

# **L20B Extending Competency-Based Education Into the Required Family Medicine Clerkship**

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# Disclosures

- The presenters have nothing to disclose

# Audience Poll

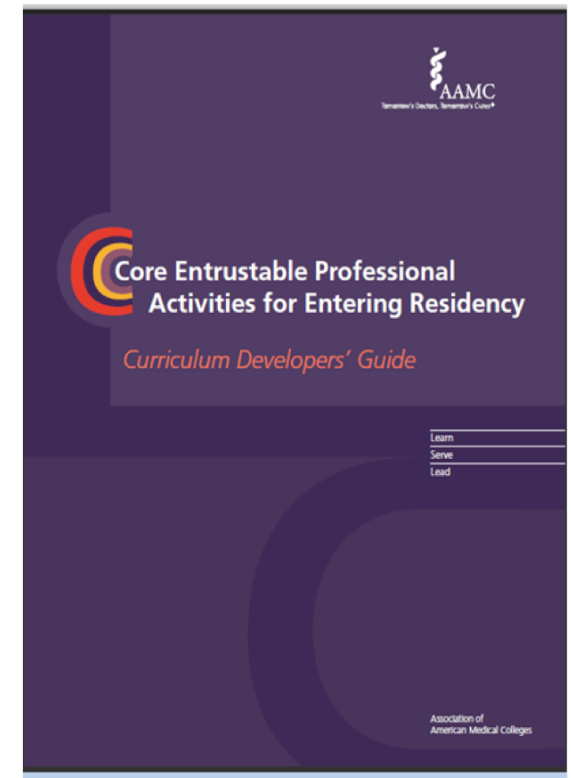
- How many of your institution's are instituting some kind of competency-based education (CBME) initiative?
- How are your FM departments/clerkships participating in these efforts?

# Objectives

- ***Describe the AAMC's CEAPAR initiative as well as the five "discourses" of competence (1) and how they apply to an FM clerkship curriculum.***
- ***Describe how to assess specialty-specific competencies within an FM clerkship curriculum.***
- ***Apply specialty-specific competency-based approaches into their own FM curricula.***

# Major CBE Movements in Medical Education

- GME: ACGME Milestones
- UME: Core Entrustable Professional Activities (EPAs) for Entering Residency
  - AAMC effort to “delineate the core EPAs every resident should be able to do on day 1 of residency without direct supervision, regardless of specialty.”



# Core EPAs for Entering Residency

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility
9. Collaborate as a member of an interprofessional team .
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

# OHSU

- 2014 – SOM announces SOM curriculum transformation to YourMD, a CBE model
  - Implement Feb 2016
  - Seven 4-week Core Clinical Experiences
  - Clerkships to define their contribution to the curriculum in outcomes language
- *Upon completion of the FM clerkship, all students will possess a thorough, in-depth, personalized understanding of the specialty of Family Medicine.*

Discourse of Competence	Symbol	Role of Teacher	Role of Student	Common Measures of Competence
Knowledge	Harrison's Text	Providing facts & knowledge; elaborating mechanisms	Reading, memorizing facts for recall	Knowledge tests often MCQs
Performance	Miller's Pyramid	Teaching skills; creating simulations; making observations	Practicing & demonstrating skills	Performance-based assessment
Psychometric	Cronbach's Alpha	Shaping student characteristics & behavior to norm	Adapting self to required norm	Standardized scales & rating, checklists
Reflection	Schon's Reflective Practitioner	Guiding introspection; mentoring; acting as a confessor	Reflecting & demonstrating self-assessment & self-regulation	Portfolios; reflective exercises
Production	Taylor's Scientific Mgmt	Managing the production of a quality product	Conforming to standards of quality	Quality control measures; audits



# Logistics

- Monthly working meetings to establish:
  - Domains (5)
  - Competencies (10)
  - EAs (Educational Activities) (23)
    - Measures for each EA
- Collaborative, iterative approach

# STFM Conference on **Medical Student Education**

Experiences how Family Physicians utilize clinical systems/ models to affect patient access to care.	Access to Care
Experiences the different ways Family physicians utilize technology to increase access to care.	
Experiences how family physicians integrate care over the lifespan within the family and community	Continuity of Care
Experiences how Family physician continuity impacts patient care.	
Experiences how differing scopes of Family Medicine impact patient care and physician practice choice.	Comprehensiveness of Care
Experiences how family physicians implement concepts of the patient-centered primary care medical home	
Experiences how Family Physicians facilitate coordination of care during: provider to provider transitions.	Coordination of Care
Experiences how Family Physicians facilitate coordination of care during: during system to system transitions.	
Experiences how family physicians apply concepts of population health and health policy advocacy	Contextual Care
Experiences how Family physicians alter management plans to account for different patient contexts (cultural, economic, social).	

