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Accreditation Council for Graduate Medical Education

COFTOG Meeting

RC Update FPMRS

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Vice Chair
Obstetrics & Gynecology RC
February 2014

ACGME

Update RC OB/GYN (FPMRS)

Jessica Bienstock, MD MPH

Disclosure

- None of the above speakers have any conflicts of interest to report

ACGME

NAS: What happens at my program?

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Slide 1

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r1 maybe keep the names off.
rmiller, 2/11/2013

The Next Accreditation System

- RC screens all programs based on annual data-
  - ADS annual update, Resident & Faculty Survey
  - Milestones Data, Case Log, Board Pass rate (5 yr rolling average)
- All programs reviewed by set performance indicators and thresholds
  - Identified programs with potential problems require more information with a progress report or site visit
  - High performing programs-informed of continued accreditation

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What Happens at *My* Program?

FPMRS

- Milestones implementation date: July 2014
- 1st Milestones reporting date: Nov 2014

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Key Points: Milestones

- Articulate shared understanding of expectations
- Describe trajectory from beginner in the specialty to exceptional practitioner
- Organized under six domains of clinical competency
- Represent a subset of all sub-competencies
- Set aspirational goals of excellence

FPMRS Milestones

- Based on Core Competencies:
  - Patient Care - 7
  - Medical Knowledge -8
  - Systems-based Practice -3
  - Practice-based Learning and Improvement – 2
  - Professionalism – 1
  - Interpersonal and Communication Skills – 2

A total of 23 Milestones

Pelvic Organ Prolapse Treatment– Patient Care

Pelvic Organ Prolapse Treatment — Patient Care

Level 1	Level 2	Level 3	Level 4	Level 5
Counsels patients on use of pessaries, and behavioral and physical therapy Assesses functional contributions to pelvic organ prolapse Assesses patients for treatment of urogenital atrophy Assists in surgical treatments	Fits and manages pessaries Identifies appropriate functional interventions Initiates hormonal therapy for urogenital atrophy Performs primary prolapse procedures on uncomplicated patients	Recognizes and manages pessary complications Integrates non-surgical and surgical options into therapeutic plans for complex patients Assesses complications of hormonal therapy Performs a variety of prolapse procedures on complex patients Anticipates intra- and post-operative complications	Integrates combined therapies for complex patients Initiates behavioral and physical treatments, and functional interventions Manages pharmacotherapy in complex patients Performs a variety of surgical approaches tailored to individual patients, including vaginal, open abdominal, minimally invasive approaches, and the use of grafts Demonstrates the ability to perform complex therapeutic interventions independently Recognizes and manages intra- and post-operative complications	Teaches and supervises combined therapies Teaches advanced surgical techniques Incorporates cost awareness and risk-benefit principles into all clinical scenarios

Comments:

Not yet rotated

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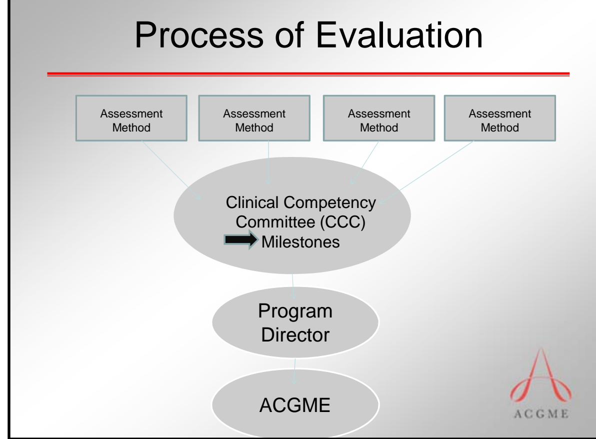
Milestone Assessment

- Goal is to develop objective methods of assessment
- Value of direct observation - whether in simulation, use of standardized patients, or clinical care
- ACGME avoiding too proscriptive of an approach

Process of Evaluation



Milestones: Reporting

- All programs within a specialty use the specialty's milestones
- Programs will report semi-annually
- Milestone data will be reported to ACGME through direct entry into ADS

Milestones Summary

- Goal of the Milestones Project is to articulate a shared understanding of expectations
- Describe the process of how an individual fellow moves from beginner to expert
- Assure that programs are enabling fellows to develop expertise

Case Logs

- ACGME FPMRS Case Log system developed July 2013.
- The RC will set minimums in a few years. Data currently being collected in the system will be used to develop threshold numbers.
- Important - Achievement of the minimum numbers of listed procedures does not signify achievement of competence in a particular listed procedure.

