Clinical Evaluation of "Does": Recommendations*

- Plan an assessment program (i.e., multiple evaluations, multiple raters, multiple settings, identified times, faculty development).
  - Deliberate and arranged set of longitudinal assessment activities
  - Individual assessments maximally used to provide learner feedback (assessment for learning)
  - Aggregated assessment data used for higher stake decisions (assessment of learning); the higher the stakes, the more data needed
  - Expert professional judgment is imperative

Clinical Evaluation of Does*

- No assessment method can reliably measure the competencies separately from one another as separate constructs.
  - Competencies are interdependent.
  - Competence is not a stable trait (develops through experience) and is inherently subjective.
  - Raters’ expertise as clinicians and as raters not stable (develops through experience).
  - Assessment in the workplace is a social encounter (we are humans, after all!).

Clinical Evaluation of Does: Recommendations*

- Include multiple forms of workplace-based assessment tools (e.g., DOPS, Mini-CEX, CBD, MSF, PBA, OSATS) in the planned assessment program.
  - Tools with word descriptors, not numerical rating scales
  - Clear, performance-based descriptors of what is being judged and at what level
  - Recommend end-of-training be used as a common framework for judging levels
  - Avoid checklist-only tools; combine checklists with a global evaluation

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquires a general medical history</td>
<td>Acquires a basic physiatric history including medical, functional, and psychosocial elements</td>
<td>Acquires a comprehensive physiatric history integrating medical, functional, and psychosocial elements</td>
<td>Efficiently acquires and presents a relevant history in a prioritized and hypothesis driven fashion across a wide spectrum of ages and impairments</td>
<td>Gathers and synthesizes information in a highly efficient manner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seeks and obtains data from secondary sources when needed</td>
<td>Elicits subtleties and information that may not be readily volunteered by the patient</td>
<td>Rapidly focuses on presenting problem, and elicits key information in a prioritized fashion</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Models the gathering of subtle and difficult information from the patient</td>
</tr>
</tbody>
</table>

**Milestone**
Miller’s¹ Pyramid of Clinical Competence

1Miller, GE. Assessment of Clinical Skills/Competence/Performance. Academic Medicine (Supplement) 1990. 65. (S63-S67)
van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. Medical Education 2005; 39: 309–317
Miller’s\textsuperscript{1} Pyramid of Clinical Competence

- **Knows**: MCQ, Oral Examinations
- **Knows How**: MCQ, Oral Examinations, Standardized Patients
- **Shows How**: Structured Clinical Observation, Simulation, Standardized Patients, Standardized Mini CEX
- **Does**: Workplace Assessment: Clinical Observations, Multi-Source Feedback, Team Assessments, Operative (Procedural) Skill Assessments

\textsuperscript{1}Miller, GE. Assessment of Clinical Skills/Competence/Performance. Academic Medicine (Supplement) 1990. 65. (S63-S67)

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Clinical Competency Committee

- May already be in place under a different name
- Start thinking about this and decide on composition, procedure, data elements
  - Should chief residents be included in the CCC?
  - Role of program director
- What should be reviewed:
  - Continue to look at current evaluations forms
  - Milestones, EPAs, narratives
- Challenges:
  - Large residency programs
  - Small residency and fellowship programs
  - Time-consuming at first: pilot studies
The Big Questions

When considering milestones:
• What should we assess?

Does

Collective Competence

Entrustable Professional Activities

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The Big Questions

When considering milestones:
• How should we assess it?