Models altering access

Increase access - technology

Care over a lifespan

Continuity impacts care

Scope of care

Medical Home

Transitions between providers

System Transitions

Population Health

Diverse patient care

## **Educational Activities (EAs)**

- What should a student be able to do-think-understand after her FM clerkship experience?
- Four required, four selected (one requires a brief write-up graded by faculty).
  - 23 total to select from

# Example

- Domain: Continuity of Care.
  - Interpret a record of hospital stay, consult nursing home, or ED visit
  - Document a brief prioritized written summary
  - Write any needed orders
  - Discuss with preceptor
  - Document date completed, preceptor name, patient initials and 1-2 educational points.
    - AAMC EPAs: Main: 8, Others possible: 2, 3, 4, 9, 13
    - Mapping to OHSU UME PC 1,2,3,3; MK 2; PBLI 5; ICS 4,5,6,7; SBP 4,5

		Domains	Domain		Continuity of Care		Comprehensiveness of Care		Coordination of Care		Contextual Care	
		Educational Professional Activities Blue=Graded EPA Gray=Checklist EPA Highlight indicates core EPA (all students complete)	Experiences how Family Physicians utilize clinical systems/ models to impact patient access to care.	Experiences the ways Family physicians increase access to care.	Experiences how family physicians integrate care over the lifespan within the family and community	Experiences how Family physician continuity impacts patient care.	Experiences how differing scopes of Family Medicine impact patient care and physician practice choice.	Experiences how family physicians implement concepts of the patient-centered primary care medical home	Experiences how Family Physicians facilitate coordination of care during: provider to provider transitions.	Experiences how Family Physicians facilitate coordination of care during: during system to system transitions.	Experiences how family physicians apply concepts of population health and health policy advocacy	Experiences how Family physicians alter management plans to account for different patient contexts (cultural, economic, social).
			Competency									
1 (CORE)	Write orders for the best-evidenced based prevention for a child, an adult, and for a person older than 65 years of age. Educate patient and families in prevention choices.										X	X
2 (CORE)	Option A: With a FM Physician, participate in transitions of patient care		EA			X	X		X	X		X
	Option B: With a FM Physician, participate in transitions of patient care	X				X	X		X	X		X
3 (CORE)	Review and reconcile the patient the Past Medical History/Problem list, Allergies and Medications for every patient scheduled for one clinic half day. Determine needed disease surveillance or prevention orders.					X			X	X		X
4 (CORE)	For a child, adult, and an elder patient presenting with an acute issue, conduct the visit: gather a focused history, perform examination, create a differential diagnosis, and develop and explain the plan.	X					X					X
5	Participate in the diagnostic work up for a common medical issue over the course of more than one encounter. (Encounters can include ambulatory visits as well as home, hospital, telephone, secure portal, or procedure visits).			X		X	X		X	X		
6	Work with a different profession in direct patient care (behavioral health, nursing, pharmacy, acupuncturist, etc.) or with clinic ancillary staff (for example: lab, x-ray, EKG).	X						X	X			

# Handout: 23 Educational Activities

Family Medicine Educational Activity Description: Under Family Medicine faculty supervision, students experience...			Prevention
Required EAs Complete all four. Submit log.	1.	<b>Prevention.</b> Write orders for recommended evidenced-based prevention for a child (<18 years), an adult, and for a person older than 65 years. Educate patient and families in prevention choices.	
	2.	Choose A or B <b>Transitions of Care - Option A:</b> Participate in a transition of care- provide a handoff to another health profession: write orders and notes, craft consult questions, call consults or participate in warm handoff. <b>Transitions of Care - Option B:</b> Participate in a transition of care - receive a handoff from another health profession: review documentation of hospital stay or consult notes, summarize findings and identify follow up items, write needed orders and notes.	Transition of Care
	3.	<b>Chronic Disease Management.</b> For a patient with one or more chronic disease states complete a thorough review and update the chart. Determine needed disease surveillance or prevention orders: document, make chart changes, write orders.	Chronic Care
	4.	<b>Acute care.</b> For a patient presenting with a focused acute issue, conduct and document the patient visit including history, physical, notes and developing and explaining the assessment and plan.	Acute Care

