

# Working on Compliance with the Competencies

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Association of Residency Coordinators in  
Surgery

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# What is Competence Practically?

- The ability of the physician to demonstrate their ability to use their knowledge, skills, and abilities in the real world of patient care

- Das/08

# The educational construct for program development

Objectives based upon the KSA's\* expected of a competent \_\_\_\_\_ resident physician (fill in the blank);

With performance-based activities (focus on outcomes);

Where evaluation matches the curricular objectives;

\*knowledge, skills, and abilities

# Construct, continued

- Requiring flexibility in the *individual* curriculum;
- Using a variety of learning strategies;
- Underscored by the principle that *both the faculty and the residents* know what is expected in the teaching-learning process;
- And where success = Demonstrated Graduate Competence
- Das/08

# What are the problems I have seen re' the Competencies?

- Clarity in definition;
  - ACGME selecting competencies that had not been previously identified;
  - Measuring complex cognitive activities; with subsequent
  - Challenges to professional autonomy.
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- Das/08

- This is not a paperwork exercise: what have you done to accomplish improvement in your Program? How robust are your evaluation processes?
- Das/08

# The Competencies

- Knowledge (K)\*
- Patient Care (PtC)\*
- Practice Based Learning & Improvement (PBLI)\*
- Interpersonal and Communication Skills (IP&C)\*
- Professionalism (P)\*
- Systems Based Practice (SBP)\*

- \* Acronyms used throughout to save space

# 1. Knowledge

- Defined as the cognitive content, psychomotor skills and affective abilities that are required of your specialty graduates to be a competent physician. The components differ, of course, among the specialties, so you must reference the details of your requirements to find exactly *what and how much* to place in your curriculum.



# Components of K

- A curriculum
- Competency based goals and objectives
- Planning
- Levels of education

# Components of K, cont.

- Descriptions of recurring didactics
  - Required formal didactics
  - Testing
  - Documentation
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- Das/08

# Methods/Applications of K

- Faculty teaching both in the classroom and clinic
  - Peer teaching (but residents doing all of the teaching)
  - Group work/teamwork activities
  - Skills education and reinforcement (skills lab, models, etc)
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- Das/08

# Methods of K, cont.

- Great faculty teaching
- Computer-based applications for didactics
- OSCE, etc
- Tests, written and oral, and oral tests associated with practicum activities
- Resident presentations
- Guided group discussions
- Das/08

# Documentation of K for the Site Visit

- Completed curriculum outlines
- Lecture outlines/handouts
- Syllabi
- Tests

- Das/08



## 2. Pt C

- Defined as:

The ability to provide compassionate, appropriate, and effective treatment of health problems and as well, the promotion of patient health.

# Components of PtC

- Block diagram of required clinical experiences
- Documentation of types of cases/diagnoses/experiences
- Numbers by procedure/category
- Policies describing resident responsibilities for activities and rotations, etc.



# Methods/Applications of PtC

- Technical skills w practice before actual
- Organizing assignments in a logical fashion from simple to more complex
- Data/descriptions of the breadth and complexity of experience in various assignments

# Methods/PtC, cont.

- Showing matching G&O with level in Program
- Documenting total patient care activities
- Showing how the assignments logically build on the assumption of graduated responsibility

- Das/08

# Documentation of PtC for the Site Visit

- Paperwork
  - Block Diagram/s
  - Descriptions of assignments with goals outlined and leveled
  - Data, for clinic sessions, etc.
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- Das/08

# PtC documentation, cont.

- Policies outlining pt care activities, and assumption of responsibility, etc.
  - Resident Handbook, other compendia
  - Supervision policy; reporting authority
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- Das/2008

# 3. PBLI

- Defined as the ability to:  
investigate and evaluate patient care ->  
assimilate scientific evidence ->  
improve patient care ->  
use information for self evaluation ->  
establish a life-long learning pattern.

