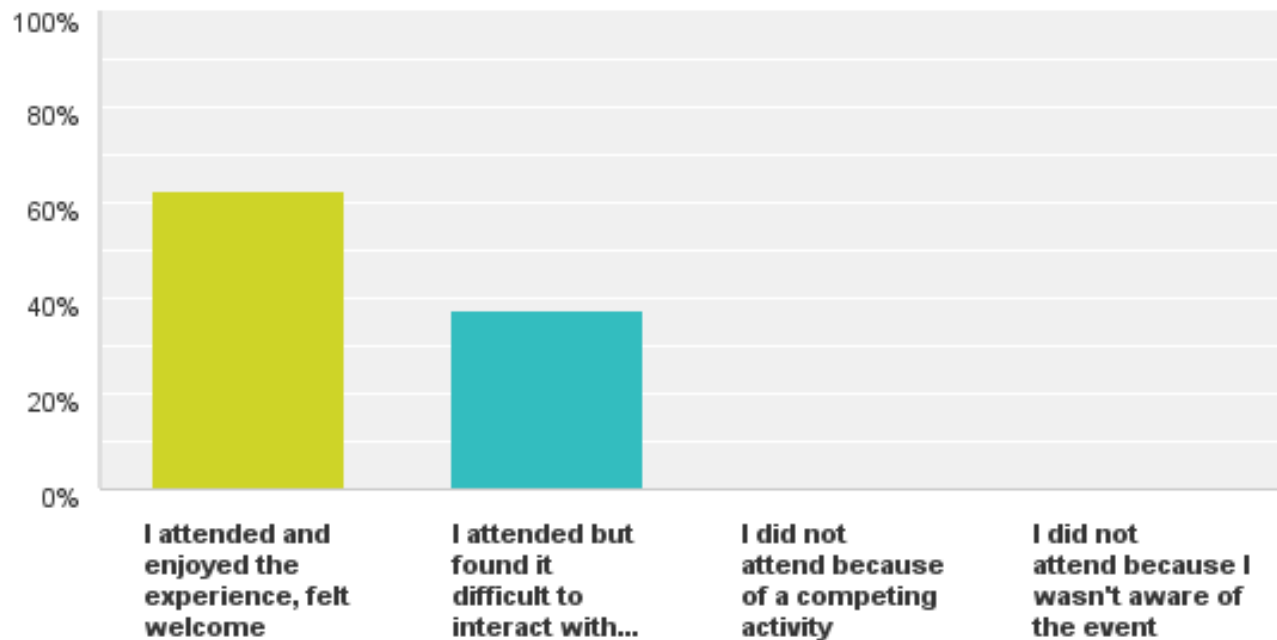
- ▶ strong program
- ▶ The faculty & fellows breakfast was a great way to start us off & allow us to meet the other residents and fellows.
- ▶ The resident/student activities made a HUGE difference in improving the conference experience for me.



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Q5 Please tell us about your experience at the ASPN member reception on Saturday night.

Answered: 8 Skipped: 0



Second column is “interact with pediatric nephrologists”



