



Gold Rush! Avoiding Fool's Gold, January 18, 2008

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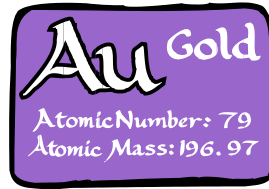
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Gold Rush! Avoiding Fools Gold -

Competencies in Academic Health
Centers
John Zubialde, MD

GOALS:



- Become familiar with competency (outcomes) focused education and assessment.
 - Real Gold: Graduates that are actually competent
 - Fools Gold: Graduates that merely look good (certificates etc), but are not competent
- Demonstrate one application to health education today.
 - ACGME "Outcomes Project" for Graduate Medical Education.

QUESTION:

Is Change Necessary?

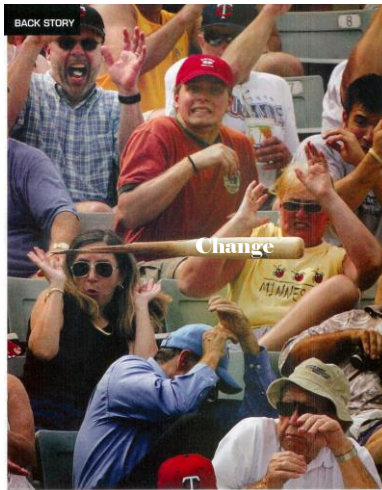
In Case You Hadn't Noticed – Health Care is Changing!

- ❑ Time of rapid discovery (lots of information)
- ❑ High complexity of issues (chronic illness)
- ❑ Multidisciplinary issues (multiple influences/factors)
- ❑ Multiple options: What's best fit for patient needs?
- ❑ Practitioner based care to team based care

Real Gold: The Self Directed Learner



Adult Learners gain more significant learning and lasting capabilities when desired outcomes are clear, the right learning methods are employed and appropriate assessment is used.



Change is always scary

Where is Health Education in this Transition?

- 2001- Accreditation Council for Graduate Medical Education changed their focus from a curriculum driven approach to an outcome directed approach
 - Residency Programs must begin a process that assures that graduates possess a clear set of specific competencies for practice **and** show continual learning and improvement in their system and practice environment

The Past: Medical Education and the Authoritative Model

- Expert /Authoritative Teacher
 - Has the “relevant” or correct knowledge and skill.
 - Defines and sets the curriculum
- Passive Learner
 - Learns by Imitation of Experts
 - Follows the curriculum
- Goal: Complete the Curriculum
 - Learning is curriculum driven: time on task- follow the book – do the right things



The Authoritative Model

- Problems:
 - Inadequate preparation for work in today's complex and dynamic situations.
 - Limits necessary skill: awareness, clarity of purpose, and self directed learning.

