Competency Based Medical Education (CBME): Starting with an Outcome to Build an Evaluation System and Curriculum

Cuc Mai MD FACP
New Program Director Retreat
February 2019
Goals & Objectives

• Define competency based medical education education (CBME)
• Differentiate milestones versus entrustable professional activities (EPA)
• Review how programs can use defined milestones and EPAs to
  • Build rotation evaluation tools and systems to evaluate learners
  • Assess program curriculum and evaluation system
  • Define and write goals and objectives
SWITCH

Motivation
* Public Accountability
* Improves Accreditation
* Helps the learner know what to master
* Using EPAs/Milestones can make reports to CCC, G/O, program evaluation more substantive
* Put resources where it matters most

Shape the Path
Review (Define) Specialty EPAs and Milestones
Apply concepts to rotation evaluations and link evaluation questions to subcompetencies
Apply concepts to assess program curriculum and evaluation system
Apply concepts to improve goals & objectives
Ask CCC to get involved in this process

Direction
Understand CBME, EPAs, Milestones
Utilize the scope of CBME to ensure that our programs are providing our trainees the best education to become physicians that provide quality care
CBME - History in GME

- Pre 1999: No duty hour, Few ACGME Requirements
- 1999-2000: The ACGME Outcomes Project
- 2002-2008: Residencies required to integrate competencies into curricula
- 2009: Next Accreditation System
- 2012: The ACGME Milestones Project
- 2013-2014: Residencies report data on Milestones to ACGME
CBME is “an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies”
The evolution of the 6 Core Competencies: Milestones and EPAs

• Entrustable Professional Activity: An essential **task** of a "**discipline**" that an individual can be trusted to perform independently in a given context
  • “What we see physicians do”

• Milestone: A defined, observable marker of an individual's **ability** along a developmental continuum
  • “How we measure how physicians do”
Riding a Bike is an EPA of being a Kid

**Observable Practice Activities**

- Equipment
- Safety
- Bicycle Etiquette
- Endurance

**Competencies**

- Knows Right Size bike to use
- Can Balance
- Can Propel Forward
- Knows Hand signals

**Milestone**

- Rides 100 feet without falling
- Rides with a helmet
- Riding in same direction as traffic using hand signals
- Rides for over 8 hours at once

**Narrative**

Do you trust them? What you are watching that describes the EPA.

**Milestones within an EPA**

Typically, each EPA integrates multiple milestones.
1. Provide a usual source of comprehensive, longitudinal medical care for people of all ages.
2. Care for patients and families in multiple settings.
3. Provide first-contact access to care for health issues and medical problems.
4. Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.
5. Provide care that speeds recovery from illness and improves function.
6. Evaluate and manage undifferentiated symptoms and complex conditions.
7. Diagnose and manage chronic medical conditions and multiple co-morbidities.
8. Diagnose and manage mental health conditions.
9. Diagnose and manage acute illness and injury.
10. Perform common procedures in the outpatient or inpatient setting.
11. Manage prenatal, labor, delivery and post-partum care.
12. Manage end-of-life and palliative care.
13. Manage inpatient care, discharge planning, transitions of care.
15. Develop trusting relationships and sustained partnerships with patients, families and communities.
16. Use data to optimize the care of individuals, families and populations.
17. In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health.
18. Advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities.
19. Provide leadership within inter-professional health care teams.
20. Coordinate care and evaluate specialty consultation as the condition of the patient requires.
**General Competency**: Care for acutely ill or injured patients in urgent and emergent situations 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>Milestone Level</th>
<th>Milestone Description</th>
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<tbody>
<tr>
<td>Level 1</td>
<td>Generates appropriate differential diagnoses for any presenting complaint</td>
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<td>Level 2</td>
<td>Consistently recognizes complex situations requiring urgent or emergent medical care</td>
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<tr>
<td>Level 3</td>
<td>Consistently recognizes common situations that require urgent or emergent medical care</td>
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<td>Level 4</td>
<td>Coordinates care of acutely ill patient with consultants and community services</td>
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<tr>
<td>Level 5</td>
<td>Provides and coordinates care for acutely ill patients within local and regional systems of care</td>
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</tbody>
</table>

**Subcompetency**: Developmental progression or set of milestones.
The Link between EPAs and Milestones

Assessing Residents

Three Different Tools

- GOOD trainees DO these well.
- EPA's
  1. Titrate insulin
  2. Manage ventilator
  3. Treat pain
  4. Share decision making
  5. Hand-off properly

- Competencies
  1. Patient Care
  2. Medical Knowledge
  3. Professionalism
  4. Communication Skills
  5. System Based Practice
  6. Practice Based Learning

- Milestones
  (Sub-competencies)

