Observable Practice Activities
Getting Value from Next Accreditation System Reporting

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Learning Objectives

After this presentation you should be able to:

1. Revise current rotation-based assessment tools to support direct observation of resident performance

2. Create learning objectives that are specific, measurable, achievable and relevant and link these directly to formative assessment

3. Aggregate rotation-based assessment data for reporting using the NAS milestones document
Faculty Ratings: Sources of Error

- We use different frames of reference
- We use high levels of inference during the observation process
- We struggle with converting judgments into numerical ratings
- We let factors external to resident performance influence ratings

Faculty Ratings of Trainees

The End Result...

Most evaluations are marked by:
• Leniency
• Range Restriction
• Halo Effect

Ratings of Trainees

9.58
9.00
8.00
7.00
5.49
Learner Assessment

Miller’s Pyramid of Learner Assessment

Patient Care
OSCEs, Simulation
Essays, Oral Questions
Multiple Choice Questions

Knows
Knows How
Shows How
Does

“OK, now tell me what notes you played? What did it sound like?

Assessment?
What tools do we have?
# Internal Medicine Reporting Milestones

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# Reporting Milestones (ACGME)

## ACGME Report Worksheet

1. Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s). (PC1)

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<th>Critical Deficiencies</th>
<th>Inconsistently able to acquire accurate historical information in an organized fashion</th>
<th>Consistently acquires accurate and relevant histories from patients</th>
<th>Acquires accurate histories from patients in an efficient, prioritized, hypothesis-driven fashion</th>
<th>Obtains relevant historical subleties using sensitive information for differential diagnosis</th>
</tr>
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<td>Does not select accurate historical data</td>
<td>Does not perform an appropriately thorough physical exam or misses key physical exam findings</td>
<td>Seeks and obtains data from secondary sources when needed</td>
<td>Performs accurate physical exams that are targeted to the patient’s complaints</td>
<td>Identifies subtle or unusual physical exam findings</td>
</tr>
<tr>
<td>Does not use physical exam to confirm history</td>
<td>Does not seek or is overly reliant on secondary data</td>
<td>Consistently performs accurate and appropriately thorough physical exams</td>
<td>Synthesizes data to generate a prioritized differential diagnosis and problem list</td>
<td>Efficiently utilizes all sources of secondary data to inform differential diagnosis</td>
</tr>
<tr>
<td>Relies exclusively on documentation of others to generate own database or differential diagnosis</td>
<td>Inconsistently recognizes patients’ central clinical problem or develops limited differential diagnoses</td>
<td>Uses collected data to define a patient’s central clinical problem(s)</td>
<td>Effectively uses history and physical examination skills to minimize the need for further diagnostic testing</td>
<td>Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing</td>
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<tr>
<td>Fails to recognize patient’s central clinical problems</td>
<td>Fails to recognize potentially life threatening problems</td>
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## Comments:

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Definitions

• Curricular Milestones -- Observable developmental steps that describe progression from a beginning learner to the expected level of proficiency at the completion of training.


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<th>Assessment Methods/Tools</th>
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<td><strong>PC A1</strong></td>
<td>Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis-driven fashion</td>
<td>8 months</td>
<td>Standardized Patient Direct observation</td>
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<tr>
<td><strong>PC A2</strong></td>
<td>Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g., family, records, pharmacy)</td>
<td>9 months</td>
<td>Simulation</td>
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<td><strong>PC A3</strong></td>
<td>Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient</td>
<td>18 months</td>
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<td><strong>PC A4</strong></td>
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**Performing a physical exam**

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<td><strong>PC B1</strong></td>
<td>Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions. Identify pertinent abnormalities using common maneuvers</td>
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<tr>
<td><strong>PC B2</strong></td>
<td>Accurately track important changes in the physical examination over time in the outpatient and inpatient settings</td>
<td>12 months</td>
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<td><strong>PC B3</strong></td>
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<td>24 months</td>
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<td><strong>PC B4</strong></td>
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**Clinical Reasoning**

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<td>Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plans, and order appropriate tests</td>
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PC A1– Acquire accurate and relevant history – 6 months
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- Curricular Milestones -- Observable developmental steps that describe progression from a beginning learner to the expected level of proficiency at the completion of training


