

Maximizing Resident Involvement in Competency Assessment: The RAFT meeting



Disclaimer

- No conflicts of interest for either presenter

Objectives

1. Discuss the pros and cons of increasing resident involvement in competency assessment.
2. Analyze the LVHN RAFT model to examine possible interventions that could be applied in their program.
3. Generate a plan to implement increased involvement in competency assessment in their residency.

3

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Agenda

- Poll
- Overview of the RAFT
- Detailed review of RAFT
- Discussion
- Commitments for change

4

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Audience Poll

- Online:
 - PollEv.com/drewkeister756
- Text messaging
 - Start a new text to “22333”
 - Text DREWKEISTER756 to join the session
 - Then text your response to the same number

5

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Background

- Residents as adult learners
 - Malcolm Knowles
 - Involve learners in educational planning and assessment
- Self-determination theory (SDT)
 - Adult learners thrive when intrinsically motivated
 - Arises best when learners have:
 - Ability to demonstrate competence
 - Autonomy
 - Relatedness

6

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Background

- Residency education
 - Ideal time to develop adult learning skills
 - Need to self-direct after residency
- Clinical Competency Committee (CCC) as a vehicle for engaging residents



7

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Resident Assessment Facilitation Team (RAFT)

- Our model to involve residents in their own competency assessment
- Key components of the RAFT:
 - Residents perform a self-assessment (*autonomy, competence*)
 - Meet with a trusted advisor & discuss self-assessment in context of the feedback from their 360 evaluations (*relatedness*)
 - Develop a shared proposal for residents' milestones assessment
 - Meet with the CCC, which we call the RAFT team (*autonomy, competence*)
 - Residents share key plans/ needs with whole community (*relatedness*)

8

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Overview of the RAFT

- In attendance:
 - Program Director, Program Manager, Associate Program Director, Behavioral Specialist, Department Educator, Resident and Resident Advisor
- Resident-driven
- Frequency:
 - PG1 – 3x year
 - PG2 – 2x year
 - PG3 – 2x year and a “mini” RAFT

9

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The RAFT Process – Continuous Assessment

- Standardized assessments done on a regular basis:
 - Continuity precepting
 - In-patient Family Medicine
 - 360- include CCS staff and patients
- Include residency-generated EPAs & milestone grids

10

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Continuity Care Site Precepting Form #1

Evaluated by: **Kevin Cowell**
Attending

1 Recognizes visits as routine, ceremony, or drama (C2-IVC2)

The resident is trusted to participate in this activity

Only as an observer	With direct supervision	With indirect supervision	Independently	As an instructor of junior colleagues
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Creates a prioritized differential for primary complaint, including identifying a working diagnosis.

The resident is trusted to participate in this activity

Only as an observer	With direct supervision	With indirect supervision	Independently	As an instructor of junior colleagues
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11

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PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings.

Family physicians provide accessible, quality, comprehensive, compassionate, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the biopsychosocial perspective and patient-centered model of care.

Not yet achieved (Level 1)	Level 1	Level 2	Level 3	Level 4	Level 5
	Collects necessary information about the patient (history, exam, diagnostic testing, psychosocial context)	Consistently recognizes common situations that require urgent or emergent medical care	Consistently recognizes complex situations requiring urgent or emergent medical care	Coordinates care of acutely ill patients with consultants and community services	Provides and coordinates care for severely ill patients within local and regional systems of care
	Identifies differential diagnoses	Establishes the acuity of patient utilizing appropriate clinical protocols and guidelines	Appropriately prioritizes the response to the acuity of patient		
	Recognizes role of clinical protocols and guidelines in acute situations	Generates appropriate differential diagnoses for any presenting complaint	Develops appropriate diagnostic and therapeutic management plans for less common acute conditions	Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients	
		Develops appropriate diagnostic and therapeutic management plans for acute conditions	Addresses the psychosocial implications of acute illness on patients and families		
			Adapts appropriate transitions of care		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> N/A					

12

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MK 2 MK-2 Applies critical thinking skills in patient care

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes that an in-depth knowledge of the patient and a broad knowledge of sciences are essential to the work of family physicians.	Synthesizes information from multiple resources to make clinical decisions.	Recognizes and reconciles knowledge of patient and medicine to act in patients' best interest.	Integrates and synthesizes knowledge to make decisions in complex clinical situations.	Integrates in-depth medical and personal knowledge of patient, family and community to decide, develop, and implement treatment plans.
	Demonstrates basic decision-making capabilities.	Begins to integrate social and behavioral sciences with biomedical knowledge in patient care.	Recognizes the effect of an individual's condition on families and populations.	Uses experience with patient panels to address population health.	Collaborates with the participants necessary to address important health problems for both individuals and communities.
	Demonstrates the capacity to correctly interpret basic clinical tests and images.	Anticipates expected and unexpected outcomes of the patients' clinical condition and data.			

N/A

13

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SBP 3 SBP-3 Advocates for individual and community health

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes social context and environment, and how a community's public policy decisions affect individual and community health.	Recognizes that family physicians can impact community health.	Identifies specific community characteristics that impact specific patients' health.	Collaborates with other practices, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives.	Role-models active involvement in community education and policy change to improve the health of patients and communities.
		Lists ways in which community characteristics and resources affect the health of patients and communities.	Understands the process of conducting a community strengths and needs assessment.	Seeks to improve the health care systems in which he or she practices.	