RC Decisions in NAS

What happens at MY Program?

- "Cycle Lengths" will not be used
- Programs will receive feedback from RRC each time they are reviewed
- Status:
  - Initial Accreditation
  - Continued Accreditation +/- request for more information
  - Accreditation with Warning
  - Probationary Accreditation
  - Withdrawal of Accreditation

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OBG RC Accreditation Statistics October 2013

Accreditation Status	FPMRS
Initial Accreditation	44
Continued Accreditation	NA
Continued Accreditation with Warning	NA
Probation	NA
Request for Progress Reports	NA

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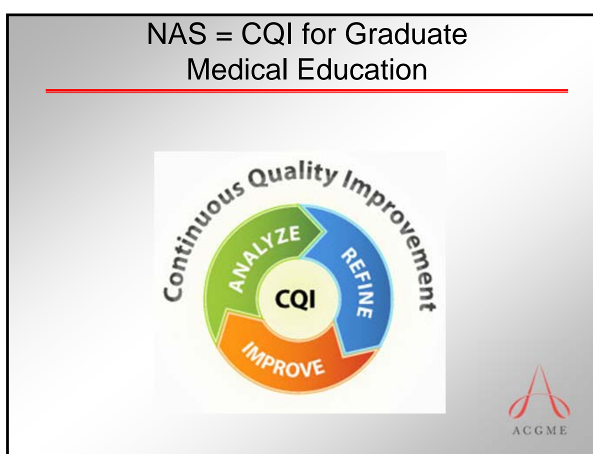
NAS = CQI for Graduate Medical Education



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Fellowship in Family Planning

Developing Tomorrow's Leaders in Reproductive Health

The Fellowship in Family Planning is the only subspecialty training program in the United States focused on research and clinical skills in contraception and abortion

I have no disclosures.

28 Current Fellowship Programs

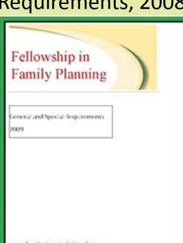
28 Ob-Gyn Fellowship Sites

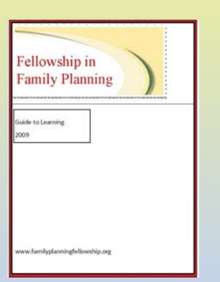
Baystate Medical Center
Boston University
Columbia University
Emory University
Harvard Medical School
Johns Hopkins University
Mt. Sinai School of Medicine
New York University
Northwestern University
Oregon Health & Science University
Stanford University
University of California, Davis
University of California, Los Angeles
University of California, San Francisco
University of Chicago
University of Colorado
University of Hawaii
University of Illinois, Chicago
University of Michigan
University of New Mexico
University of North Carolina, Chapel Hill
University of Pennsylvania
University of Pittsburgh
University of Southern California
University of Utah
University of Washington
Washington Hospital Center
Washington University

Albert Einstein College of Medicine

Standards and Guidelines

- General and Special Requirements, 2008
- Guide to Learning, 2008





2014 Match

- **31 applicants for 30 positions**
- **48% of sites** matched with their 1st or 2nd choice candidate
- **58% of applicants** matched with their 1st or 2nd choice site
- **77% of applicants** were from Ryan or Fellowship sites

Research Requirement

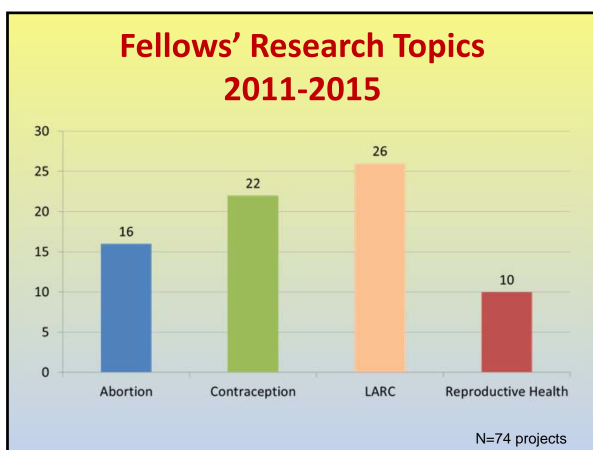
"The fellow must have the ability to design and conduct a study that produces a publishable thesis."