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**PC A4** – Role model gathering subtle information for junior members of the healthcare team – 30 months

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Definitions

• Entrustable Professional Activities—Activities the public entrusts all physicians are capable of doing

ten Cate et al. Acad Med 2007; 82: 542-47

EPAs address authentic practice in the workplace.
Entrustable Professional Activities

• How many EPAs should constitute the curriculum?
• Think of requirements at graduation...
• This will typically list anywhere from 5 to 15 EPAs, ‘being not too detailed’

Entrustable Professional Activities

Published literature says:

• 16 to 33 EPAs for internal medicine\textsuperscript{1,2}
• 29 EPAs for psychiatry\textsuperscript{3}
• 16 for pediatrics\textsuperscript{4}

\textsuperscript{1} Alliance for Academic Internal Medicine. \textit{Internal medicine end of training EPAs.}  


\textsuperscript{4} Association of Pediatric Program Directors. \textbf{Important points about “Entrustable professional activities(EPAs)}

Internal Medicine End of Training EPAs

• Manage care of patients with acute common diseases across multiple care settings.

• Provide age-appropriate screening and preventative care

• Facilitate family meetings

10. Lead and work within interprofessional health care teams
11. Facilitate the learning of patients, families, and members of the interdisciplinary team
12. Enhance patient safety
13. Improve the quality of health care at both the individual and systems level
14. Advocate for individual patients
15. Demonstrate personal habits of lifelong learning
16. Demonstrate professional behavior

How do we best assess what residents DO?

- Medical Knowledge
- Patient Care
- Communication Skills
- Professionalism
- Systems Based Practice
- Practice Based Learning

Competencies

Reporting Milestones

EPAs

- Maintain awareness of the situation in the moment, and respond to meet situational needs
- Develop a system to track, pursue, and reflect on clinical questions
- Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care

Curricular Milestones
Observable Practice Activities (OPAs)

Competencies
Reporting Milestones
EPAs

Curricular Milestones
What is it that residents **DO**?
Observable Practice Activities
What residents DO.

Content-Based Observable Practice Activities (COPAs)
1. Initiate basal bolus insulin therapy
2. Manage elevated blood pressure
3. Manage COPD

Process-Based Observable Practice Activities (POPAs)
1. Minimize unfamiliar terms during patient encounters.
2. Use teach-back method

We should be in a position to see what a resident does, not what they say they did.
OPA creation: Iterative Process

• Each division owned their own OPAs
• Guideline: 10 or fewer Content OPAs per rotation
• Residency Educational Coordinators presented these at divisional faculty meetings
• We attended these meetings
• Once all OPAs were written, we reviewed them for redundancy and evenness of language
Our Rating Scale: Entrustment

1. Resident **not trusted** to perform skill even with supervision
2. Resident trusted to perform skill with **direct supervision**
3. Resident trusted to perform skill with **indirect supervision**
4. Resident trusted to perform skill **independently**
5. Resident trusted to perform skill at **aspirational level**
6. Skill was **not observed** on this rotation (produces no score)
Rotation: Digestive Diseases
Inpatient Wards PGY-1

Content-Based OPAs (selected)

1. Write initial admission orders for gastrointestinal bleeding
6. Initiate enteral and parenteral nutrition
9. Perform paracentesis

Rotation: Digestive Diseases
Inpatient Wards PGY-1

Process-Based OPAs (selected)

5. Demonstrate accurate medication reconciliation
12. Use teach-back method with patients
15. Minimize unnecessary care including tests

Rotation: Digestive Diseases
Inpatient Wards PGY 2-4

Content-Based OPAs (selected)

1. Manage gastrointestinal bleeding
2. Manage pancreatitis
9. Manage complications of immunosuppressive therapy

Rotation: Digestive Diseases Inpatient Wards
PGY 2-4

Process-Based OPAs (selected)

5. Manage the interdisciplinary team
12. Teach physical findings for junior members of the health care team
13. Stabilize patients with urgent or emergent medical conditions

Rotation: Initiative on Poverty Justice and Health

Content-Based OPAs (selected)

