Competencies Overview

Why ?

- At one time medical education was based on an apprentice model
  - See one, do one , teach one
- Schools emerged , licensure set a threshold
- Boards set added qualifications
  - Oral exams replaced by MCQs
  - Written tests examine knowledge and not other skills
    - Eg communication, practice patterns, skill based activities, etc
- Competency-based education swept other professions – medicine just the latest
- Isn't going away
- Competencies are being implemented across the continuum of learning

What?

- Also known as "Outcomes Project" by the ACGME

- Premise
  - Do we define what the residents are to learn rather than just assigning them to rotations designed based on service needs
  - Do the residents achieve the objectives
  - How does the program prove the objectives are met
    - Takes more than a MCQ test to confirm, peer review, patient review, skills demonstration, proof of experiences (portfolio) etc
  - Show how the program takes this evidence of accomplishment of objectives (or not) and improves program

- Do not go any further until you are sure you get the 4 points above !!!

Why You?

- From the preceding slide you can see that the programs can't accomplish this without you – and if they don't accomplish it they lose accreditation

- So we are stuck together in the same boat of improving your program by evaluating you in a number of ways and using that evaluation to improve programs (of course that's the whole point)
  - As an aside you are involved in doing the same thing with you by reflecting on your practice (Practice-based Learning) and understanding how you and your actions fit into and are part of a bigger system (Systems-based Practice)

- So – to accomplish this – YOU have to know about and help drive further development and usage of the Competencies
  - We are all in it together and "it" isn't going away

OK – What Are They?

- There are Six – memorize this list!
  - Patient Care
  - Medical Knowledge
  - Interpersonal & Communication Skills
  - Practice-based Learning
  - Professionalism
  - Systems-based Practice
- Some are adding a 7th Competency – procedural Skills (e.g. simulation)
  - LSU has made a substantial investment in this area

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There's More!

- Each competency area has "sub-competencies"
- Read through the following slides as an overview

Patient Care

- 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 are expected to:

  1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.

  2. Gather essential and accurate information about their patients.

  3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.

  4. Develop and carry out patient management plans.

  5. Counsel and educate patients and their families.

  6. Use information technology to support patient care decisions and patient education.

  7. Perform competently all medical and invasive procedures considered essential for the area of practice.

  8. Provide health care services aimed at preventing health problems or maintaining health.

  9. Work with health care professionals, including those from other disciplines, to provide patient-focused care.

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Medical Knowledge

- Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

    1. Demonstrate an investigatory and analytic thinking approach to clinical situation.

    2. Know and apply the basic and clinically supportive sciences, which are appropriate to their discipline.

PRACTICE – BASED LEARNING AND IMPROVEMENT

- Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
    1. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
    2. Locate, appraise and assimilate evidence from scientific studies related to their patients' heath problems.
    3. Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
    4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
    5. Use information technology to mange information, access on-line medical information; and support their own education.
    6. Facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

1. Create and sustain a therapeutic and ethically sound relationship with patients.

2. Use effective listening skills, elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

3. Work effectively with others as a member or leader of a health care team or other professional group.

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PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

3. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

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Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. Understand how their patient care and other professional practices affect other health care professionals, the health are organization, and the larger society and how these elements of the system affect their own practice.
2. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
3. Practice cost-effective health care and resource allocation that does not compromise quality of care.
4. Advocate for quality patient care and assist patients in dealing with system complexities.
5. Know how to partner with health care mangers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

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Yeah, Yeah, Yeah…

I know – you say we already do all that and this is just a lot of paper chasing paper

- Read back over the list – are you sure all of the other residents (not you of course) are getting all of it
  - Have you ever seen a resident lose their temper?
  - Are there some you might not trust?
  - Are there some that "fly under the radar?"
  - Have you ever witnessed lees than ideal treatment of a patient or communication?
  - Is there a rotation or experience that you really think you program should have but doesn't?
  - Don't you wish the program would do something about those problem residents and faculty?
- One can go on and on but we all know some (certainly not you) residents get through the system without being perfect in all the preceding areas or even having major knowledge gaps
- So how do we prevent it if we haven't even defined what you should learn, haven't developed a truly effective way to measure it and don't use the results of our evaluations to make the program better (eg get rid of bad faculty)

Summary

- So we are all in it together
- You need to work with your program and Chief Residents to be sure you have a competency-based curriculum with real evaluation of the six competencies and that the program uses that information to improve itself.
- You will be evaluated in a number of ways bedsides just the routine written test and paper evaluations
  - E.g. case logs, 360 evaluations, skills labs results, evidence of scholarly activity
- A lot of this material will be collected by you and can be kept in one place. When you do that you have begun assembling what is called a Portfolio. Its is kind of a physical proof of the learning and evaluation experiences you have
- Portfolios will become as important as CVs in the future.
- The next module will go into more detail about several of the competencies

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The main premise behind the competencies include all but which of the following:

a. Employing competency-based curricula

b. Using multi-faceted evaluation systems

c. Quality improvement activities of the program based on outcome data

d. Defining case specific parameters.

The six competencies include all but which of the following:

a. Patient Care
b. Medical Knowledge
c. Procedural Training
d. Interpersonal & Communication Skills
e. Practice-based Learning
f. Professionalism
g. Systems-based Practice

As you proceed through your professional life which of the following will become increasingly important in documenting your competence:

a.   Portfolios
b.   computer profiles
c.   Referral patterns
d.   Time on task

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