



## ACGME Outcome Project Update: Phase III and Beyond

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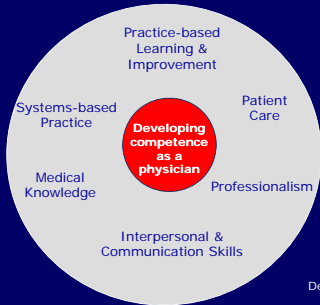
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## Goals of the Outcome Project



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## Goals of the Outcome Project



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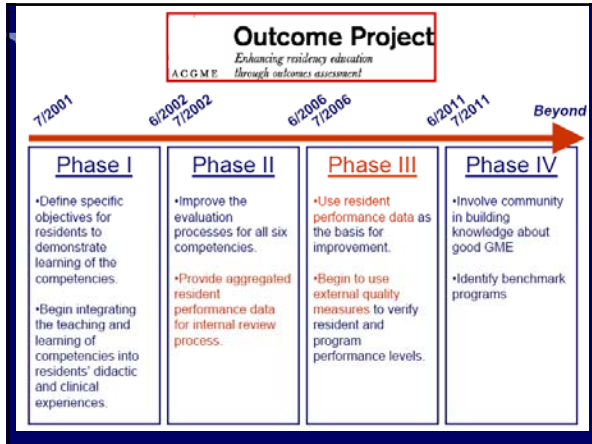
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**Phase 3 is HERE!!!!**

By 2008 residency programs are expected to be **collecting feedback** on their residents' performance from **at least one source external to the residency program**. This could be from patients and their families, other specialists who have sought consultations from residents or referred their patients, members of the care team from specialties other than the residents' own or from other health professions, or employers.

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**Assessment "Pearls"**

- Assess residents longitudinally
- Use multiple evaluations
- Use multiple evaluators who give different perspectives




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### And in the end...

You have enough data to “paint a picture” of competence



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### ACGME Outcome Project: Evaluations for most programs should include:

- Global assessments
- In-training exams
- Focused assessments (surgical, medical, communication)
- Professional associate/patient assessments
- Methods to record attainment of PBLI, SBP skills

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### A Core Assessment System

Method

Competency

Global Clinical Performance Ratings

All

Multi-source/360

ICS, Prof

Direct Focused Observation

PC, Prof, ICS

Case/Procedure Logs

PC

Cognitive

MK

Portfolio

All

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## Global Clinical Performance Ratings aka "End of Rotation" Evaluation

- Most common form of assessment in residency programs
- Align questions with key components of the competencies
- Most often ratings are inaccurate
- Add behavioral anchors
- Train faculty
- Least effective in predicting a "good doctor"

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## Behavioral Anchors

1	2	3	4	5
<b>Fail</b>	<b>Needs to Improve</b>	<b>Satisfactory</b>	<b>Above Expectations</b>	<b>Excellent</b>
Poorly Organized History	Misses important detail in history	Covers essential detail to construct differential diagnosis	Covers essential detail for diagnosis explores psychosocial issues	Covers essential detail for diagnosis; well focused history; explores psychosocial issues well

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## Multi source / 360

- Collection of views from colleagues/patients using structured rating forms
- Collated and used to make a judgement about performance
- Assumes that rater has both observed competence in question and can make a judgement about its quality

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## Direct Focused Observation The Most Important Form of Assessment



- Observation of Patient Care Encounter
- Observation of Procedural Skill

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## Model Assessment Summary

Assessment Method	Global Assessment	Observation and Focused Performance Assessment	Record-Based Performance Assessment	Professional Associate / Patient Assessment 360o	Cognitive Test	Portfolio of Work Products
<b>Competency</b>						
Patient Care	x	x	x			
Medical Knowledge	x				x	
Communication	x	x		x		
Professionalism	x			x		
Practice-Based Learning & Improvement	x					x
Systems-Based Practice	x			x		x

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*Example response demonstrating substantial compliance as suggested by Pediatrics*

Competency	Methods of Evaluation	Evaluator(s)
Patient Care	Global evaluation of competency-based objectives	Faculty attending physicians
	Observed history & physical using a checklist	Teaching attending on the general inpatient service
	Review of clinic and procedure logs	Clinic preceptors and Program Director, respectively
Medical Knowledge	Global evaluation of competency-based objectives	Faculty attending physicians
	Observation of a Journal Club with predetermined criteria for assessment	Program Director, Associate Program Director and Adolescent Attending
	American Board of Pediatrics In-Training Examination	Scores determined by Board but PD discusses scores and study plan with residents

