

Pediatric Anesthesia Program Directors:

Common and Collaborative Efforts

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President, PAPD, 2009

Pediatric Anesthesia Program Directors History

- PDs met informally with members of the Anes RRC and/or ABA Directors annually at Winter SPA meeting
- 2006: PDs organized under the umbrella of the Society for Pediatric Anesthesia: PAPD
 - Board of Directors/Officers
 - Committees
 - List-serve to address common questions

PAPD 2009

- Officers:
 - Nancy Glass (Pres)
 - Randy Flick (P-elect)
 - Franklyn Cladis (Sec)
 - Dave Waisel (Immed Past Pres)
- At large:
 - Lena Sun
 - Robert Valley
 - Scott Walker
- Education Committee:
 - Ira Landsman
- Common Application:
 - Scott Walker
- Match process working group:
 - Alan Schwartz
 - Dave Waisel
 - Randy Flick
 - Nancy Glass

PAPD Projects

- Maintaining regular communications with the RRC and ABA
- Supporting new Program Directors, helping one another navigate ACGME requirements
- Curriculum development & education
- Measuring education outcomes
- Working on Common Fellowship Application
 - Challenging, since some institutions have institutionally-mandated application forms

Issues for Consideration: Education

- Can we / should we work toward a standardized curriculum?
- Can we / should we share Best Practices and/or curricular elements?
 - Regional anesthesia rotation
 - Airway module
 - ICU rotations
 - Pain rotation
- Can we help one another comply with ACGME requirements?
 - Share experiences and “dings” that programs have experienced during RRC reviews

Issues for Consideration: Educational Outcomes

- How do we know that our graduates have the necessary knowledge base to practice pediatric anesthesia independently?
- Are the different programs' case logs measuring the same experiences, comparing apples to apples?
- How do we measure the success of our programs?
- Can we / should we independently develop an In-training Exam for Ped Anes Fellows? (where will those \$\$\$ come from?)

Issues for Consideration: Application Process

(Why) do we need to address the residents' application process for fellowship positions?

- 45 pediatric programs, all with different applications & requirements
- Some programs accept candidates early in the CA-2 year, while others wait nearly a year later for interviews / acceptances

What is the Resident Experience with Current Rolling Admissions Process?

- Resident may not get Pediatric (or Cardiac, or Pain, or ICU) experience until late in CA-2 year, or even until CA-3 year
- Resident may unexpectedly find himself / herself wanting to do a fellowship, but desired programs are already full

What is the Resident Experience with Current Rolling Admissions Process?

- Too many applications
- Challenging to get time off for interviews
- Some programs offer only a short window for applicants to accept offer, even if the resident has additional interviews already scheduled
- Difficult for candidates to navigate different “calendars” of programs
- Special challenges of medical spouses, within Anesthesia or not

The Programs' Experience with Current Rolling Admissions Process

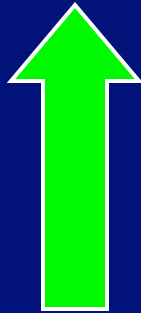
- PDs want to fill their slots with great candidates, and would like to commit to strong internal candidates as early as possible
- PD may lose a great candidate b/c candidate interviews at X before Y, and X demands an answer within Z period—which expires just before candidate is scheduled to interview at Y
- Candidate commits to program in CA-2 year, but changes his/her mind during CA-3 year.....unexpected opening after the strongest candidates have been snapped up

Options for Managing Application Process

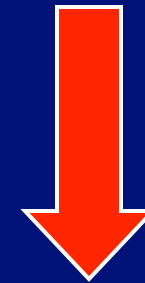
- Don't change anything
- Common electronic application
- Common calendar
 - Identify “interview season”
 - Identify date of first round of offers
 - Require standardized time for decision-making
 - Depend on programs to cooperate
- Match process

Current Rolling Admission Process: Advantages & Disadvantages for *Candidate*


- Candidates can lock in a position as early as they receive offer
- Candidates who know what they want to do get first crack at most select positions




- Late deciders may be unfairly shut out of most competitive slots
- Candidates may not be able to interview at all the programs they're interested in before being pressured into a decision



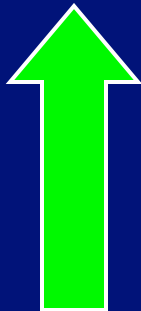
Current Rolling Admission Process: Advantages & Disadvantages for *Programs*

- Programs are free to select any candidate, any time
 - Program may fill early and have first access to strong candidates who decide early
 - Programs can make “special offers” to unusual candidates, including for subsequent faculty positions, or to address spousal issues
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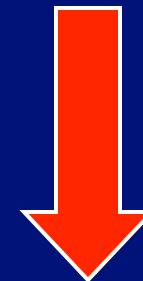
- Programs may experience withdrawal of candidates selected early, as circumstances or choices change
 - Program may have difficulty filling late vacancy
 - Programs with later deadlines may miss opportunity to interview early deciders, strong candidates
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Common Calendar: Advantages and Disadvantages for *Candidates*

