Initial Assessment of the Six ACGME Core Competencies Upon Entry Into a Family Medicine Residency Program

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All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.
Presentation Objectives

• Identify the six core ACGME competencies and list how they can initially be evaluated
• Assess and discuss the evaluation system we have in place using a variety of tools.
• Share approaches and experiences to initially evaluating first-year residents

Thanks to Our Core FM Faculty

1. Maria Barnett, DO
2. Bill Buoni, MD
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4. Melissa Davis, MD
5. Laurie Greco, PhD
6. Clint Hartz, MD
7. Allison Macerollo, MD
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9. Elizabeth Nogan, MD
10. Rupal Oza, MD
11. Beth Panchal, MD
12. Kristen Rundell, MD

And to…
Laura Thompson, MA
Our residents!
The Ohio State University Family Medicine Residency Program

OSU Rardin FPC

OSU CarePoint East FPC

Accreditation Council for Graduate Medical Education (ACGME)
The Outcome Project

- A long-term initiative by which the ACGME is increasing emphasis on educational outcomes in the accreditation of residency education programs.
- The ACGME identified 6 general competencies for residency education:
  - Medical Knowledge
  - Patient Care
  - Practice Based Learning and Improvement
  - Systems Based Practice
  - Professionalism
  - Interpersonal and Communication Skills
Milestones

- Progressive responsibility
- Based on 6 competencies
- Observable steps on continuum
- Trained observers
- Multiple observations

Miller’s Assessment Pyramid

- Does: Faculty direct observation (with real patients)
- Shows how: Standardized patients
- Knows how: Matching or critical response questioning
- Knows: Multiple choice questions

FM-RC Guidelines July 2016

Each resident should be assessed in each of the six competency areas on entrance into the program.

ACGME Program Requirements for Graduate Medical Education in Family Medicine, page 23, V.A.2.b).(1).(b)

Initial Assessment?
Poll Question

Do you currently have a system in place that assesses your residents in each of the 6 core competency areas on entrance into your program?

A. No
B. Yes

Poll Question

If you have a system in place, how satisfied are you with your system?

A. Very satisfied
B. Satisfied
C. It’s “okay”
D. Dissatisfied
E. Very satisfied
Why do an initial evaluation?

Initial Evaluation Overview

- Before arrival
- 2-week orientation
  - Initial meeting with group
  - Half-day OSCE with standardized patients
  - Half-day OSCE with standardized cases
  - Last year’s ABFM In-Training Examination
  - Courses – ACLS, PALS, ALSO
  - Self-Assessment and Goal setting meeting with me
- Other early evaluations
  - Observed H&Ps
  - Observed Paps
Initial Evaluation
The Start

- **Interview**
  - USMLE/COMLEX scores (MK)
  - Social interaction with residents (IPC)
  - Interaction with program coordinator (IPC, PR)
  - Interview with PD, faculty (IPC, PR)
- **Post-Match**
  - Interaction with program coordinator (IPC, PR)
    - Timeliness with paperwork, e-mails, etc

Initial Evaluation
2-Week Orientation

- **Initial meeting and other social events**
  - First morning ice-breaker (IPC, PR)
    - Do they show up on time?
    - How are they dressed?
  - Social interaction with residents (IPC)
  - Interaction with program coordinator (IPC, PR)
  - Life’s Mission statement (PBLI, PR)
  - Professionalism agreement (PR)
Objective Structured Clinical Examinations

- Five OSCEs Using Standardized Patients
  - Half-day sessions
  - Coupled with workshops
- 1st-Year Residents
  - Baseline skills (orientation)
  - Are they ready? (February-March)
- 2nd-Year Residents
  - Dealing with bad news (January)
  - Health Literacy (April)
- 3rd-Year Residents
  - EBM, Counseling, Ethics (September)

Poll Question

Do you currently conduct OSCEs in your program?