-Guide to Learning, 2008

Research Requirement

- One Primary Funded Research Project
- Formal Submission and Review Process
- Reviewed by 2 Experts of a 35-Member Research Consultant Panel
- Research Presented at the Fellowship in Family Planning Annual Meeting
- Presentations at Grand Rounds and Conferences

Fellows' Research Topics 2011-2015



N=74 projects

Research Trends

LARC (post-partum, post-abortion)

- *Comparison of the Levonorgestrel IUD and the Copper IUD Placed in the Immediate Postplacental Period: A Randomized Controlled Trial*, Lisa Goldthwaite, MD, University of Colorado
- *Intrauterine Contraceptive Fundal Location after Insertion at 2-3 Weeks Postpartum Compared to Interval Insertion: A Non-Inferiority, Randomized-Controlled Trial,* Matthew Zerden, MD, MPH, University of North Carolina

Cervical Preparation

- *Dilapan-S with Adjunctive Misoprostol for Same-Day Second Trimester Dilation and Evacuation: A Randomized, Double-Blind, Placebo-Controlled Trial,* Christy Boraas, MD, MPH, University of Pittsburgh
- *A Randomized Controlled Trial Comparing Dilation and Evacuation Outcomes with and without Oxytocin Use,* Kate Whitehouse, DO, University of Hawai'i
- *A Factorial-Design Randomized Controlled Trial Comparing Mifepristone to Dilapan and Comparing Buccal to Vaginal Misoprostol for Same-day Cervical Preparation prior to Dilation & Evacuation,* Jamilah Shakir, MD, Washington Hospital Center

Fellows Recent Published Research

- Intramuscular ketorolac versus oral ibuprofen for pain relief in first-trimester surgical abortion: a randomized clinical trial. **Braaten KP,** Hurwitz S, Fortin J, Goldberg AB. *Contraception*. 2014 Feb;89(2):116-21.
- Effect of Protease Inhibitors on Steady-State Pharmacokinetics of Oral Norethindrone Contraception in HIV-Infected Women. **Atrio J,** Stanczyk FZ, Neely M, Cherala G, Kovacs A, Mishell DR Jr. *J Acquir Immune Defic Syndr.* 2014 Jan 1;65(1):72-7.
- A qualitative assessment of Ugandan women's perceptions and knowledge of contraception. **Morse JE**, Rowen TS, Steinauer J, Byamugisha J, Kakaire O. *Int J Gynaecol Obstet.* 2014 Jan;124(1):30-3.
- Administration of the etonogestrel contraceptive implant on the day of mifepristone for medical abortion: a pilot study. **Sonalkar S**, Hou M, Borgatta L. *Contraception.* 2013 Nov;88(5):671-3.
- An exploration of women's reasons for termination timing in the setting of fetal abnormalities. **Gawron LM**, Cameron KA, Phisuthikul A, Simon MA. *Contraception.* 2013 Jul;88(1):109-15.
- Contraceptive options for women with a history of solid-organ transplantation. **Krajewski CM,** Geetha D, Gomez-Lobo V. *Transplantation.* 2013 May 27;95(10):1183-6.
- Cost analysis of immediate postabortal IUD insertion compared to planned IUD insertion at the time of abortion follow up. **Salcedo J**, Sorensen A, Rodriguez MI. *Contraception*. 2013 Apr;87(4):404-8.

Seminal research

- Shade SB, Kevany S, Onono M, Ochieng G, Steinfeld RL, Grossman D, Newmann SJ, Blat C, Bukusi EA, Cohen CR. Cost, cost-efficiency and cost-effectiveness of integrated family planning and HIV services. *AIDS.* 2013 Oct;27 Suppl 1:S87-92.
- Cleland K, Creinin MD, Nucatola D, Nshom M, Trussell J. Significant adverse events and outcomes after medical abortion. *Obstet Gynecol.* Jan 2013;121(1):166-171.
- Harris LH. Recognizing conscience in abortion provision. *N Engl J Med.* Sep 13 2012;367(11):981-983.
- Winner B, Peipert JF, Zhao Q, et al. Effectiveness of long-acting reversible contraception. *N Engl J Med.* May 24 2012;366(21):1998-2007.
- Secura GM, Allsworth JE, Madden T, Mullersman JL, Peipert JF. The Contraceptive CHOICE Project: reducing barriers to long-acting reversible contraception. *Am J Obstet Gynecol.* Aug 2010;203(2):115 e111-117.
- Lee SJ, Ralston HJ, Drey EA, Partridge JC, Rosen MA. Fetal pain: a systematic multidisciplinary review of the evidence. *JAMA.* 2005 Aug 24;294(8):947-54.