1. Identify a patient at risk for vulnerability in a clinical setting.
3. Recognize a cultural-bounded syndrome or belief
5. Manage a chronic medical condition in a resource-limited setting

Rotation:
International Medicine

Content-Based OPAs (selected)

1. Personally prepare for travel (packing, vaccines, visas etc.)
3. Deliver educational activity for the destination community-at-large
4. Create and deliver on-site projects as assigned

Rotation: General Internal Medicine
Ambulatory Long Block

Process-Based OPAs (selected)

1. Provide care for patients in non-traditional ways between office visits (telephone, email, group visits)
4. Lead an interprofessional team meeting or “huddle”
6. Improve care via Plan-Do-Study-Act (PDSA) cycles

Multisource: Interns and Residents by Allied Health Professionals

Process-Based OPAs

1. Respond to pages in timely and courteous manner
2. Demonstrate commitment to relieve pain and suffering

Multisource: Interns by Residents and Students

Process-Based OPAs

1. Provide regular feedback to other members of the team.
7. Assist colleagues in the provision of duties.

Consider each skill individually and discriminate between relative strengths and weaknesses for each resident.
• If a resident earns high scores, tell us why

• If you can’t justify, please correct
• Your words are VERY important
• Please be detailed and provide vignettes and illustrations to make your points

Don’t write “needs to read more”. Please be specific. Needs to read more what?
Structured Specific Feedback

Mid-rotation

End-rotation
Specific  
Measureable  
Achievable  
Relevant  
Time Bound*  

1. Manage  
2. Demonstrate  
3. Plan  
4. Develop  
5. Perform  
6. Minimize  
7. Use  
8. Relieve  
9. Provide  
10. Initiate  
11. Integrate  
12. Recognize  
13. Gather  
14. Improve  
15. Identify  
16. Communicate  
17. Ask  
18. Evaluate  
19. Acquire  
20. Modify  
21. Interpret  
22. Focus  
23. Engage  
24. Teach  
25. Refer  
26. Determine  
27. Choose  
28. Model  
29. Research  
30. Stabilize  
31. Support  
32. Guide  
33. Dose  
34. Select  
35. Practice  
36. Describe  
37. Direct  
38. Begin  
39. Recommend  
40. Suggest
Exercise

• Review your rotation evaluations
• Do these measure what residents do?
• Do these reflect observable practice activities?
• If not, re-imagine them using SMART language
| 2. Demonstrate | 22. Focus       | 42. Deliver | 62. Triage |
| 4. Develop     | 24. Teach       | 44. Make    | 64. Lead   |
| 7. Use         | 27. Choose      | 47. Implement| 67. Devise |
| 10. Initiate   | 30. Stabilize   | 50. Assist  | 70. Include|
| 13. Gather     | 33. Dose        | 53. Discuss | 73. Huddle |
| 14. Improve    | 34. Select      | 54. Achieve | 74. Escalate|
| 15. Identify   | 35. Practice    | 55. Act     | 75. Stage  |
| 17. Ask        | 37. Direct      | 57. Treat   | 77. Find   |
| 20. Modify     | 40. Suggest     | 60. See     | 80. Attain |
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Can Make Italian Food
Can Make Italian Food
Fruit
- Tomato

Vegetable
- Onion
- Parsley
- Garlic
- Basil
- Red Onion
- White Onion

Protein
- Meat
- Eggs
- Beef
- Pork
- Chicken

Grain
- Noodles
- Organic Semolina
- Parmesan
- Ricotta
- Swiss

Dairy
- Cheese

Can Make Italian Food

Competencies
- Can Make Italian Food

Curricular Milestones
- Can Make Italian Food

Reporting Milestones
- Can Make Italian Food

EPAs
- Can Make Italian Food
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**Can Make Mexican Food**
Can Make Indian Food

