2016 Fellowship Program Director Meeting

Topics
- Epilepsy Fellowship Curriculum Project
- Board Certification
- Fellowship Match

Epilepsy Fellowship Curriculum

Howard P. Goodkin MD PhD
University of Virginia

Disclosure
- Sage Therapeutics
  - Clinical Standardization Group

Learning Objectives
- To understand how the AES is choosing to develop an epilepsy fellowship curriculum

Epilepsy Fellowship Curriculum

- Goals:
  - Producing and disseminating high quality of educational content
  - Allow training programs to spend less time on lecture planning and to devote more time to interactive learning.
  - Will consist of clear learning objectives, printed handouts, and video lectures
- Project has been broken down into smaller goals over the next 1-2 years
Epilepsy Fellowship Curriculum

1. Develop topic outline
2. Identify experts for each topic
3. Obtain 5 -10 learning objectives from the expert for their topic
4. Ask expert to create a handout based on the learning objectives
5. Create an online learning environment within the AES website that will house the handouts
6. Ask expert to film short focused lecture or lectures (20 to 30 minutes) on their topic that can be used for flip classroom learning
7. Post lectures within the online fellows learning environment.
8. Ongoing review of handouts and lectures by the Epilepsy Fellows Curriculum team to assure freshness on a yearly basis

Adherence Objectives

- Physicians should be able to identify various ways to measure adherence to antiepileptic drugs
- Physicians should be able to identify key risk factors for non-adherence behaviors
- Physicians should be able to define non-adherence and understand the impact of non-adherence on key outcomes of health
- Physicians will be able to address common adherence barriers in the clinical setting
- Physicians should be able to appropriately identify and refer patients for further evaluation and treatment of non-adherence to psychosocial providers, including psychologists and social workers

Ambulatory EEG

- Physicians should be able to describe the indications for ambulatory EEG.
- Physicians should be able to describe the techniques used for ambulatory EEG recordings.
- Physicians should be able to list the advantages and disadvantages of ambulatory EEG.
- Physicians should be able to describe the role of ambulatory EEG in the evaluation of epilepsy and seizures.

Epilepsy Fellow Curriculum

- 86 faculty members were invited and over 60 have accepted.
- Phase 1 underway: faculty develops learning objectives for topics due by 2016 Annual Meeting
  - Currently 25 objectives have been submitted
- Curriculum Development Committee will be providing assistance as peer reviewers

Available Topics

- Epidemiology
- Natural history/prognosis of epilepsy
- Pathophysiology of seizures and epilepsy
- Seizure semiology
- Pathophysiology of status epilepticus
- Evaluation of the person with epilepsy: imaging
- Sleep and epilepsy
- Acquired epilepsies: Inflammatory and post-infectious
Available Topics

- Epilepsy associated with neurocutaneous disorders
- EEG: artifacts and technical issues
- Management: specific drugs
- Management: definition of pharmaco-resistant
- Management: status epilepticus
- Surgery: TLE
- Surgery: Extratemporal
- Comorbidities: other psychiatric disorders
- Seizure precautions
- Safety: driving and piloting

Interested in a topic...

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Board Certification for Faculty and Graduating Fellows

Patricia K. Crumrine, MD
Chair, ABPN Epilepsy Certification Committee
ABPN Executive Director
University of Pittsburgh School of Medicine
Children’s Hospital of Pittsburgh of UPMC

Disclosure

- Chair, ABPN Epilepsy Certification Committee
- Committee member: ABPN Child Neurology MOC committee
- Committee member: ABPN Professionalism Committee

Learning Objectives

- Provide overview of history of Epilepsy Certification Process
- Provide information regarding results of examinations to date during “grandfather” period
- Provide Information regarding future examinations following closure of “grandfather” period
- Provide information regarding Epilepsy MOC
History of Epilepsy Subspecialty

AAN/AES approach

ABPN Approval 2013

ABPN Certification
ACGME Accreditation

Epilepsy Exam Dates: Past and Future

Examination Dates
2013
2014
2016
2017 (last exam for “grandfather period”)


Grandfather Period

• Documentation of satisfactory completion of 12 months of fellowship training in a non-ACGME-accredited epilepsy program affiliated with an ACGME-accredited neurology or child neurology residency training program.

or

• Attestation of 25% of practice time devoted to epilepsy beyond completion of residency training in the primary specialty for a minimum of two years.