The Engaged Learner

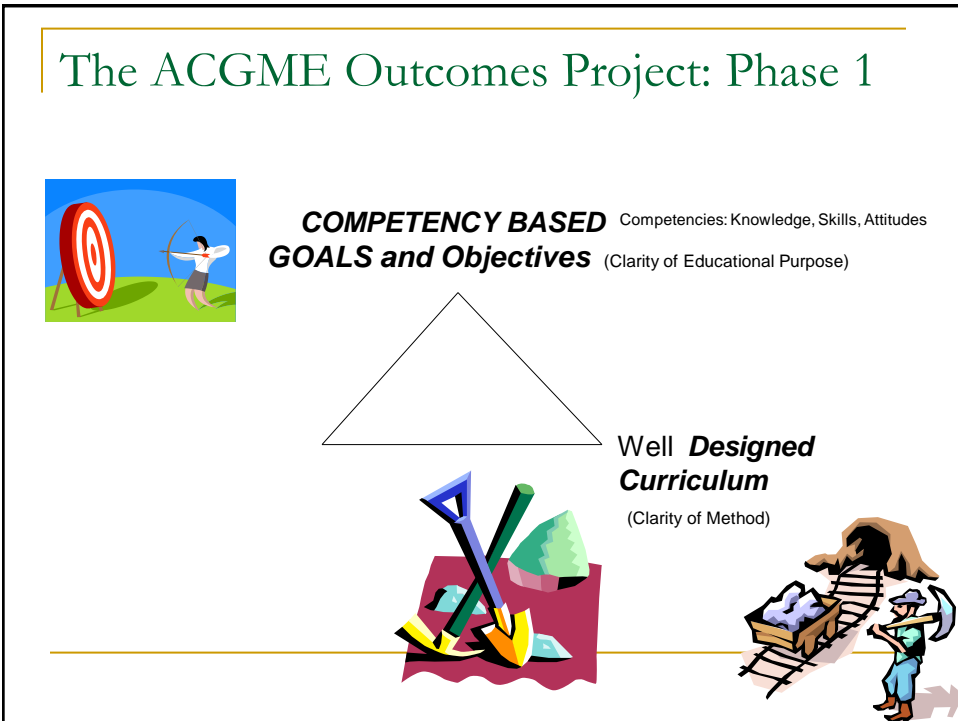
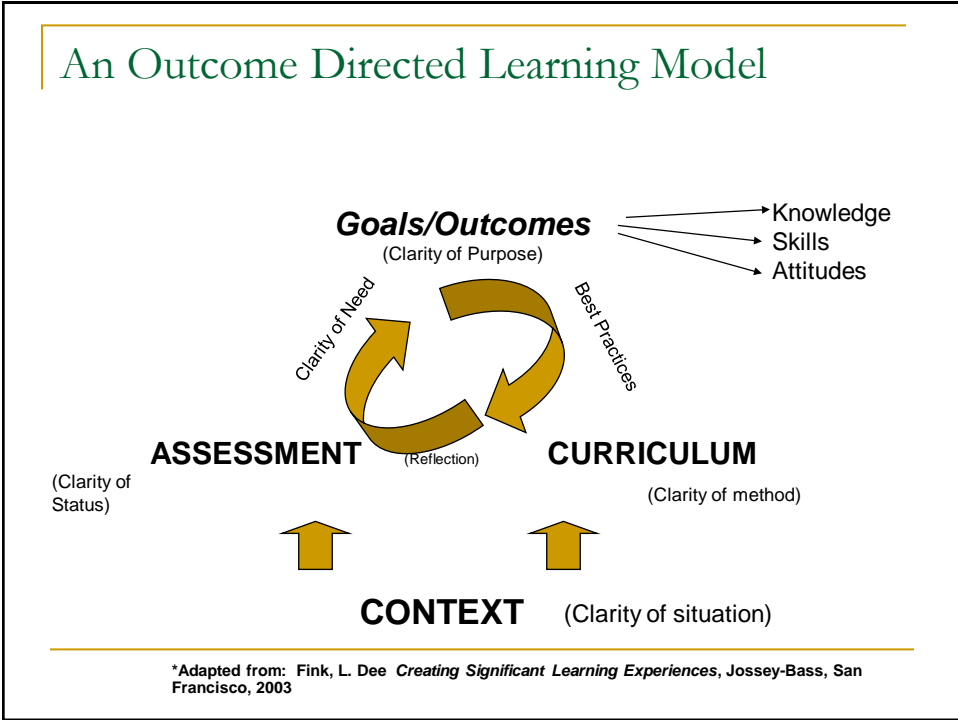
- Outcome focused: Meaningful objectives, not curriculum, drive learning
 - Define the specific competencies that are necessary to meet needs, challenges, and problems faced in the profession
 - Knowledge
 - Skills
 - Attitudes
- Active instead of passive
 - **Awareness** of goals/needs
 - **Awareness** of where they are relative to goals/needs-feedback
 - **Emphasizes continual reflection, learning and improvement** as needs, environment, circumstances, and information changes

Dreyfus Model*

- Adult learning comes through **goal directed experiential learning and reflection on that experience.**
 - Novice – Rule based
 - Advanced Beginner – growing awareness
 - **COMPETENT** - meets reasonable standards
 - **Proficient**
 - **Expert (Mastery)- Adaptive and Flexible**
- Not all learners progress at the same rate
- **Getting Beyond Competent** takes **Self directed learning**
 - *How do we get there?*
 - *Do some people just have it?*

Dreyfus SE, Dreyfus HL. A five-stage model of the mental activities involved in directed skill acquisition. Berkeley: U.S. Dept. of Commerce, 1980.





