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Texas Tech University HSC El Paso
Paul L Foster School of Medicine.
Program Director’s Training Course.
PDTC–7: ACGME Core Competencies; Education and Assessment.
The Six Competencies

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice
- Practice Based Learning and Improvement
Competencies

- Common definitions
- Specialty specific definitions
- Need to develop specific evaluation tools for each
- Based on these tools, adjustments to the curriculum need to be performed
Medical Knowledge

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, social-behavioral sciences, as well as the application of this knowledge to patient care
- The concept of CME needs to be emphasized
- Educational objectives:
  - Help residents develop efficient ways to obtain medical information
  - Help them focus on valuable sources of medical information such in clinical practice guidelines
  - Faculty needs to be aware of MK goals and objectives
  - Objectives should be measurable by the behaviors
  - Quizzes, in training exams, bedside questioning
Patient Care

- Should be compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

- Multiple elements including
  - H&P, Assessment and Plan
  - Cultural competency and sensitivity
  - Communication skills verbal and written
  - Use of IT
  - Use of social services
  - Pursue patient safety
Patient Care

Educational objectives: in different clinical settings:

- Surgical suite: on proper surgical procedures
- Hospital:
  - Morning reports
  - Hospital rounds
  - Multidisciplinary conferences
- Ambulatory care:
  - Clinic rotations
  - Continuity clinics
  - Opportunity for direct observation
- Case conferences:
  - Exercise to discuss different patient care approaches
  - M&M helps to identify errors in a constructive manner
# Healthcare Matrix for a Patient with Pregnancy and Disseminated Intravascular Coagulopathy

<table>
<thead>
<tr>
<th>ACCESSION</th>
<th>SAFE</th>
<th>TIMELY</th>
<th>EFFECTIVE</th>
<th>EFFICIENT</th>
<th>EQUITABLE</th>
<th>PATIENT-CENTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. PATIENT CARE</strong></td>
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</tr>
<tr>
<td>(Overall Assessment)</td>
<td>Despite direct medical attention, patient died of hemorrhagic shock</td>
<td>Life-saving treatment was delayed for variety of reasons</td>
<td>Delays in treatment impaired effectiveness of therapy</td>
<td>Resources (blood products, staff time) were not utilized in an efficient manner</td>
<td>Did patient's ethnicity, socioeconomic, education status influence the level of care she received? Did the time of night influence care?</td>
<td>Patient was not adequately assessed of her own health problems and did not participate fully in her care decisions</td>
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<tr>
<td><strong>II. MEDICAL KNOWLEDGE</strong></td>
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<tr>
<td><strong>III. INTERPERSONAL AND COMMUNICATION SKILLS</strong></td>
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<tr>
<td>(What must I say)</td>
<td>Safety is jeopardized unless team members are fully apprised of patient's condition (blood loss following delivery, vital signs, plans for intervention)</td>
<td>Orders (blood cross match) must be prioritized and fully implemented in a timely fashion.</td>
<td>Effectiveness of life-saving intervention depends on effective communication between team members.</td>
<td></td>
<td>Must communicate patient's condition and intended interventions (blood transfusion, emergency hysterectomy), and in a way that is understandable and useful to the patient, respecting patient autonomy,</td>
<td></td>
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<tr>
<td><strong>IV. PROFESSIONALISM</strong></td>
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<tr>
<td>(How must I act)</td>
<td>System must ensure that appropriate medical personnel are notified when needed to ensure safety in life-threatening medical condition.</td>
<td>During postpartum bleeding, type &amp; cross match must be drawn, sent, and verified promptly. Failure to do so threatens life.</td>
<td>Failures to draw, send, and verify cross match blood sample jeopardizes effectiveness of life-saving therapy.</td>
<td></td>
<td>Professional duty to accompany critically ill patient to the OR to ensure safety, and to expedite therapy.</td>
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<tr>
<td><strong>V. SYSTEM-BASED PRACTICE</strong></td>
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<tr>
<td>(On whom do I depend and who depends on me)</td>
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</tr>
<tr>
<td><strong>VI. PRACTICE-BASED LEARNING AND RESEARCH</strong></td>
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<tr>
<td>(How must I improve)</td>
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</tbody>
</table>

## Improvement

- **Policy and procedure changes** for M&M/Child in trouble
- ** guidelines for communicating urgent/emergent request for Anesthesiology consultation**
- **Departmental Teaching Conference on management of parturients with D.L.C.**
- **Procedure outlined for fastest prep for OR**
- **Increased awareness of need to consider patient-centeredness even in emergent or crisis situations. Communication with father/family members when appropriate and possible.**