Global Health Requirement

"The fellow must have knowledge of the public health, legal and service delivery aspects of family planning, abortion and reproductive health in less developed nations."

-Guide to Learning, 2008

Global Health Experience

- 3-8 Weeks in a Developing Country
- 34 Placements 2012-2013
- Clinical Training, Didactics, Protocol Development, Research, Courses in Evidence-Based Medicine

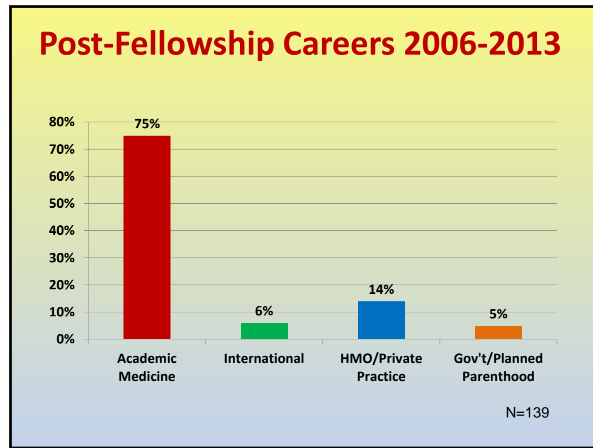
Public Policy Requirement

"The fellow must have knowledge of the influences of public policy an d the means of influencing government agencies, policy makers and the media with respect to contraception and abortion issues."

-Guide to Learning, 2008

Fellowship Advocacy

- ACOG Policy Rotation
- ACOG Congressional Leadership Conference
- Physicians for Reproductive Health Leadership Training Academy
- National Office Senior Public Policy Associate, Callie Langton, PhD



Fellowship in Family Planning Accomplishments

- 257 Current and Graduated Fellows
- 237 Publications in Peer-Reviewed Journals by Current, Graduated Fellows and Fellowship Directors in 2013
- 49 Graduated Fellows Direct Ryan Residency Training Programs

Fellowship in Family Planning Family

Fellowship in Minimally Invasive Gynecologic Surgery

Franklin D Loffer, M.D., FACOG
Executive Vice President – Fellowship in Minimally Invasive Gynecologic Surgery
Medical Director AAGL *"Advancing Minimally Invasive Gynecology Worldwide"*

Disclosure:

No Conflicts of Interest

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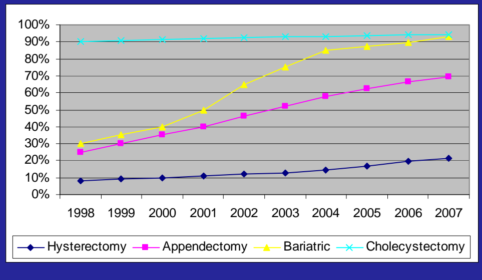
Is a Gynecologic MIS Fellowship Necessary?



Sources: 2004 –2007 Thomson Reuters < 2004 Industry Estimates

ELSEVIER

The Journal of Minimally Invasive Gynecology

Special Article

AAGL Position Statement: Route of Hysterectomy to Treat Benign Uterine Disease

AAGL Advancing Minimally Invasive Gynecology Worldwide

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Conclusion of the AAGL Position Paper on Route of Hysterectomy

- Most hysterectomies for benign disease should be performed either vaginally or laparoscopically
- Continued efforts should be taken to facilitate these approaches.
- Surgeons without the requisite training and skills required for the safe performance of VH or LH should enlist the aid of colleagues who do or should refer patients requiring hysterectomy to such individuals for their surgical care.

