ACGME Competencies

Faculty Development Series
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Outline
1. What are the 6 Competencies and where did they come from?
2. How do you teach them?
3. How do you evaluate them?

For:
Faculty
Residents
Program directors
Residents

General Competencies
1. Patient Care
2. Interpersonal and Communication Skills
3. Medical Knowledge
4. Practice-Based Learning and Improvement
5. Professionalism
6. Systems-Based Practice

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ACGME Outcomes Project
• Teach each of the 6 competencies
  – (courses, ward teaching etc.)
• Evaluate the 6 competencies
  – (develop evaluations that fit each competency)
• Show improvement in the 6 competencies
  – (plan interventions and evaluate again)

Required of all residencies and fellowships.

Where Did the 6 Competencies Come From?
• Managed Care, HMOs
  – Graduates did not understand cost effective environment with focus on population health
• Complex Government and Insurance Regulations
• Medical Errors
  – IOM report: “48000 to 90000 die every year of medical errors”
• Quality
  – IOM report: Poor quality of care, regional variation, neglect of guidelines
  – Evidence based medicine
• Businessification of Medicine
  – Concerns about professionalism
  • Drs. Adopting business ethic, lucrative consultancies, indicted academics etc
  • Committees
<table>
<thead>
<tr>
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</thead>
<tbody>
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</tr>
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**Where Do the Topics in the Competencies Come From?**

These topics are well established with national organizations, annual meetings, and a body of literature:

- Continuous Improvement: (QI) e.g. TQI, QI, Six Sigma
- Medical Systems
- Medical Decision Making (MDM), Cost Effectiveness
- Evidence-Based Medicine (EBM)
- Medical Informatics
- Epidemiology, Medical Statistics
- Population Medicine
- Prevention
- Medical Interviewing
- Procedural Skills
- Teaching Residents to Teach
- Diversity
- Medical Ethics

- Exciting topics with new developments – but who’s to teach them?

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**1. Patient Care**

Residents must provide patient care that is compassionate, appropriate, and effective --

- Caring and respectful behaviors when interacting with patients and their families (Medical Ethics)
- Interviewing (Medical Interviewing)
- Informed decision making (MDM)
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology (Informatics)
- Perform competently all procedures (Procedural Skills)
- Preventive health care services (Prevention)
- Work in a team

- Evaluation in development

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**2. Interpersonal and Communication Skills**

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds;
- Communicate effectively with physicians, other health professionals, and health-related agencies;
- Work effectively as a member or leader of a health care team or other professional group;
- Act in a consultative role to other physicians and other health professionals; and
- Maintain comprehensive, timely and legible records.

- Evaluation present but not well validated

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**3. Medical Knowledge**

Knowledge in field, including

- Investigatory and analytic thinking (MDM, Statistics, EBM)
- Knowledge and application of the basic and clinical sciences.

- Evaluation methods well established

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**4. Practice-Based Learning and Improvement**

- Analyze own practice for needed improvements (TQI, QI)
- Use evidence from scientific studies (EBM)
- Apply research and statistical methods (Statistics)
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness (Epidemiology, Cost Effectiveness)
- Use information technology (Informatics)
- Facilitate the learning of others (Teaching Residents to Teach)

- Evaluation not well developed
5. Professionalism

- Compassion, integrity and respect for others;
- Responsiveness to patient needs that supersedes self interest
- Accountability to patients, society and the profession; and
- Sensitivity and responsiveness to a diverse patient population. (Diversity)

   - Evaluation mostly by exception

6. Systems-Based Practice

- Work effectively in various health care delivery settings and systems;
- Coordinate patient care within the health care system;
- Incorporate considerations of cost-awareness and risk benefit analysis in patient care (MDM)
- Advocate for quality patient care and optimal patient care systems;
- Work in interprofessional teams to enhance patient safety and improve patient care quality; (QI, patient safety) and
- Participate in identifying system errors and in implementing potential systems solutions. (QI)

Medical Outcomes Project

10 year timeline
1. Teach the six competencies
2. Evaluate residents’ competencies
3. Demonstrate continuous improvement

How to Teach the Competencies

- As part of patient care
- Lectures, online courses, reading
- Conferences, exercises
  - e.g., M&M, hospital committees, studies of own patient care (urol), visiting speakers (e.g., GR on chd), journal club
- Special activities
  - Orientation, symposia, visitors etc.