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*Figure 1. The use of the Healthcare Matrix to analyze a complex episode of care that took place in the course of 18 hours and involved a life-threatening situation is described in Example 1. The most important cells are outlined. ACGME, Accreditation Council for Graduate Medical Education; IOM, Institute of Medicine; IV, intravenous; OR, operating room. The IOM dimensions of care and the ACGME Core Competencies are explained in the legend for Figure 2.*
<table>
<thead>
<tr>
<th>Resident name:</th>
<th>Patient care competency</th>
<th>Date:</th>
</tr>
</thead>
</table>
| Assessment and evaluation | Inadequate history
Performs minimal examination
Major omission in data collection | Obtains necessary information
Performs basic examinations
Able to interpret data | Obtains extensive historical information
Performs complete physical examination
Performs assessment and integrates data beyond training level |
| Ability to develop rapport with patients | Frequently unable to engage patient in interview
Disrespectful | Makes patient comfortable so that they will engage in conversation
Respectful of patient | Very respectful to patients
Patient obviously feels comfortable
Works well even with difficult patients |
| Treatment planning | Difficulty assimilating historical and examination data into a practical treatment plan | Satisfactory ability to assimilate data into a practical treatment plan | Excellent ability to assimilate data into a practical treatment plan
Maximize outcomes |
| Pharmacotherapy | Has little concept in appropriate use of medication
Oblivious to drug interaction | Inconsistently uses medication
Poor appreciation of drug interaction | Prescribes standard medication at reasonable doses
Appropriate monitoring of drug treatment and common side-effects
Appropriately monitors and treats side-effects | Excellent prescriptions of medications
Alert to side-effects and drug-to-drug interaction beyond training level |
| Patient communication and education | No communication with patients or family
Patient often confused about treatment
No informed consent | Patient and family sometimes unclear or confused about treatment
Technical terms overused | Consistently explains diagnosis, treatment risks, and benefits in terms understandable to patients and families
Always considers input and preferences of patients
Able to establish rapport even with difficult patients | Adapts style to satisfy all patients
Elicits confidence even with difficult patients
Ability beyond expected level of training |
| Management of the operative patient | Often takes patient to OR without appropriate workup (history, examination, lab)
Handles tissue roughly
Inadequate postoperative care
No informed consent | Significant factors missed in preoperative evaluation
Inadequate consent
Sometimes handles tissue roughly
Superficial in post-operative care | Appropriate pre-operative preparation
Handles tissue appropriately
Consent accurate and complete | Patient always appropriately prepared for OR
Handles tissue appropriately
Consent accurate and complete
Excellent post-operative care |
| Comments: | | |
| Resident signature: | | Program Director signature: |

Source: A Practical Guide to Teaching and Assessing the ACGME Core Competencies, HCP, Inc. Reprinted with permission of Gary Smith, EdD.
Interpersonal and Communication Skills

- Two skill sets:
  - Communication:
    - Verbal, non verbal, and written
    - With patients and families
    - Health care personnel
  - Interpersonal:
    - Teamwork
    - Comforting patients
    - Ability to accept criticism
    - Ability to perceive others’ reaction to you
Interpersonal and Communication Skills

Educational objectives:

- Avoid:
  - Patient abandonment
  - Devaluation of patients view point
  - Lack of patient understanding of information given by physician
  - Failure to understand the patient’s perspective

- Promote:
  - Show respect and good communication skills with anyone you interact with.
  - Maintain consistent behavior including during stressful times
  - Self reflect on good and poor outcomes

Teaching formats:

- Small group discussions, lectures, simulation, role modeling
Practice Based Learning and Improvement

- Self life long learning and quality improvement
- Educational objectives:
  - Identify strengths and weaknesses
  - Have learning objectives and performance goals.
  - Engage then apply then check for improvement then engage again and do on
  - Learning activities: books, videos, simulation.
  - Emphasize need for home study
  - Use quality improvement methods
  - Instruct faculty to give feedback to residents
  - Have residents develop teaching skills (RAT)
Systems-Based Practice

- Awareness and responsiveness to the larger context and system of healthcare and to call on the resources in the system.

- Educational objectives:
  - Advocacy for patient care improvement
  - Coordination of patient care with the system
  - Education of cost of caring: medications, coding, etc.
  - Work with teams to improve patient care
  - Participate in identifying errors and provide solutions
Professionalism

“Doing the right thing”
Ethics.

