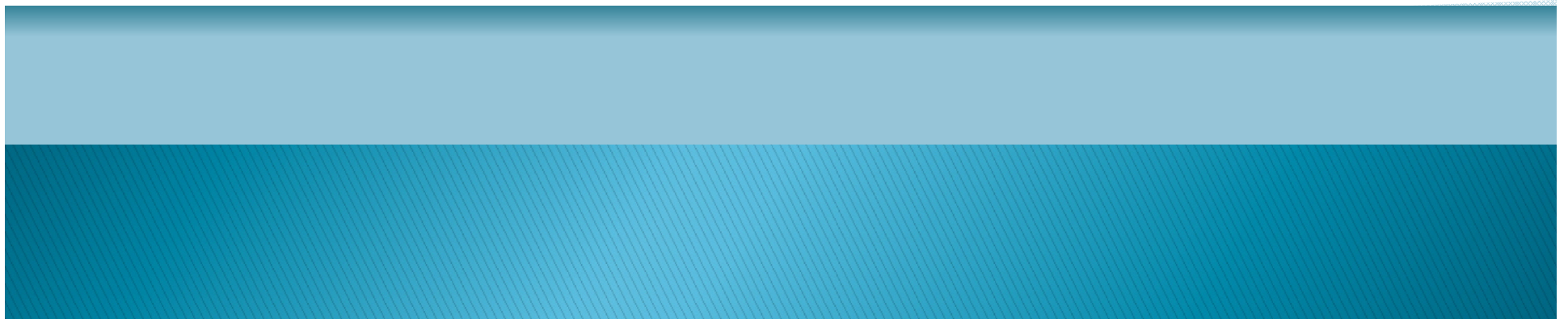
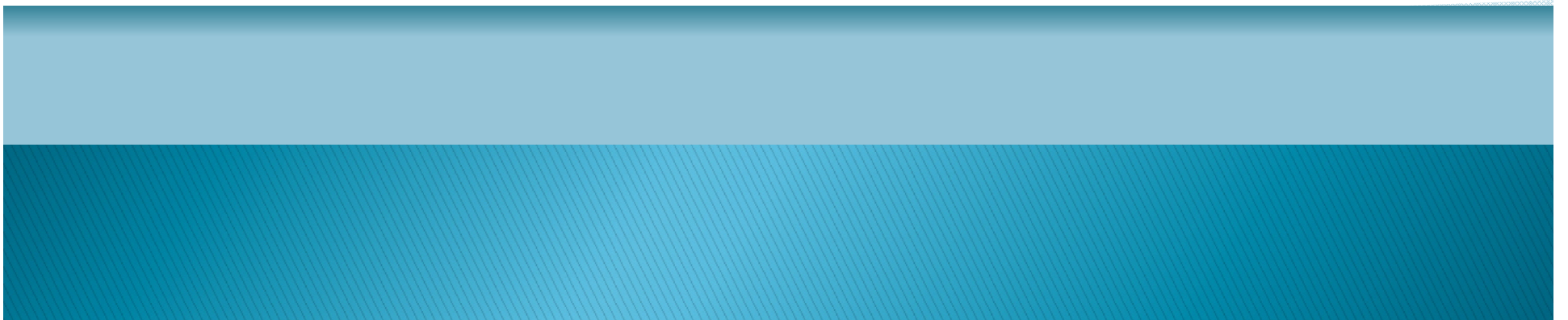


