

The Managed Scramble

***APDIM Spring Meeting
April 28, 2009***

***Mona M. Signer
Executive Director***

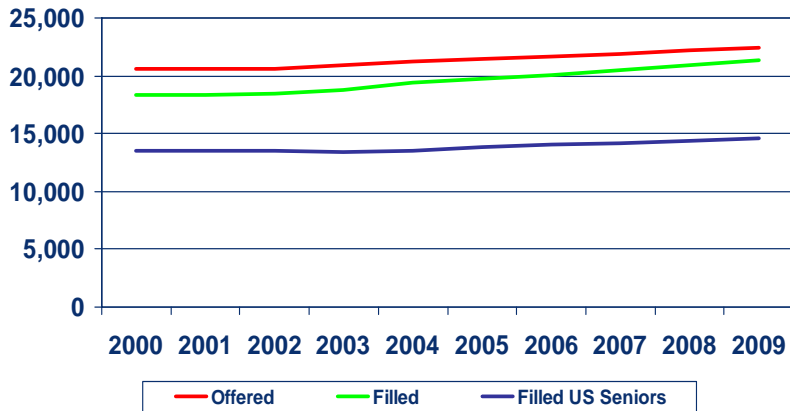
NRMP

National Resident Matching Program

A New Paradigm for the Scramble

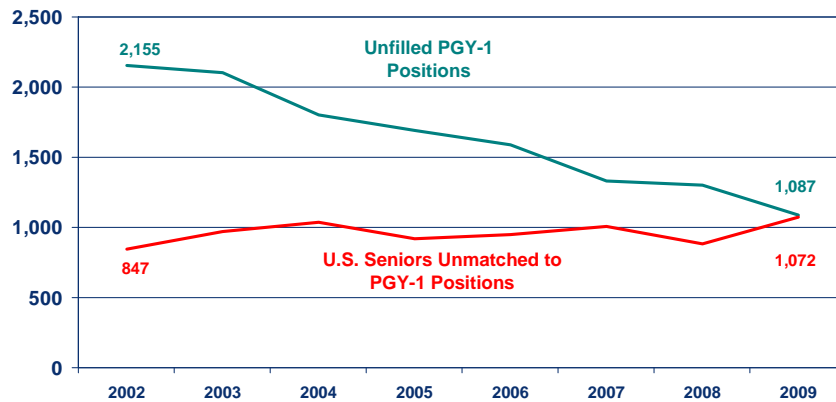
- Main Residency Match trends
- Match Week and the Scramble
- Principles of a “managed” Scramble
- Proposed changes to Match Week
- Unresolved issues
- Unintended consequences of change

