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Goal Directed Learning: Early Assessment And Individualized Education Plans for Family Medicine Interns

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Goal Directed Learning:

Early Assessment and Individualized Education Plans for Family Medicine Interns

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Time frame:

- Welcome, background, objectives (5 minutes)
- Participants share experiences (15 minutes)
- Rationale, literature, our approach (20 minutes)
- Benefits and outcomes (10 minutes)
- Small group discussion (20 minutes)
- Large group debriefing (15 minutes)
- Summary and conclusion (5 minutes)

Objectives

- Articulate rationale for early assessment
- Describe process of assessment and feedback sessions
- List benefits of process based on:
  - Objective data
  - Opinion of interns over past 2 years

Handouts

- Goal Directed Learning Goals & Objectives
- Sample Schedule
- Competency based self assessment form
- Case presentation assessment checklist
- Common Ground Assessment Instrument
  - Criteria for assessment in each category

There is something You Don't Know

R.D. Laing (adapted)

There is something you don't know
that you are supposed to know.
You don't know *what* it is you don't know,
and you feel you look stupid
if you seem both not to know it
and not know *what* it is you don't know.
Therefore, you pretend to know it.

There is something…

R.D. Laing (adapted)

This is nerve-racking
since you don't know what you must pretend to know.
Therefore you pretend to know everything.

You feel I know what you're supposed to know
but I can't tell you what it is
because I don't know
that you don't know what it is.

There is something…

R.D. Laing (adapted)

I may know what you don't know,
But not that you don't know it,
And you can't tell me.
So I will
have to
tell you
everything.

Your experiences

- How and when do you assess your interns' competence
- What works
- What doesn't

Rationale

- Statement of the Problem
  - Knowing what they know
  - Need to assess baseline skills
  - Varying levels of clinical skill and experience
- Benefits of Early Assessment
  - Patient safety Targeted teaching Successful start
  - Identify problems early
- ACGME Core Competencies

Brief literature review

- Professionalism in Emergency Medicine (Larkin, Binder, Houry, Adams, 2002)
- Core Competencies in Integrative Medicine (Kligler, Maizes, Schachter, PSrk, Gaudet, Benn, Lee, Remen, 2004)
- Direct Observation for Assessing Interpersonal Skills (Jouriles, Emerman, Cydulka, 2002)
- Educational Interventions to Address Core Competencies in Surgery (Sachdeva, 2003)

Brief literature review

- Assessing the ACGME General Competencies (Swing 2002)
- The ACGME Core Competencies:A National Survey of Family Medicine Program Directors (Delzell, Ringdahl, Kruse 2005)
- A Counseling Practicum Curriculum to Teach and Assess ACGME Core Competencies (Dankoski, 2006)

Brief look at literature

- Considerations
  - What should be assessed
  - When should assessment take place
  - Who should assess resident performance
  - How should assessment be done

Brief look at literature

- Methods for assessment
  - Ratings
  - Checklists
  - 360-assessment
  - Oral exams – structured case discussions
  - OSCEs
  - Simulations
  - Portfolios
  - Direct Observation

Brief look at literature

- Wide variation in design and implementation
- Methods that include:
  - Focused assessment of residents performing
    - Clinical tasks
    - Instruments designed for the tasks
    - Task specific performance criteria
    - Training of evaluators

    Produce results with higher reliability

    OSCEs, SP exams (SP checklists)

Brief look at literature

- Survey of program directors (2005)
  - Believe patient care most important competency
  - Time major barrier to implementation
  - Need for faculty development
  - PDs didn't correctly identify evaluation tools they were already using
    - 99.6% using ITE
    - 53.3% identified it as a method they were using

I
n

Brief look at literature

- Survey of program directors (2005)
  - Active precepting 76.0%
  - Record review 72.8%
  - Procedure logs 63.8%
  - Simulations 11.1%
  - Audit of computer utilization 10.5%
  - OSCEs 9.1%

Brief look at literature

- All competencies are not created equal
  - More familiar with assessing some
  - I & CS taught through role modeling
  - Assessment subjective
- Adult education principles
  - Experiential learning
  - Reflection and analysis of one's thinking
- Feedback
  - Detailed, specific, timely