# PGLI defined, cont.

Or, in short:

Holding a mirror to ourselves

(Ziegelstein, et al, Hopkins-Bayview)

- Das 2008

# Components of PBLI

- Self evaluation and reflection
- Quality improvement
- Use evidence-based medicine (EBI)\*
- Learn and practice teaching skills
- Develop the “professional practice self”

Das/2008

# Methods/Applications for PBLI

- Apply skills to a structured activity  
Develop small or large QI projects
- Demonstrate pt teaching skills
- Portfolio (personal writing)
- Sessions, e.g., in practice management and develop an associated clinical experience



# Documentation of PBLI for the site visit

- Write this as a program goal in your program description/philosophy
- Require a PBLI project in association with a resident assignment
- Semi annual evaluation meetings w residents
- Description and outcomes of an actual group project
- ABSITE examination (but, must close the loop)
- Das/08

# Documentation of PBLI, cont.

- Preparation of patient information documents for your clinic or other clinical area where pt teaching is needed
- Specific discussions related to a PBLI issue and improvement strategies
- Outcomes of M&M conference showing how PBLI principles were used to show real improvements in pt care (M&M/EBM)
- Resident/faculty activities in cross-dept improvement projects
- Annual retreat/program evaluation meeting

## 4. IP & C skills

- Defined as the ability to effectively exchange information (written and oral) and collaborate with others

# Components of IP & C

- Communicate across a breadth of socioeconomic backgrounds and cultures
- Communicate with other professionals
- Work in a team as a member or leader
- Consult with other health care professionals
- Maintain professional and legally defensible records

# Methods/Applications of IP &C

- Checklists documenting residents' abilities to communicate with pts
- Evaluation of ability to respond appropriately during consults with other physicians and professionals
- Education re' good teaching/presentation skills

# Methods/IP and C

- Teamwork training activities using simulations, OSCE, computer modules, etc.
- Discussions re' real issues/episodes in your clinical setting with proposed solutions
- Chart reviews/audits
- Pt information handouts prepared by residents
- Resident evaluation component (level? frequency?)
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# IP&C Documentation for a site visit

- Write this as a program goal in your program description/philosophy
- Requisite orientation session for all residents
- Preparation of patient information documents for your clinic or other clinical area where pt teaching is needed

# IPC, cont.

- Specific discussions related to communication matters with pts and colleagues
  - A useful component of the M&M conference if communication contributed to pt care problems
  - Resident/faculty activities in cross-dept improvement projects (perhaps hold for SBP)
  - Documentation of same
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- Das/2008



## 5. P

- Professionalism is defined as

A commitment to carrying out professional responsibilities and an adherence to ethical principles

# Components of P

- Compassion, integrity respect for others
- Pt care responsiveness superseding self-interest
- Keeping pt privacy

# Components of P, cont.

- Respecting pt autonomy
- **Accountability** (self, dept, pt, others)
- Sensitivity and responsiveness to diversity, cultures, ethnicity, .....

# Methods/Applications of P

- A required part of resident orientation
  - Small group work
  - Critical incident evaluations/discussions
  - Role modeling (much over-used)
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# Methods of P, cont.

- Computer modules
- Faculty development sessions
- A component of M&Ms
- OSCE
- Written exemplars/tests/discussion sessions

# Documentation of P for the site visit

- This should be strong Program theme described in your philosophy, goals of your Program, recruitment materials
  - Show experiential learning activities
  - Written material or computer modules
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# Documentation of P, cont.

- Multi-service presentations and discussions supported by multi-service evaluations
- Interactive conversations, esp. related to lapses
- Protocols for consequences due to repetitive behaviors
- Documented development sessions
- Das/2008

# SBP

- Defined as
- Physician awareness and responsiveness to the larger system of health care and the ability to call in system resources



# Components of SBP

- The various types of health care systems
- The practice setting
- Use of resources
- Costs
- Risk-benefit analysis

# Components of SBP, cont.

- System factors negatively (or positively) impacting pt care
- Identifying system errors
- Coordinating pt care
- Multidisciplinary work

# Methods/Applications for SBP

- Projects across the system
- Lecture/conference topics
- Committee membership
- Committee projects
- Advocacy activities in community/clinic
- QI Projects (if)
- M&Ms (if)
  
- Das/08

# Documentation of SBP for the site visit

- Think small first: projects, outcomes, improvements related to the inst/system
- Add a required component of your M&M Conferences (put this in your outline as an expectation)

# Documentation, SBP, cont.

- Consider Annual SBP lecture/session
  - Risk-benefit /costs projects
  - Data analyses projects
  - Interprofessional committees in institution
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Thank you

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