**Competencies**

- **Fruit**
  - Tomato

- **Vegetable**
  - Onion
  - Parsley
  - Garlic
  - Basil

- **Protein**
  - Meat
  - Eggs

- **Grain**
  - Rice

- **Dairy**
  - Cheese

**Curricular Milestones**

- Sauce
  - Whole

- Red Onion
  - White

**Reporting Milestones**

- EPAs

**Can Make Indian Food**
Initiate a cost effective work-up for iron deficiency anemia

**Competencies**
- Patient Care
- Medical Knowledge
- Systems Based Practice

**Curricular Milestones**
- PC-1 - Synthesizes essential information
- MK-1 - Clinical knowledge
- SBP-3 - Identifies forces that impact the cost of health care

**Reporting Milestones**
- EPA: Manage care of patients with chronic diseases across multiple care settings
Minimize unfamiliar terms during patient encounters

Competencies
- Communication
- Professionalism
- PBLI

Curricular Milestones

Reporting Milestones
- EPA: 11 Facilitate the learning of patients, families, and members of the interdisciplinary team
- ICS-1 - Communicates effectively with patients and caregivers
- PROF-3 - Responds to each patient’s unique characteristics
Mapping

• We mapped with the following in mind:
  – when assessing a trainee on a given OPA, would the evaluator feel as if they were also assessing the mapped milestones and EPAs?
  – We removed all soft calls
OPA: Minimize unfamiliar terms during patient encounters

**Milestones**

ICS-A2 - Effectively use verbal and nonverbal skills to create rapport with patients/families

ICS-D1 - Deliver appropriate, succinct, hypothesis-driven oral presentations

SBP-B2 - Work effectively as a member within the interdisciplinary team to ensure safe patient care
Initiate a cost effective work-up for iron deficiency anemia

**Competencies**

**Curricular Milestones**

- PC-A1 - Acquire accurate and relevant history
- PC-C1 - Synthesize all available data
- PC-C2 - Develop prioritized differential diagnoses

**Reporting Milestones EPAs**

- PC-1 - Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s)
- PC-5 - Requests and provides consultative care

**Patient Care**

- PC-1 - Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s)
- PC-5 - Requests and provides consultative care

**Medical Knowledge**

- MK-A1 - Understand the relevant pathophysiology and basic science for common medical conditions
- MK-B1 - Understand indications for and basic interpretation of common diagnostic testing

**Systems Based Practice**

- SBP-E2 - Minimize unnecessary care including tests
- SBP-3 - Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.

**Observable Practice Activities**
# Mapping OPAs to Milestones and EPAs

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# Mapping OPAs to Milestones and EPAs

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| AVG | 2.67 | 2.67 | 3.00 | 2.67 | 2.50 | 3.00 |
Traditional Competency-Based Evaluations

OPA Based Evaluations

- Titrate Insulin
- Manage Vent
- Read EKG
- Diagnose Hepatitis
The Milestones are the apples to be compared

MK A1 1. Understand the relevant pathophysiology and basic science for common medical conditions

PC E2 2. Make appropriate clinical decision based upon the results of diagnostic tests

PBLI B1 1. Identify learning needs (clinical questions) as they emerge in patient care activities

Titrate Insulin  Manage Vent  Read EKG  Diagnose Hepatitis
Initiate a cost effective work-up for iron deficiency anemia
Initiate a cost effective work-up for iron deficiency anemia
<table>
<thead>
<tr>
<th>Fruit</th>
<th>Vegetable</th>
<th>Protein</th>
<th>Grain</th>
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### Sensitivity versus Specificity

- Initiate a cost effective work-up for iron deficiency anemia
- Minimize Unfamiliar Terms During Bedside Encounters
- Improve care via Plan-Do-Study-Act (PDSA) cycles

#### Competency Areas
- Patient Care
- Medical Knowledge
- Systems Based Practice
- Communication
- Professionalism
- PBLI

(X 2000) (X 2000)
PC-2
Develops and achieves comprehensive management plan for each patient.

Approximately 3000 Assessments
Reporting Milestones

Resident A

Resident B

Resident C
Reporting Milestones

Resident A

Resident B

Resident C
Resident D

Resident E

PC-2
Develops and achieves comprehensive management plan for each patient.

Level 5
Level 4
Level 3
Level 2
Level 1

PGY-1  PGY-2  PGY-3

Q1  Q2  Q3  Q4  Q1  Q2  Q3  Q4  Q1  Q2  Q3  Q4  Q1  Q2  Q3  Q4
PC-2
Develops and achieves comprehensive management plan for each patient.