We see residents DO these things
We measure residents with these
EPA/Milestones Examples in GME - Family Medicine

• Family Medicine EPA 8: Diagnose and manage mental health conditions
• Subcompetency/Milestones Linked to EPA 8:
  • PC 1: Cares for acutely ill patients- Level 4
  • PC 2: Cares for patients with chronic conditions- Level 3
  • PC 4: Manages unclear diagnoses- Level 4
  • MK2: Applies critical thinking- Level 3
  • SBP4: Coordinates team based care- Level 3
  • Prof2: Professional conduct and accountability- Level 2
  • Prof3: Demonstrates humanism- Level 3
  • ICS1: Develops relationships with pts and families- Level 4
  • ICS2: Communicates effectively with pts and families- Level 3
Group Activity 1

• Using EPA 14 and 13 for Family Medicine
  • EPA 14: Manage care for patients with medical emergencies
  • EPA 13: Manage inpatient care, discharge planning, transitions of care

• Decide which sub-competencies would apply to this EPA and mark Yes next to the subcompetencies that your group think applies to each EPA
AFMRD Consensus

• EPA 14: Manage care for patients with medical emergencies
  • PC1, MK1, SBP2, SBP4, ICS1, ICS2, ICS3

• EPA 13: Manage inpatient care, discharge planning, transitions of care
  • PC1, PC5, SBP1, SBP2, SBP4, Prof1, Prof2, Prof3, ICS2, ICS3, ICS4
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<th>EPA Number</th>
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Association of Family Medicine Residency Directors-Linking EPAs to Milestones
Build rotation evaluation tools using EPAs then linking to subcompetencies to generate milestone reports
Creating rotation evaluations using EPAs

• Step 1: What EPAs will the trainee perform during the rotation?
  • Emergency Medicine Rotation for FM resident
    • EPA 3: Provide first contact access to care for health issues and medical problems
    • EPA 9: Diagnose and manage acute illness and injury
    • EPA 10: Perform common procedures in the emergency department
    • EPA 14: Manage care for patients with medical emergencies
    • EPA 20: Coordinate care and evaluate specialty consultation as the condition of the patient requires

• Step 2: Turn these EPAs into questions on the rotation evaluation
  • EPA 14: How well did the resident provide patient care with medical emergencies?

• Step 3: Identify how the EPAs and subcompetencies link

• Step 3: Apply same Likert scale as milestones

• Step 4: Create rotation evaluation and link to subcompetencies
Creating rotation evaluations w/ EPAs linked to subcompetencies

**Step 1:** EPA 13: Manage inpatient care, discharge planning, transitions of care

**Step 2:**
- Q1: Please evaluate the discharge planning provided to patients by the resident
- Q2: Please evaluate the inpatient care provided to patient by the resident

**Step 3:** This evaluation questions linked to
- PC1, PC5
- SBP1, SBP2, SBP4
- Prof1, Prof2, Prof3
- ICS2, ICS3, ICS4
Reports for the CCC: Linking rotation questions to subcompetencies

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
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<tbody>
<tr>
<td>Does not collect accurate historical data</td>
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<td>Does not use physical exam to determine medical history</td>
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<td>Fails to communicate or document observations on database or differential diagnosis</td>
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<td>Fails to recognize patients central clinical problems</td>
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<td>Fails to recognize potentially life threatening conditions</td>
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<tr>
<th>Question</th>
<th>Normalized Rating</th>
<th>Responses</th>
<th>Prior Review</th>
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<tbody>
<tr>
<td>Demonstrates the ability to manage and triage calls that come in from the nursing staff.</td>
<td>3.00</td>
<td>1 response</td>
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<tr>
<td>Manages a patient seen in clinic for a chronic medical condition.</td>
<td>3.50</td>
<td>2 responses</td>
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<td>Manages a patient seen in clinic for an acute medical condition.</td>
<td>3.25</td>
<td>2 responses</td>
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<tr>
<td>Manages the day to day care of a patient admitted to the hospital on the medicine service.</td>
<td>3.00</td>
<td>1 response</td>
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<tr>
<td>Performs all tasks associated with admitting a patient to the hospital.</td>
<td>3.00</td>
<td>1 response</td>
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<td>Performs all tasks associated with providing consultative services. This includes appropriate evaluation of the patient...</td>
<td>3.00</td>
<td>2 responses</td>
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AVERAGE: 3.19
RESPONSES: 9
PRIOR REVIEW: June 2018
1 N/A response
Assess program curriculum/assessment system
Riding a Bike is an EPA of being a Kid

**Curriculum**
- Educate about Bike Safety Rules
- Skill Practice at each skill milestone
- Build endurance

**Assessments**
- May need to assess subcompetencies/milestones rather than the EPA itself
Residency Common Program Requirements: Medical Knowledge