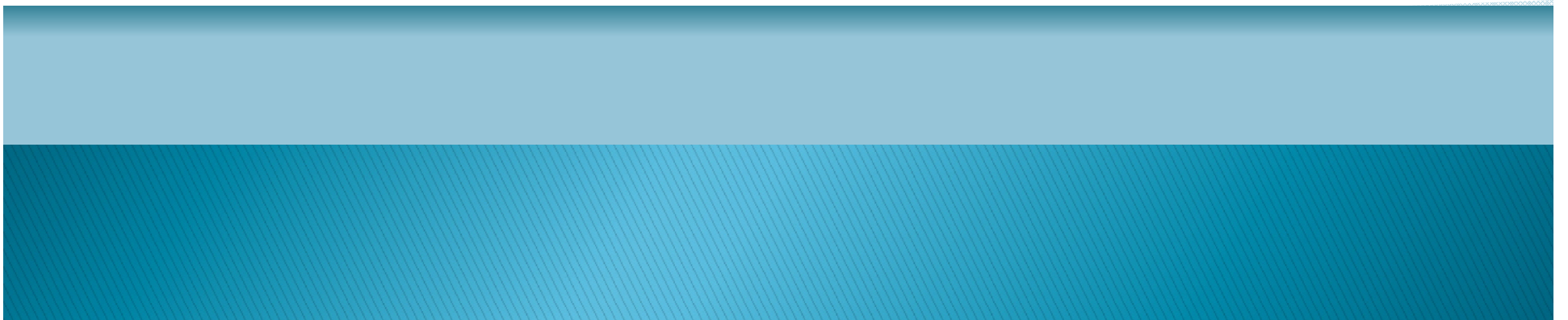
Armando D. Meza M.D.
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Program Director's Training Course.



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

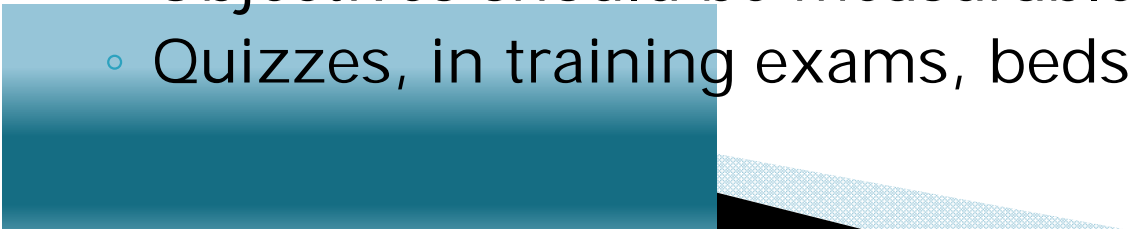


Competencies

- ▶ 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

ACGME \ IOM	SAFE ¹	TIMELY ²	EFFECTIVE ³	EFFICIENT ⁴	EQUITABLE ⁵	PATIENT-CENTERED ⁶
Assessment of Care						
I. PATIENT CARE⁷ (Overall Assessment)	Despite direct medical attention, patient nearly died from hemorrhagic shock	Life saving treatment was delayed for variety of reasons	Delays in treatment impaired effectiveness of therapy	Resources (blood products, staff time) were not utilized in an efficient manner.	Did patient's ethnicity, socio-economic, education status influence the level of care she received? Did the time of night influence care?	Patient was not adequately apprised of her own health problems and did not participate fully in her care decisions
II. a. MEDICAL KNOWLEDGE⁸ (What must I know)	Priorities in hemorrhagic shock are ABC: ensure oxygen delivery, support BP, aggressive IV resuscitation, treat cause	Hemorrhagic shock is life-threatening emergency: Prompt diagnosis, recognize urgency, initiate therapy, incl. timely transport to OR. Diagnosis was made late. No urgency to treat. Delay in contacting Anesth. Inadequate assistance in transport to OR	D.I.C. in pregnancy: Physiology, diagnosis, causes, treatment, Regional v. General Anesth? Post resuscitation pulmonary edema. Hypocalcemia due to massive transfusion. Invasive monitoring indications. Pharmacology of uterotonic drugs.	Survival in postpartum hemorrhage requires aggressive IV resuscitation: always consider combining procedures (start 2 nd IV while drawing blood sample for transfusion cross match).		
II. b. INTERPERSONAL AND COMMUNICATION SKILLS⁹ (What must I say)	Safety is jeopardized unless team members are fully apprised of patient's condition (blood loss following delivery, vital signs, plans for intervention).	Orders (blood cross match) must be prioritized and fully implemented in a timely fashion.	Effectiveness of life-saving intervention depends on effective communication between team members.	Communications of a defensive or argumentative nature are counter-productive to efficient and sage care. The focus should be patient care, with analysis of misunderstandings at a later time.		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.
II. c. PROFESSIONALISM¹⁰ (How must I act)			Professional duty to accompany critically ill patient to the OR, to ensure safety, and to expedite therapy.		Patient's ethnic, socio-economic, "service patient" status should have no effect on quality of care.	Professional duty to attempt to preserve patient autonomy (make sure patient understands situation and interventions)
II. d. SYSTEM-BASED PRACTICE¹¹ (On whom do I depend and who depends on me)	System must ensure that appropriate consultants are notified when needed to ensure safety in life-threatening medical condition.	During postpartum bleeding, type & cross match must be drawn, sent, and verified promptly. Failure to do so threatens life.	Failures to draw, send, and verify cross match blood sample jeopardizes effectiveness of life-saving therapy.		Standard of care should not vary due to differences in staffing that results from time of day / night (availability of lab medicine physician, timely transport of blood samples, adequate number & expertise of obstetrics, anesthesiology, & nursing staff)	
Improvement						
III. PRACTICE-BASED LEARNING AND IMPROVEMENT¹² (How must I improve)	Policy and procedure changed for Mom/Child in trouble	Revise the criteria for and system of communicating urgent/emergent request for Anesthesiology consultation	Departmental Teaching Conference on management of parturient with D.I.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.
© Bingham, Quinn Information Technology						

