Competencies across the Continuum

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AWARE
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Disclosures

- I have no disclosures
Agenda

- Objectives
- Background
- Competencies
- Assessment
- Future directions
Objectives

- Learn the six ACGME competencies
- Describe how to write goals and objectives for curriculum in competency based language
- Give examples of competencies in undergraduate, graduate and continuing medical education curriculum
Background

- Medical College Admissions Test (MCAT)
- Liaison Committee on Medical Education (LCME)
- United States Medical Licensing Exam (USMLE)
- American Council on Graduate Medical Education (ACGME)
- American Board of Medical Specialties (ABMS)
Training and Licensing Exams: Do They Predict Practice

Admission → Medical School Training → Licensing Exam → Postgraduate Training → Certifying Exam → Practice
Are Assumptions About Medical Training and Licensure Correct?
1999 joint committee of ACGME and ABMS
Developed six competencies
Common requirements for all residency programs in 2002
Use in board certification
Competency

The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served.

Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA 2002
Competencies

The competencies represent areas of *skill and knowledge* that residents are expected to demonstrate before graduation. . .The competencies act as *organizing principles* for the curricula of all core specialty programs.
Competencies – Dreyfus Model

- **Novice**
  - Abstract principles
  - Situations are equal relevant parts
  - Detached observer

- **Expert**
  - Concrete experience
  - Situations are whole with certain relevant parts
  - Involved participant
ACGME Competencies

- Patient care
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Practice Based Learning
- Systems Based Practice
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
MILLER'S PRISM OF CLINICAL COMPETENCE (aka Miller's Pyramid)

it is only in the "does" triangle that the doctor truly performs

Based on work by Miller GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9): 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)
Describe what is meant by cardiac risk and why it’s important (KNOWS)

Describe what to do if the cardiac risk is high (KNOWS HOW)

Demonstrate the use of the cardiac risk calculator (SHOWS)

Demonstrate appropriate clinical care based on cardiac risk (SHOWS/DOES)
Develop a course

- Anatomy of the Shoulder (KNOWS)
- Performance of the Shoulder Exam (KNOWS)
- Performance of a Shoulder Injection (KNOWS)
- Algorithm for Shoulder Injections (KNOWS HOW)
- Shoulder Exam and Injection Practice (SHOWS/DOES)
Use for learners

- Early learner – (KNOWS) – Learns and then can describe why is it important to hear patient’s concerns, ideas
- Later learner – (KNOWS HOW) – Learns and then can describe what language should be used to elicit this information from patients
- Experienced learner – (SHOWS/DOES) – Demonstrates eliciting information from patient
Competency language

- “Action” words
- Examples
  - Demonstrate
  - Differentiate
  - Describe
  - List/recite
  - Identify
Objectives rewritten

- List the six ACGME competencies
- Describe how to write goals and objectives for curriculum in competency based language
- Demonstrate writing curriculum objectives using the ACGME competencies in undergraduate, graduate and continuing medical education curriculum
Outcomes and Assessment

- Outcomes for each competency or objective
- Assessment for each outcome
### Examples of assessments

<table>
<thead>
<tr>
<th>Competency</th>
<th>Assessment Method</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>OSCE, direct observation, chart review, patient surveys</td>
<td>Program director, faculty, patient/family member</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>In-training exam, chart review</td>
<td>Program director, faculty</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td>OSCE, direct observation, patient surveys</td>
<td>Program director, faculty, patient/family member</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Direct observation, patient surveys</td>
<td>Program director, faculty, patient/family member</td>
</tr>
<tr>
<td>Practice Based Learning</td>
<td>Chart review, resident experience narrative</td>
<td>Program director, faculty, resident</td>
</tr>
<tr>
<td>Systems Based Practice</td>
<td>Resident portfolios, direct observation</td>
<td>Program director, faculty, residents</td>
</tr>
</tbody>
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# Patient Surveys

<table>
<thead>
<tr>
<th>Description</th>
<th>Surveys to assess satisfaction with resident care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use</strong></td>
<td>Systems-Based Practice; Practice-Based Learning, Interpersonal and Communication; Professionalism</td>
</tr>
<tr>
<td><strong>Psychometric</strong></td>
<td>Reliability = .90</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
<td>Language and literacy; satisfactory number; distribution and collection; resident specific data vs. team data</td>
</tr>
<tr>
<td>Description</td>
<td>Review of patient’s record using a standardized abstracting form (paper or electronic)</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Use</td>
<td>Systems-Based Practice; Practice-Based Learning</td>
</tr>
<tr>
<td>Psychometric</td>
<td>Reliability &gt; .8</td>
</tr>
<tr>
<td>Challenges</td>
<td>Sufficient number of records with condition under study; established criteria, training of staff; resources</td>
</tr>
</tbody>
</table>
# Checklist Evaluation

<table>
<thead>
<tr>
<th>Description</th>
<th>Checklists of specific behaviors, activities or steps that make up a more complex competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use</strong></td>
<td>Practice-Based Learning (EBM); Interpersonal and Communication</td>
</tr>
<tr>
<td><strong>Psychometric</strong></td>
<td>Reliability = .7 - .8</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
<td>Development requires consensus by experts on behaviors, sequencing, and performance standards. Trained evaluators.</td>
</tr>
</tbody>
</table>
## Observed Structured Clinical Examination (OSCE)

<table>
<thead>
<tr>
<th>Description</th>
<th>Several standardized patient or task encounter stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Interpersonal and Communication</td>
</tr>
<tr>
<td>Psychometric</td>
<td>Depends on task</td>
</tr>
<tr>
<td>Challenges</td>
<td>Difficult and expensive to create and administer</td>
</tr>
</tbody>
</table>
Outcomes and Assessments

- Match assessment to outcome
- Consider structure, time, resources needed for assessment
- Continuous improvement of process
Milestones are specific benchmarks of skills, knowledge, and behaviors that each resident must achieve at certain identified stages of residency training.

There will be milestones for each of the six ACGME competencies.

Stages for milestones will be for beginning resident, junior resident, senior resident, graduating resident, and personal physician.
<table>
<thead>
<tr>
<th>Milestone</th>
<th>6 months</th>
<th>9 months</th>
<th>18 months</th>
<th>30 months</th>
<th>Potential Evaluation Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical data gathering</td>
<td>Acquire accurate &amp; relevant history from pt in an efficiently customized, prioritized &amp; hypothesis driven fashion</td>
<td>Seek &amp; obtain appropriate, verified, &amp; prioritized data from secondary sources (eg family, records, pharmacy)</td>
<td>Obtain relevant historical subtleties that inform &amp; prioritize both differential diagnoses and diagnostic plans</td>
<td>Role model gathering subtle and reliable information from the pt for junior members of the health care team</td>
<td>Standardized patient Direct observation</td>
</tr>
<tr>
<td>Performing physical examination</td>
<td>Perform an accurate physical exam that is appropriately targeted to pt’s complaints &amp; medical conditions</td>
<td>Accurately track important changes in the physical exam over time in the outpatient &amp; inpatient setting</td>
<td>Demonstrate &amp; teach how to elicit important physical findings for junior members of the health care team</td>
<td>Routinely identify subtle or unusual physical findings that may influence clinical decision making</td>
<td>Standardized patient Direct observation Simulation</td>
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Questions?
Contact

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