# **ACVIM Volunteer Leadership Convening** on the Future of Training

June 13, 2023 Philadelphia, PA

# **Convening Purpose & Overview**

Each year, the American College of Veterinary Internal Medicine (ACVIM) holds an annual leadership convening to discuss an issue of critical importance to the profession. On June 13, 2023, the ACVIM focused this meeting on specialty residency training. The Volunteer Leadership Convening on the Future of Training was designed to explore the changing environment for veterinary specialty training and to inform the design of the ACVIM's forthcoming, comprehensive review of residency training requirements. Participants included ACVIM committee and task force chairs, program leaders, residents and members of the Board of Regents and staff.

## **Frameworks for Navigating Change**

ACVIM recognizes that any change to the current model of residency training must be undertaken through a thoughtful and deliberative process. As such, the conversation was framed within the context of the following change management models:

- The Prosci ADKAR® Model describes the path individuals must navigate for change to be successful. The word "ADKAR" is an acronym for: Awareness, Desire, Knowledge, Ability and Reinforcement.
- The Change Cycle™ model depicts six sequential stages of change and describes the thoughts, feelings and behaviors individuals experience as they navigate the change process: Loss, Doubt, Discomfort, Discover, Understanding and Integration.
- Dr. John Kotter's "8 Steps for Leading Change," describes actions leaders can take to produce lasting change. These include Create a Sense of Urgency, Build a Lasting Coalition, Form a Strategic Vision, Enlist a Volunteer Army, Enable Action, Generate Short-Term Wins, Sustain Acceleration, and Institute Change.

Central to these models is the importance of the leaders in guiding change. This workshop was designed to provide an opportunity for ACVIM stakeholders to co-create a meaningful vision for change and move forward as a coalition of leaders working together to achieve that vision.

# The Changing Environment for Veterinary Specialty Training

For context setting, ACVIM leaders Jane Sykes, Sarah Gillings, Linda Fineman and Shannon Carter provided a brief overview of some of the key issues driving the need for change. These included:

- A growing focus on the health and wellbeing of interns, residents and Diplomates. The ACVIM has issued a position statement expressing support for the recently published guidelines from the American Association of Veterinary Medical Colleges (AAVMC), which are designed to provide a roadmap for training institutions in ways to improve the short and long term wellbeing of interns and residents.
- A shift to competency-based training across the health professions. The ACVIM is part of a coalition of specialty colleges considering a collaborative effort to expand the

Competency-Based Veterinary Education (CBVE) model to include specialty level competencies. These can create a foundation for individual specialties to use in defining specialty-specific competencies to guide residency training curricula.

- A change in the distribution of academic/private practice training opportunities. As pressures build to create pathways for future specialists to meet growing demand, the landscape of residency training continues to expand beyond academic institutions. Privately held and corporate-owned practices are seeking to be part of solutions that increase the availability of training programs, both through expansion of existing programs and by opportunities to collaborate. Fully leveraging this increase in training opportunities will require critical evaluation of the existing training model and the specific requirements for training programs within each specialty.
- An emerging interest in creating an independent body responsible for training oversight. In response to a request from the ACVIM and the American Association of Veterinary Clinicians (AAVC), the American Veterinary Medical Association (AVMA) has asked specialty colleges for their interest in participating in a roundtable to discuss whether specialized veterinary medicine should consider, and would benefit from, establishment of an independent organization to accredit internship and residency training programs. The draft letter from the ACVIM supporting this action was shared with participants via email at the conclusion of the workshop.

These factors illustrate some of the human issues, market forces and evolutions in the science of adult learning that warrant a focused effort to redesign training programs for the health and sustainability of specialty medicine.

Related to increased focus on health and wellbeing noted above, the group also

discussed the important role served by specialty ombudspersons. These positions are intended to be a resource for residents who are struggling with the demands of residency training. The ACVIM has committed to investing in the training and support of the ACVIM ombudspersons, so that they are enabled to make their optimal contribution to the residency training environment.

Residency Training Program (RTP) Oversight Task Force – Survey Data

Dr. Lynn Guptill, Chair of the ACVIM RTP Task Force, shared preliminary findings from a recent survey of ACVIM candidates and mentors. The preliminary analysis of the data described resident and mentor perspectives on: (1) the roadblocks to achieving board

certification, (2) the most challenging RTP requirements, and (3) the support and resources available to residents.

High level findings regarding perceived roadblocks and challenges to achieving board certification are below.

Dr. Guptill explained that survey data is still being analyzed and will be shared in a summary report to the members later this year. It will be repeated annually and will provide the data for an annual report to programs on the performance of their residents. This work will also be used to define thresholds for quality to guide ongoing program improvements.

