Special Delivery

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Assessing Competency-Based Education

The ACGME Outcomes Project is focused on the longstanding educational process called “competency-based education (CBE),” which essentially means that as educators, the main focus should always be on the outcome of the education. There are three critical educational activities associated with CBE:

1. **Competency-based goals and objectives**
   - *Non Comp-based:* Resident will understand how to communicate treatment options to patient.
   - *Comp-based:* Resident effectively communicates the treatment options to the patient.
2. **Curricula that enables knowledge application as well as knowledge acquisition**
   - *Instead of only lecturing on the principles of research, residents must show that they can design a study.*
3. **The emphasis must always be on formative assessment, realizing that summative is still important.**
   - *Formative*: **This is part of the instructional process!!** The diagnostic use of assessment to provide feedback that is intended to make it possible for the learners to evaluate themselves in light of the information received, and make adjustments.
   - *Summative*: assessment performed at the end of an course / rotation / program to determine whether the resident met the goals.

Critical to CBE assessment is: 1) determining the expected competency level for the learners then 2) communicating that desired level of competency so learners will know exactly what is expected of them — DON’T ASSUME THAT THEY KNOW!!!

Making Formative Feedback Effective

1. OBSERVE the performance
2. Address the issue when it occurs or as close to the incident as possible
3. Address the learner response
4. Discuss specific errors or issues
5. Provide correct examples
6. Provide guidance
7. Provide opportunities for review

Formative assessment is for both “strong” and “weak” performance!

Message from the Program Director . . .

Kaizen and (K)ulture

We have successfully introduced the “Kaizen” system into our residency as we address the important stewardship tasks that are at times repetitive and somewhat menial. Kaizen demands implementation which we have done but also continued assessment of performance and, finally, improvement and modification as time passes. The vertical and horizontal mentoring system should keep us on track.

(K)ulture

Now I would like to compliment Kaizen with a look at our culture, or what I would like to call Kulture. Kulture can encompass many things but might include the ability to make our work and training more enjoyable and to invest in our relationships and activities with one another. The Professionalism competency can also be addressed thru how we communicate with one another (support & formative feedback), as well as, how we are perceived by our patients, colleagues in health care and our students.

As we complete our academic year in the coming weeks I want to brainstorm this concept for our program and get your thoughts re how we can blend Kaizen with (K)ulture.

-- Dr. Kilgore

Important Dates

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April 27—May 3
Medical Student Transition Week

May 1
USMLE Step III (PGY2) - start process

May 4
- MS Block VI Orientation
- RRD Deadline for Slides
- RRD Deadline for Abstracts

May 14
Ethics' Journal Club

May 15
Resident Education Year-End Review Meeting

May 25
Student Education Meeting

May 29
PGY2's RRD (last Friday Conf. of the year!!)

June 5
PGY3's / select PGY4's RRD

June 6
Pre-Chief's Party

June 13
Chief's Party

Resident Rave

David Ellington, PGY2

Undergrad: University of Virginia

Med School: University of South Florida

"Dr. Ellington brings a singular focus and intensity towards the delivery of patient care that is refreshing. His compulsiveness definitely makes for improved patient care. In addition, if you happen to catch him when hunting season is not on his mind (somewhat hard to do) he can really be a star performer." -*Mack Barnes, MD*

"Ah, David Ellington—where do I begin? David is one of the hardest working, conscientious, funny, and loveable residents I have had the pleasure of working with. David often jokes about his size—in fact, I hear that a certain hospital in town had a serious budget deficit in the doctors' lunchroom when David and Greg were working there! However, the biggest things about David are his heart of gold and his over-the-top work ethic. We are very lucky to have him on our resident team!" — *Alice R. Goepfert, MD*

"We are indeed fortunate to have David Ellington (aka:'Sleeping Beauty'), a well 'rounded', second generation resident. David has performed in an exemplary manner on my service, always involved, always prompt, always caring and concerned about our patients, always hungry. Very congenial, really one of the 'good ole boys', until he decided to forego deer hunting for a 'jammie party' with the girls. David, please explain." — *Robert Holley, MD*

Jenny Whitworth, PGY3

Undergrad: University of Alabama, Tuscaloosa

Med School: UAB

"Don't let that fun loving, girl next door personality fool you about Jenny. She is all business when it comes to how smart she is, how hard she works and how serious she is about her career development. What a great role model!" - *Ronnie Alvarez, MD*

"Jenny seems care-free and she enjoys having a good time on her off days. However, when it comes to strong work ethic, she's got it! She is very smart, devoted to her work resident and takes great care of her patients." -*Sheri Jenkins, MD*

"Medical education is not just a program for building knowledge and skills in its recipients… it is also an experience which creates attitudes and expectations." — *Abraham Flexner 1914*

Education Corner

Bracing for a Tighter Budget Results with the New Ambulatory Curriculum

Alicia Vogt, MD

Budgeting may be a new concern for the U.S. Economy, but constraints created by the 80-hour work week has caused residency training programs across the country to find unique ways to budget time while meeting comprehensive educational goals.

In 2005, the RRC removed the 6 month primary and preventative care block and allowed for this education to take place across the 4 years in a number of settings. ACGME then provided even more flexibility when, in 2007, it changed the way of evaluating primary care experience. Led by Peter Schwartz, a subcommittee appointed by the RRC decided on 20 categories of primary care education: allergies, medication, contraception, history of abuse, etc.