- Recognized and agreed-upon season for interviews
- Expected date for offers
- Expected date for acceptances, subsequent offers

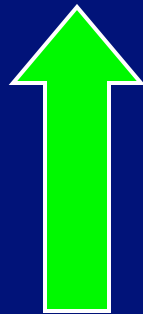


- If season is too constricted, trainees might have difficulty getting enough time off for interviews
- Could result in considerable shuffling of acceptances & offers as trainees commit



Common Calendar: Advantages and Disadvantages for *Programs*

- Agreed-upon season for interviews
- Agreed-upon timing for offers, decision time, subsequent offers
- Gives all programs the chance to look at strong candidates

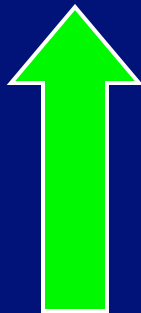


- Core program might have trouble giving so many residents time off for interviews during a limited season
- Challenge of agreeing upon interview season dates & deadlines
- The CHEATING issue



Match Advantages and Disadvantages: *Candidates*


- Fairness
- Common interview season, time to look at multiple programs
- Only ranks programs where he/she can/will move
- Must commit to matched program

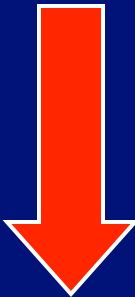


- Considerable effort for a 1-year program
- Anxiety about being accepted in preferred program
- Trainee may “need” to apply to more programs
- Unmatched trainees would have to scramble
- Trainees with personal or spousal limitations re: moving might have ↑ anxiety



Match Advantages and Disadvantages: *Programs*

- Fairness
 - Time to look at all candidates interested in your program
 - Do not have to rank any candidate that you don't want to train
 - Smaller programs may see more interest?
 - Programs could share information or expedite consideration of unmatched trainees
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- Considerable effort for a 1-year program
 - Programs would have to comply with NRMP rules about promising slots
 - Trainee anxiety may result in programs' need to review and/or interview more candidates - ↑ \$\$
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ASA 2007 Resident Component Survey

- 86% in favor of a uniform fellowship application process
- 89% in favor of uniform ONLINE application
- 79% willing to use ERAS (application process)
- 84% favored uniform timeline for applications
- 82% in favor of uniform timeline for contract offers
- 68% in favor of using NRMP

ASA 2007 Resident Component Survey

If NRMP was the ONLY way to accomplish universal timelines for interview dates and contract offers, would you prefer that, or the current system of rolling admission offers

63% chose NRMP

37% chose rolling admissions

ERAS Timeline

- 18 months to get ERAS process up and running for a new subspecialty.
- 85% of programs have to participate, but not all positions within program must be in ERAS. Internal candidate not applying to other programs would not have to file ERAS application
- For July cycle, applications entered in July, ready for PD viewing on July 15th . Could have a Match in October, with essentially 9 months to get new state license & plan move
- For December cycle, trainees upload apps Nov 15, available to PDs Dec 1 (CA-2 yr), but ERAS center would close May 31st CA-2 yr, > 1 y before training begins

NRMP Match Process

- 75% of all Fellowship slots must be “in the Match”
 - ~ 150 slots available = ~ 112 in Match
- Allows each program to decide how many of its slots will be “in the Match”
 - Large programs could “save a slot” or two for candidates with unusual circumstances
 - Small programs with only one or two Fellows could opt out
- 75% of the slots in the Match must be matched

ERAS and Match

- ERAS and NRMP Match are completely independent
- Can use ERAS without a Match
- Could have a Match without using ERAS
- Could use ERAS and a common calendar
- Could use ERAS with current rolling admission situation

What would suit Candidates and Programs best?

PAPD Position

- We developed a consensus decision to participate in the NRMP Match, which we view as an imperfect but FAIR process for our trainees
- We acknowledge the advantages and disadvantages for our individual programs
- Our movement toward Match is currently on hold
- We see the advantages of working WITH other Anes sub-specialties to create *uniform process*

PAPD Position

“Intermediate Stance”

- Willing to work with other Anesthesia Sub-specialties toward:
 - Common calendar
 - Online, electronic, unified application form
- Recognize that these intermediate steps do not solve all of the problems for candidates or programs

Final Caveats

- Please review ERAS presentation for details about the two separate calendars that are possible for programs—there are issues and limitations with both
- Please review presentation from NRMP about Match violations
 - How would this work for off-cycle trainees?
 - We may be less rigid (and more understanding) about changes in Fellow's plans than NRMP