Main Residency Match PGY-1 Positions Offered and Filled



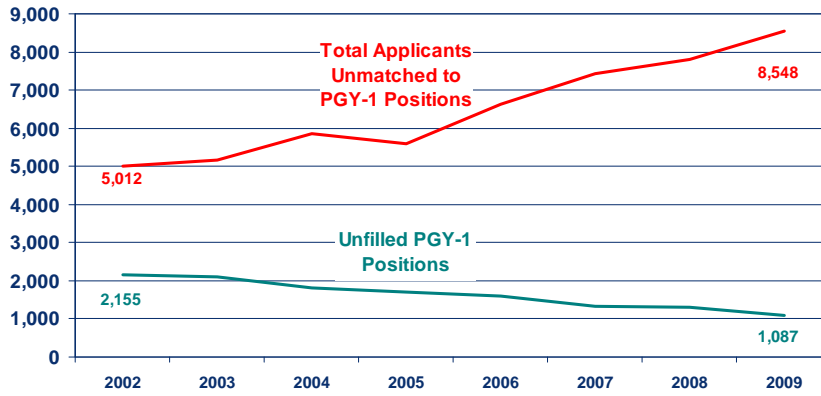
NRMP
National Resident Matching Program

Unmatched Seniors, Unfilled Positions 2002-2009

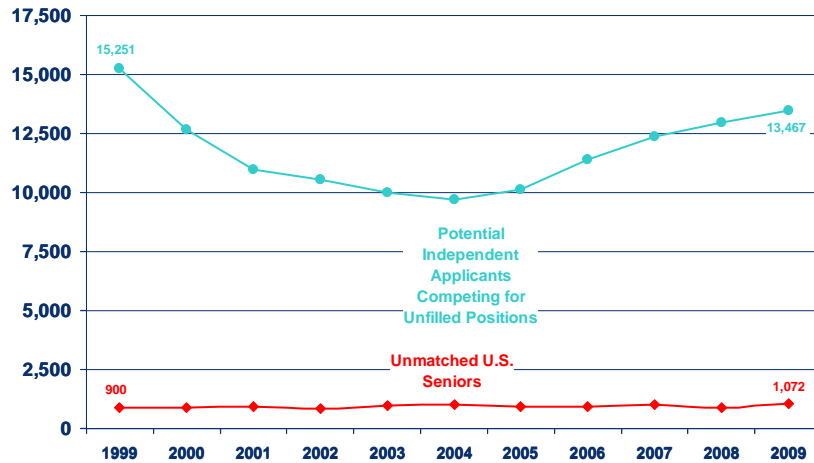


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Unmatched Applicants, Unfilled Positions 2002-2009



Applicant Trends 1999-2009

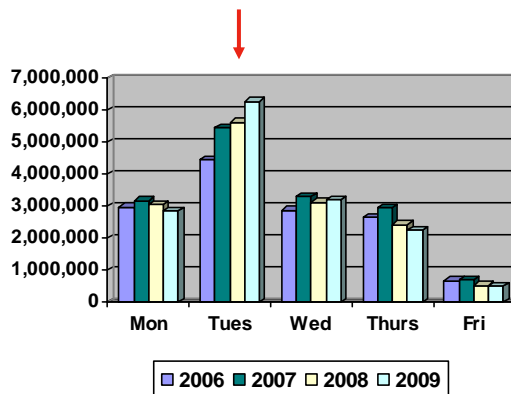


Current Match Week Schedule

Monday	11:30 a.m. 12:00 p.m. 12:00 p.m.	School Unmatched Seniors Report Applicant "Did I Match?" Regional Match Statistics
Tuesday	11:30 a.m. 11:30 a.m. 12:00 p.m.	Program "Did I Fill?" Unfilled positions pdf for schools Unfilled positions on Web
Wednesday	8:00 a.m. 8:00 a.m. 8:00 a.m. 2:00 p.m.	School match notification letters School match results Applicant choices by specialty Program Roster of Matched Applicants
Thursday	12:00 p.m. 1:00 p.m.	Match Day ceremonies Applicant "Where Did I Match?"
Monday	12:00 p.m.	Match Results by Ranked Applicant Match Outcome for All Programs



Match Week: R3 System Hits 2006 - 2009



Average time to serve List of
Unfilled Programs = 0.5 seconds



Match Week: ERAS 12:00– 5:00 pm Tuesday

Specialty	Unfilled Programs	Unfilled Programs Using ERAS	Application Files Transmitted	Applications Submitted	Mean # of Applications Per Unfilled Program
Family Medicine	84	82	435,043	43,504	518
Internal Medicine	60	54	260,497	26,050	434
Pediatrics	26	25	83,036	8,304	319
Psychiatry	8	8	24,534	2,453	307
Anesthesiology	26	25	117,741	11,774	453
Emergency Medicine	5	5	11,813	1,181	236
Surgery - General	132	124	216,239	21,624	164