ICS-2
Communicates effectively in interprofessional teams (e.g. peers, con...
Multisource Interns and Residents Evaluated by Nurses and Allied Health Professionals Wards

- Insufficient contact to evaluate (delete evaluation)

Please complete the following evaluation using entrustment as your frame of reference.

At what level do you TRUST the resident to do the particular skill?

<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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<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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</table>

6 nurses

100.00%

Level 5.00 (0.0)

100.00%

Level 5.00 (0.0)

100.00%

Level 5.00 (0.0)

100.00%

Level 5.00 (0.0)

At: is always very polite and easy to work with. He is very approachable and always open to answering questions. He listens well to his patients and is open to input from the nurses. I enjoy working with him.

Pleasant, and very respectful of nursing staff. I enjoy working with him. Takes the time to explain the plan of care to staff and patients alike.

5. Comments about this resident? Please be descriptive and consider using stories to make your point.

Required fields - Option description (place mouse over field to view)

Submit completed evaluation

Dr. Weesner, Marshall (2) Dr. Williams, Timothy (2) Dr. Wright, Robin (1) Dr. Yadwadkar, Tanushree (3)
### Example: PGY-3 30 Month NAS Report

<table>
<thead>
<tr>
<th>PC-5</th>
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#### MK-1 Clinical Knowledge

- Lack foundational knowledge to apply diagnostic testing and procedures to patient care.
- Inconsistently interprets basic diagnostic tests accurately.
- Does not understand the concepts of pre-test probability and test performance characteristics.
- Minimally understands the rationale and risks associated with common procedures.
- Consistently interprets basic diagnostic tests accurately.
- Needs assistance to understand the concepts of pre-test probability and test performance characteristics.
- Fully understands the rationale and risks associated with common procedures.
- Interprets complex diagnostic tests accurately.
- Understands the concepts of pre-test probability and test performance characteristics.
- Teaches the rationale and risks associated with common procedures.
- Anticipates potential complications when performing procedures.

#### MK-2 Knowledge of diagnostic testing and procedures.

- Refuses to recognize the contributions of other interprofessional team members.
- Inflitrates team members with malpractice and errors.
- Identifies roles of other team members but does not recognize them to utilize them as resources.
- Frequent requests reminders from team to complete physician responsibilities (e.g. task to family, enter orders).
- Participates in team discussions when required but does not actively seek input from other team members.
- Understands the roles and responsibilities of all team members but uses them ineffectively.
- Participates in team discussions when required but does not actively seek input from other team members.
- Understands the roles and responsibilities of all team members but uses them ineffectively.
- Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient.

#### SBP-1 Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).

- Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).
- Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).
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- Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).
PC-5: Requests and provides consultative care.

Level Progression:

- Level 5
- Level 4
- Level 3
- Level 2
- Level 1

Timeline:

- 2012H2 (PGY-2)
- 2013H1 (PGY-2)
- 2013H2 (PGY-3)
- 2014H1 (PGY-3)

Recorded By: Ben Kinnear
Last Updated: 1/15/2014

Clinical Competency Committee (CCC) Notes:
SBP-1: Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).

Level Progression

Level 5
Level 4
Level 3
Level 2
Level 1

2012H2 (PGY-2)  2013H1 (PGY-2)  2013H2 (PGY-3)  2014H1 (PGY-3)

Recorded By: Ben Kinnear
Last Updated: 1/15/2014
Clinical Competency Committee (CCC) Notes:
Accepts responsibility and follows through on tasks.

Skill in performing procedures.

Exhibits integrity and ethical behavior in professional conduct.

Has professional and respectful interactions with patients, caregivers and members of the interprofessional...

Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary...)

Transitions patients effectively within and across health delivery systems.

Manages patients with progressive responsibility and independence.

Clinical knowledge

Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.

Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s).

Requests and provides consultative care.

Develops and achieves comprehensive management plan for each patient.

Learns and improves at the point of care.

Monitors practice with a goal for improvement.

Learns and improves via feedback.

Appropriate utilization and completion of health records.