Brief look at literature

- Direct Observation (Emergency Medicine)
  - Faculty shadows resident for 4 hours in ED
    - History taking
    - Physical exam
    - Generation of differential diagnosis
    - Resource utilization
    - Interpretation of data
    - Procedural skills
    - Charting
    - Communication skills
    - Patient care efficiency
    - Faculty completes a "Direct Observation" form

Brief look at literature

- Counseling Practicum Curriculum (Family Medicine)
- Communication and interpersonal skills
  - Counsel own patient – 1 hour
  - Live supervision by faculty and peers
  - Pre-mid-post session for feedback, direction, debriefing
- Benefits
  - Experiential learning process
  - Immediate teaching moments
  - Real time assessment

Our Approach to the Problem

- How do we teach our students
  - COL
  - OSCE
  - POM
  - Communication Skills
  - Presentation Skills

Our approach…

- What has worked in the past
  - OSCE
  - ECG
  - Video recording and review
  - Self evaluation
  - Faculty evaluation

Our approach…

- What methods do we have available
  - ACGME competencies
  - Practicing medicine cases
  - Recorded communication sessions/review
  - Self assessments based on competencies
  - Human Patient Simulation
  - Faculty expertise

Before they arrive…

- They receive a packet with
  - Communication CD
    - Rapport
    - Agenda setting
    - Information Management
    - Active listening
    - Addressing feelings
    - Reaching common ground

Before they arrive…

- They also receive
  - Detailed PE handout
  - PowerPoint on ECG
  - PowerPoint on differential diagnosis

Goal Directed Learning Structure

- 2 weeks 3 interns
- 4 weeks in July
- FMS
- FPC
- Clinic

GDL Content – half day sessions

- Residency Expectations
- PGY 1 Peer Group meeting
- Clinic
- Communication Skills and OSCE
- ITE
- Competency-based Self Assessment

GDL Content

- Human Patient Simulator
- Chart review & coding
- PE - SP checklist & direct observation by faculty
- Procedures
- ECG packet
- Practice medicine cases

After completing GDL

- Intern meets with Program Director, Faculty Advisor and Psychologist
  - Go over results
  - Discuss strengths
  - Discuss growth opportunities
    - Develop specific goals and strategies for improvement
  - Competency based summary letter

Outcomes

- Introduction to our education style
- Confidence-building
- Identification of "Partners in Difficulty"
- Resident-specific educational and catch-up plan
- Improved medical knowledge
- Better prepared to care for patients

Exam Scores

	Step 2	GDL ITE	ABFM ITE
Intern 1	190	370	450
Intern 2	206	240	330
Intern 3	243	340	440
Intern 4	193	200	360
Intern 5	189	220	380
Intern 6	226	370	NA

Benefits

- Identification of personal strengths
- Identification of growth opportunities
- Introduction to ACGME competencies
- Communication problems (ESL)
  - Verbal, written, and comprehension
- Immersion in clinic with closer faculty guidance
- Introspection and self assessment
- Bonding and “safe place”

What was helpful about GDL

- Learned to be 'independent' in clinic
- Oriented IMGs to US medical system
- Decreased anxiety
- Learned how to write notes
- Introduced to coding
- Building relationships "meeting every week in July was great"

What was helpful about GDL

- Weekly PGY 1 meetings normalize the "Oh my gosh, what have I gotten myself into?" feeling.
- ITE was useful – not pleasant – but useful
- "Some of my friends in other programs still don't know the names of the other interns" April 2010
- ECG – "didn't know at all before GDL"

What should we add to GDL

- More orientation to hospital:
  - Portal
  - Morning report
  - Rounds
  - Go over chart
  - How to dictate – how to press the button
    - What to include in dictation

What should we add to GDL

- Shadow a resident (hospital)
- Discuss case managers role
- More procedural "stuff"
- Review chest x-ray
- Review CT Scan
- Write prescriptions
- More time with ICD 9 & Flash Coder

And… f i n a l l y …please tell us

- GDL
- ITE
- OSCE
- FMS
- FMC
- PD
- COL
- SPs
- STFM
- EKG
- ECG
- TLA
- POM
- PID
- BFF

Small Group discussion

Additional ways to improve the process

Large Group sharing

Debriefing and collaboration

AFTER GOAL DIRECTED LEARNING

R.D. Laing (adapted)

You know what you don't know,
And I know that you don't know it.
So we will
make a plan
to help you learn it.

And then you will know.