- ACGME: “Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care”

<table>
<thead>
<tr>
<th>MK-1</th>
<th>Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has not achieved Level 1</td>
<td>Demonstrates the capacity to improve medical knowledge through targeted study</td>
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<tr>
<td>Level 1</td>
<td>Uses the American Board of Family Medicine (ABFM) In-Training Examination or American College of Osteopathic Family Physicians (ACOPF) In-Service Examination resident scaled score to further guide his or her education</td>
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<td>Level 2</td>
<td>Demonstrates capacity to assess and act on personal learning needs</td>
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<td>Level 3</td>
<td>Achieves an ABFM In-Training Examination or ACOPF In-Service Examination resident scaled score predictive of passing the certification examination</td>
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<td>Level 4</td>
<td>Appropriately uses, performs, and interprets diagnostic tests and procedures</td>
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<td>Level 5</td>
<td>Demonstrates life-long learning</td>
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Knowing this Outcome:
- Define Curriculum
- Define Assessment
FM EPA 10 (perform common procedures) or MK milestone (interprets diagnostic test)

• Focus on x-rays and EKGs.

• FM residency curriculum
  • Rotation in pulm/critical care, readings/practice of reading films on rotation, assigned to present and read films during didactics
  • Rotation in cardiology/ccu, readings/practice of reading EKGs on rotation, assigned to present and read EKGs during didactics

• FM residency assessment
  • EKG quiz after CCU rotation for PGY 2
  • CXR quiz for MICU rotation for PGY 2
  • Evaluation has questions asking attendings to evaluate whether residents can perform these skills
<table>
<thead>
<tr>
<th>Competency</th>
<th>Current Curriculum</th>
<th>Preferred Evaluation Methods</th>
<th>Current Program Evaluation Methods</th>
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<td>Medical Knowledge</td>
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<td>Standardized Exams; Chart Recall; Questioning/Discussions</td>
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<td>Milestones:</td>
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<td>Patient Care</td>
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<td>Direct observation; Simulation/Standardized patients; Multisource feedback; Medical record audit</td>
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<td>Milestones:</td>
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<td>Professionalism</td>
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<td>Multisource feedback; Direct observation; Standardized feedback; Portfolio</td>
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<td>Interpersonal Skills and Communication</td>
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<td>Practice Based Learning and Improvement</td>
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<td>Chart audit; EBM tools; chart audits; self assessment; qi/ps projects; portfolios; ILP</td>
<td></td>
</tr>
<tr>
<td>Milestones:</td>
<td></td>
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</tr>
</tbody>
</table>
Using Milestone Reports to Assess Program Curriculum