- Teaching: Need teachers excited and knowledgeable about these fields
- For RC—documentation is everything (topic, attendance)

Teaching Competencies:
COM Online Courses for Residents

330. House Officer Teaching Skills
331. Medical-Legal Issues
332. Quality of Care, EBM & Stats
333. Professionalism
333a. Strategies for Physician-Patient Communication
334. Healthcare Economics (Systems)
334a. Personal Finance
334b. Billing & Documentation
335. Medical Ethics
Teaching Competencies: Orientation Topics

- Malpractice
- Medical Informatics
- Fatigue and Working Conditions (SAFER)
- Quality Improvement
- Impaired Physicians
- Licensure
- Hospital Systems
- Error and Safety
- Patient Relations

Evaluation of Competencies

- Starting point
  - In-service exams, rotation evaluations, subjective reports,

Types of Evaluation

Feedback
- “Formative” evaluation
- Constructive criticism
- Relative (better than last time, improving)
- Examples:
  - Coaching
  - Tips, guidance

Evaluation
- “Summative” evaluation
- Judgment
- Compared to a standard or to peers (B+, 99th percentile)
- Examples:
  - Grade, checklist rating
  - Exam score

Evaluation Toolbox

- Record review
- Chart stimulated recall
- Checklist forms
- Global ratings
- Standardized patients
- OSCEs
- 360° Assessment
- Portfolios
- Exams
- Case logs

On the ACGME Website: www.ACGME.org. Go to Outcome Project

TOOLBOX OF ASSESSMENT METHODS®

A Product of the Joint Initiative

ACGME Outcomes Project
Accreditation Council for Graduate Medical Education
American Board of Medical Specialties (ABMS)

360° Evaluation

- Surveys of people who work with the resident
  - Nurses
  - Other residents
  - Students
  - Other health professionals
  - Staff
- Given as feedback to resident to help improve
  (however – there are few studies of its value in medical education, esp. re effective changes)
Self Assessment

- Inventories of important skills and accomplishments
- Resident judges progress and goes over assessment with the program director

Objective Structured Clinical Examination (OSCE)

- Encounter stations lasting 10-15 minutes
- Each station designed to observe and assess specific task
- Widely used
  (Many studies of effectiveness and generalizability)

Portfolios

- Collection of “products” of education
- Prepared by the resident
- May include
  - Personal and professional goals
  - Learning objectives
  - Logs of procedures, cases
  - Case summaries
  - Documented achievements
  - Etc.
  (Most studies are descriptive)

Tailoring Evaluation to the Competency
Strategies for Creating Evaluations

- Understand what is to be learned
- Involve faculty
- Involve residents
- Import successful techniques, forms, from other programs
- Pool expertise with other program directors
- Outcome research projects
- Visiting experts, consultants
- Grants
- RIME journal club

Don’t reinvent the wheel if you don’t need to.

Issues for Designing Evaluations

- Evaluation should be useful and result in measurable improvement
- Evaluation emphasis should be proportional to importance of topic. (Evaluation can drive the curriculum)
- Involve residents in design and feedback

Caveats

- Much of the enthusiasm for the competencies is still process-based rather than evidence-based
- Some of the newer evaluation methods are still unproved:
  - e.g., 360° Assessment, Portfolios
- Some of the competencies have not been clearly shown to improve with current methods:
  - e.g., professionalism, interpersonal communication

Caveats (2)

- Many faculty are not up-to-date or don’t do some of the competencies they should role-model or teach:
  - e.g., EBM, systems based practice, practice based improvement, MDM, preventing medical errors, professionalism

Professional Development Strategies for Faculty

- Faculty Educational Portfolio
  - Evaluation design
  - Project leadership
  - Creating online resources
- Reports, Papers, Posters
  - General Medical Journals, JAMA etc
  - Journals in your specialty
- Presentations
  - AAMC; RIME, GEA, Central GEA, GRA, ACGME
  - International medical education meetings: AMEE etc
  - Specialty meetings
Questions / Comments