Learns and improves via performance audit.

Responds to each patient’s unique characteristics and needs.

Communicates effectively with patients and caregivers.

Leans and improves at the point of care.

Monitors practice with a goal for improvement.

Learns and improves via feedback.

Appropriate utilization and completion of health records.

PGY-1s

NAS report Jul-Dec 2013
PGY-2

Accepts responsibility and follows through on tasks.

Transitions patients effectively within and across health delivery systems.

Works effectively within an interprofessional team (e.g. peers, …)

Exhibits integrity and ethical behavior in professional conduct.

Communicates effectively in interprofessional teams (e.g. peers, …)

Has professional and respectful interactions with patients, caregivers...

Communicates effectively with patients and caregivers.

Responds to each patient’s unique characteristics and needs.

Learns and improves via feedback.

Appropriate utilization and completion of health records.

Recognizes system error and advocates for system improvement.

Requests and provides consultative care.

Requests and provides consultative care.

Learns and improves via performance audit.

Develops and achieves comprehensive management plan for each patient. Learns and improves via performance

Manages patients with progressive responsibility and independence.

Clinical knowledge

Gathers and synthesizes essential and accurate information to define each…

Monitors practice with a goal for improvement.

Learns and improves at the point of care.

Identifies forces that impact the cost of health care, and advocates for, and…

Knowledge of diagnostic testing and procedures.

Skill in performing procedures.

NAS report Jul-Dec 2013
Accepts responsibility and follows through on tasks.

Works effectively within an interprofessional team (e.g. peers, ... Transitions patients effectively within and across health delivery systems.

Exhibits integrity and ethical behavior in professional conduct.

Communicates effectively in interprofessional teams (e.g. peers, ... Has professional and respectful interactions with patients, caregivers...

Communicates effectively with patients and caregivers.

Recognizes system error and advocates for system improvement.

Responds to each patient’s unique characteristics and needs.

Learns and improves via feedback.

Develops and achieves comprehensive management plan for each patient.

Requests and provides consultative care.

Monitors practice with a goal for improvement. Learns and improves via performance audit.

Manages patients with progressive responsibility and independence.

Identifies forces that impact the cost of health care, and advocates for, and...

Gathers and synthesizes essential and accurate information to define each...

Appropriate utilization and completion of health records.

Clinical knowledge

Knowledge of diagnostic testing and procedures.

Skill in performing procedures.

PGY-3

NAS report Jul-Dec 2013
Single PGY-1 – Reviewed in Depth by Competency Committee
982 Assessments

Accepts responsibility and follows through on tasks.

Learns and improves at the point of care. Requests and provides consultative care.

Learns and improves via performance audit.

Communicates effectively in interprofessional teams (e.g. peers, ...)

Communicates effectively with patients and caregivers.

Learns and improves via feedback.

Develops and achieves comprehensive management plan for each patient.

Manages patients with progressive responsibility and independence.

Exhibits integrity and ethical behavior in professional conduct.

Responds to each patient’s unique characteristics and needs.

Works effectively within an interprofessional team (e.g. peers, ...)

Has professional and respectful interactions with patients, caregivers...

Skill in performing procedures.

Clinical knowledge

Monitors practice with a goal for improvement.

Gathers and synthesizes essential and accurate information to define each...

Knowledge of diagnostic testing and procedures.

Identifies forces that impact the cost of health care, and advocates for, and...

Appropriate utilization and completion of health records.

Transitions patients effectively within and across health delivery systems.

NAS report Jul-Dec 2013
Assist colleagues in the provision of duties.

Demonstrate safe, accurate, and complete...

Respond to pages in timely and courteous...

Provides regular feedback to other...

Demonstrate shared decision-making with...

Perform bedside presentations that engage...

Demonstrate empathy, compassion, and a...

Interpret pulmonary function tests

Initiate cost effective workup of venous...

Initiate basal bolus insulin therapy and...

Differentiate a transudative from an...

Diagnose the cause of loss of consciousness...

Distinguish between cirrhotic and non-

Gather subtle, sensitive, and complicated...

Interpret serologic testing for hepatitis A...