73,572 MyERAS logins



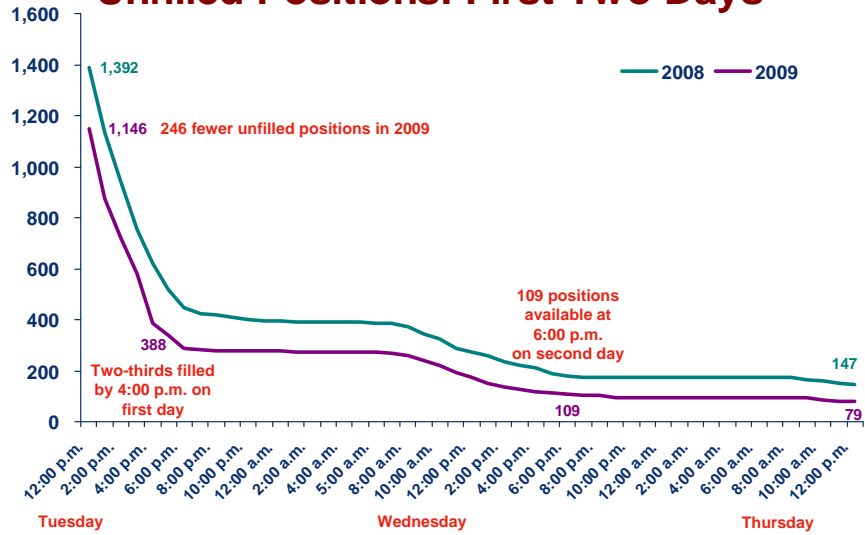
Match Week: ERAS 12:00 pm Tuesday – 12:00 pm Thursday

Specialty	Unfilled Programs	Unfilled Programs Using ERAS	Application Files Transmitted	Applications Submitted	Mean # of Applications Per Unfilled Program
Family Medicine	84	82	887,680	88,768	1,057
Internal Medicine	60	54	506,836	50,684	845
Psychiatry	8	8	48,765	4,877	610
Anesthesiology	13	13	61,481	6,148	473
Pediatrics	26	25	117,741	11,774	453
Emergency Medicine	5	5	21,353	2,135	427
Surgery - General	132	124	340,114	34,011	258

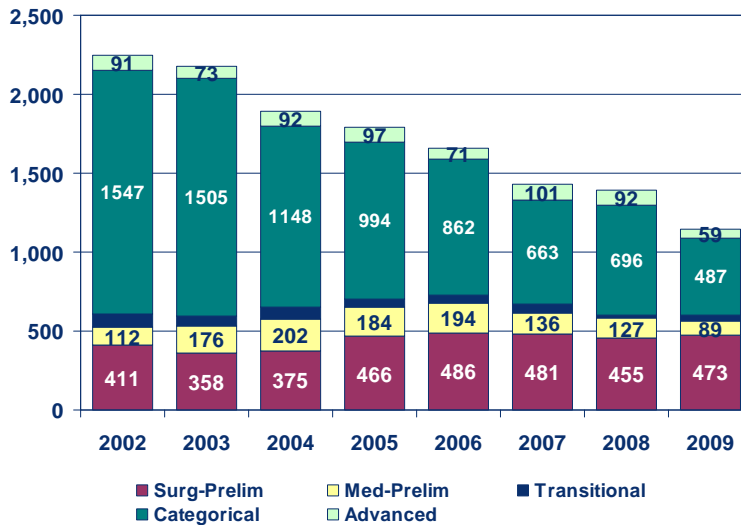
116,089 MyERAS logins
9,647 applicants sent applications