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Comments about the above

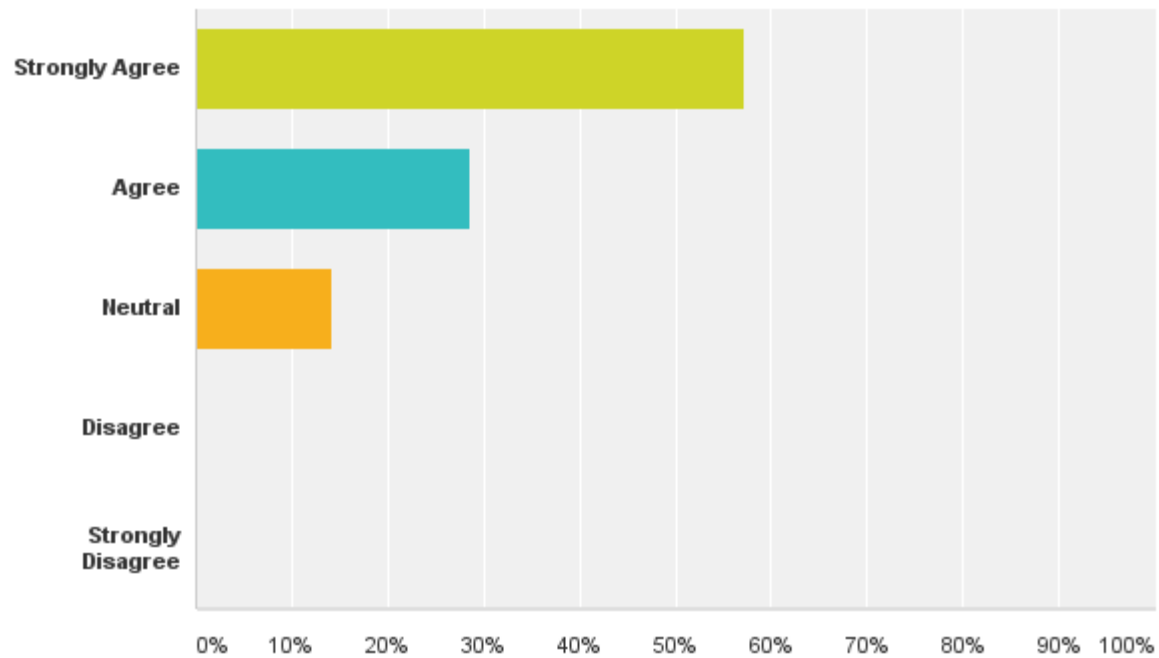
- ▶ Would be nice to have a greeter at the beginning of the event for trainee
- ▶ I think if I had showed up without a faculty member it might have been difficult to meet many people – for those not attending with a faculty mentor it would be helpful to have one during the meeting...not sure if this would be possible.



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Q6 Overall, the resident-student program helped me feel welcome and better able to navigate the ASPN meeting.

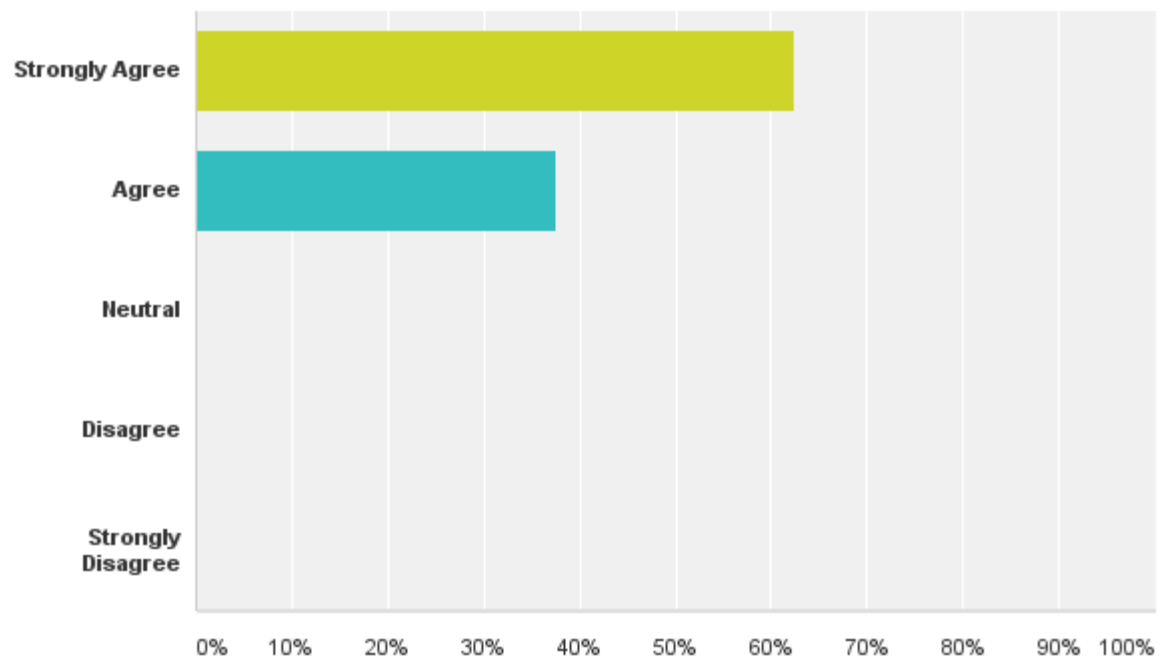
Answered: 7 Skipped: 1



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Q7 Attending the ASPN meeting helped introduce me to the field of pediatric nephrology and to pediatric nephrologists