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**Example response demonstrating substantial compliance as suggested by Pediatrics**

Competency	Methods of Evaluation	Evaluator(s)
Practice-based Learning & Improvement	Global evaluation of competency-based objectives	Faculty attending physicians
	Review of a quality improvement activity with <b>predetermined criteria for assessment</b>	Faculty expert in QI who serves as <b>mentor</b> for resident QI projects
	<b>Documented Self-assessment</b>	Resident
	Annual documented <b>learning plans</b>	Resident with <b>mentor guidance</b>
	<b>Observation</b> and documentation of teaching skills using a <b>checklist</b>	Primary care faculty

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**Example response demonstrating substantial compliance as suggested by Pediatrics**

Competency	Methods of Evaluation	Evaluator(s)
Interpersonal & Communication Skills	Global evaluation of competency-based objectives	Faculty attending physicians
	Evaluation by <b>patients</b> and allied health professionals using a <b>checklist</b>	Patients, nurses and other support staff in continuity clinic, PICU and NICU
Professionalism	Global evaluation of competency-based objectives	Faculty attending physicians
	Evaluation by <b>patients</b> and allied health professionals	Patients, nurses and other support staff in continuity clinic, PICU and NICU
Systems-Based Practice	Global evaluation of competency-based objectives	Faculty attending physicians
	<b>Review of written reflections</b>	<b>Faculty expert</b> in managed care who teaches this segment of curriculum
	Review of a <b>system process</b> activity using <b>predetermined criteria</b> for assessment	Director of PICU and M & M activities and Program Director

Other helpful resources from Pediatrics:  
[http://www.acgme.org/acWebsite/downloads/RRC\\_prorereg/320pedSubs01012007.pdf](http://www.acgme.org/acWebsite/downloads/RRC_prorereg/320pedSubs01012007.pdf)  
 See pages 21-25

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**Plus for Phase 3, we must evaluate...**

- Clinical Quality Indicators
  - Surgical complication rate
  - Scores on validated functional outcome questionnaires
  - % patients who stopped smoking after resident counseling
  - % patients who loss weight following counseling
- Patient Surveys

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## Plus .....

- Employee evaluations of our graduates
- Board passage rates




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## Benchmarks are Coming!

Evaluation Criteria	Meets Minimum Standard: Meets at Risk	Consistently Exceeds Criteria: Modests Risk	High Performance: Level of Risk	Program Assessment
USMLE Step 1 Minimum 80 percentile (national average) - residency program rate	80 percentile >= <60 percentile	80 percentile >= <75 percentile	75 percentile >= <100 percentile	
USMLE Step 2 Minimum 80 percentile (national average) - residency program rate	80 percentile >= <60 percentile	80 percentile >= <75 percentile	75 percentile >= <100 percentile	
In-service exam scores Minimum 80 percentile (national average) - residency program rate	80 percentile >= <60 percentile	80 percentile >= <75 percentile	75 percentile >= <100 percentile	
Board passage rate Minimum 80% (national average) - residency program rate	70% >= <75%	70% >= <75%	100%	
REC Cycle Length	3-4 year accreditation	3-4 year accreditation	5 year accreditation	
REC Criteria	NS	2-3	4-5	
Program completion rate Minimum 85% (national average)	80-85% Other	80-85% Other	85-90% Other	

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## Systems-based Practice

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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 optimal health care
  - Health care delivery system
  - Cost effective practice
  - Patient safety and advocacy
  - Systems causes of error




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## Systems-Based Practice



- Understanding the Health Care Delivery System
- Patient Advocacy
- Working in Inter-professional Teams
- Patient Safety

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## Pt Advocacy / Pt Safety

- Didactic sessions on legislative efforts in Health issues
- Discharge planning with interdisciplinary teams
- JCAHO training
- Didactic sessions on physician fatigue / sleepiness

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## Team Building / Leading

- Leadership skills for residents
- Discharge planning with interdisciplinary teams
- Interdisciplinary conferences

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## What does this look like in different specialties?

- **Health System**  
Internal Medicine – collaborative rounding; course on business aspects of medicine  
Surgery – identification of systems issues during M & M; in-situ simulation
- **Cost-effective health care**  
A & I – review of prescribing patterns of faculty and fellows; discussion and recommendations to pharmacy (re: formulary)  
Family Medicine – practice management curriculum

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## What does this look like in different specialties?

