



Certification and Maintenance of Certification

Efforts by The American Board of
Pediatrics to Enhance Training in
Behavioral and Mental Health

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The American Board of Pediatrics

- Certifies individuals to the public as competent pediatricians
- Requirements for initial certifying exam entry:
 - Completion of accredited pediatric residency program
 - Program director attests to clinical competence of the individual
 - Unrestricted license to practice medicine in a state in the U.S.



ABP Mission Statement

The American Board of Pediatrics (ABP) **certifies general pediatricians and pediatric subspecialists** based on standards of excellence that lead to high quality health care during infancy, childhood, adolescence, and the transition into adulthood. The ABP certification **provides assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements** that encompass the six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ABP's quest for excellence is evidenced in its **rigorous evaluation process and in new initiatives undertaken that not only continually improve the standards of its certification but also advance the science, education, study, and practice of pediatrics.**



Pediatric Review Committee (PRC) of the Accreditation Council for Graduate Medical Education (ACGME)

- Accredits residency programs based on
 - Structure
 - Curriculum
 - Patient care experiences
 - Faculty
 - Working conditions
 - **Outcome of training based on faculty evaluations and ABP exam pass rate**



Current PRC Training Requirements in Mental and Behavioral Health

- Each residency program must have at least one faculty member who is an expert in developmental and behavioral pediatrics
- One month (or 200 hours) of training in developmental and behavioral pediatrics with appropriate curriculum and goals and objectives



PRC-Required Assessment of Outcome: Pediatric Milestones

- Descriptions of observable behaviors in trainee development from “novice” to “expert” during the 3 years of training
- Six core competencies determined by specialty boards and ACGME:
 - Medical knowledge
 - Patient care
 - Communication skill
 - Professionalism
 - Practice-based learning
 - Systems-based practice



Example: Communication skill

“Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds”

- **Novice:** *Relies on template to prompt interview questions*
- **Level 2:** *Uses interview to establish rapport*
- **Level 3:** *Verbal and non-verbal skills promote trust, respect, and understanding*
- **Level 4:** *Uses skills to establish therapeutic alliance; tailors communication to the individual*
- **Expert:** *Fosters a trusting and loyal relationship; intuitively handles the gamut of difficult communication scenarios with grace and humility*



Advantages and Disadvantages of Milestones

- Advantages:
 - Facilitates assessment by describing desired behavior
 - Facilitates feedback (coaching) by describing goals for trainees
 - Provides some degree of national standard-setting
- Disadvantage:
 - The situation in which the trainee's *communication skill* is being assessed is not considered, e.g. emergency department versus primary care clinic



Entrustable Professional Activities (EPAs)

- Agreed-upon list of activities within a given specialty or subspecialty that a physician should be expected to be able to perform competently and without supervision.
- Milestones assessed within the context of each of those activities
- EPA #9 (of 17 EPAs for general pediatricians):
Assessment and management of patients with common behavioral and mental health problems



American Academy of Pediatrics Survey, 2013

- 65% of the 512 pediatricians surveyed indicated they lacked training in the treatment of children and adolescents with mental health problems
- 40% said they lack confidence to recognize MH problems
- >50% said they lack confidence to treat MH problems
- 44% said they were not interested in treating, managing, or co-managing child mental health problems

Many/most pediatrician faculty are not equipped to model, teach, or assess residents in behavioral/mental health care. This is not the case for other EPAs.



Challenge for Pediatric Residency Program Directors and ABP:

- Define the scope of care expected of pediatric residency graduates
- Create curricular models that result in skill development
- Provide experiences and environments in which pediatric residents can develop skill and knowledge—this will require resources!
- Provide faculty mentors who will teach and model effective care (inpatient as well as outpatient; primary and subspecialty care)
- Develop tools for assessing resident attainment of goals



Maintenance of Certification

- Since 1988, certificates issued by the ABP have been time-limited.
- Maintaining certification requires participation in programs to verify the following:
 - Commitment to professionalism
 - Life-long learning and self-evaluation
 - Cognitive expertise
 - Improvement in practice



ABP Maintenance of Certification Behavioral and Mental Health

- Identify mechanisms to help those already in practice improve their knowledge/skills and practice
- Work to identify and disseminate activities in Part 2 (life-long learning and self-assessment) and Part 4 (practice improvement) activities
- Collaborate with other organizations already working on these goals



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