“Grandfather” Period

• Specialized training in epilepsy
  ➢ may be completed part-time
  ➢ not less than 1/2 time
  ➢ must last at least one year
  ➢ approved on individual basis

Training Requirements

After “Grandfather” Period (2017)

• Certification by ABPN in neurology or child neurology by December 31st of year prior to examination

• Completion of a one year ACGME accredited fellowship in epilepsy
  ➢ completion of an ACGME accredited residency in neurology or child neurology prior to fellowship or an ABPN approved program
  ➢ may be completed part-time, not less than 1/2 time

• After “Grandfather” period a CNP fellowship will not be accepted for the certification examination.

Training Requirements

After “Grandfather” Period (2017)

• Documentation from program director of successful completion of ACGME accredited epilepsy program

• Completion of program by June 30th of year of exam

• Possession of an unrestricted medical license
Clinical Neurophysiology Examination Performance

**Clinical Neurophysiology Examination Performance 2009-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>New Candidates Pass/Total (%)</th>
<th>Repeat Candidates Pass/Total (%)</th>
<th>Total Candidates Pass/Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>209/234 (89%)</td>
<td>16/36 (44%)</td>
<td>225/270 (83%)</td>
</tr>
<tr>
<td>2011</td>
<td>267/313 (85%)</td>
<td>13/26 (50%)</td>
<td>280/339 (83%)</td>
</tr>
<tr>
<td>2013</td>
<td>227/272 (83%)</td>
<td>12/35 (34%)</td>
<td>239/307 (78%)</td>
</tr>
<tr>
<td>2015</td>
<td>251/285 (88%)</td>
<td>18/35 (51%)</td>
<td>269/320 (84%)</td>
</tr>
<tr>
<td>Total</td>
<td>954/1,104 (86%)</td>
<td>59/132 (45%)</td>
<td>1,013/1,236 (82%)</td>
</tr>
</tbody>
</table>

Estimated participation in subspecialty certification 2009-2015: (examination administered every other year)

- Estimated number of graduates/year = 195 (195 x 2 = 390)
- Average number of new examinees/examination = 276
- Participation rate = 276/390 = 71%

Certificates Held By ABPN Diplomates

<table>
<thead>
<tr>
<th>Specialty/Subspecialty</th>
<th>Post Examination</th>
<th>All Certificates</th>
<th>Active Certificates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>1355</td>
<td>18,671</td>
<td>14,567</td>
</tr>
<tr>
<td>Child Neurology</td>
<td>1961</td>
<td>2,487</td>
<td>2,012</td>
</tr>
<tr>
<td>Vascular Neurology</td>
<td>1992</td>
<td>2,825</td>
<td>1,962</td>
</tr>
<tr>
<td>Vascular Neurology</td>
<td>2005</td>
<td>1,362</td>
<td>1,201</td>
</tr>
<tr>
<td>Neurosurgical Medicine</td>
<td>2008</td>
<td>699</td>
<td>672</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>2013</td>
<td>733</td>
<td>720</td>
</tr>
</tbody>
</table>

Epilepsy Examination Performance*

**Epilepsy Examination Performance**

<table>
<thead>
<tr>
<th>Year</th>
<th>New Candidates Pass/Total (%)</th>
<th>Repeat Candidates Pass/Total (%)</th>
<th>Total Candidates Pass/Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>477/515 (93%)</td>
<td>-----</td>
<td>477/515 (93%)</td>
</tr>
<tr>
<td>2014</td>
<td>232/251 (92%)</td>
<td>16/27 (59%)</td>
<td>248/278 (89%)</td>
</tr>
<tr>
<td>Total</td>
<td>709/766 (93%)</td>
<td>16/27 (59%)</td>
<td>725/793 (91%)</td>
</tr>
<tr>
<td>2016</td>
<td>In process</td>
<td>-----</td>
<td>526**</td>
</tr>
</tbody>
</table>

*Too early to estimate participation in subspecialty certification
**44 of the 526 examinees, 44 completed training in an epilepsy program and 159 in a CNP program.

