Use of Clinical Competence Committee Recommendations for the Assessment of Outcomes for Practice Based Learning and Improvement

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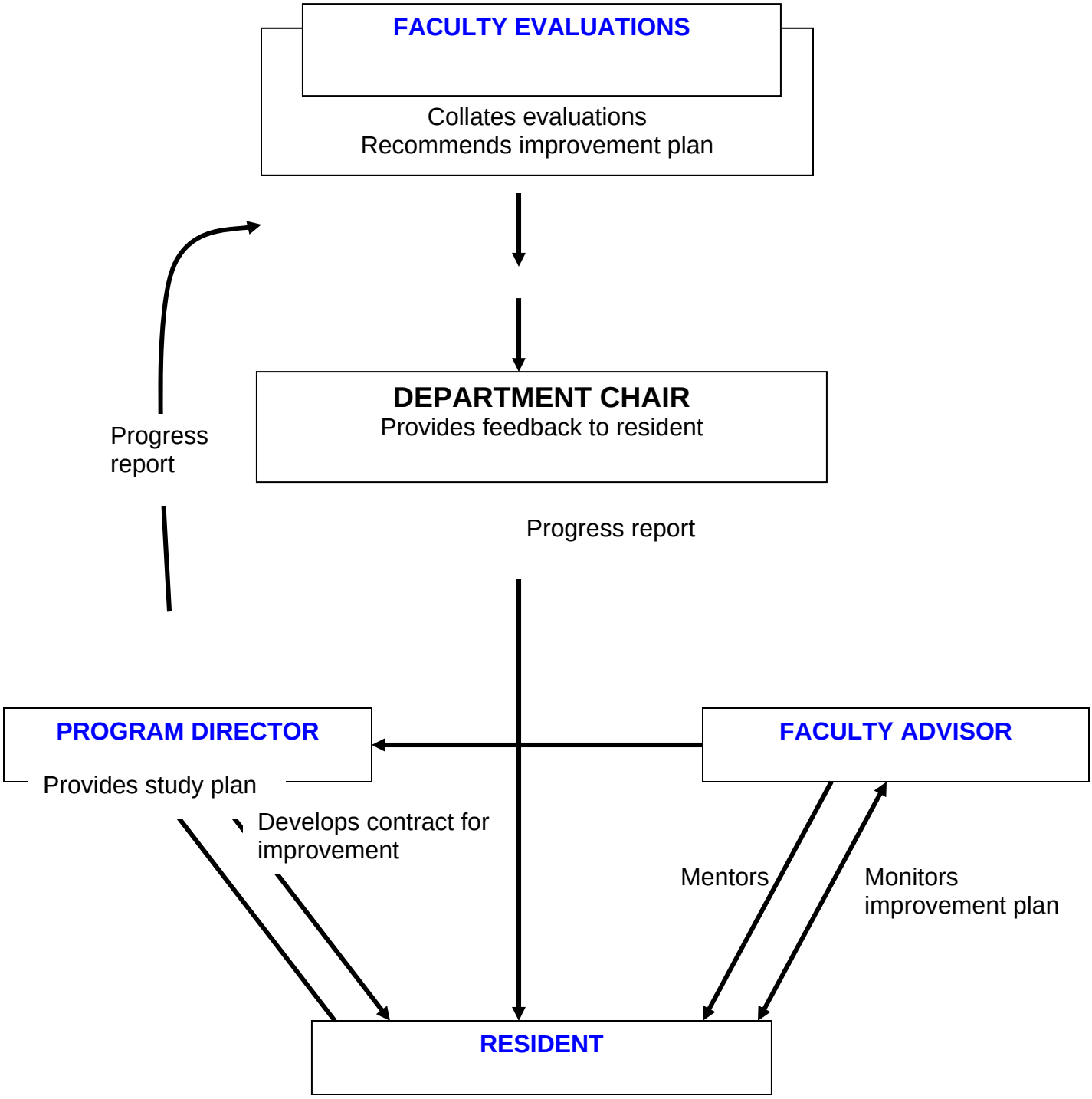
Learner Audience and Needs Assessment. Practice Based Learning and Improvement is probably one of the most difficult competencies for measurement of educational outcomes. Over the past 10 years, we have developed a system derived from resident evaluations and clinical competence committee recommendations, which produces measurable outcomes and creates system of accountability to improve the chances of the resident's success in training.

Curriculum. Our resident evaluation is a modification of the American Board of Anesthesiology Clinical Competence Report. Five categories—essential attributes, professional skills, knowledge, judgment, and clinical skills—are marked by the evaluator as satisfactory, unsatisfactory or problem areas. Within each category, the evaluator can mark specific areas that need improvement based upon established program standards for performance at each clinical anesthesia level of training. The Clinical Competence Committee (CCC) reviews all evaluations and summarizes the findings. The formative evaluation is summarized as satisfactory, minimal standard to be considered satisfactory, or unsatisfactory. When evaluations are minimal standards or unsatisfactory, the CCC recommends that the resident must meet with the program director(PD) to develop a plan for improvement (Figure 1). Afterward, the PD develops a contract which summarizes the deficiencies to be addressed, incorporates the content of the resident's study plan, with added requirements for conference attendance, performance standards on departmental tests, recommended reading, and methods to elicit constructive feedback. The study plan is mentored and monitored by the resident's faculty advisor. At the next 6-month evaluation, the faculty advisor provides a progress report to the PD which is reviewed at the next CCC meeting, together with all faculty evaluations.

Impact. Our evaluation, improvement and feedback are individualized, resident-centered, continuous improvement processes. The evaluation process has moved away from identifying residents who will not meet the criteria for graduation towards the identification of residents with deficiencies earlier in training. This includes residents who are satisfactory, but performing at the lower end of the spectrum. The process requires resident self-reflection and creates a system of accountability for the resident and faculty advisor. Although the number of trainees that perform below standards is small, the system will demonstrate dependable outcomes as evaluations are collated longitudinally.

Figure 1:


FACULTY EVALUATIONS
Collates evaluations
Recommends improvement plan
DEPARTMENT CHAIR
Provides feedback to resident
Progress report
Progress report
PROGRAM DIRECTOR
Provides study plan
Develops contract for improvement
FACULTY ADVISOR
Mentors
Monitors improvement plan
RESIDENT