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.

Agenda

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

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
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

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*)
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

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
Continuity Care Site Precepting Form #1

1. Recognizes visits as routine, ceremony, or drama (C2-Iv2)
   - 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

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

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PC-1: Care 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.

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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- Level 1: Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context)
- Level 2: Consistently recognizes common situations that require urgent care or emergent medical care
- Level 3: Consistently recognizes complex situations requiring urgent care or emergent medical care
- Level 4: Appropriately prioritizes the response to the acutely ill patient
- Level 5: Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients

- Demonstrates care of acutely ill patient with consultants and community services
- Independently translates care
- Provides and coordinates care for acutely ill patients within local and regional systems of care
### MK-3: MK-2 Applies critical thinking skills in patient care

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

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

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
Self-assessment - example

<table>
<thead>
<tr>
<th>Competency</th>
<th>Competency</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-1</td>
<td>3</td>
<td>Always working on awareness of my own limitations; still working on developing plans for diagnostic and therapeutic management of less common acute conditions</td>
</tr>
<tr>
<td>P-2</td>
<td>3</td>
<td>Beginning to manage conflicting needs, still working on leading care teams</td>
</tr>
<tr>
<td>P-3</td>
<td>3.5</td>
<td>Partner with pt and family, work with community resources often</td>
</tr>
<tr>
<td>P-4</td>
<td>3.5</td>
<td>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.</td>
</tr>
<tr>
<td>P-5</td>
<td>3</td>
<td>Still need more procedures, would like to do more injections, IUD/Nexplanon training</td>
</tr>
<tr>
<td>MK-1</td>
<td>2.5</td>
<td>We shall see on the next ITE</td>
</tr>
<tr>
<td>MK-2</td>
<td>3.5</td>
<td>Working more on patient panel information</td>
</tr>
</tbody>
</table>

Radar Graph - example
IEP - example

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
# 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
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.

Questions?
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

Audience Poll - Poll everywhere

- Online:
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- Text messaging
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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

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Questions?

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Please complete the session evaluation.

Thank you.