Maintenance of Certification

*Successful completion of initial certification exam automatically enters one into MOC
* MOC is a life-long learning program
* 10 year cycle
* 4 component parts
  > professional standing
  > self-assessment (SAE) and CME
  > cognitive expertise
  > performance in practice
MOC: Part II: SAE

- 2 self-assessment activities over 10 yr MOC cycle
  - SA No 1: Years 1-3 (began 2011)
  - SA No 2: Years 6-8 (began 2014)
- 8 CME credits/year of SAE (begins 2014)
- Self Assessment Activities
  - Developed by peers
  - Covers new knowledge and best practices
  - Provides feedback to guide CME
  - Must be approved by ABPN (2014)

MOC: CME

- 30 Category I CME credits/year
- Developed by peers
- SAE and CME complete a medical knowledge quality improvement cycle

Part III: Cognitive Expertise

- Secure, proctored, practice relevant exam
- Developed by peers
- Computerized
- Administered by Pearson Vue Testing Centers
- Must complete all other parts of MOC prior to exam
- Passing score extends period to 10 years before next cognitive exam
- High pass rate expected

Impact on Clinical Care and Practice

- First point
  - Sub-point 1
  - Sub-point 2
- Second point

MOC: Part IV: Performance in Practice

- 3 PIP units over 10 year cycle
  - PIP unit #1: years 1-3 (begins 2014)
  - PIP unit #2: years 4-6 (begins 2016)
  - PIP unit #3: years 7-9 (begins 2017)
- Composition of PIP unit
  - Clinical module
  - Feedback module
- Modules must be approved by ABPN (2014)

Examination Questions under consideration

- Use of videos demonstrating seizures
  - will be considered for future examinations
  - requires permissions from families (must be renewed for children)
- Improved quality of images (EEGs and brain MRIs)
- Welcome feedback from candidates with suggestions on how to improve examination
ABPN Booth

• ABPN Staff
  ➢ Pat Janda
  ➢ Julie Cashman

• Booth #332 in the exhibit hall

• Available for questions and assistance regarding examination

Questions

Board Certification for Faculty and Graduating Fellows

Jennifer Hopp, MD
Associate Professor of Neurology
University of Maryland School of Medicine

Disclosure

Royalties, UpToDate, Inc.
Funding, NIH, Sage Pharmaceuticals

Member, Epilepsy Fellowship Program Directors Committee
Program Director, Clinical Neurophysiology Fellowship, UMMC
Board Certified, Clinical Neurophysiology
Board Eligible, Epilepsy (awaiting results 2016 exam!)

Learning Objectives

• Review statistics on Epilepsy and Clinical Neurophysiology Programs and trainees

• Review some reported challenges to board certification

• Discuss some basic strategies to overcome barriers to board certification
Challenges to Board Certification

- Cost
- Time
- Cost
- Time
- Cost
- Why take the exam?

CN and Epilepsy Programs – The Numbers

Graduating Fellows (#) – 2014-2015 AY

Active Fellows in CN and Epilepsy

Graduating Fellows (#) – 2014-2015 AY

Epilepsy ABPN Certification Timing Challenges

- 2010: ABPN approved application
- September 2010
- 2013: First Year Exam offered
- October 28-November 5
- 2014: Subsequent Exams
- August 11-15
- 2015:
- No Examination
- 2016:
- October 24-28
- Grandfathering Period:
- 2013-2017
Challenges – Fellow and Faculty Report

“The exam does not match what I learned/know”

“The exam costs too much”

“I don’t have time to study”

“What is the point of board certification?”

Challenge #1: “The exam does not match what I learned/know”

Challenge #2: “The exam costs too much”

Challenge #3: “I don’t have time to study”

- Epilepsy Fellowship Curriculum Project
  - In development
- AES EEG Atlas
- Epilepsy Learning Institute
  - Self Assessment Exams
- Epilepsy Education Online
  - Slide Sets (PPT)

Challenge #4: “What is the point of board certification?”