Manage common sequelae of cirrhosis

Manage derangements of potassium

Assess risk factors for acute hepatitis,...

Recognize the risk factors and clinical...

Refer appropriate patients with acute and...

Communicate effectively with the...

Identify the salient features of fulminant...

Identify the indications and...

Was this resident receptive to the unique...

Demonstrates respectful behavior to all...

Communicate with primary care physicians

Minimize unfamiliar terms during patient...

Acquire accurate and relevant history

Standard of Work Assessment

Autonomy Assessment

Perform an accurate physical exam

Provide accurate, complete, and timely...

Identify appropriate circumstances to use...

Integrate clinical evidence into decision...

Initiate antibiotics for pneumonia

Identify antibiotic therapy in patients with chest infections...

Identify appropriate antibiotic(s) for skin and soft tissue...

Manage parathyroid abnormalities in the...

Initiate work-up for anemia

Interpret chest x-rays for common lung...

Manage hyperkalemia in the renal patient

Initiate workup and management of fever

Manage hyperkalemia during tumor lysis...

Work-up lung nodule or mass

Manage hyperglycemia

Manage acute renal failure

Manage extremes of blood pressure

Refer for right heart catheterization when...

Deliver appropriate goal-directed therapy...

Document cross-cover care

Diagnose the cause of loss of consciousness...

Initiate appropriate antibiotic(s) for skin and...

Identify how to change a ventilator to...

Dose drugs appropriate to the level of renal...

Manage derangements of electrolytes

Initiate work-up of diabetic foot ulcer

Recommend bronchoscopy for various...

Utilize oximetry and arterial blood gas...

Initiate diagnostic testing for venous...

Adjust short and long acting narcotics for...

Diagnose neutropenic fever

Initiate workup of non neutropenic fever.

Manage exacerbations of obstructive lung...

Use End-Expiratory PEEP with ventilation...

Diagnose workup for acute chest pain

Identify appropriate clinical question for...

Initiate antibiotic therapy for phase I and II testing

Evaluate and interpret serologic testing...

Identify the appropriate clinical question for...

Recognize the scope of his/her abilities and...

Manage elevated blood pressure

Develop an evidence-based diagnostic and...

Develop prioritized differential diagnoses

Coping with Complexity Assessment

Use teach-back method with patients...

Identify clinical questions as they emerge in...

Use evidence-based literature in assessment...

Diagnose spinal cord compression

Refer patients for hospice and palliative care

Initiate cost-effective workup for anemia

Manage alcohol withdrawal

Demonstrate appropriate use of blood...

Diagnose spinal cord compression

Identify how to change a ventilator to...

Dose drugs appropriate to the level of renal...

Manage derangements of electrolytes

Initiate work-up of diabetic foot ulcer

Recommend bronchoscopy for various...

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Develop an evidence-based diagnostic and...

Develop prioritized differential diagnoses

Coping with Complexity Assessment

Use teach-back method with patients...

Identify clinical questions as they emerge in...

Use evidence-based literature in assessment...
Validity?

• Validity – how well one can trust the results of a test as interpreted for a specific purpose\(^1\)
  – Not a property of the instrument, but of interpretation

Validity?

- Content: do instrument items represent the construct?

- Response Process: are the construct and the thought processes of observers the same?

- Reliability – internal consistency, temporal stability, inter-rater reliability, generalizability

- Consequences: do scores really make a difference?

- Relations to other variables

---

### R3 Class Milestone Average Jul 1st to Feb 1st

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**Selected to be Chief Resident**

Had issues brought before competency committee
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Research Directions

- Study the progression of assessment entrustment decisions made over time for internal medicine residents by faculty physicians, peer physicians, and allied health providers.

- Identify assessment biases present in these entrustment decisions, including bias associated with age, sex, resident year of training, attending experience level, or job description of assessor.