Educational objectives:
  ◦ Commitment
    • To improve his or her personal character, more than only rule following
      • Technical: just follow the local culture
      • Non reflective: believe in them but behavior not displayed
    • Compassionate and responsive
  ◦ Adherence:
    • Care is a continuum
  ◦ Sensitivity:
    • Competency to care for a diverse patient population
Professionalism

- **Tools:**
  - Recognition of excellent professional behavior
  - Code of conduct
  - Professionalism and mission statement
  - Role modeling
  - Peer evaluations
- **Unacceptable behaviors:**
  - Dishonesty
  - Substance abuse
  - Sexual misconduct
  - Lack of self-learning
<table>
<thead>
<tr>
<th>Honesty/Integrity</th>
<th>Inappropriate (Too little)</th>
<th>Appropriate</th>
<th>Inappropriate (Too much)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Truthfulness</td>
<td>☐ Misrepresents position/status; misuses resources; falsifies data, plagiarizes, cheats, lies</td>
<td>☐ Displays honesty, forthrightness, and trustworthiness</td>
<td>☐ Displays insensitivity and tactlessness</td>
</tr>
</tbody>
</table>

| 2. Adherence to ethical principles | ☐ Engages in unethical behavior (e.g. acceptance of inappropriate gifts, violation of professional boundaries, theft, fraud); overlooks inappropriate behavior in colleagues | ☐ Models ethical behavior; confronts or reports inappropriate behavior in colleagues | ☐ Appears sanctimonious and intolerant; finds fault |

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Inappropriate (Too little)</th>
<th>Appropriate</th>
<th>Inappropriate (Too much)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Punctuality</td>
<td>☐ Is late; misses deadlines</td>
<td>☐ Is punctual; meets deadlines</td>
<td>☐ Emphasizes timelines at expense of thoroughness</td>
</tr>
</tbody>
</table>

| 4. Compliance    | ☐ Ignores policies, procedures, rules, and regulations; does not attend required sessions | ☐ Follows policies, procedures, rules, regulations; attends required sessions | ☐ Displays inflexibility; rigidly relies on rules to point of obstructionism |

| 5. Responsibility | ☐ Avoids responsibility and work | ☐ Appropriately assumes responsibility; asks for help when necessary | ☐ Assumes too much responsibility, unable/unwilling to delegate |

<p>| 6. Accountability | ☐ Makes excuses; displaces blame; resists feedback; appears defensive | ☐ Admits errors; accepts responsibility for actions; seeks and incorporates feedback | ☐ Appears afraid to act for fear of making errors; assumes blame inappropriately; requires constant reassurance and feedback |</p>
<table>
<thead>
<tr>
<th>Respect for others</th>
<th>Inappropriate (Too little)</th>
<th>Appropriate</th>
<th>Inappropriate (Too much)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Appearance</td>
<td>Displays poor hygiene; wears dirty/sloppy clothes</td>
<td>Maintains neat personal appearance</td>
<td>Appears to dress to draw attention to self, although neat, dress is inappropriate for the occasion</td>
</tr>
</tbody>
</table>

| 8. Interactions    | Appears insecure; unable to act independently | Respects authority and other professionals; appears appropriately confident; inspires trust | Appears arrogant, overconfident, and demeaning |

| 9. Teamwork        | Does not participate | Works well with others | Appears dominant, authoritarian, uncooperative, and overbearing |

| Altruism           | Inappropriate (Too little) | Appropriate | Inappropriate (Too much) |

| 10. Concern for others | Inappropriate (Too little) | Appropriate concern for others; unwilling to extend self | Shows appropriate concern for others; goes the extra mile without thought of reward | Appears selfless to point of taking needless risks |

<table>
<thead>
<tr>
<th>Empathy</th>
<th>Inappropriate (Too little)</th>
<th>Appropriate</th>
<th>Inappropriate (Too much)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Compassion</td>
<td>Exhibits little compassion for others; at times appears cold, indifferent, and “heartless”</td>
<td>Can put self “in others’ shoes” but still maintain objectivity</td>
<td>Appears emotionally over-responsive and unduly empathetic, resulting in an inability to be objective or effective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment to excellence</th>
<th>Inappropriate (Too little)</th>
<th>Appropriate</th>
<th>Inappropriate (Too much)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Goal-setting</td>
<td>Appears aimless and educationally adrift</td>
<td>Sets and achieves realistic goals</td>
<td>Sets unachievable goals</td>
</tr>
<tr>
<td>13. Motivation</td>
<td>☐ Sets low standards of achievement and appears complacent</td>
<td>☐ Seeks additional knowledge and skills and strives for excellence</td>
<td>☐ Appears overly competitive; perfectionist</td>
</tr>
</tbody>
</table>

14. Comments: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of resident __________________________________________ Date __________