CREOG addended its own educational objectives in its 8th edition of *Educational Objectives: Core Curriculum in Obstetrics and Gynecology*, and in like form, UAB's own Department of Obstetrics and Gynecology self-assessed.

The investigation led with the creation of an *Ambulatory Curriculum Taskforce*. Spearheaded by Todd Jenkins, MD as well as the inclusion of other faculty and residents, the ambulatory topics were evaluated individually relating to the amount of exposure received by residents. Deficient areas were then divided amongst the taskforce.

In the spirit of economic restraint- specifically time constraint- an online ambulatory curriculum was developed to meet the poorly covered issues not able to be addressed in a clinical setting. The modules will mostly involve the PGY1s and include an overview of the topic, related EBM articles, and post-test questions.

Topics felt to be covered well currently, are encountered by the PGY2-4 in their continuity clinic, involving a 15-20 min discussion with the clinic attending on a given article related to the topic. The attending physician's are instructed to ensure that a portion of this time is interactive, with the residents being challenged to answer questions about the articles and to challenge the residents to think beyond the concrete data in the article.

There will also be a shift to a monthly theme, e.g. Oral contraceptives, and increased attention to the primary car topics listed by the RRC in the 2008 Spring Newsletter. With increasing amount of requirements to fulfill, the focus is on bigger returns with smaller investment. In a time of limited work hours, time is a commodity. Imagine budget cuts to 54 hours.

URL:
http://www.obgyn.uab.edu/residency/edambulatory.htm

The New Robotics Surgical Curriculum

Larry Kilgore, MD, Warner Huh, MD and PGY 3, Jeff Elder, MD led the development of the new Robotics Surgery Curriculum that was recently implemented in our Department. Upon successful completion of this program, residents will graduate with the credentials allowing them to perform minimally invasive gynecologic surgery utilizing the *DaVinci®* surgical system. The program consists of three modules designed in conjunction with *Intuitive Surgical* as a pilot program to assess the feasibility of training residents to perform these types of procedures. The modules are designed to be completed in sequence according to level of training. All years will complete the initial online module by the end of February. Following this, the PGY2-4 classes will attend a hands-on dry lab designed to help them to become more familiar with the system, its instrumentation, and functions. Finally, the PGY3-4s will utilize an online case logging system enabling them to track operative times, surgical roles, and case numbers. Once complete, the residents will then be able to perform these procedures in their future practice roles immediately upon completion of residency at the discretion of their respective credentialing bodies. Although other programs also allow residents to participate in robotic cases as part of their general training, UAB

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Education Corner Continued . . .

con't . . . ***Robotics Surgical Curriculum***

is the only program currently planning to implement a system to provide the community with residents trained and able to take full advantage of this new technology upon graduation without the need for further sanctioned training.

View the online robotics curriculum: http://www.obgyn.uab.edu/residency/edrobotics.htm

Tips on Teaching Surgical Skills

- **Set Expectations:** It is important to consider what skills you expect your junior doctor or trainee to perform either independently or under your observation then communicate this to the learner.
- **Demonstrate, Practice, Provide Feedback:** To learn a new motor skill the learner should see it demonstrated, then practice it repeatedly, and receive feedback about the performance.
- **Don't Overestimate Knowledge:** It is easy to overestimate the knowledge and skill of any group of learners, especially as they may be uncomfortable to admit their lack of knowledge. Assume nothing and go right back to basics - provided you treat the learners with respect, they will value the experience.
- **Reinforce the Basics:** Do not overestimate the complexity needed in basic surgical skills teaching. Seemingly obvious techniques, properly taught and regularly reinforced, are more important than overly sophisticated ones.

Residency Curriculum: *More Additions and Revisions*

- **Preoperative Evaluation: A Competency-based Curriculum for the ObGyn Resident *(Addition):*** Designed to help the resident: 1) select the appropriate patients for surgery, 2) order the proper studies to ascertain a patient's risk for surgery, 3) refer select patients to the most suitable specialist for preoperative risk assessment in a cost-effective manner, and 4) deliver the best peri-operative care for patients with serious comorbidities. *Implementation: Academic Year 2009-10 (Drs. Pete Frederick and Jamie Nodler)*

- **Adolescent Gynecology (AG) Curriculum *(Addition):*** Planned to help residents better care for pediatric / adolescents with reproductive system (gynecologic) needs. Dr. Kim Hoover's recently funded HSF-GEF grant for the development of the Pediatric and Adolescent Gynecology Clinic will provide the clinic exposure to enhance the AG curriculum. *Implementation: Academic Year 2009-10 (Drs. Kim Hoover, Shannon Bryant, and Julie Walsh-Covarrubias)*

- **Team-Based Formal Mentoring Program *(Revision):*** To complement the Kaizen method that the residency has recently adopted, we are revising the existing Formal Mentoring Program. The residents will still be assigned mentors to meet with throughout the year as a one-on-one session, but the residents will now work within a team to provide opportunities for both formal and informal mentoring opportunities. *Implementation: Academic Year 2009-10 (Drs. Emily Evans-Hoeker and Julie Walsh-Covarrubias)*

- **Electronic Portfolio *(Addition):*** We are currently working to replace our paper-based portfolio system with an electronic one. This will be an interactive web-based professional development tool that residents can use throughout their residencies to record and organize their learning and to reflect and receive feedback on their skills as physicians, building evidence that allows them to chart their own progress over time. *Implementation: Academic Year 2009-10 (Drs. Jamie Erwin and Julie Walsh-Covarrubias)*

This newsletter is from the Department of Ob/Gyn's Education Directorate.

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