

Introducing the Gastroenterologist-accountable Professionalism in Practice (G-APP) Pathway: Bridging the G-APP-Replacing MOC With a Model for Lifelong Learning and Accountability

Suzanne Rose,¹ Brijen J. Shah,² Jane Onken,³ Arthur J. DeCross,⁴ Maura H. Davis,⁵ Rajeev Jain,⁶ Lawrence S. Kim,⁷ Kim Persley,⁶ Sheryl A. Pfeil,⁸ and Lori N. Marks⁵

¹University of Connecticut School of Medicine, Academic Affairs and Education and Department of Medicine, Division of Gastroenterology and Hepatology, Farmington, Connecticut; ²Icahn Mount Sinai School of Medicine, Department of Medicine/Henry D. Janowitz Division of Gastroenterology and Brookdale Department of Geriatrics and Palliative Medicine, New York, New York; ³Duke University School of Medicine, Department of Medicine, Division of Gastroenterology, Durham, North Carolina; ⁴Department of Medicine, Division of Gastroenterology and Hepatology, University of Rochester, Rochester, New York; ⁵American Gastroenterological Association, Bethesda, Maryland; ⁶Texas Digestive Disease Consultants, Dallas, Texas; ⁷South Denver Gastroenterology, Lone Tree, Colorado; and ⁸The Ohio State University College of Medicine, Department of Internal Medicine, Division of Gastroenterology, Hepatology and Nutrition, Columbus, Ohio

The American Gastroenterological Association (AGA) has a long-standing commitment to education, serving members, trainees, the public, and all potential learners. Education is a core component of the AGA's refreshed strategic plan (Figure 1).¹ The AGA Education and Training Committee oversees activities such as creation of the Gastroenterology Training Examination, review of AGA-sponsored continuing medical education (CME) activities, development of the annual Spring Postgraduate Course, and production of the Digestive Diseases Self-Education Program, among many others. Recent achievements of the Education and Training Committee include development of an online learning management system, creation of a maintenance of certification (MOC) subcommittee tasked with the development of educational modules for knowledge self-assessment, establishment of the AGA Academy of Educators (a home for educators to share materials, gain support for educational endeavors, and promote scholarly activity in education), and establishment of the Oversight Working Network (OWN), for which educational leaders from the 5 gastrointestinal (GI) societies convened to establish entrustable professional activities (EPAs) that define the tasks of the profession of gastroenterology.²

These recent accomplishments have thrust education into the forefront, along with other areas of strategic importance: practice and quality, research and innovation, advocacy, publications, and organizational vitality. The AGA is positioned as a leader in medical education, particularly in the novel applications of learning tools. In 2004, the AGA established the position of education councillor on the AGA Governing Board, a role that advocates for, fosters, and nurtures educational programming and initiatives while bringing an education lens to all considerations for the direction of the organization.

While discussions often involve areas of concern across the continuum of medical education and must address the needs of a diverse membership, the topic of recertification of gastroenterologists gained the attention of the AGA Education and Training Committee and the AGA Governing

Board, prompted in part by members who contacted the AGA expressing concern about the declining pass rate on the American Board of Internal Medicine (ABIM) recertification examination (Table 1).³ Furthermore, changes in the ABIM's requirements related to the overall recertification process elicited a robust response, as outlined in more detail in the following text. In the recently updated AGA strategic plan, one of the education goals is to engage members and other GI health providers through personalized education across the continuum of their careers. Through this strategic directive, and in response to members' concerns, the Governing Board of the AGA convened a task force of key and diverse members to address issues related to the ABIM MOC process in a scholarly way. This task force was charged with evaluating educational theory, the educational literature and considering factors that affect education, the changing health care environment, technology in medicine and education, and influences that are affecting learners. After a scholarly review and consideration of these factors, the task force was asked to identify their vision of the ideal pathway for recertification of gastroenterologists.