- **Patient Safety and Advocacy**  
 All – resident present root cause analysis of “near miss” or sentinel event  
 All – Link M & M conference to QI group projects
- **Teamwork**  
 Internal Medicine – collaborative rounding  
 All – training in Hand-offs or Crew Resource Management

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## SBP Content Areas

- Business of Medicine (see our on line modules)
- Medico-legal aspects of medicine
- Cost effectiveness
- Root cause systems-based analysis of error

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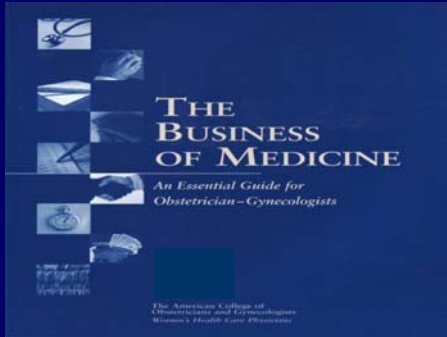
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## Business of Medicine

- Billing and coding curriculum
- Practice management seminars
- HIPAA training

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**Medical Economics Slide Presentations**

- [Business and Medicine 2006.ppt](#)
- [Business and Medicine 2006-III.ppt](#)
- [Business and Medicine 2006-IV.ppt](#)
- [Business and Medicine - II a.ppt](#)

! Copyright 1999-2004 Vinnette Corporation. All rights reserved

- [Business and Medicine - Quality-Safety.pdf](#)
- [Business and Medicine VIII.ppt](#)
- [Business Case for Patient Safety](#)
- [Business Curriculum - GROUP PRACTICE MODELS.ppt](#)

<https://intranet.utsouthwestern.edu/portal/site/medicaleconomics/>

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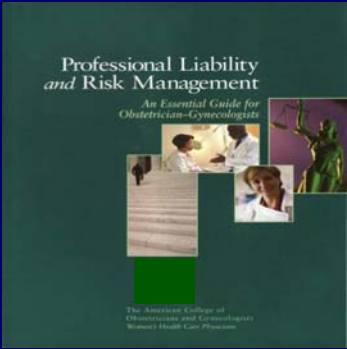
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**Medico-legal issues**

- Risk management discussions/ meetings
- Exercises in proper documentation/ charting/ dictations
- Mock depositions / trials
- Practice management discussions of types of professional liability insurance

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## PRACTICE COST EFFECTIVE CARE

- Record review
  - Utilization of practice guidelines
  - Utilization of ancillary services
- 360 Degree survey
  - Global assessment
  - Professional associate survey

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## Cost Effectiveness

- Reference listings of costs of common:
  - Drugs
  - Tests
  - Procedures
- Case based discussions of alternative treatment plans




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## Medical Errors and Near Misses: Performing a Root Cause Analysis

**Root cause analysis (RCA)** is a group of problem-solving methods aimed at identifying the underlying cause of problem/event. The practice of RCA is predicated on the belief that problems are best solved by attempting to correct or eliminate underlying causes, as opposed to merely addressing the immediately obvious symptoms.

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## Guiding Principles for RCA

- RCA is more effective than treating only the symptoms of a problem.
- RCA must be performed systematically
- Conclusions must be backed up by evidence.
- It is common to have more than one root cause for any given problem.

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1/2

- Form a Root Cause Analysis Team
- Identify Problem

3/4

- Gather information/evidence
- Determine the Root Causes & Contributing Factors

5/6

- Explore risk reduction & quality improvement strategies
- Implement designs

7

- Monitor and evaluate new system

Adapted from ACOG Committee on Patient Safety and Quality Improvement

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## Critical Incident

- Hypothetical or real clinical scenarios
- Anonymous or personal involvement
- Analyze system based issues
- Devise safeguards to prevent
- Review by attending and place in portfolio

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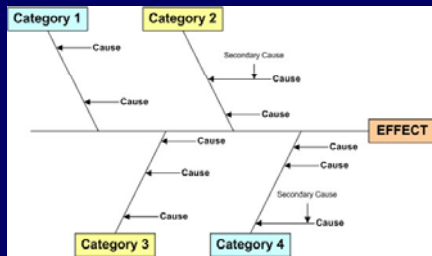
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## Medical Errors and Near Misses: Performing a Root Cause Analysis