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 of 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.

Patient care competency					
Resident name: _____			Date: _____		
Assessment and evaluation	Inadequate history Performs minimal examination Major omission in data collection	Some omissions Lacks supporting details Difficulty in interpreting data	Obtains necessary information Performs basic examinations Able to interpret data	Obtains extensive historical information Performs complete examinations Effectively integrates 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	Has frequent difficulty in engaging patient in interview	Makes patient comfortable so that they will engage in conversation Respectful of patient	Very respectful to patients Makes patient comfortable so they talk easily Able to elicit cooperation with patients even in difficult situations	Very respectful to patient Patient obviously feels comfortable Works well even with difficult patients
Treatment planning	Difficulty assimilating historical and examination data into a practical treatment plan	Needs significant help to formulate a practical treatment plan	Satisfactory ability to assimilate data into a practical treatment plan	Excellent ability to assimilate data into a practical treatment plan	Outstanding 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	Prescribes more than just the standard medication appropriately 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 Considers patient input and preferences	Always explains diagnosis, treatment risks, and benefits in terms understandable to patients and family 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 Appropriate post-operative care	Patient always appropriately prepared for OR Handles tissue appropriately Consent accurate and complete Excellent post-operative care	Patient always appropriately prepared for OR Handles tissue appropriately Consent accurate and complete Functions beyond level of training
Comments: _____					
Resident signature: _____			Program Director signature: _____		

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



Figure 6.4: Sample professionalism assessment form

Honesty/Integrity	Inappropriate (Too little)	Appropriate	Inappropriate (Too much)
1. Truthfulness	<input type="checkbox"/> Misrepresents position/status; misuses resources; falsifies data, plagiarizes, cheats, lies	<input type="checkbox"/> Displays honesty, forthrightness, and trustworthiness	<input type="checkbox"/> Displays insensitivity and tactlessness
2. Adherence to ethical principles	<input type="checkbox"/> Engages in unethical behavior (e.g. acceptance of inappropriate gifts, violation of professional boundaries, theft, fraud); overlooks inappropriate behavior in colleagues	<input type="checkbox"/> Models ethical behavior; confronts or reports inappropriate behavior in colleagues	<input type="checkbox"/> Appears sanctimonious and intolerant; finds fault

Responsibility,	Inappropriate (Too	Appropriate	Inappropriate (Too
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reliability, and accountability	little)		much)
3. Punctuality	<input type="checkbox"/> Is late; misses deadlines	<input type="checkbox"/> Is punctual; meets deadlines	<input type="checkbox"/> Emphasizes timelines at expense of thoroughness
4. Compliance	<input type="checkbox"/> Ignores policies, procedures, rules, and regulations; does not attend required sessions	<input type="checkbox"/> Follows policies, procedures, rules, regulations; attends required sessions	<input type="checkbox"/> Displays inflexibility; rigidly relies on rules to point of obstructionism
5. Responsibility	<input type="checkbox"/> Avoids responsibility and work	<input type="checkbox"/> Appropriately assumes responsibility; asks for help when necessary	<input type="checkbox"/> Assumes too much responsibility, unable/unwilling to delegate
6. Accountability	<input type="checkbox"/> Makes excuses; displaces blame; resists feedback; appears defensive	<input type="checkbox"/> Admits errors; accepts responsibility for actions; seeks and incorporates feedback	<input type="checkbox"/> Appears afraid to act for fear of making errors; assumes blames inappropriately; requires constant reassurance and feedback