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Program Faculty

- Gynecologic preceptor
- Reproductive surgeon
- Gynecologic oncologist
- General and/or colo-rectal surgeon
- Vaginal surgeon
- Robotic surgeon (optional)

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EDUCATIONAL OBJECTIVES

I. Anatomy
II. Instrumentation for Operative Laparoscopy
III. Operative Laparoscopy
IV. Complications of Laparoscopy – Prevention, Recognition and Management
V. Instrumentation for Operative Hysteroscopy
VI. Operative Hysteroscopy:
VII. Complications of Hysteroscopy – Prevention, Recognition and Management

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EDUCATIONAL OBJECTIVES continued

VIII. Vaginal Surgery
IX. Coding (if applicable)
X. Medico-legal Issues
XI. Research
XII. Benign Gynecology
XIII. Reproductive Surgery
XIV. Urogynecology
XV. General Surgery

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IV Complications of Laparoscopy – Prevention, Recognition and Management

The fellow should be able to manage

- Complications of peritoneal access
- Injury to pelvic and abdominal viscera
- Injury to major blood vessels
- Injury to genitourinary tract
- Neurologic injury
- Postoperative infection
- Risks related to patient positioning and anesthesia
- Thromboembolism

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Major Changes in Fellowship Structure

- All 2 year programs beginning July 2014
- A minimum number of cases required
- Updated Surgical Competency List
- Adding video site reviews
- National Resident's Matching Program
- Web based case recording

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Laparoscopic Procedures

(At least 75% of these minimum cases must be performed by conventional laparoscopy)

- Hysterectomy +/- BSO 60
  (12 have to be either total or supracervical)
- Myomectomy 10
- Adnexal Surgery 30
- Retroperitoneal Dissection 10
  (including ureterolysis)
- Adhesiolysis/enterolysis 20
- Endometriosis Stage III and IV 10

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Hysteroscopic Procedures Minimum Requirement

- Endometrial Ablation (not global) 9
- Myomectomy 6
- Polypectomy, Essure, Septum
  Lysis of Adhesions, 10
- Office-based 10

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Urogynecologic Procedures Minimum Requirement

- Pelvic Floor Reconstructive/Repair Procedures 15
- Diagnostic or Operative Cystoscopy 25
- Vaginal Hysterectomy 5

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Interpreting Minimal Case Requirements

- Fellow must be primary surgeon
- Primary surgeon is defined as having done > 50% of the case
- Unbundling is permitted
- "Office" requirements do not refer to location but to procedure

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Surgical Competency List

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Laparoscopic Tubal Surgery				
Tubal Ligation				X
Salpingectomy		X		X
Salpingoscopy	X		X	
Neosalpingostomy	X		X	
Tubal reanastomosis	X		X	
Paratubal cystectomy		X		X
Linear Salpingostomy		X		X

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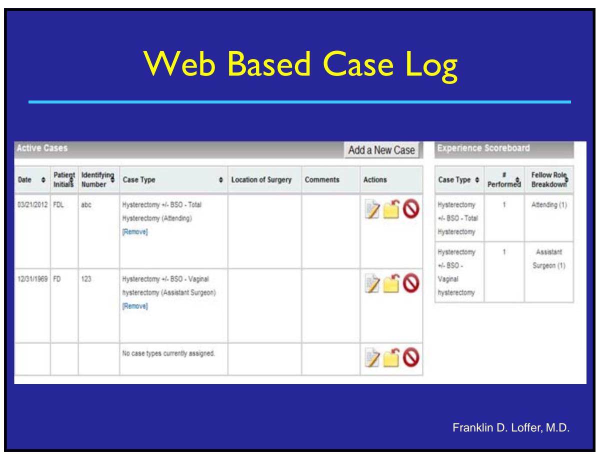

Growth of Fellowship Programs

	1 Yr	2 Yr	Oncology	Total
2001 – 02	7	-	-	7
2002 – 03	12	-	-	12
2003 – 04	10	-	-	10
2004 – 05	13	-	-	13
2005 – 06	10	1	-	11
2006 – 07	10	4	-	14
2007 – 08	12	5	-	17
2008 – 09	6	6	1	13
2009 – 10	13	14	1	28
2010 – 11	13	21	1	35
2011 – 12	16	23	1	40
2012 – 13	11	28	1	40
2013 – 14	-	43	-	43

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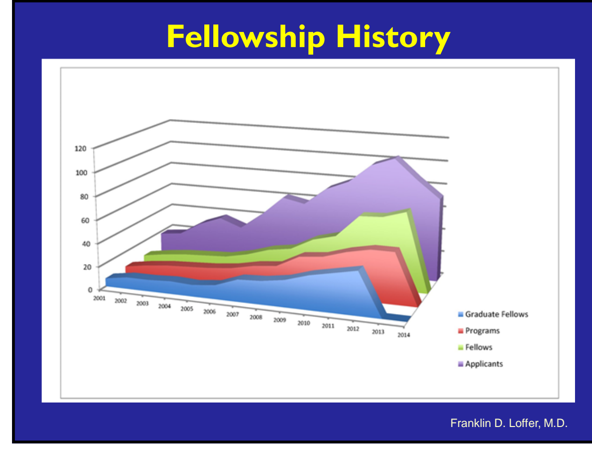