A. No
B. Yes
Initial Evaluation
OSCEs with Standardized Patients

• Purpose
  – Conduct a problem-focused HPI, obtain pertinent past medical, surgical, family, and social history, obtain a problem-focused ROS, perform a targeted PE based upon chief complaint (PC, ICS)
  – Develop a working differential diagnosis and outline a possible treatment plan to the patient (MK, PC, ICS)
  – Present findings to FM attending (MK, PC, ICS)
  – Ability to interpret ECGs, Microscopy (MK)
  – Ability to perform biopsy & suturing (PC)
  – Self-Assessment (PBLI)

• 6 stations – 20-50 minutes in length
  – OSCE/SP – “I’ve been having chest pain”
  – OSCE/SP – “I’m here to followup on my diabetes”
  – OSCE/SP – “I’ve been having some trouble breathing”
  – OSCE/SP – “I’ve been really tired”
  – “Changing mole” – biopsy & suturing
  – ECG Recognition – Examination
  – Clinical Microscopy – Examination

• Evaluations
  – Checklists – SP, FM Attending – Immediate feedback
  – Videotaped – Behavioral Scientist
  – Self-evaluation
Initial Evaluation
OSCEs with Standardized Patients

Scenario #1 – Evaluation of Chest Pain

Introduction: This scenario is designed to assess the first-year resident’s ability to take a focused history and perform a focused physical examination on a patient with a common primary care problem – chest pain. The resident will be asked to develop a working differential diagnosis and a plan to help determine the cause for chest pain. The resident will be asked to present the findings to the attending, and will be asked probing questions regarding the differential diagnosis and plan for the patient. The resident will be asked to read the patient’s ECG.

It will consist of 3 parts: patient encounter, presentation to the attending, self-assessment

Total Length of Time for This Scenario – 45 minutes (20 minutes with the patient, 20 minutes with the attending, 5 minutes to conduct a self-assessment)

EKG showing non-specific T-wave changes

This encounter will be videotaped to be reviewed later by our behavioral medicine faculty.

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Scenario #1 – Chest Pain
Assessment by Standardized Patient

Please use this scale to answer the following questions
1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

<table>
<thead>
<tr>
<th>The resident who saw you today...</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>1. greeted you warmly in a way that made you feel comfortable &amp; welcomed</td>
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<td>2. introduced him/herself as a resident, using his/her name</td>
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<td>3. developed rapport with you during the encounter</td>
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<td>4. dressed &amp; acted in a professional manner</td>
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<td>5. was friendly &amp; courteous to you</td>
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<td>6. treated you with respect</td>
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<td>7. listened to you carefully &amp; allowed you to talk without interrupting too much</td>
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<td>8. showed concern for your questions or worries</td>
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<td>9. answered your questions to your satisfaction</td>
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<td>10. explained things using words you could easily understand</td>
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<td>11. spent enough time with you so you did not feel rushed</td>
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<td>12. was sensitive to your cultural/gender/age/spiritual needs</td>
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<tr>
<td>13. obtained a thorough history of present illness</td>
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<tr>
<td>14. transitioned well from one component of the history to the next</td>
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<td>15. conducted a physical exam that made you feel comfortable</td>
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<td>16. described what he/she was doing during the physical examination</td>
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<td>17. explained to you in easy-to-understand language what you have</td>
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<tr>
<td>18. gave you clear instructions on what needs to be done next</td>
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</tbody>
</table>

What did this first-year resident do especially well?

What should this first-year resident improve on in the next few months?