Answered: 8 Skipped: 0



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Efforts to Encourage Engagement of Young Trainees

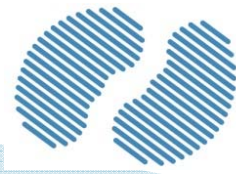
- ▶ Email reminders and Kidney Notes
 - highlighting “best practices” for introducing pediatric nephrology to various types of trainees
- ▶ Resident–Student Mentoring Toolbox on ASPN Website
 - <http://www.aspneph.com/secure/committees/Workforce/Toolboxes.asp>



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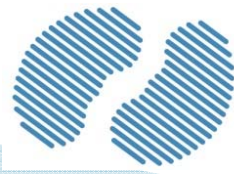
Assessment of and Reasons for Attrition

- ▶ Following up on AAP workforce survey, evaluating reasons for attrition from Workforce
 - Patty Seo-Mayer, creating “Career Satisfaction” survey
 - find the needs of current practicing pediatric nephrologists
 - still in brainstorming phase
 - Meredith Atkinson collecting Workforce attrition information prospectively
 - At the end of each academic year, she will query Program Directors for names of fellows who have discontinued fellowship or not planning to practice pediatric nephrology
 - Anonymous survey designed for those fellows



Promoting and publicizing career opportunities as pediatric nephrologist

- ▶ Patty Seo-Mayer, Sharon Bartosh, and Coral Hanevold creating a comprehensive description of various career opportunities in pediatric nephrology.
- ▶ ASPN Videos which Workforce Committee Co-Chair Meredith Atkinson has been taking the lead on
 - Video of junior faculty and fellows describing career opportunities within pediatric nephrology
 - Plans are potentially coordinate the above career description handout with the Videos
 - The handout can be posted in the same place as the Videos and they will complement and supplement one another



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ABP INITIATIVE ON SUBSPECIALTY CLINICAL TRAINING AND CERTIFICATION

Program Directors/Workforce Committees
PAS, April 2015

Victoria F. Norwood, MD

SCTC - beginnings

- Task force appointed in 2010.
- Focused efforts on:
 - Examination of current subspecialty training model(s)
 - Length of training
 - Other existing requirements (including those linked to scholarly activity and teaching)
 - Considerations of expected needs for future of training.

SCTC - Methods

- Stakeholder meetings (societies, etc)
- Surveys (current fellows (via SITE), program directors, fellowship graduates)
- Data analysis
- Task force deliberations
- Publication: *Pediatrics Vol. 133 Supplement 2 May 1, 2014*

Addressing the Scholarship Issue

- “There was broad consensus among subspecialist and stakeholder groups that scholarship is a core value in subspecialty training because scholarly activity serves to teach fellows to be critical thinkers and evidence-based practitioners and to analyze, interpret, and apply research evidence at the point of care. This level of scholarship is expected of all trainees independent of career pathway and should be sustained through Maintenance of Certification (MOC) during a lifetime of practice. Scholarly activity also serves as an enticement for fellows to consider careers as physician–scientists or clinician–investigators.”

Recommendation #1

- Subspecialty training will remain 3 years for now, but in the future, the ABP, upon the request of a subspecialty, may decide to allow a shorter or longer period to demonstrate achievement of competencies sufficient to practice without supervision in a particular subspecialty. Such a change must occur in a staged and deliberate fashion and will require assessment and study to inform the required length of training for a given subspecialty.

Recommendation #2

- The respective subspecialties, in collaboration with the ABP, will be responsible for identifying expected outcomes of fellowship training. The most promising framework to accomplish this work is identifying EPAs, the routine activities that define the subspecialty, and linking them to competencies and milestones for purposes of assessment. Both subspecialty-specific EPAs and shared EPAs (common to all subspecialties) and their related competencies and milestones will provide the basis for assessment of individual trainees.