Respect for others	Inappropriate (Too little)	Appropriate	Inappropriate (Too much)
7. Appearance	<input type="checkbox"/> Displays poor hygiene; wears dirty/sloppy clothes	<input type="checkbox"/> Maintains neat personal appearance	<input type="checkbox"/> Appears to dress to draw attention to self; although neat, dress is inappropriate for the occasion
8. Interactions	<input type="checkbox"/> Appears insecure; unable to act independently	<input type="checkbox"/> Respects authority and other professionals; appears appropriately confident; inspires trust	<input type="checkbox"/> Appears arrogant, overconfident, and demeaning
9. Teamwork	<input type="checkbox"/> Does not participate	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Appears dominant, authoritarian, uncooperative, and overbearing

Altruism	Inappropriate (Too little)	Appropriate	Inappropriate (Too much)
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	little)		much)
10. Concern for others	<input type="checkbox"/> Concern for self appears to supersede concern for others; unwilling to extend self	<input type="checkbox"/> Shows appropriate concern for others; goes the extra mile without thought of reward	<input type="checkbox"/> Appears selfless to point of taking needless risks

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

Commitment to excellence	Inappropriate (Too little)	Appropriate	Inappropriate (Too much)
12. Goal-setting	<input type="checkbox"/> Appears aimless and educationally adrift	<input type="checkbox"/> Sets and achieves realistic goals	<input type="checkbox"/> Sets unachievable goals

13. Motivation	<input type="checkbox"/> Sets low standards of achievement and appears complacent	<input type="checkbox"/> Seeks additional knowledge and skills and strives for excellence	<input type="checkbox"/> Appears overly competitive; perfectionist
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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 _____ Amount of _____ Daily regular contact _____ Overall Rating: _____ Satisfactory performance
 _____ Final _____ Contact Time: _____ Frequent contact (3-4x/wk) _____ Adequate performance
 _____ Occasional contact (1-2x/wk) _____ Needs significant improvement
 _____ Infrequent contact (2-3x/mo) _____ Unsatisfactory performance

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

PATIENT CARE	Little or no contact	Skilled	Skill emerging	Skills need significant improvement	Skills not apparent	Skill decrement to below level of training
Demonstrates good interviewing skills						
Obtains a complete history and physical exam						
Demonstrates manual dexterity appropriate for level of training						
Demonstrates ability to develop and execute patient care plans appropriate for level of training						

INTERPERSONAL & COMMUNICATION SKILLS	Little or no contact	Skilled	Skill emerging	Skills need significant improvement	Skills not apparent	Skill decrement to below level of training
Communicates effectively with attending and team						
Communicates effectively with other healthcare professionals						
Effectively documents practice activities appropriate to level of training						
Supervises and teaches students						

PRACTICE-BASED LEARNING AND IMPROVEMENT	Little or no contact	Skilled	Skill emerging	Skills need significant improvement	Skills not apparent	Skill decrement to below level of training
Demonstrates a desire to learn						
Demonstrates the ability to learn from practice						
Critiques personal practice outcomes appropriate to level of training						
Demonstrates a recognition of the importance of lifelong learning in surgical practice						
Seeks and responds to feedback						

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

SYSTEMS-BASED PRACTICE	Little or no contact	Skilled	Skill emerging	Skills need significant improvement	Skills not apparent	Skill decrement to below level of training
Demonstrates a knowledge of risk-benefit analysis appropriate to level of training						

MEDICAL KNOWLEDGE & CLINICAL SKILLS	Little or no contact	Skilled	Skill emerging	Skills need significant improvement	Skills not apparent	Skill decrement to below level of training
Critically evaluates and demonstrates knowledge of pertinent scientific information						
Demonstrates appropriate clinical skills for level of development						
Applies knowledge appropriately						

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

