ACGME Competencies

Faculty Development Series
October, 2007
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Associate Dean for Graduate Medical Education
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
ACGME 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
General Competencies

1. 
2. 
3. 
4. 
5. 
6. 
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
ACGME Outcomes Project

• **Teach** each of the 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.
Importance of the Competencies: Practical Considerations

- All residents must have training and evaluation in all 6 competencies

- All rotations must have written goals and objectives arranged according to the competencies

- Other groups are using the ACGME competencies model: JCAHO, CMSS, ABMS, medical school curriculum
Where Did the 6 Competencies Come From?
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)
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
Where Do the Topics in the Competencies Come From?

_These topics are well established with national organizations, annual meetings, and a body of literature but had not been a regular part of the curriculum._

- 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?
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
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*
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
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)
  - Evaluation?
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
  – (best, but means we need to learn about the topics)

• Lectures, online courses, reading

• Conferences, exercises
  – e.g., M&M, hospital committees, studies of own patient care (urology), 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

336: Practice-based Learning and Improvement
336a: House Officer Teaching Skills
336b: Evidence-based Medicine, Statistics, Quality of Care
337: Interpersonal and Communication Skills
338: Professionalism
338a: Introduction to Professionalism
338b: Medical Ethics
339: Systems-based Practice and Improvement
339a: Medical/Legal issues:
339b: Healthcare Economics
339c: Billing and Documentation
340: Taking Care of Yourself
**My Announcements**

No system announcements have been posted today.

*Authentic Physician-Patient Communication*
- Welcome
- Welcome!

*Blackboard Training*
- Welcome!
- *What Now in Blackboard*

*Bloodborne Pathogens Renewal 2005*
- Compliance with the Federal Standard is Required by Law.
- Welcome to the University of Nebraska Medical Center (UNMC) and The Nebraska Medical Center Bloodborne Pathogen (BBP) and Tuberculosis (TB) interactive program!

*Health Care Economics*
- Welcome

*House Officer Teaching Skills*
- Welcome

*Medical Ethics*
- Welcome

*Medical-Legal Issues*
- Welcome

**My Courses**

Courses you are teaching

*Authentic Physician-Patient Communication*
- Welcome
- Welcome!

*Health Care Economics*
- Welcome

*House Officer Teaching Skills*
- Welcome

*Medical Ethics*
- Welcome

*Medical-Legal Issues*
- Welcome

*Quality of Care, Evidence Based Medicine and Medical Outcomes*
- Welcome
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**

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>• “Formative” evaluation</td>
<td>• “Summative” evaluation</td>
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<tr>
<td>• Constructive criticism</td>
<td>• Judgment</td>
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<tr>
<td>• Relative (better than last time, improving)</td>
<td>• Compared to a standard or to peers (B+, 99&lt;sup&gt;th&lt;/sup&gt; percentile)</td>
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<tr>
<td>• Examples:</td>
<td>• Examples:</td>
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<tr>
<td>– Coaching</td>
<td>– Grade, checklist rating</td>
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<tr>
<td>– Tips, guidance</td>
<td>– Exam score</td>
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</table>
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
### ACGME Competencies: Suggested Best Methods for Evaluation

<table>
<thead>
<tr>
<th>Required Skill</th>
<th>Record Review</th>
<th>Chart Stim. Recall</th>
<th>Checklist</th>
<th>Global Rating</th>
<th>SP</th>
<th>OSCE</th>
<th>Simulations &amp; Models</th>
<th>360° Global Rating</th>
<th>Portfolio</th>
<th>Exam MCQ</th>
<th>Exam Oral</th>
<th>Procedure or Case Logs</th>
<th>Patient Survey</th>
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<tr>
<td>Caring and respectful behaviors</td>
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<td>Interviewing</td>
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<td>Informed decision-making</td>
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<td>Develop &amp; carry out pt. Management plans</td>
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<td>Counsel &amp; educate pt.’s. &amp; families</td>
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<td>Performance of procedures</td>
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<td>a) Routine physical exam</td>
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<td>b) Medical procedures</td>
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<td>Preventive health services</td>
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<td>Work within a team</td>
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the most desirable; 2 = the next best method; and, 3 = a potentially applicable method.
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<td>Investigatory &amp; analytic thinking</td>
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<td>Knowledge &amp; application of basic sciences</td>
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<td>Analyze own practice for needed improvements</td>
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<td>Use of evidence from scientific studies</td>
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<td>Application of research and statistical methods</td>
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<td>Use of information technology</td>
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<td>Facilitate learning of others</td>
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<td>Listening skills</td>
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<tr>
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<th>Evaluation Methods</th>
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<tbody>
<tr>
<td></td>
<td>Record Review</td>
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<tr>
<td>Respectful, altruistic</td>
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<td>Ethically sound practice</td>
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<td>Sensitive to cultural, age, gender, disability issues</td>
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<tr>
<td>Understand interaction of their practices with the larger system</td>
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<tr>
<td>Knowledge of practice and delivery systems</td>
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<td>Practice cost-effective care</td>
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<td>Advocate for patients within the health care system</td>
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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
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