N/A

14

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PRO 4 PROF-4 Maintains emotional, physical, and mental health; and pursues continual personal and professional growth

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates awareness of the importance of maintenance of emotional, physical, and mental health	Applies basic principles of physician wellness and balance in life to adequately manage personal emotional, physical, and mental health	Actively seeks feedback and provides constructive feedback to others	Appropriately manages situations in which maintaining personal emotional, physical, and mental health are challenged	Optimizes professional responsibilities through the application of principles of physician wellness in the practice of medicine
	Recognizes fatigue, sleep deprivation, and impairment	Balances physician well-being with patient care needs	Recognizes signs of impairment in self and team members, and responds appropriately		Maintains competency appropriate to scope of practice
		Accepts constructive feedback			
<input type="radio"/> N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15

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The RAFT Process – Resident Self-Assessment

PF-1 Care for patients with common conditions					
Has not achieved Level	Level 1	Level 2	Level 3	Level 4	Level 5
	Patients' increased information about the patient, history, etc., may be considered a common denominator for all common diagnoses.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.
	Patients' increased information about the patient, history, etc., may be considered a common denominator for all common diagnoses.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.
		Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.	Individuals have increased knowledge of procedures and processes of care.
<input type="radio"/> N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PF-2 Care for patients with chronic conditions					
Has not achieved Level	Level 1	Level 2	Level 3	Level 4	Level 5
	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.
	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.
		Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.	Individuals' chronic conditions are often present in this patient population.
<input type="radio"/> N/A	<input type="radio"/>				

16

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The RAFT Process – Meeting(s) with Advisor

- Monthly(ish) meetings
- One month before RAFT, meeting focused on RAFT prep
 - Discuss self-assessment
 - Compare self-assessment to 360 eval
 - Discuss general individualized education plan

17

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The RAFT Process – SOAP Note

- **Subjective:** How are things going? HPI, social hx
- **Objective:** Dashboard w/ visit numbers, ITE scores, procedure completion, patient feedback (PEI/CARE)
- **Assessment:** Self-assessment and “Radar Graph”
- **Plan:** Individualized Education Plan (IEP) for next 6 mos

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Self-assessment- example

Competency	Competency	Competency
P-1	3	Comments: Always working on awareness of my own limitations; still working on developing plans for diagnostic and therapeutic management of less common acute conditions
P-2	3	Comments: Beginning to manage conflicting needs, still working on leading care teams
P-3	3.5	Comments: Partner with pt and family, work with community resources often
P-4	3.5	Comments: I spend time explaining diagnoses and next steps to my patients, try to identify medical and social needs and use my resources. I also feel that I establish rapport.
P-5	3	Comments: Still need more procedures, would like to do more injections, IUD/Nexplanon training
MK-1	2.5	Comments: We shall see on the next ITE
MK-2	3.5	Comments: Working more on patient panel information

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Radar Graph - example



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IEP - example

Competencies:

Plans for Upcoming RAFT Period.	
Patient Care	-Working on procedures such as IUD, Nexplanon
Medical Knowledge	-ITE, Boards!!
Systems-Based Practice	
Practice-Based Learning And Improvement	-PI presentation, next PDSA cycle for PI 4
Professionalism	
Communication	-Working on negotiating the agenda and managing conflict

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The RAFT Process – RAFT Meeting

- 60 minutes in length
- Process:
 - Resident walks group through SOAP note
 - PM keeps time / maintains flow
 - Advisor advocates for the resident
 - Remainder of team gives feedback / asks questions

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The RAFT Process – RAFT Statement

Purpose:

- Give educational supervisors information about progress & learning goals discussed @ RAFT
- This info used to customize education and help meet goals

Expectations:

- Due one week after RAFT
- Sent to faculty and senior residents

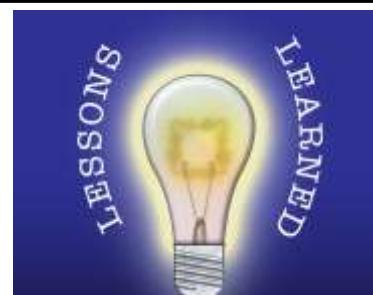
Guidelines:

- Summary statement of progress from the last RAFT period
- List your goals for the next RAFT period
- Format at discretion of resident (can include but are not limited to prose, lists, drawings, and animation)

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Learnings

- RAFT process takes time
- It is more than just CCC
- It is hard to have some conversations...
... and someone is having those conversations
anyway
- Dealing with problems



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Recommendations

1. Consider having all residents perform a milestones self-assessment if you are not doing so,
2. Consider inviting residents to participate in CCC when they are being discussed,
3. Consider extending the goals of the CCC to include educational planning around next steps in competency development, including the resident's input.

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Questions?



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Action Planning / Discussion

- *Based on what you have heard about RAFT, how would you like to change your resident assessment/CCC process?*
- Think/write on your own for a few minutes
- Pair up with a neighbor
- Discuss as a large group

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Audience Poll- Poll everywhere

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Summary

- Adults are more engaged and more efficient learners when involved in their assessment / educational plan
- RAFT offers a number of ways to engage learners
- We encourage you to think about how you can engage your residents

29

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LEHIGH VALLEY HEALTH NETWORK

Questions?

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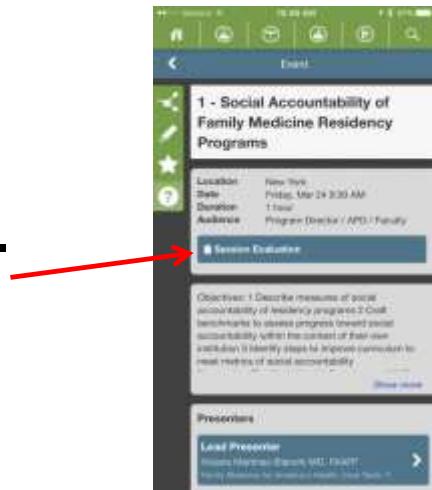
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31

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Please
complete the
session evaluation.



Thank you.

32

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