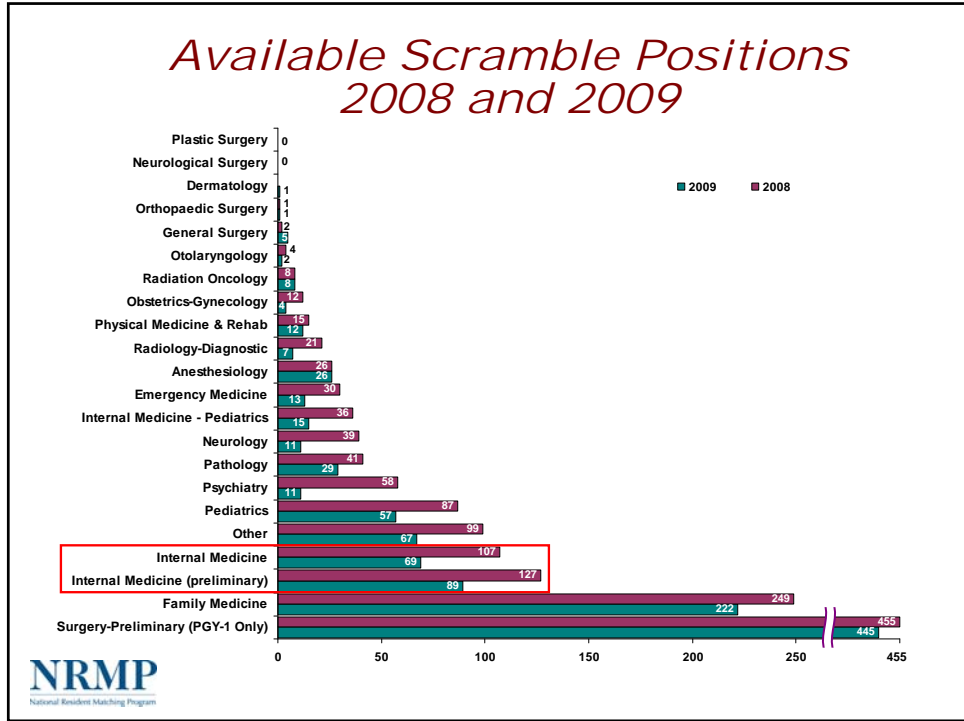


Unfilled Positions: First Two Days



Unfilled Positions 2002-2009





Scramble Chaos

- No consistent, orderly process for applications
- For-profits clog programs' email, phones, & faxes
- No communication between applicants & programs
- No separation between application & appointment
- Applicants must make career decisions too quickly
- No rules govern applicant & program behavior
- No organization has stewardship of the Scramble

Trust exists in the Match but not in the Scramble.

NRMP-AAMC Work Group

Co-chairs: Hal B. Jenson, M.D., M.B.A.
Michael G. Kavan, Ph.D.

Members: Richard H. Hoffman, M.D.
Justin Klamerus, M.D.
John R. Potts, III, M.D.
W. Scott Schroth, M.D., M.P.H.
Henry J. Schultz, M.D.
Stephen S. Seeling, J.D.
Nirav Shah, M.D.



(Some) Order Out of Chaos

- **Recertify applicants for Scramble**
 - ✓ Recertification requests sent to deans
 - ✓ Additional ECFMG data exchange
- **Simultaneously release unmatched/unfilled information**
- **Require applicants & programs to use ERAS**
- **Mandate a “time out”**
 - ✓ Allow applicants to consider their options
 - ✓ Allow programs to review all applications
 - ✓ Telephone interviews



(Some) Order Out of Chaos

- **Require programs to offer positions through NRMP**
 - ✓ Programs submit preference lists of applicants
 - ✓ Positions offered to applicants are time-limited
 - ✓ Applicants can receive multiple offers
 - ✓ “Electronic handshake” binds the deal
 - ✓ Position deleted from List of Unfilled Programs
 - ✓ Programs can add to bottom of preference lists
 - ✓ Offers continue through Match Week

- **Extend NRMP Match Agreement to Scramble**

The NRMP assumes stewardship of the Scramble.