Workplace Assessment: Clinical Observations, Multi-Source Feedback, Team Assessments, Operative (Procedural) Skill Assessments
Clinical Competency Committee

- End of Rotation Evaluations
- Self Evaluations
- Procedure Logs
- Ad Hoc Evaluations
- Student Evaluations
- Patient / Family Evaluations
- Nursing and Ancillary Personnel Evaluations
- OSCE or Direct Observation
- Peer Evaluations
- ITE
- Sim Lab

Assessment of Milestones
9. General Approach to Procedures (PC9)

Performs the indicated procedure on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognizes the outcome and/ or complications resulting from the procedure

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</tr>
</thead>
<tbody>
<tr>
<td>Identifies pertinent anatomy and physiology for a specific procedure</td>
<td>Performs patient assessment, obtains informed consent and ensures monitoring equipment is in place in accordance with patient safety standards</td>
<td>Determines a backup strategy if initial attempts to perform a procedure are unsuccessful</td>
<td>Performs indicated procedures on any patients with challenging features (e.g. poorly identifiable landmarks, at extremes of age or with co-morbid conditions)</td>
<td>Teaches procedural competency and corrects mistakes</td>
</tr>
<tr>
<td>Uses appropriate Universal Precautions</td>
<td>Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for common ED procedures</td>
<td>Correctly interprets the results of a diagnostic procedure</td>
<td>Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performs the indicated common procedure on a patient with moderate urgency who has identifiable landmarks and a low-moderate risk for complications</td>
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<tr>
<td></td>
<td>Performs post-procedural assessment and identifies any potential complications</td>
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</tbody>
</table>

Comments:

Suggested Evaluation Methods: Procedural competency forms, checklist assessment of procedure and simulation lab performance, global ratings
**EMERGENCY MEDICINE MILESTONES**

**PC1. Emergency Stabilization**

Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.

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</thead>
<tbody>
<tr>
<td>Describes a primary assessment on a critically ill or injured patient</td>
<td>Recognizes when a patient is unstable requiring immediate intervention</td>
<td>Discerns relevant data to formulate a diagnostic impression and plan</td>
<td>Manages and prioritizes critically ill or injured patients</td>
<td>Develops policies and protocols for the management and/or transfer of critically ill or injured patients</td>
</tr>
<tr>
<td>Recognizes abnormal vital signs</td>
<td>Prioritizes vital critical initial stabilization actions in the resuscitation of a critically ill or injured patient</td>
<td>Reassesses after implementing a stabilizing intervention</td>
<td>Recognizes in a timely fashion when further clinical intervention is futile</td>
<td>Integrates hospital support services into a management strategy for a problematic stabilization situation</td>
</tr>
<tr>
<td>Performs a primary assessment on a critically ill or injured patient</td>
<td></td>
<td></td>
<td>Evaluates the validity of a DNR order</td>
<td></td>
</tr>
</tbody>
</table>

Comments: o o o o o o o o o o o

**Suggested Evaluation Methods:** SDOT, observed resuscitations, simulation, checklist, videotape review
Attainment of Milestones should be determined by The Clinical Competency Committee

- A group of faculty members trained in looking at milestones
- The same set of eyes looking at other evaluations:
  - End of rotation
  - Nurses
  - Patients and families
  - Peers
  - Others
- The same process is applied uniformly
Assessing Clinical Competence
What is Required for the NAS?

Common Program Requirements state that

- “...[The final summative evaluation] must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision [conditional independence].”
- Assessment of whether an individual resident has attained milestones
- Judgment of the *Clinical Competence Committee (CCC)* [provides] a framework for evaluation to assist the PD in assessing competence.
Assessment → Evaluation → Reporting

Assessment Machinery

- Direct Obs
- Rotation evals
- Other formative assessments

May include:
- “Curricular milestones”
- EPA’s
- Other tools from AAIM, etc
- Locally developed tools
Assessment → Evaluation → Reporting

Assessment Machinery

Direct Obs

Rotation evals

Other formative assessments

Semiannual Evaluation

ACGME and ABIM Reporting Milestones
The “System”

Assessments within Program:
• Direct observations
• Audit and performance data
• Multi-source FB
• Simulation
• ITExam

Judgment and Synthesis: Committee

Residents

Institution and Program

Accreditation: ACGME/RRC

Program Aggregation

NAS Milestones

ABIM Fastrak

No Aggregation

Certification: ABIM

Faculty, PDs and others

Milestone and EPAs as Guiding Framework and Blueprint