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## SYSTEMS BASED QA/QI

- Identify problems that directly impact the system or a population of patients
- Identify a team of people to work on problem
- Identify systems resources needed to effect change
- Identify limitations on systems resources

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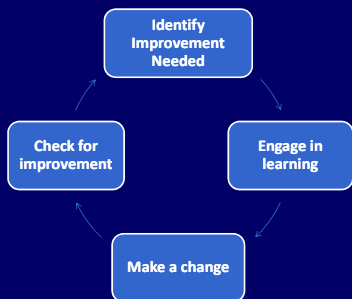
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## QA / QI Cycle




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## Quality Improvement

- List the activities in which residents actively participate to learn and apply QI principles, and identify those who oversee these activities.
- Example of a QI activity/project that residents have been involved: its development, goal, implementation, and evaluation of success.

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### SYSTEMS BASED QA /QI PROJECT

The chief resident on OB notes wide variability in handwritten postpartum orders and discharge orders for service patients with NSVD. He is concerned that patients may be sent home without needed Rhogam, birth control plans and/or scheduled follow up. He elects to undertake development of standardized patient care plans for routine NSVD postpartum and discharge orders.

1. Identifies team to develop protocols:  
MFM faculty, head nurse on PP, first year resident, CNMW, social worker
2. Develops fishbone diagram to sort out systems involved.
3. Protocols are developed and implemented throughout system.
4. Chief resident does chart audit of 20 random postpartum patients after discharge to monitor for completeness.

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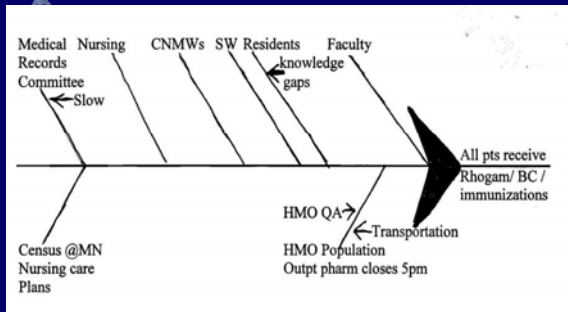
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**EVALUATION OF QA/QI PROJECT**

The resident chose a project that could significantly improve patient care / the medical environment.

UNSATISFACTORY	SATISFACTORY	SUPERIOR
1 2 3	4 5 6	7 8 9

The resident identified multiple systems impacting this issue.

UNSATISFACTORY	SATISFACTORY	SUPERIOR
1 2 3	4 5 6	7 8 9

The resident identified a team of people to address the issue.

UNSATISFACTORY	SATISFACTORY	SUPERIOR
1 2 3	4 5 6	7 8 9

The resident worked with the QA team and developed a well constructed plan to implement the necessary changes to achieve the goal.

UNSATISFACTORY	SATISFACTORY	SUPERIOR
1 2 3	4 5 6	7 8 9

The resident identified multiple resources within the healthcare system that would be necessary to achieve the goals of the project.

UNSATISFACTORY	SATISFACTORY	SUPERIOR
1 2 3	4 5 6	7 8 9

The resident identified how the results of the planned changes would be monitored to measure the success of the project.

UNSATISFACTORY	SATISFACTORY	SUPERIOR
1 2 3	4 5 6	7 8 9

Overall assessment of project.

UNSATISFACTORY	SATISFACTORY	SUPERIOR
1 2 3	4 5 6	7 8 9

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- ### Active Participation in QI
- Leads M&M presentations using a systematic approach
  - Unit, department or hospital QI meetings
  - Mentored project evaluating current quality indicators or an intervention to improve them, e.g.:
    - C/S rate, surgical site infection rate
    - Post-operative pain management
    - Pap smear and mammogram ordering

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- ### Systems-Based Practice Self Assessment
- Do residents actively participate in M & M?
  - Do residents have a **learning activity** that addresses:
    - **Cost containment**
    - **Risk-benefit analysis**
  - Do residents have a learning activity that addresses **inter-professional teamwork**?
  - Do residents have a learning activity that addresses **patient advocacy**?

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## Milestones of Competency



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## Milestones

- At the completion of training, the Milestones are the articulation of the level of performance expected at entry into the unsupervised practice in each specialty, and are the levels of clinical competence required to gain eligibility for certification.
- At earlier levels, they constitute “developmental” milestones to offer programs and the ACGME assurance that residents and fellows attain appropriate educational goals.

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