Proposed Match Week Schedule

Monday	11:30 a.m. 12:00 p.m.	School Unmatched Seniors Report Applicant “Did I Match?” Program “Did I Fill?” Unfilled positions on Web Applicants apply to programs via ERAS
Tuesday		Applicant/program communication
Wednesday	11:30 a.m. 12:00 p.m.	Programs finalize preference lists Program offers begin: 2 hour window
Thursday	8:00 a.m. 2:00 p.m.	School match notification letters School match results Applicant choices by specialty Program Roster of Matched Applicants
Friday	12:00 p.m. 1:00 p.m. 6:00 p.m.	Match Day ceremonies Applicant “Where Did I Match?” Last offers expire
Monday	12:00 p.m.	Match Results by Ranked Applicant Match Outcome for All Programs



Unresolved Issues

Who should participate in the Scramble?

- Any applicant registered for the Match, or:
 - ✓ Applicants who interviewed with programs
 - ✓ Applicants who certified ROLs with programs
 - ✓ U.S. seniors graduating on time
 - ✓ IMGs who have met ECFMG requirements
 - ✓ Legal issues?

- Should ERAS send applications for ineligible applicants?

Unresolved Issues

Should standards differ for U.S. seniors and IMGs?

- IMGs: must pass USMLE Steps 1 & 2
- U.S. seniors: based on school requirements
- If standards were uniform, is there sufficient test space?
- Would imposing uniform standards interfere with medical school autonomy?
- What is the impact of planned USMLE changes?

Unresolved Issues

Are there unintended consequences?

- Will programs submit shorter ROLs, resulting in more unmatched applicants?
- Will applicants submit shorter ROLs and avoid “safety” programs, resulting in more unmatched applicants?
- Will applicants rank only their preferred specialties, resulting in programs filling but with less preferred applicants?



A Second Match?

Monday	11:30 a.m. 12:00 p.m.	School Unmatched Seniors Report Applicant “Did I Match?” Program “Did I Fill?” Unfilled positions on Web Applicants apply to programs via ERAS
Tuesday		Applicant/program communication
Wednesday	12:00 p.m.	Rank order list deadline
2 Days		Verify couples’ ROLs Certify ROLs in ranking status Run preliminary reports (15)
2 Days		Import results to matching software Run matching algorithm Export results to R3 System Run verification reports (15)



A Second Match?

6 Days

School Unmatched Seniors Report
School match notification letters
School match results
Applicant choices by specialty
Advance Data Tables
Bulk notification emails
Roster of Matched Applicants
Match Results by Ranked Applicant (2)
List of Unfilled Programs

Match Day!

....and there's still a Scramble.



Implementation Schedule

- **May 4, 2009:** NRMP Board of Directors meeting
- **April 2009:** Begin Business Analysis
- **Fall 2009:** Begin IT system architecture
- **Match Week 2011 or 2012:** Managed Scramble

Comments: nrmp@aamc.org



National Resident Matching Program

www.nrmp.org

nrmp@aamc.org

202-828-0676

1-866-617-5837 (toll free)



APDIM 2009 Spring Conference Dallas, TX

ABIM Update

Agenda

- Academic Affairs
- ABIM Policy Highlights
- Faculty Development Course
- Hospital Visit Program
- PIMS in Residency
- Milestones Initiative

Academic Affairs

New section at ABIM dedicated to increasing the quality of internal medicine residency training programs through facilitation, faculty training, and research.

The Academic Affairs Team:

Eric Holmboe, *SVP of Academic Affairs and Quality Research*

William Iobst, *Director of Academic Affairs*

Sarah Hood, *Manager*

Jennifer Adiletto, *Education Associate*

Karen Padula, *Administrative Coordinator*



Academic Affairs Mission

- Establish relationships with residents - and the faculty who train them
- Provide training and tools to help faculty improve their residency assessment
- Communicate the value of Certification and Maintenance of Certification to residents early in their medical careers
- Support academic leaders in their efforts to engage trainees in lifelong professional development



ABIM's Strategic Plan - 2007: *Improve the profession for the public good*

Four Pillars

- Broaden Assessment Capability
- Support Lifelong Professional Development
- Work Toward Making Better Information Available
- Advance the Goals of the Physician Charter



Policy Update

Vacation/Leave of Absence Policy
FastTrack – Unsatisfactory Moral and
Ethical Behavior

2007 Policy & Procedures

Vacation and Leave

- **Must** include three months of leave for vacation time (or for parental or family leave or illness, including pregnancy-related disabilities).
- Vacation or other leave cannot be forfeited to reduce training time.