- Academic v. Private Practice
  - Clarification on # faculty for Epilepsy Program
- Patients may check: ABPN verifyCERT®

“Reflection of training...”
Combined Examination Strategies

- ABPN permits diplomates with multiple certificates to take combined MOC examinations at a reduced fee to cover 3 exams

- May be incentive to keep two board certifications for faculty

Supporting Board Certification

- Fellowship Curriculum Development

- Financial support
  - $1900/fellow/faculty Epilepsy Board cost
  - SAE costs

- Follow up PD communications after training

- Unique challenges for programs with both boards

Match for Epilepsy Fellowships

David M. Ficker, MD
University of Cincinnati

Current state of ACGME Epilepsy Fellowships

- 43 ACGME approved epilepsy fellowships
- 94 ACGME approved CNP fellowships

- Train under
  - Epilepsy only
  - CNP only
  - Both

- No match for either fellowship
- AES sponsorship of a match for ACGME epilepsy fellowships?

Disclosure

Lundbeck Honoraria for speaking

Best Doctors Consulting
ACGME Neurology Fellowships

<table>
<thead>
<tr>
<th>Fellowship</th>
<th>Accreditation</th>
<th>Match?</th>
<th>Match Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>ACGME</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>CNP</td>
<td>ACGME</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Vascular Neurology</td>
<td>ACGME</td>
<td>Yes</td>
<td>NRMP</td>
</tr>
<tr>
<td>Brain Injury Medicine</td>
<td>ACGME</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Neuromuscular Care</td>
<td>ACGME</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>NDD</td>
<td>ACGME</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sleep Medicine</td>
<td>ACGME</td>
<td>Yes</td>
<td>NRMP</td>
</tr>
</tbody>
</table>

Other Neurology Fellowships

<table>
<thead>
<tr>
<th>Fellowship</th>
<th>Accreditation</th>
<th>Match?</th>
<th>Match Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>UCNS</td>
<td>Yes</td>
<td>NRMP</td>
</tr>
<tr>
<td>Behavioral</td>
<td>UCNS</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Neuro Oncology</td>
<td>UCNS</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Neuroimaging</td>
<td>UCNS</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Neurocritical Care</td>
<td>UCNS</td>
<td>Yes</td>
<td>SF</td>
</tr>
<tr>
<td>Movement Disorders</td>
<td>UCNS</td>
<td>Yes</td>
<td>SF</td>
</tr>
<tr>
<td>Autonomic Disorders</td>
<td>UCNS</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Neuroimmunology</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Match Programs

- San Francisco Match – SF Match

- National Resident Matching Program – NRMP
  - Does fellowships too

Comparison of NRMP and SF Match

<table>
<thead>
<tr>
<th>Sponsoring Society?</th>
<th>SF Match</th>
<th>NRMP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Fees for programs
  - SF Match: $325 app fee, $125 annual fee
  - NRMP: $230 Institution Fee, $50 program fee, $50 per applicant matched

- Applicant fees
  - SF Match: $100 CAS fee, $60 for apps sent to up to 10 programs
  - NRMP: $97 ERAS fee, $75 app fee

- Programs needed
  - SF Match: No set percent, Minimum 25 programs
  - NRMP: 75% of fellowships must agree and 75% of positions must be available in match

Issues to consider - positives

- Eliminates the need to make an offer to candidate right away
- Not sure if next candidate may be a better fit
  - As a PD, I am seeing applications earlier and earlier
- Puts programs on level field
- Standardizes the interview and selection process
- Increased applications to programs
- As a society, we will have ability to track trends (increasing, decreasing interest)
Issues to consider - negatives

- Costs to application
- Internal candidates may not be guaranteed a spot
- What about those with a second year fellowship?
- What about those that train under epilepsy and CNP?

Formal vote needed from PDs

- Survey Monkey
- Sent to ACGME Epilepsy Fellowship PDs listed on the ACGME website
- Will be the deciding factor on whether AES will sponsor match
  - Majority of PDs voting “yes”
  - One vote per fellowship program
  - Will also assess match program preference

Open discussion

- What are the positives of a match?
- What are the negatives of a match?