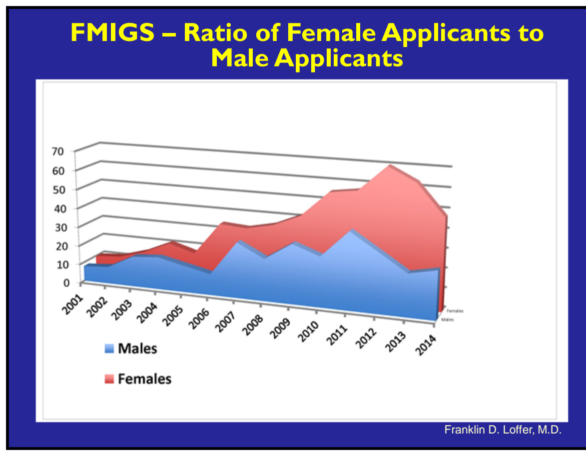

AAGL's "Funds for the Future" Program

- Patterned after the general surgery Foundation for Surgical Fellowships program
- Administered by the Foundation of the AAGL
- All sites received some but not equal help

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The FMIGS "to do" List

- Continue implementing uniformity of training between sites
- Comparing the surgical loads of sites and reevaluating minimal number of cases
- Secure better funding for sites
- Secure "Focused Practice Designation" for better economic value for graduates
- Mentoring the formation of international sites

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Conclusions Regarding MIS

- Laparoscopy still provides primary approach for many procedures
- Many patients are still not offered MIS care
- Not adequate training in all residencies
- Fellowships help populate training centers
- The question remains if there is a need to create pathways for OB Gyn training

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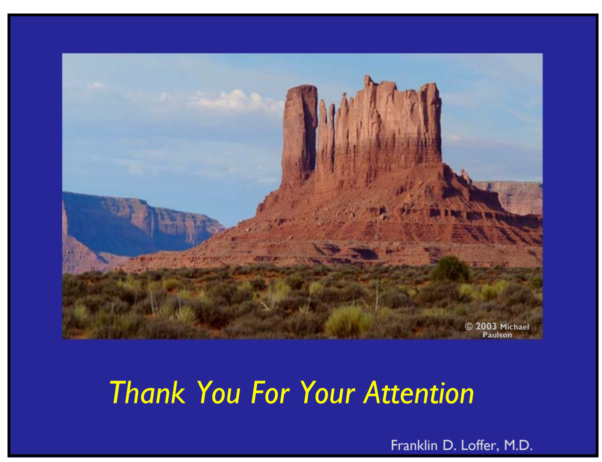
AAGL 43rd GLOBAL CONGRESS ON
MINIMALLY INVASIVE GYNECOLOGY
November 17-21, 2014
Vancouver Convention Centre
Vancouver, British Columbia
Scientific Program Chair: Arnold P. Advincula
2014
Save the Date!
CANADA
11.17.2014
VANCOUVER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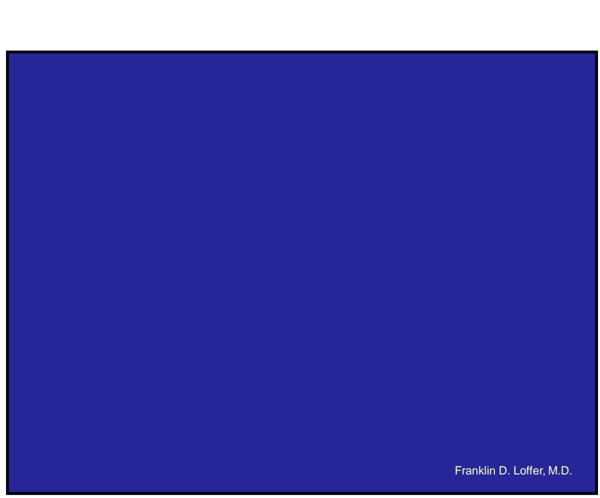
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