2009 Policy & Procedures

- **Up to one month per academic year is permitted for time away from training**, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities..... Vacation leave is essential and **should not be** forfeited or postponed in any year of training and cannot be used to reduce the total required training period.
- ABIM recognizes that leave policies vary from institution to institution and **expects the program director to apply his/her local requirements** within these guidelines to ensure trainees have completed the requisite period of training.



FasTrack – Unsatisfactory Rating

- Individuals demonstrating deficiencies solely in the area of Moral and Ethical Behavior may, at the discretion of ABIM, be denied credit until additional training or a specified period of close observation is completed.
- Please indicate if you believe additional observation is required and provide details.
- It is the resident's responsibility to arrange for additional required training.



2002-2008 FasTrack Data

- 47 trainees were rated unsatisfactory in moral and ethical behavior (6 PGY-3)
- 5 underwent a period of observation (3 PGY-3)
- 30 were terminated or left the program (3 PGY-3)
- 12 continued in the program and repeated the year



Faculty Development Course and Hospital Visit Program

Faculty Development Course

- Five day course launched in 2005
- Goal is to improve skills in the assessment and evaluation of residents and fellows
 - 16 attendees per session (117 alumni)
 - small group interactive format
- Topics include:
 - Approaches to competency-based education
 - Direct observation skills
 - Approaches to assessment and evaluation of the six general competencies
 - Feedback skills
 - Problem residents

Hospital Visit Program

- Educational format piloted in 2007-2008
- Emphasis on faculty development to improve the assessment and evaluation skills of Core Faculty
- In 2008-2009, completed 13 visits with six pending
- 1– 2 day visits
 - Emphasis has shifted to regional visits
- To initiate a visit contact shood@abim.org



Practice Improvement Modules (PIMs) in Residency

What are PIMs in Residency?

- The PIM is an interactive educational tool that allows faculty members, residents, and fellows to analyze and evaluate practice performance to improve the quality of their patient care.
- Programs can demonstrate proficiency in *systems-based practice* and *practice-based learning and improvement* using the ABIM *Practice Improvement Module (PIM)*



PIMs in Residency

Statistics to date include:

- 102 Programs (residency and fellowship) have ordered 257 PIMs
 - 165 active PIMs in Residency
 - 78 completed PIMs in Residency
 - 14 canceled PIMs
- 2291 trainees and 154 faculty are participating in the completion of a PIM
 - Faculty enrolled in ABIM's Maintenance of Certification can earn credit toward the Self Evaluation of Practice Performance requirement

For more information about PIMs in Residency please visit:
<http://www.abim.org/residency/residency.aspx>



PIMS in Residency

Orders by Subject

- 75 Diabetes
- 38 Clinical Preventive Services
- 28 Hypertension
- 26 Preventive Cardiology
- 20 Care of the Vulnerable Elderly
- 13 Colonoscopy
- 11 Asthma
- 11 Osteoporosis
- 10 Communication Subspecialist
- 8 Hospital-based Patient Care
- 7 Hepatitis C
- 7 HIV
- 3 Communication Primary Care