# Handout: 23 Educational Activities

Selective E.As Select four activities. Submit log.	5.	<b>Information Coordination:</b> For one patient, utilize a secure health information system to create a chart with outside records.	Managing Information
	6.	<b>Continuity-Diagnosis:</b> Follow one patient through a diagnostic work up of a common condition over the course of more than one encounter including settings of: ambulatory, home, procedure room, telephone or secure portal visits; gather, interpret and explain results with patients.	Continuity
	7.	<b>Medical Home - Interprofessional Care:</b> Participate in direct patient care and discuss care perspectives with different health professional (behavioral health, nursing, pharmacy, acupuncturist, etc.).	Medical Home
	8.	<b>Apply Evidence:</b> Apply evidenced-based guidelines to devise and implement a treatment plan with the patient. Write needed orders and document the patient wishes in the chart.	Evidence
	9.	<b>Family Care:</b> Conduct a patient visit that includes two or more generations or members of a family unit.	Care of Families
	10.	<b>Adapting Care - Contextual Care:</b> For a patient having difficulty with adherence, identify barriers and adapting a plan to address challenges: summarize the visit summary.	Context
	11.	<b>Procedures:</b> With one or more preceptors, participate in procedures collectively representing the scope of practice provided by the clinic's faculty.	Procedures
	12.	<b>End of Life Care:</b> Participate in, discuss, and document the end of life planning.	End of Life
	13.	<b>Mental Health:</b> Screen a teen, adult, or elder for depression; interpret and communicate the result.	Mental Health
	14.	<b>Educate -Lifestyle Changes:</b> Counsel a child/family on making lifestyle changes.	Motivational Change
	15.	<b>Shared Decision Making:</b> Tailor the evidence to a patient's personal risks, and comorbidities into the choice of care.	Shared Decision Making
	16.	<b>Maternity Care:</b> Participate in maternity care including delivery and postpartum care as possible.	Maternity
	17.	<b>Health Technology:</b> Identify an alternate use of, or new type of, technology to improve patient access or quality of care including electronic resources, mobile applications, electronic health records or portals.	HIT
	18.	<b>Patient e-communication/Written communication:</b> Using a secure health information system, write lay-language explanations of results or answers to patient questions.	Written Communication



# Handout: 23 Educational Activities

<b>Narrative E.A.</b> Select one activity. Submit written summary.	19.	<b>Patient Relationship:</b> For a patient who has been with the same family physician for a long time, discuss the patient and physician perspectives of the long term relationship.	Continuity Relationships
	20.	<b>Comprehensive Care and Flexibility of Career:</b> Discuss scope of care, changes of scope over time, and the choice of scope with three family physicians.	Comprehensive Care
	21.	<b>Population Management:</b> Compare the clinic/physician's population data to recommended guidelines for chronic disease state and discuss system improvement suggestions with physicians, team or manager.	Population Management
	22.	<b>Systems of Care:</b> Discuss with physician/office manager the similarities and differences of family medicine practice models in two different clinical systems including: group practice, managed care, specialty, and private practice, hospitalist care, and combined inpatient/outpatient care.	Systems of Care
	23.	<b>Advocacy:</b> Discuss with a family physician, their role in health policy or advocacy.	Advocacy



# Outcomes

- Higher selection of EAs:
  - Procedure, Care of Families, Information Coordination
- Lower selection of EAs:
  - Patient e-messaging, End of Life Care, SDM
- Highest Narrative: Patient Relationship
- Selection confounded by what preceptors “allow” students to do
- Feedback: Similar pre and post ratings
- Mixed initial student feedback, improved with revised orientation

# **Synchronizing with Institutional Competencies**

- Mapping to competencies allows
  - evaluation of student experience
  - Synergize with SOM needs based on existing experience
    - Example: FM added three competencies without additional work (Health Maintenance, SDM, Peer education)

# Future Opportunities


- Sub-Internship
- Electives
- Student Placement
- Curricular Evaluation and Revision

# Discussion

- Comments?
- Suggested additional competencies, domains Educational Activities?
- Adaptation ideas at your institution?
- Next steps?

# Questions

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