The task force convened at the AGA headquarters in Bethesda, Maryland, on June 5 and 6, 2015. The task force included all of the authors of this paper, representing practitioners in small and large practice settings (R.J. [a member of the AGA Governing Board], L.S.K. [an attendee at the American College of Physicians meeting], and K.P. [a member

Abbreviations used in this paper: ABIM, American Board of Internal Medicine; ABMS, American Board of Medical Specialties; ACGME, Accreditation Council for Graduate Medical Education; AGA, American Gastroenterological Association; CME, continuing medical education; EPA, entrustable professional activity; G-APP, Gastroenterologist Accountable Professionalism in Practice; GI, gastrointestinal; IBD, inflammatory bowel disease; MOC, maintenance of certification; OWN, Oversight Working Network; PIM, Practice Improvement Module; QI, quality improvement.

Key Information Items for AGA Members

- The AGA Governing Board convened the MOC Task Force in response to physician dissatisfaction with the current MOC process. The task force proposed the G-APP as the ideal pathway to recertification.
- The task force recommends replacing MOC with individual pathways that would incorporate self-assessment activities, allowing physicians to achieve a high level of competency in one or more areas while maintaining a more modest level of competency in other areas.
- The individualized self-assessment activities would provide constant feedback and opportunities for learning and removes the secure high-stakes examination required every 10 years.
- The G-APP pathway would allow physicians to get credit for activities they are already doing in practice, research, or teaching.

of the AGA Academy Advisory Board]), a gastroenterologist with expertise in novel forms of assessment (S.A.P., a member of the AGA Academy Advisory Board), the Liaison Committee on Certification and Recertification (LCCR) representative and chair of the MOC Subcommittee (A.J.D.), the chair of the Education and Training Committee (J.O.), and a leader of OWN (B.J.S.), and all were led by the education councillor on the AGA Governing Board (S.R.) and the AGA educational professional staff (L.N.M. and M.H.D.). In addition, the group received advice from Dr John Allen,

Table 1. Pass Rates for First-Time Takers of the ABIM Gastroenterology Recertification Examination

Year	N	Pass rate (%)
2014	502	87
2013	881	84
2012	536	85
2011	700	85
2010	348	84

Data from the American Board of Internal Medicine.³

immediate past president of the AGA. The invited guest speaker was Dr Eric Holmboe, Senior Vice President for Milestones Development and Evaluation of the Accreditation Council for Graduate Medical Education (ACGME).

This report outlines a brief history of the ABIM and documentation of the concerns of AGA members, identifies factors affecting GI practice and education, and reviews adult learning theory, including milestones and competencies, assessment strategies, and recertification processes in other specialties and professions. This report also discloses how the task force developed a rubric for recognizing individualized needs and clinical practices, which in turn informs the details of a proposal for a new pathway. Finally, the implications for practice and how this new pathway relates to accountability to the public are explored. This proposal endorses a strong commitment to lifelong learning and accountability but concludes that the current process is problematic with its overemphasis on an assessment-focused system that culminates in a high-stakes examination without a defined curriculum. The task force concluded that this high-stakes examination is not effective and does not address individual educational needs.

The task force therefore proposes discarding the existing concept of recertification and embracing a new concept of continuous lifelong professional development tailored to individual needs. This proposal is consistent with educational principles of adult learning theory and focuses on continuous improvement through both assessment and defined, tailored curricula for gaps in knowledge, skills, and attitudes identified through the assessments. This type of program does not penalize committed professionals for gaps in knowledge but rather provides tools for engaged, active learning that is meaningful and relevant and benefits sound practice and, ultimately, our patients.

History of the ABIM

In 1935, the American College of Physicians adopted a resolution for the establishment of an “American Board for the Certification of Internists.” From this resolution, the ABIM was established in 1936 to respond to public pressure to set standards for physicians with accountability to the public and to the profession. The American Board of Medical Specialties (ABMS) collaborates with 24 medical boards to support standards for certification. The ABIM is one of the largest medical boards and accounts for the certification of approximately one of every 4 physicians in the United



Figure 1. AGA strategic plan.

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