Recommendation #3

- Valid and reliable methods that are practical, cost-effective, and have educational impact are needed to measure the clinical skills developed during training. The ABP is committed to partnering with other organizations to support methods to assess outcomes and the development and testing of more robust assessment tools. These tools will help faculty assess performance of all trainees in achieving a core set of competencies and their milestones as well as inform entrustment decisions related to performing designated professional activities. Individual trainee performance will be measured against expectations that are: (1) set by consensus of the subspecialty in conjunction with the ABP; and (2) informed by evidence gathered in the development and testing of the tools. Trainees' ability to meet these expectations will determine their readiness to complete training in a particular subspecialty.

Recommendation #4

- Programs are encouraged to use fully the flexibility in the current requirements to develop individualized training plans that are aligned with the career goals of each trainee. Provided that appropriate faculty expertise and institutional resources are both available, such plans could prepare fellows for careers with an emphasis in laboratory research, clinical investigation, clinical care, educational research, quality improvement, or other areas. The requirements for scholarly activity are applicable to different career goals, and neither the requirements nor the need for Scholarship Oversight Committees will change.

Recommendation #5 and #6

- The program director is responsible for ensuring oversight and assessment of clinical performance. This assessment must be informed by the input of other faculty and accomplished through the clinical competency committee consistent with ACGME requirements.
- The program director, with appropriate input, has the responsibility for and is charged with determining that the trainee has attained the required clinical and scholarly outcomes. Program director verification of competence to practice without supervision is required to determine eligibility to sit for the ABP subspecialty certifying examination and enroll in MOC.

Next steps

- Going forward, the ABP will consider modifications in requirements for training through a staged and deliberate process, which must have 3 components:
- It will be the responsibility of the subspecialty to petition the ABP for a modification in training.
- There must be a framework for competency assessment (EPAs are one possible framework).
- There must be a measurement component to assess outcomes of training.

Current Fellows

Do You Plan to Conduct Research (Basic, Clinical, or Health Services Research) at Some Point During Your Career After Fellowship? (*N* = 3351)

	% (<i>N</i>)
Yes, research will be a major part of my career	25 (824)
Yes, research will be a minor part of my career	43 (1442)
No	12 (416)
Unsure	20 (669)

Current Fellows

Do You Believe That There Is a Need to Increase or Decrease the Required Overall Length of Fellowship Training in Your Subspecialty? (*N* = 3351)

	% (<i>N</i>)
No, I believe that the required training duration, regardless of career path, should remain at three years	50 (1661)
Yes, I believe that the required training duration, regardless of career path, should be shortened to fewer than three years	8 (287)
Yes, I believe that there should be two different tracks, a shorter duration track for clinicians or clinician–educators and a longer duration track for fellows who plan to pursue academic research	40 (1342)
Yes, I believe that the required training duration, regardless of career path, should be extended to more than three years	2 (61)

Program Directors

“Do You Believe That There is a Need to Change the Expected Amount of Clinical Training Time in Your Subspecialty($N = 583$)

Yes, I believe that the expected amount of clinical training time should be *increased* 48 (280)

Yes, I believe that the expected amount of clinical training time should be *decreased* 1 (7)

No, I believe that the expected amount of clinical training is appropriate 51 (296)

Why do you believe that the expected amount of clinical training time in your subspecialty should be increased? *Please choose all that apply* ($N = 279$)

Increase in types of procedures and/or complexity of patient care 64 (179)

Need for further development of clinical independence 64 (179)

Duty hour restrictions and other changes during residency have reduced fellow's initial clinical competence 50 (139)

Duty hour restrictions during fellowship have reduced fellow's clinical competence 31 (87)

Additional time is needed for longitudinal case management 29 (81)

Additional supervisory experience is needed 27 (75)

Other 5 (15)

Program Directors

Perspectives on the Need to Increase or Decrease the Required Overall Length of Fellowship Training in Their Subspecialty