#### **Most Prominent Roadblock**

## Residents / Mentors

| Answer Choices           | Current Residents | Former Residents | All Residents | Mentors |
|--------------------------|-------------------|------------------|---------------|---------|
| Passing Examinations     | 48%               | 30%              | 40%           | 29%     |
| Publication Requirements | 26%               | 45%              | 33%           | 45%     |
| Research Requirements    | 17%               | 12%              | 15%           | 11%     |
| Another Requirement      | 9%                | 13%              | 11%           | 12%     |

# Residents / Mentors by Specialty Area

| Answer Choices           | Cardiology | LAIM      | Neurology | Nutrition  | Oncology  | SAIM      |
|--------------------------|------------|-----------|-----------|------------|-----------|-----------|
| Passing Examinations     | 69%   44%  | 50%   33% | 43%   42% | 0%   20%   | 42%   25% | 22%   18% |
| Publication Requirements | 6%   23%   | 24%   44% | 5%   30%  | 100%   40% | 42%   56% | 60%   60% |
| Research Requirements    | 16%   21%  | 12%   5%  | 38%   16% | 0%   20%   | 13%   2%  | 10%   11% |
| Another Requirement      | 9%   12%   | 14%   18% | 15%   12% | 0%   20%   | 3%   17%  | 10%   11% |

## **Most Challenging ACVIM RTP Requirement**

#### Residents / Mentors

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|--|-------------------|------------------|---------------|---------|--|--|
| Answer Choices   | Current Residents | Former Residents | All Residents | Mentors |  |  |
| Research Project   | 39%               | 27%              | 36%           | 26%     |  |  |
| Publication Submission and Acceptance                      | 38%               | 45%              | 39%           | 46%     |  |  |
| Directly Supervised Clinical Training in my Specialty      | 7%                | 2%               | 5%            | 2%      |  |  |
| Directly Supervised Clinical Training in Other Specialties | 4%                | 11%              | 5%            | 13%     |  |  |
| Another Requirement  | 12%               | 15%              | 15%           | 13%     |  |  |

# Residents / Mentors by Specialty Area

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|--|------------|-----------|-----------|-------|-----------|-----------|
| Answer Choices   | Cardiology | LAIM      | Neurology | Nutr. | Oncology  | SAIM      |
| Research Project   | 46%   44%  | 27%   11% | 61%   40% | -     | 28%   18% | 31%   28% |
| Publication Submission and Acceptance                        | 15%   30%  | 43%   52% | 12%   30% | -     | 53%   62% | 53%   50% |
| Directly Supervised Clinical Training in my Specialty        | 12%   2%   | 4%   3%   | 2%   2%   | -     | 3%   6%   | 4%   4%   |
| ${\sf DirectlySupervisedClinicalTraininginOtherSpecialties}$ | 0%   9%    | 4%   19%  | 2%   12%  | -     | 3%   8%   | 11%   8%  |
| Another Requirement  | 27%   15%  | 22%   14% | 22%   16% | 2     | 13%   6%  | 1%   11%  |

## Informing the Comprehensive Review of Training Requirements

Through a series of structured small-group conversations, virtual polling and large-group dialogue, the participants defined the following questions and factors that need to be included in a redesign of the ACVIM training programs.

#### 1. What critical questions does the ACVIM need to address related to the future of training?

- a. How do we facilitate the collaboration between industry/private practice and academia?
- b. Do we need to reassess milestones of the RTPs and how are they evaluated?
- c. What support should ACVIM offer candidates and mentors, and how do we ensure equity across programs and specialties?
- d. What is the incentive to achieve Diplomate status within the ACVIM, especially in an environment where demand leads to hiring "residency-trained," veterinarians who have not completed the board-certification process?
- e. Who is going to train residents in the future?
- f. What is the most limiting factor to having more residents in a training program?
- g. What is the ideal residency training experience? Is it competency based? Does it include milestones, wellness efforts or other features?
- h. How do we define wellness and how do we measure it?
- i. How do we overcome the disparity of credentials/requirements across all ACVIM specialties?
- j. How do we work with programs that have requirements outside of what are required by the ACVIM?
- k. What is the desired outcome of training?
- I. What effect will any training changes have on Diplomates?
- m. How do we move to a competency-based perspective when we consider training requirements? How do we test and train to mastery?
- n. Is it acceptable to have the final step be at the end of three years of residency? Should there be better milestones throughout the process? Would that be fairer?
- o. How do we attract more candidates?
- p. Should we be training academic and practitioner candidates differently, i.e. should there be different residency tracks?
- q. How do we address the financial implications of residency?
- r. How do we accommodate foreign trained veterinarians in our training programs?
- s. How do we monitor candidate success and ensure compliance?
- t. How do we include residents in defining the value of certification?