Educational Gold- Graduates Actually Possess a Solid Base of:

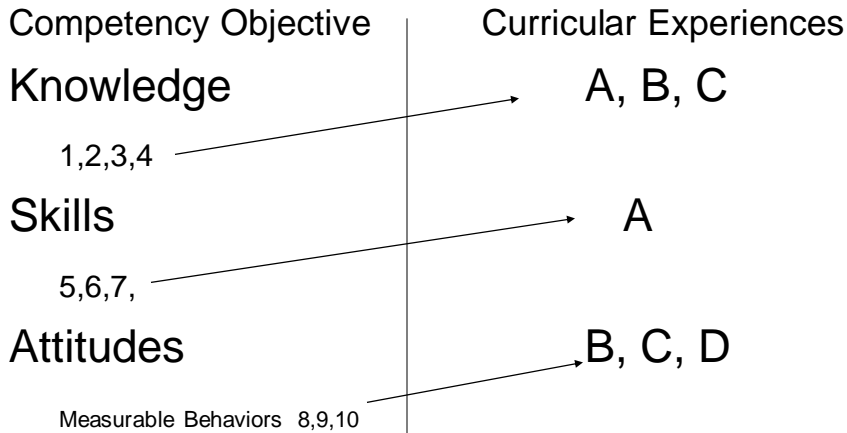
- Knowledge: Conceptual understanding. (ie knowing about something-Facts)
- Skills: The tangible abilities needed to effect a change toward a purpose (Being able to achieve a desired end using what we know)
- Attitudes: Beliefs, Values, Dispositions, Motivations
 - Govern what we do and how we do it



ACGME Competencies

- **Knowledge**
 - Medical knowledge (general to specialty specific)
 - Systems knowledge (facts about the system)
- Skills:
 - **Patient Care Skills** (physical exam, assessing, procedural)
 - **Interpersonal Communication** (attending, relating, discussing)
 - **Systems based practice:** Organization (Integrating info and resources across system elements)
 - **Practice Improvement:** Learning/ Change to better outcome
- Attitudes
 - **Professionalism**
 - Show professional behaviors that express the underlying beliefs, values, & motives such as curiosity, caring, and respect.

Building a Curriculum (Sum of Learning Experiences) begins with clear and specific objectives .



OU Medical Center

Attachment A Goals for Training in Clinical Pathology

Blood Banking and Transfusion Medicine

Residents are expected to develop competencies consistent with those of a new practitioner. The following outlines the expected competencies and the methods used to assess the attainment of these competencies.

1. Patient Care

- Monitor blood component use, understand cost-effective utilization of transfusion services, and make recommendations clinicians.
- Provide information to clinicians regarding the requirements for obtaining blood products.
- Understand the procedures and situations appropriate for emergency release of blood products.
- Investigate transfusion reactions and problems associated with unexpected events associated with product administration.
- Communicate with clinicians regarding blood incompatibility problems.
- Communicate with patients regarding need, procedures, and risks for transfusion of blood products.
- Communicate with blood donors regarding selection and evaluation procedures at a large donor center.

2. Medical Knowledge

- Know the appropriate indications and expected beneficial effects of the various blood components and apheresis techniques plus correlate the need with different disease states.
- Understand the procedures performed in the blood bank.
- Understand the limitations of procedures performed in the blood bank.
- Understand the serologic evaluation of blood for infectious diseases and the laboratory guidelines governing such infections.
- Be able to evaluate, identify and understand the clinical significance of the positive antibody screen, DAT, compatibility testing, and the antigen-antibody systems present in blood.
- Understand donor selection and evaluation criteria.
- Have knowledge of basic hematology and coagulation and understand how these are related to transfusion medicine.

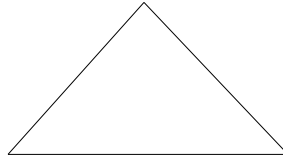
3. Practice-based Learning and Improvement

- Demonstrate the ability to perform literature searches and to utilize external evidence obtained through evaluation of medical literature.

