

MOVIN' ON UP!

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Resident Competency Evaluations

▶ Objectives

- Discuss rationale for the competency evaluations
- Review ACGME requirements
- Ready or not at WVU
- Future directions
- Conclusions
- Questions



Rationale

- ▶ Several years ago, concerns were raised about the means of determining the competence of Residents and Fellows.
- ▶ Tradition of William Osler at Johns Hopkins
 - Variable amount of time in training
 - Graduation at the discretion of Dr. Osler



Rationale

- ▶ No organized set of requirements from institution to institution
- ▶ System subjective and had the potential for abuse
 - Sadly one law suit did arise during the late 1990's surrounding this very topic



Rationale

- ▶ ACGME began to examine the “goals and objectives” within programs
 - Ambiguity
 - Variability
 - Level of detail
- ▶ Program use of “probation”
 - Stigma
 - “remediation”



Rationale

- ▶ ACGME final evaluation of all residents
 - Programs certify that the graduates are proficient in the fundamentals of general surgery
 - Competent to enter practice without direct supervision



ACGME Guidelines

- ▶ 2011 Standards
- ▶ VI.D.4.
 - The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.



ACGME Guidelines

- ▶ VI.D.4.a
 - The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- ▶ VI.D.4.b.
 - Faculty members functioning as supervising physicians should delegate portions of patient care to residents, based on the needs of the patient and the skills of the residents.



ACGME Guidelines

- ▶ VI.D.4.c.
 - Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the resident or fellow.



ACGME Guidelines

- ▶ From this... “Ready or Not”
 - Supplemental correspondence sent to programs for the establishment of a standardized assessment of the skills of interns as they finish the first year and assume the role of supervising junior residents.
 - No specific requirements given
 - Various means to address this requirement



Ready or Not at WVU

- ▶ Inaugurated in the spring of 2011
- ▶ Looked to assess the competence and potential for supervision of our 'graduating' interns
- ▶ Desire for assessment across a variety of situations
- ▶ Need for immediate feedback and remediation if needed



Ready or Not at WVU

- ▶ Developed three areas for assessment
 - Patient Assessment
 - Supervision
 - Knowledge base
- ▶ Performed in a controlled environment
- ▶ Videotaped for documentation and education
- ▶ Opportunity for teaching one-on-one with faculty



Ready or Not at WVU

- ▶ Developed a bank of items deemed critical to the faculty within the various divisions of surgery
- ▶ Development of questions related to the critical items
 - Feedback from faculty in the development of the questions
- ▶ Creation of scenarios



Patient Assessment Scenario

- ▶ Residents are given standardized information on the patient they are going to assess
- ▶ Standardized responses to resident questioning
- ▶ Observed and graded during the session
- ▶ Videotaped for feedback to the resident
 - Allows for quick action if there is a major issue to be addressed



Patient Assessment Scenario



Supervision Scenarios

- ▶ Assume the role of supervising a junior during common procedures and situations
- ▶ Shown standardized video representations of these situations



Procedure Supervision Scenario



Procedure Supervision Scenario

- ▶ Residents are asked to comment on the situation they just witnessed



Procedure Supervision Scenario

- ▶ During the preparation for the procedure, what errors (if any) are committed in the video? How would you instruct a junior resident to prepare for this procedure?
- ▶ During the Course of the procedure, what errors (if any) are committed in the video? How would you instruct a junior resident to perform this procedure?
- ▶ After the line has been placed, what errors (if any) are committed in this video? How would you instruct a junior resident to complete this procedure?



Ward Emergency Scenario



Ward Emergency Scenario

- ▶ When a tracheostomy becomes dislodged, what are the immediate steps that must be taken to care for the patient? What errors (if any) are made in the initial steps displayed in the video in caring for this patient?
- ▶ What materials/equipment are important to have available for immediate use when a tracheostomy has been dislodged?
- ▶ List the key errors displayed in this video during the management of the dislodged trach, and comment on the appropriate steps that should have been performed.



Written Evaluation

- ▶ You are called by the ICU for a patient with new onset atrial fibrillation with rapid ventricular response. The patient is maintaining his blood pressure and is lucid. What is your process for evaluating and controlling A-Fib with RVR? What is the work-up?



Written Evaluation

- ▶ Nausea in a 65 year-old male after emergent colon resection that is refractory to common anti-emetics, should raise concern for what? What is the work-up?



Assessment Review

- ▶ The final phase of this evaluation is direct teaching of the residents with a faculty member
- ▶ Allows for dialogue with the residents
- ▶ Performed in a group setting
 - May review videos
 - May address critical areas
 - Knowledge is shared among the residents



Lessons Learned

- ▶ Pilot program labor intensive at the outset
- ▶ Few national standards
- ▶ Video capabilities very important
- ▶ Well received by residents
- ▶ Limit the issues displayed in the supervision videos
- ▶ Requires time investment for completion



Future Directions

- ▶ Expand question bank
- ▶ Utilize computer technology to assist in grading the short answer responses
- ▶ Develop a review board of faculty to evaluate the resident performance
- ▶ Expand the ‘Ready or Not’ philosophy to the other classes
- ▶ Develop national standards
- ▶ Certification similar to FLS



Conclusions

- ▶ Novel approach to satisfying the ACGME requirements
- ▶ Though approached with some hesitance by residents, it is well received
- ▶ Opportunity to bring William Osler's foundations for surgical education into the modern era



Questions?