N = 583

I believe that the required training duration, regardless of career path, should remain at 3 years	58 (341)
I believe that the required training duration, regardless of career path, should be shortened to fewer than 3 years	2 (10)
I believe that there should be 2 different tracks, a shorter duration track for clinicians or clinician-educators and a longer duration track for fellows who plan to pursue academic research	33 (194)
I believe that the required training duration, regardless of career path, should be extended to more than 3 years	7 (38)

Recent Grads and Mid-Career

Subspecialist Perspective on the Need to Change the Overall Length of Fellow Training

	Overall (<i>N</i> = 3611), % (<i>n</i>)	Recent Graduates (<i>N</i> = 1925), % (<i>n</i>)	Midcareer (<i>N</i> = 1686), % (<i>n</i>)	<i>P</i>
No, I believe that the required training duration, regardless of career path, should remain at 3 years	60 (2167)	59 (1138)	61 (1029)	<.0001
Yes, I believe that the required training duration, regardless of career path, should be shortened to fewer than 3 years	6 (223)	6 (126)	6 (97)	
Yes, I believe that there should be 2 different tracks, a shorter duration track for clinicians or clinician-educators and a longer duration track for fellows who plan to pursue academic research	29 (1036)	31 (592)	26 (444)	
Yes, I believe that the required training duration, regardless of career path, should be extended to more than 3 years	5 (185)	4 (69)	7 (116)	



For specialty specific survey results

- <https://www.abp.org/content/subspecialty-survey-results>



MODIFYING PEDIATRIC NEPHROLOGY TRAINING

Robert Ettenger
UCLA

Rationale

- Less than **25%** of graduating Pediatric Nephrology fellows assume a research position upon graduation
- While **77%** of recent Pediatric Nephrology fellowship graduates were working in academic medical centers, only **51%** of midcareer Nephrology graduates are still in academic settings.
- When midcareer pediatric nephrologists are asked to **best describe their clinical role**, **97%** respond that they are working either as a clinician, or as a clinician educator. (Freed et al, Supplemental Material. Pediatrics 2014).
- Only **2 %** are working as a full-time researcher with some clinical activity.
- While **46%** say that they are involved in *some* research, the vast bulk (**89%**) say that they are involved in clinical research or educational research.

Relevance of Scholarly Activity (SA) in Pediatric Nephrology Fellowship Training

The Midcareer Nephrologist View

1. Should the time and training be the same for all fellows regardless of career path?
 1. 37% : Same for all fellows
 2. 32%: Fellows pursuing a research → additional training in SA
 3. 24%: Fellows planning clinical careers require less SA
2. Majority (62%) felt that their SA influenced their decision to go into
 1. 26% research
 2. 14% clinical
 3. 22% clinician educator

Conclusions

1. Programs that are equipped to offer research training should consider lengthening the period of scholarly activity to fully train researches that will be successful
2. There is merit to attempt to individualize the fellowship experience in such a way as to maximize their ability to thrive and successfully continue in their careers
3. Fellows that want to be clinicians, clinician/scholars or clinician/educators should not be discouraged from Pediatric nephrology.
4. Rather they can benefit from a fellowship program that is structured differently than what is structured for aspiring researchers.

Suggestions for “Tracks”

- **Research**

Basic ; Clinical ; Translational; Health Services; Database – epidemiological (e.g., USRDS); Meta-analyses; Quality

- **Clinical**

- Specialization : can include but not limited to a research project, clinical practice guidelines etc.
 - 1. General Nephrology
 - 2. Dialysis
 - a. Special Training to become Medical Directors of Pediatric Dialysis facilities and Programs
 - 3. Transplantation
 - a. Special Training to become Pediatric Transplant Physician
 - b. Special Training in Transition
- HSR
- Database
- Meta-analyses
- Quality
- Transition Medicine (e.g., Med –Peds)

- **Education**

- Curriculum development
- Leadership (eg., Training Program Director)

Future Directions

- Modifications to Fellowship
 - Vicky Norwood, Bob Ettenger, Coral Hanevold
- How to attract high quality candidates
 - Adam Weinstein, Larry Greenbaum
- Fellow job search
 - Alicia Neu, John Mahan, Kirsten Kusumi
- Flexible job opportunities
 - Elaine Kamil, Susan Halbech
- Workforce Needs
 - Kevin Meyers, Meredith Atkinson