The ACGME Outcomes Project: Phase 2



COMPETENCY BASED GOALS and Objectives (Clarity of Educational Purpose)
 Competencies: Knowledge, Skills, Attitudes



Assessment Tools
 (Results)



Well Designed Curriculum
 (Clarity of Method)



Assessment TOOLS: The right tool(s) to measure attainment of objectives

<u>Competency Objective</u>	<u>Curricular Experience</u>	<u>Tool</u>
Knowledge 1,2,3,4	A, B, C	Tool 1,2
Skills 5, 6, 7	A	Tool 3
Attitudes Behaviors 8,9,10	B, C, D	Tool 4,5

Assessing Attainment of OUTCOMES

<u>Competency</u>	<u>Tool</u>	<u>Assessed Outcome of Learner</u>
Knowledge	Tool 1,2	Possess Facts? Concepts?
		→
Skills	Tool 3	Actions lead to correct outcome?
		→
Attitudes	Tool 4,5	Demonstrated Behavior?
		→ Caring, attentiveness, kindness

Assessing Level of Competence

<u>Assessed Outcome</u>	<u>Level of Competence</u>
Facts / Concepts	Novice - Expert
	→
Actual Outcome	Novice - Expert
	→
Demonstrated Behaviors	Novice - Expert
Caring, attentiveness, kindness	→

**Resident Evaluation Form
Department of Pathology
Blood Bank Rotation**

Resident _____ PGY _____

Beginning Date _____ Ending Date _____

Evaluating Faculty _____

Competency Scale:

- 0 Untrained
- 1 Novice
- 2 Advanced beginner
- 3 Competent
- 4 Proficient
- 5 Expert

Evaluate the resident's performance for the specified time period using the above Competency Scale. You are asked to provide two numbers. One is for the resident's actual performance at this stage in his/her training. The second number is for the expected level of performance at his/her stage of training. If a difference exists between the two numbers, remediation will be necessary.

	Current Performance	Expected Performance
Patient Care:		
a. Able to determine appropriate products for transfusion	_____	_____
b. Applies appropriate utilization criteria to patient care situations	_____	_____
c. Understands process of transfusion of products	_____	_____
d. Able to investigate transfusion-related problems	_____	_____
Medical Knowledge:		
a. Understands technical procedures	_____	_____
b. Understands the serologic evaluation	_____	_____

Overall Competency:

	Current Performance	Expected Performance
a. At what level did the resident function in your section at the end of the time period covered by this evaluation?	_____	_____
b. If this is the final evaluation of the resident in your area, do you consider s/he to be competent in your area?	Yes	No

Remediation:

a. Is there a need for remediation of a deficiency? (Gaps, which exist at the end of the rotation, between performance and expected performance must be remediated.)	Yes	No
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Explanations/Recommendations/ Suggestions for Remediation

Evaluation Tools:

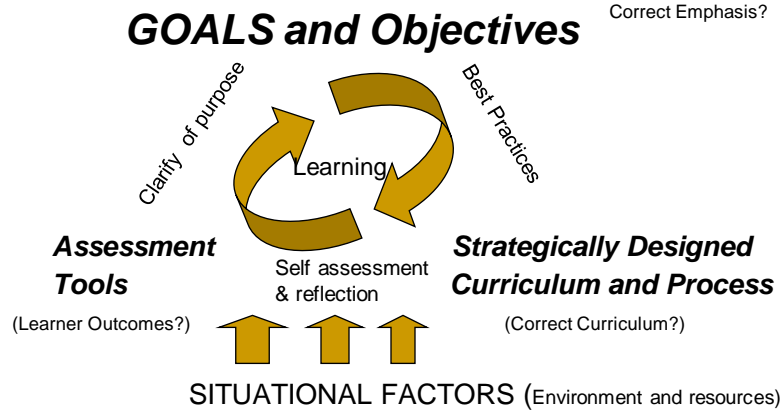
- ____ Written Examinations
- ____ Oral Examinations
- ____ Case/Slide Unknown Evaluations
- ____ Personal Observations
- ____ Peer Reviews
- ____ Other: _____

Faculty Signature: _____ Date: _____

I have reviewed this evaluation and have been given the opportunity to receive a copy. However, this does not necessarily mean that I agree with its contents.

Resident Signature: _____ Date: _____

Outcomes Project Phase 3: Evaluating and Improving the Competency of the Program



Just when you think you have things figured out -
- A new reality always emerges!