Any other comments?
### Scenario #1 – Chest Pain
#### Assessment by Attending

<table>
<thead>
<tr>
<th>Date</th>
<th>Sea-leaks Accomplished</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provided general description of the patient (age, gender)</td>
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<tr>
<td></td>
<td>Provided chief complaint</td>
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<tr>
<td></td>
<td>Description of chest pain – onset (2-3 days ago, intermittent)</td>
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<tr>
<td></td>
<td>Description of chest pain – location (anterior chest)</td>
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<tr>
<td></td>
<td>Description of chest pain – character (ache, pressure)</td>
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<td></td>
<td>Description of chest pain – severity (grade 5/10)</td>
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<td></td>
<td>Description of chest pain – radiation (to left shoulder)</td>
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<tr>
<td></td>
<td>Description of chest pain – provoking factors (exercises)</td>
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<td></td>
<td>Description of chest pain – relieving factors (gives away with rest, cough)</td>
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<td></td>
<td>Description of chest pain – associated symptoms (anxiety, cough, palpitations)</td>
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<tr>
<td></td>
<td>Past History – Hypertension</td>
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<td></td>
<td>Past History – meds (HCTZ 25 mg daily): no ASA</td>
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<tr>
<td></td>
<td>Past History – prior symptoms (none)</td>
<td></td>
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<tr>
<td></td>
<td>Past History – hospitalizations (none)</td>
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<tr>
<td></td>
<td>Past History – drug allergies (none)</td>
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<tr>
<td></td>
<td>Family History – mother with DM (on oral, not insulin) &amp; breast cancer age 60</td>
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<tr>
<td></td>
<td>Family History – father with MI and hypertension</td>
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<td></td>
<td>Family History – older brother who is healthy</td>
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<tr>
<td></td>
<td>Social History – lives at home with wife and 16 year-old son</td>
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<tr>
<td></td>
<td>Social History – occupation (drives delivery truck for Aarhus Brosch)</td>
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<tr>
<td></td>
<td>Social History – smokes 1-2 packs cigarettes/day since age 15</td>
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<tr>
<td></td>
<td>Social History – drinks 2-3 beers a day</td>
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<tr>
<td></td>
<td>Social History – exercises (does not exercise regularly)</td>
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<tr>
<td></td>
<td>Social History – eats fresh food daily</td>
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<tr>
<td></td>
<td>Social History – drinks 4-4 cups of coffee/day, diet cake for lunch</td>
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<tr>
<td></td>
<td>Examination – appearance of patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Examination – vital signs reported</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Examination – expected blood pressure</td>
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</tr>
</tbody>
</table>

#### Scenario #1 – Chest Pain
##### Self-Assessment

Please take a few minutes and think about this scenario.

What did you do right about this case when you saw this patient?

What did you do right about this case when you presented this to the attending?

What did you find challenging?

What could you have done better?

If you had questions about this case, where would you go to find the answer?
Vaginal Wet Prep

Vaginal wet prep & KOH

SLIDE # 2
Identify objects A, B, and C
Initial Evaluation
OSCEs with Standardized Cases

- 6 stations
- 1:1 with faculty
  - Allows for probing questions
  - Allows faculty to meet each 1st-year resident
- 15 - 30 min in length
- Evaluations
  - Faculty Checklist – Immediate feedback
  - Self-evaluation

Initial Evaluation
OSCEs with Standardized Cases

- Well Man Examination  (MK, PC)
  - This scenario is designed to assess the first-year resident’s ability to approach a wellness visit for a middle-aged man who has not seen a physician in quite some time.
  - The resident is given a portion of the history and asked to complete the history, discuss what ROS would be asked, discuss what physical exam would be targeted, and then develop working diagnoses with a treatment plan that includes recommended preventive measures for healthy living.
  - 56 yo AA man, no physician in 20 years
    - BP mildly elevated, BMI 37
    - Family Hx DM, prostate cancer
    - 40 pack-yr smoker, daily cough suggestive COPD
    - Snores, daytime sleepiness - ? OSA
    - LUTS
**Initial Evaluation**

**OSCEs with Standardized Cases**

- **Well Woman Examination** *(MK, PC, SBP, P)*
  
  - *This scenario is designed to assess the first-year resident's ability to provide preventive care to a well woman, to understand sources for recommendations for screening, to identify community resources available for assistance, and to outline the basic approach to medical errors.*
  
  - 56 yo woman, no health care last 10 years, uninsured
    
    - Postmenopausal, 40 pack year history of smoking
    
    - Unable to afford preventive measures such as mammogram, Pap, CRC screening – work through process
    
    - Mammogram abnormal results delayed for 1 month

- **ECG Read & Atrial Fibrillation** *(MK, PC)*
  
  - *This scenario is designed to assess the first-year resident's ability to read a normal ECG in a systematic fashion and to correctly identify and outline early management of atrial fibrillation.*
  
  - Normal ECG reading (go through the steps)
  
  - 74 yo woman in the office with recent fatigue and dizziness
    
    - No chest pain
    
    - ECG – atrial fibrillation, rate controlled
    
    - CHAD-2 score – appropriate location for management
Initial Evaluation
OSCEs with Standardized Cases

• Maternity & Newborn Care (MK, PC)
  – This scenario is designed to assess the first-year resident’s ability to identify and correctly identify and manage a woman who is developing pre-eclampsia and to later deal with a newborn who has a fever.
  – 15 yo at 38 weeks gestation – daily HAs, swelling in feet, hands and face, BP 155/92, weight up 8 pounds, UA 3+ protein
    • Recognize possibly pre-eclampsia – emergently treat
    • Induced – 5# 13 oz baby boy Apgar 6/8 – home at 3 days
  – 1 week later mom calls with baby possibly having a fever
    • Baby appears well but temp 100.6°
    • What next?