__________________________________________________________________________

Signature of faculty member or program director ______________________ Date __________

*Source: Department of Obstetrics and Gynecology, Carolinas Medical Center.*

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Figure 6.5: Sample post-graduate year–1 evaluation form

### Resident name: ____________________________ Rotation dates: ____________ Date of evaluation: ____________

**Hospital/Rotation:** (List hospitals and rotations here)

**Evaluation done by:**
- **Group:** ____________
- **Signature of group scribe:** ____________
- **Individual:** ____________
- **Name of evaluator:** ____________
- **Signature:** ____________

**Type of Evaluation:**
- **Mid-term**
- **Final**

**Amount of Contact Time:**
- **Daily regular contact**
- **Frequent contact (3–6/wk)**
- **Occasional contact (1–2/wk)**
- **Infrequent contact (2–5/mo)**

**Overall Rating:**
- **Satisfactory performance**
- **Adequate performance**
- **Needs significant improvement**
- **Unsatisfactory performance**

Please rate the resident on the following competencies. You will need to explain any outstanding or unsatisfactory choices.

#### PATIENT CARE

<table>
<thead>
<tr>
<th></th>
<th>Little or no contact</th>
<th>Skilled</th>
<th>Skill emerging</th>
<th>Skills need significant improvement</th>
<th>Skills not apparent</th>
<th>Skill decrement to below level of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates good interviewing skills</td>
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<tr>
<td>Obtains a complete history and physical exam</td>
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<tr>
<td>Demonstrates initial history appropriate for level of training</td>
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<tr>
<td>Demonstrates ability to develop and execute patient care plans appropriate for level of training</td>
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#### INTERPERSONAL & COMMUNICATION SKILLS

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<thead>
<tr>
<th></th>
<th>Little or no contact</th>
<th>Skilled</th>
<th>Skill emerging</th>
<th>Skills need significant improvement</th>
<th>Skills not apparent</th>
<th>Skill decrement to below level of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively with attending and team</td>
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<tr>
<td>Communicates effectively with other healthcare professionals</td>
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<tr>
<td>Effectively documents practice activities appropriate to level of training</td>
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<tr>
<td>Supervises and teaches students</td>
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#### PRACTICE-BASED LEARNING AND IMPROVEMENT

<table>
<thead>
<tr>
<th></th>
<th>Little or no contact</th>
<th>Skilled</th>
<th>Skill emerging</th>
<th>Skills need significant improvement</th>
<th>Skills not apparent</th>
<th>Skill decrement to below level of training</th>
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<tbody>
<tr>
<td>Demonstrates a desire to learn</td>
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<tr>
<td>Demonstrates the ability to learn from practice</td>
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<tr>
<td>Critiques personal practice outcomes appropriate to level of training</td>
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<tr>
<td>Demonstrates a recognition of the importance of lifelong learning in surgical practice</td>
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<tr>
<td>Seeks and responds to feedback</td>
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#### PROFESSIONALISM

<table>
<thead>
<tr>
<th></th>
<th>Little or no contact</th>
<th>Skilled</th>
<th>Skill emerging</th>
<th>Skills need significant improvement</th>
<th>Skills not apparent</th>
<th>Skill decrement to below level of training</th>
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<tbody>
<tr>
<td>Demonstrates a commitment to continuity of patient care</td>
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<tr>
<td>Displays a sense of responsibility and respect to patients, families, staff and peers</td>
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<tr>
<td>Maintains a professional appearance</td>
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<tr>
<td>Demonstrates cultural sensitivity</td>
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</table>

#### SYSTEMS-BASED PRACTICE

<table>
<thead>
<tr>
<th></th>
<th>Little or no contact</th>
<th>Skilled</th>
<th>Skill emerging</th>
<th>Skills need significant improvement</th>
<th>Skills not apparent</th>
<th>Skill decrement to below level of training</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates a knowledge of risk-benefit analysis appropriate to level of training</td>
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#### MEDICAL KNOWLEDGE & CLINICAL SKILLS

<table>
<thead>
<tr>
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<th>Skills not apparent</th>
<th>Skill decrement to below level of training</th>
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<tr>
<td>Critically evaluates and demonstrates knowledge of pertinent scientific information</td>
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<td>Demonstrates appropriate clinical skills for level of development</td>
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<tr>
<td>Applies knowledge appropriately</td>
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### Strengths: ____________________________

### Weaknesses: ____________________________
Summary

- An essential component of GME
- Need to develop solid evaluation tools
- Need to continuously improve on these tools
- Will need to show outcomes at your site visit
End of Presentation