- Determine validity of assessment entrustment decisions made over time for internal medicine residents in relation to other variables such as standardized test scores, and other clinical assessments.
<table>
<thead>
<tr>
<th>Curricular Milestones</th>
<th>OPAs</th>
<th>Reporting Milestones/EPAs</th>
<th>Narratives</th>
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<tbody>
<tr>
<td>Can Put On Helmet</td>
<td>Rides in Driveway</td>
<td>Rides Bicycle Safely</td>
<td>Falls off Bike</td>
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<tr>
<td>Feet Reach Pedals</td>
<td>Rides on Sidewalk</td>
<td></td>
<td>Rides 1000 feet without Stopping</td>
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<tr>
<td>Can Balance</td>
<td>Rides on Quiet Street</td>
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<td>Rides on Quiet Road</td>
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<tr>
<td>Can Forward Propel</td>
<td>Rides in Traffic</td>
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<td>Rides in Rush Hour Traffic</td>
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<tr>
<td>Can Brake</td>
<td>Rides to work on time</td>
<td></td>
<td>Rides Tour de France</td>
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<tr>
<td>Can Beep Horn</td>
<td>Rides in Triathlon</td>
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Curricular Milestones

- Can Put On Helmet
- Feet Reach Pedals
- Can Balance
- Can Forward Propel
- Can Brake
- Can Beep Horn

OPAs Level Of Entrustment 1 2 3 4 5

- Rides in Driveway
- Rides on Sidewalk
- Rides on Quiet Street
- Rides in Traffic
- Rides to work on time
- Rides in Triathlon

Reporting Milestones/EPAs

- Rides Bicycle Safely

Level Of Entrustment 1 2 3 4 5

Narratives

- Falls off Bike
- Rides 1000 feet without Stopping
- Rides on Quiet Road
- Rides in Rush Hour Traffic
- Rides Tour de France
**Curricular Milestones**

- **PC F2**: With minimal supervision, manage patients with common and complex clinical disorders.
- **PC B4**: Routinely identify subtle or unusual physical findings that may influence clinical decision making.
- **PC E1**: Make appropriate clinical decisions based upon the results of common diagnostic testing.
- **PC F10**: Customize care in the context of the patient’s preferences and overall health.

**Opportunities for Professional Advancement (OPAs)**

- **Level Of Entrustment**
  - 1
  - 2
  - 3
  - 4
  - 5

  - Titrate cardiac medications
  - Manage pancreatitis
  - Titrate insulin based on glucose readings
  - Adjust short and long acting narcotics for cancer and sickle cell patients
  - Manage parathyroid abnormalities in the renal patient
  - Deliver appropriate goal-directed therapy for severe sepsis

**Reporting Milestones/EPAs**

- Develops and achieves comprehensive management plan for each patient. (PC2)

**Level Of Entrustment**

- 1
- 2
- 3
- 4
- 5

**Narratives**

- Care plans are consistently inappropriate or inaccurate.
- Inconsistently develops an appropriate care plan.
- Consistently develops appropriate care plan.
- Appropriately modifies care plans based on patient’s clinical course, additional data, and patient preferences.
- Role models and teaches complex and patient-centered care.

---

[Image and text connections diagram]
Observable Practice Activities (OPAs)
- Chosen by faculty representatives from each division
- Vetted by entire faculty
- Used to construct rotation curricula and assessment forms
- Refined over time

Process OPAs
- Conserved across rotations

Content OPAs
- Specific to each rotation

End of Rotation Feedback
- Available for review by resident, attending, program director, and clinical competency committee

Entrustment Decisions by Assessors
1. Resident not trusted to perform skill even with supervision
2. Resident trusted to perform skill with direct supervision
3. Resident trusted to perform skill with indirect supervision
4. Resident trusted to perform skill independently
5. Resident trusted to perform skill at aspirational level

NAS Milestones (22)
Curricular Milestones (142)
End of Training EPAs (16)

External Reporting
- NAS ACGME 6 month milestone reports

Longitudinal Assessment
- Available for review by resident, program director, and clinical competency committee

Mapping

TEAM EFFORT

Residency Program Staff

Dell  Diers  Warm  Mathis  Fichtenbaum  Mueller  O’Toole  Pai  Schauer  Tolentino

Lee  Ashbrook  Held  Lee  Wood  Wexler

Residency Education Coordinators

Khan  Robertson  Houk  Falciglia  Cohen  Chaudhary  Lenz  Schoch  Kamath
Questions?