The Milestones Taskforce

Milestones Taskforce

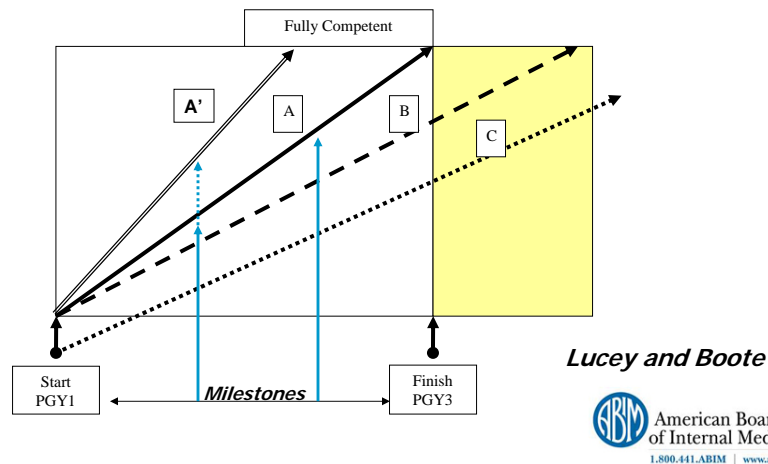
- The ABIM, in association with the ACGME, sponsored an initiative to define a core set of milestones for all residency programs in internal medicine
- Members of important and essential stakeholder groups (AAIM, APDIM, AMA, ACP and SGIM) participated in this effort



Articulation of milestones of competency development to ensure that residents acquire the knowledge, skills, and attitudes for advancing in the program and for entering the next phase of their careers.



Milestones and Trajectories



The Milestones Taskforce

- Jane H. Barnsteiner, PhD
- Thomas A. Blackwell, MD
- Karen Hsu Blatman, MD
- Donald R. Bordley, MD
- Charles P. Clayton
- Thomas G. Cooney, MD
- Rosemarie L. Fisher, MD
- Luke Hansen, MD
- Linda A. Headrick, MD
- Kevin T. Hinchey, MD
- Eric S. Holmboe MD
- Holly J. Humphrey, MD
- William Iobst MD
- David Karlson
- Charles M. Kilo, MD
- Lynne M. Kirk, MD
- Catherine R. Lucey, MD
- Thomas J. Nasca, MD
- Eileen E. Reynolds, MD
- Eugene C. Rich, MD
- Paul H. Rockey, MD
- William E. Rodak, PhD
- Michelle Sanders, MD
- Henry J. Schultz, MD
- Lawrence Smith, MD
- Abraham Verghese, MD
- Steven E. Weinberger, MD
- Brent C. Williams, MD

Milestones Writing Subcommittee

- Michael L. Green, MD
- Eva Aagaard, MD
- Kelly Caverzagie, MD
- Davoren Chick, MD
- Eric Holmboe, MD
- Gregory Kane, MD
- Cynthia Smith, MD
- William Lobst, MD



The Milestones Work

- Phase One
 - November 2007 – Spring 2009
 - Draft document
- Phase Two
 - Period of public comment
 - Ongoing refinement of the document
 - Continued stakeholder input regarding next steps



Patient Care

ACGME Competency	Developmental Milestones Informing ACGME Competencies	Approximate Time Frame Trainee Should Achieve Stage	Assessment Methods/Tools
Clinical skills and reasoning <ul style="list-style-type: none"> ▪ Manages patients using clinical skills of interviewing and physical examination 	Historical Data Gathering <ol style="list-style-type: none"> 1. Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion 2. Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, pharmacy) 3. Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient 4. Role model gathering subtle and reliable information from the patient for junior members of the healthcare team 	6 months	Standardized patient Direct Observation Simulation
		9 months	
		18 months	
		30 months	

Utility of Milestones

- Guide curriculum development and suggest evaluation strategies
- Provide guidance for resident self-assessment
- Allow competence-based promotion
- Assist remediation by highlighting specific deficits
- Advance national standardization in evaluation
- Facilitate residency training reform
- Improve public accountability

Contact Information

The Academic Affairs Team:

Eric Holmboe	EHolmboe@abim.org
William Iobst	Wiobst@abim.org
Sarah Hood	SHood@abim.org
Jennifer Adiletto	JAdiletto@abim.org
Karen Padula	KPadula@abim.org