#### 2. How might the ACVIM identify and prepare the next generation of trainers for residency programs?

- a. Expand the focus beyond ACVIM Diplomates since many others are involved in training residents.
- b. Work with institutions and other training organizations to identify those with the interest and abilities to train.
- c. Consider a flexible approach to allow locums or adjunct faculty the opportunity to train without being hindered by the current rigid time requirements as a condition for training residents.
- d. Work with other specialty colleges to provide coursework or online training on how to train and mentor residents, covering topics such as communications, mentorship, and how to deal with difficult issues.

#### 3. How might the ACVIM define and assess a successful outcome of residency?

- a. Collect and share data on the career progression of residents.
- b. Survey employers on whether residents are competent to practice.
- c. Define competencies and a mechanism for assessing their achievement.
- d. Create an accountability system that includes the use of milestone markers.
- e. Define and promote the qualities for good mentors.
- f. Fully utilize data from the RTP Task Force survey.
- g. Nurture candidate and mentor engagement with the ACVIM.

#### 4. How might ACVIM support and advance the alignment of requirements across the College?

- a. Build on the CBVE framework and map a set of core requirements to that competency-based framework.
- b. Define and communicate the minimal competencies across the specialties.
- c. Have ACVIM offer training on how to train within a competency-based framework.
- d. Look for opportunities to align core requirements across specialties where feasible and appropriate to do so.

#### 5. How might ACVIM re-imagine training to support sustainability and wellbeing for everyone involved?

- a. Define and offer resources that private practice specialists can use to transition to academic settings.
- b. Help academic institutions ascribe the same value to residency training as they do in other areas of doctoral study.
- c. Create flexibility in program requirements to enable joint residency programs between two facilities.
- d. Work with academic institutions to enhance the appeal and sustainability of careers in academia.
- e. Offer centralized resources, e.g., research support, statistical support, technical writing, and journal clubs organized by time zones.
- f. Increase communications designed to make candidates aware of available resources.
- g. Enhance the flexibility of program requirements, focusing on the "why" behind the requirements and allowing multiple paths to achieve that goal.
- h. Foster connection between programs, candidates and ACVIM staff.

## **Further Change Considerations**

In embarking on change, the group was asked to define the current characteristics of the ACVIM training programs that should be retained. The group identified the following:

- 1. Perceived value and pride in our status as specialists.
- 2. Maintenance of Certification (MOC) program.
- 3. Concept of milestones as integral to competency-based learning.
- 4. Job Task Analyses (JTAs) as the basis for assessment.
- 5. Events like this workshop to support the engagement of an informed stakeholder coalition.
- 6. Ombuds support

The group then engaged in a "pre-mortem," in which the group was asked to envision what could lead to failure in this effort to redesign training. They identified the following potential challenges:

- 1. Lack of commitment from specialties to a shared set of competencies and requirements as is necessary to create a sustainable, collective College.
- 2. Suboptimal communication for the rationale for change to stakeholders.
- 3. Insufficient funding.
- 4. Inadequate efforts to garner buy-in from members and candidates.
- 5. Underestimation of the time and effort required to enact these changes.
- 6. Resistance to change.
- 7. Poor/disorganized change implementation.
- 8. Insufficient understanding of generational differences in learning and work-life balance.
- 9. Perception that leaders don't step up to contribute, spearhead and sustain the outcome of the work.

Lastly, the group was encouraged to focus future efforts within areas that reside within the ACVIM circle of influence. While the dialogue revealed numerous areas of concern, focusing the work in areas where the ACVIM can have the greatest influence will have the greatest impact.

## **Summary and Next Steps**

The ACVIM Leadership Convening on the Future of Training yielded important tangible and intangible outcomes, including the following:

- Stakeholders were able to contribute to and build a shared understanding of the specialty training environment.
- A roadmap of key questions and criteria was developed and will inform a revision to training program standards, which is expected to take place over the next 18-months.
- Participants recommitted to the value of being part of a single College comprised of six specialties, rather than working in specialty-based silos.
- A coalition of leaders willing to champion the importance of this change effort was established.
- Current, former and future ACVIM leaders were able to connect and collaborate on an issue of critical importance.

## About the ACVIM Leadership Convening

The ACVIM Leadership Convening is an annual structured opportunity for members of the ACVIM community to guide the execution of the ACVIM mission and strategic objectives. The participants include ACVIM committee and task force chairs, Diplomates, residents, and members of the Board of Regents and staff. The 2023 convening was co-created and led by Joshua Mintz of CHP Mintz, LLC.

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