• Postpartum Depression (MK, PC, SBP)
  – This scenario is designed to assess the first-year resident’s ability to identify and outline an approach to a woman with postpartum depression. The resident will be given a brief history and then asked to outline the evaluation and management for this patient.
  – 24 yo woman s/p NSVD 9 weeks ago, healthy girl; 2 other children at home
  – In office is sad, poor eye contact; admits to frequent crying spells, feels overwhelmed, extremely tired, sleeping poorly, unemployed, father of baby in jail, little help support
  – What to do next?
**Initial Evaluation**

**OSCEs with Standardized Cases**

- **Information Mastery (PBLI)**
  - *The purpose of this station is to gauge the resident’s initial mastery of medical information and evidence-based medicine.*
  - Provided recent article, asked to read abstract and quickly skim article
  - Questions asked
    - Study design
    - Ranking of evidence
    - PICO
    - Disease- vs Patient-Oriented outcomes?
    - Is primary efficacy end point statistically significant?
    - Calculate NNT

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**Initial Evaluation**

**Other Testing**

- X-rays
- Last-Year’s ABFM In-Training Examination
  - Allows one to compare him/herself to last year’s national average for first year residents
- Collaborative Institutional Training Initiative (CITI) – Basic Human Research Course
- Institute for Healthcare Improvement – Open School
- ACLS, PALS (ALSO – September)
**Initial Evaluation**

**Self-Evaluation**

**SELF-EVALUATION OF COMPETENCIES AND MILESTONES**

How would you rate yourself in each of the following 6 core competencies and milestones? (Be honest about yourself!)

<table>
<thead>
<tr>
<th>PATIENT CARE</th>
<th>Need A Lot of Work!</th>
<th>Need Some Work</th>
<th>Can Do This Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide care that is compassionate, appropriate, and effective for the</td>
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<tr>
<td>treatment of common health conditions encountered in family medicine.</td>
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<tr>
<td>Provide care that is compassionate, appropriate, and effective for the</td>
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<tr>
<td>prevention and promotion of health and wellness.</td>
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<tr>
<td>Provide care for acutely ill or injured patients in urgent and emergent</td>
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<tr>
<td>situations and in all settings.</td>
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</tbody>
</table>

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**Initial Evaluation**

**Self-Evaluation**

**Self-Assessment of Ability to Perform Procedures Independently**

How would you rate your comfort level to perform the following procedures (be honest)

<table>
<thead>
<tr>
<th>Procedures</th>
<th>No. Performed</th>
<th>Comfort Level Doing This</th>
<th>Want to Learn?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Procedures</strong></td>
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<tr>
<td>Central line insertion – subclavian</td>
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<tr>
<td>Central line insertion – femoral vein</td>
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<tr>
<td>Central line insertion – internal jugular</td>
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<tr>
<td>Arterio puncture for blood gas analysis</td>
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<tr>
<td>Radial arterial line (catheterization)</td>
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<td>Adult lumbar puncture</td>
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<tr>
<td>Cryotherapy of skin lesions (e.g., warts)</td>
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<tr>
<td>ECG interpretation</td>
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</table>

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**American Academy of Family Physicians**
Initial Evaluation
Goal Setting
Initial Meeting

• Reflective Time
  – Why medicine?
  – Why family medicine?
  – What do you consider your strengths?
  – What do you consider your challenges?
  – What concerns do you have for this upcoming year as a first-year resident?

• SMART Goal Setting
  – What would you like to accomplish over the next 6 months?
  – What would you like to accomplish during your first year of residency?
  – What would you like to accomplish by the end of your residency?
  – What skills do you have that will make our program better?
Initial Evaluation

Individual Learning Plan

Poll Question

Did we address anything in our presentation that you might now start including in your initial evaluation?

A. No
B. Yes
Discussion

- Time to share experiences
- What do others do?
- Insights?
- Questions?

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).
Social Q & A

Please…

Complete the session evaluation.

Thank you.
During the break…

• Discuss / think about how you might implement the information you just heard.