<table>
<thead>
<tr>
<th>Family Medicine Competency and Milestones (n=22)</th>
<th>MSM Family Medicine June 2018</th>
<th>National Family Medicine June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care – PC-1 - Care for acutely ill or injured patients in urgent and emergent situations and in all settings</td>
<td>PGY 1: 1.5</td>
<td>PGY 2: 3.0–3.5</td>
</tr>
<tr>
<td>PC-2 - Care for patients with chronic conditions</td>
<td>PGY 1: 1.5–2.0</td>
<td>PGY 2: 3.0–4.0</td>
</tr>
<tr>
<td>PC-3 - Partners with the patient, family, and community to improve health through disease...</td>
<td>PGY 1: 1.5–2.5</td>
<td>PGY 2: 2.5–3.0</td>
</tr>
<tr>
<td>PC-4 - Partners with the patient to address issues of ongoing signs, symptoms, or health...</td>
<td>PGY 1: 1.5–2.5</td>
<td>PGY 2: 2.5–4.0</td>
</tr>
<tr>
<td>PC-5 - Performs specialty-appropriate procedures to meet the healthcare needs of individual...</td>
<td>PGY 1: 1.5–2.0</td>
<td>PGY 2: 2.5–3.0</td>
</tr>
<tr>
<td>Medical Knowledge – MK-1 - Demonstrates medical knowledge of sufficient breadth &amp; depth to practice family medicine</td>
<td>PGY 1: 1.5–2.5</td>
<td>PGY 2: 1.5–3.0</td>
</tr>
<tr>
<td>MK-2 - Applies critical thinking skills in patient care</td>
<td>PGY 1: 1.5–2.5</td>
<td>PGY 2: 2.5–3.5</td>
</tr>
<tr>
<td>Systems-Based Practice – SBP-1 - Provides cost-conscious medical care</td>
<td>PGY 1: 2.0–3.0</td>
<td>PGY 2: 3.0–3.5</td>
</tr>
<tr>
<td>SBP-2 - Emphasizes patient safety</td>
<td>PGY 1: 2.0–2.5</td>
<td>PGY 2: 2.5–3.5</td>
</tr>
<tr>
<td>SBP-3 - Advocates for individual and community health</td>
<td>PGY 1: 2.0–2.5</td>
<td>PGY 2: 2.0–3.5</td>
</tr>
<tr>
<td>SBP-4 - Coordinates team-based care</td>
<td>PGY 1: 2.0–3.0</td>
<td>PGY 2: 3.0–4.0</td>
</tr>
<tr>
<td>Practice-Based Learning &amp; Improvement – PBLI-1 - Locates, appraises, and assimilates evidence from scientific...</td>
<td>PGY 1: 1.0–1.5</td>
<td>PGY 2: 2.0–2.5</td>
</tr>
<tr>
<td>PBLI-2 - Demonstrates self-directed learning</td>
<td>PGY 1: 1.5–2.0</td>
<td>PGY 2: 3.0</td>
</tr>
<tr>
<td>PBLI-3 - Improves systems in which the physician provides care</td>
<td>PGY 1: 1.0–1.5</td>
<td>PGY 2: 2.0–2.5</td>
</tr>
<tr>
<td>Professionalism – PROF-1 - Completes a process of professionalization</td>
<td>PGY 1: 2.0–2.5</td>
<td>PGY 2: 3.0–3.5</td>
</tr>
<tr>
<td>PROF-2 - Demonstrates professional conduct and accountability</td>
<td>PGY 1: 1.5–2.5</td>
<td>PGY 2: 3.0–3.5</td>
</tr>
<tr>
<td>PROF-3 - Demonstrates humanism and cultural proficiency</td>
<td>PGY 1: 2.0–2.5</td>
<td>PGY 2: 3.0–4.0</td>
</tr>
<tr>
<td>PROF-4 - Maintains emotional, physical, and mental health; and pursues continual personal...</td>
<td>PGY 1: 2.0–2.5</td>
<td>PGY 2: 3.0–3.5</td>
</tr>
<tr>
<td>Interpersonal &amp; Communication Skills – ICS-1 - Develops meaningful, therapeutic relationships with patients and families</td>
<td>PGY 1: 2.5–3.0</td>
<td>PGY 2: 3.0–4.0</td>
</tr>
<tr>
<td>ICS-2 - Communicates effectively with patients, families, and the public</td>
<td>PGY 1: 1.5–2.5</td>
<td>PGY 2: 3.0–3.5</td>
</tr>
<tr>
<td>ICS-3 - Develops relationships &amp; effectively communicates with...</td>
<td>PGY 1: 1.5–2.5</td>
<td>PGY 2: 3.0–3.5</td>
</tr>
<tr>
<td>ICS-4 - Utilizes technology to optimize communication</td>
<td>PGY 1: 2.0</td>
<td>PGY 2: 3.0–4.0</td>
</tr>
</tbody>
</table>
Define and write goals and objectives
Using EPAs and Milestones to Write Rotation Goals & Objectives

• Goals:
  • Can be defined as the EPAs that relate to that rotation

• Objectives:
  • Can be defined as each subcompetencies or milestones that relate to achieving the EPA
Sample Goals and Objectives ER rotation for FM Using EPAs and Milestones:

• Objectives:
  • EPA 3: Provide first contact access to care for health issues and medical problems
  • EPA 9: Diagnose and manage acute illness and injury
  • EPA 10: Perform common procedures in the emergency department
  • EPA 14: Manage care for patients with medical emergencies
  • EPA 20: Coordinate care and evaluate specialty consultation as the condition of the patient requires

• Competency Based Goals from Linked EPA/Milestones Example:
  • MK
    • Anticipates expected and unexpected outcomes of the patient’s clinical condition and data
  • PC
    • Consistently recognizes common situations that require urgent/emergent medical care
  • ICS
    • Creates a non-judgmental safe environment to actively engage patients
Motivation
* Public Accountability
* Improves Accreditation
* Helps the learner know what to master
* Using EPAs/Milestones can make reports to CCC, G/O, program evaluation more substantive
* Put resources where it matters most

Shape the Path
Review (Define) Specialty EPAs and Milestones
Ask CCC where program could improve evaluation
Apply concepts to rotation evaluations and link evaluation questions to subcompetencies
Apply concepts to assess program curriculum
Apply concepts to define goals & objectives

Direction
Understand CBME, EPAs, Milestones
Utilize the scope of CBME to ensure that our programs are providing our trainees the best education to become physicians that provide quality care
Resources for Further Development

• ACGME Workshop: Developing Faculty Competencies in Assessment: A Course to Help Achieve the Goals of Competency-Based Medical Education (CBME)


• Video Understanding EPAs https://www.youtube.com/watch?v=pSBs9Mg-GiM