Core Competencies in Graduate Medical Education

Steven Schlozman, MD
Gene Beresin, MD
Does (Action)

Shows How (Performance)

Knows How (Competence)

Knows (Knowledge)

New Requirements for Accountability

• Outcomes movement in medicine and Evidence-based practice

• AAMC and Medical Students Objectives Project: define and assess knowledge, skills, attitudes, and values

• ACGME endorsed similar mission for defining and measuring competencies
ACGME Outcomes Project: General Competencies

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
Defining Professional Competence

Professional Competence is:

“The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”

Factors to Keep in Mind

• Continuum of professional development

• Spectrum of abilities: novice to competent to expert/master

• Setting specific thresholds for expected competency at different developmental levels. National standards needed but not developed
• Formative vs. summative assessment

• Need for ongoing mutual feedback between all members of the healthcare team, including patients

• Assessment that is ongoing and transparent

• Remediation models
Current Obstacles: Cultural Barriers

- **Lake Wobegon Effect:** Everyone is Above Average (Super duper), Good Looking and Strong

- **Pornography Effect:** I Know it When I See It – Defining Standards

- **Conflict Aversion:** The Risk of Discouragement, Demoralization and Hurt Feelings
What Measures What?

- **Medical Knowledge**
  - Standardized written tests, Observed Structured Clinical Examinations (OSCE), Standardized Patients (SP), Structured Oral Exams (SOE), direct observation

- **Patient Care**
  - OSCE, SP, direct observation, 360-degree
• Practice-Based Learning and Systems-Based Practice
  – 360-degree, direct observation, SOE, portfolios

• Interpersonal and Communication Skills
  – 360-degree, peer reports, OSCE, SP

• Professionalism
  – OSCE, SP, 360-degree (but highly problematic)

When Do You Measure It?

• Early: to elucidate clear standards

• Before rotations end: to allow feedback and remediation

• At the end of training: for summative purposes
Direct Observation

- Faculty shadow and observe residents performing clinical duties (Mini-CEX in medicine)

- Some disciplines better than others (emergency medicine, internal medicine, anesthesia) Time-consuming

- Poor interrater reliability without checklists

- Prone to sampling bias unless multiple situations, degrees of complexity, acuity
Whom do you Serve?

“It may be the devil or it may be the Lord
But you’re gonna have to serve somebody”
Cultural Revolution

• Radical change in our educational system with true continuum through medical school, residency and post-graduate practice

• Radical change in the way we certify and recertify our students, residents and practitioners (no more grade inflation; not all progress and graduate)

• Radical change in our philosophy, pedagogy and practice