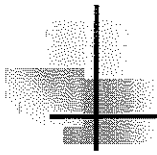




# De-Mystifying Writing Goals and Objectives

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Ruth H. Nawotniak MS, C-TAGME  
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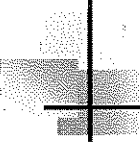
Language

Traditional Education vs.  
Competency-Based Education

Competencies

Citations

Curriculum Building Workshop



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The Outcome Project changed the way teaching took place in graduate medical education by making it competency based.

# Language

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- **Competent**
- **Competency**
- **Competencies**



# Language

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- **Competent** – 1. able, having enough skill or ability to do something well; 2. adequate, good enough or suitable for something<sup>1</sup>

<sup>1</sup> Encarta English Dictionary (North America)



# Language

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- **Competent** – 1. able, having enough skill or ability to do something well; 2. adequate, good enough or suitable for something<sup>1</sup>
- **Competency** – Dreyfus Model of Skill Acquisition
  - Novice, Advanced Beginner, Competent, Proficient, Expert, Master

<sup>1</sup> Encarta English Dictionary (North America)

# Competency

## Dreyfus Model of Skill Acquisition<sup>2</sup>

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- Learning Rules
  - Novice (rules)
  - Advanced Beginner (rules + situation) UME
- Rules application in increasingly complex contexts
  - Competent (rules+perspective+accountability) GME
  - Proficient (accountable + intuitive)
  - Expert (immediately sees how)
  - Master (loves surprises) CME

2. Hershey Bell, HCPro 2007



# Language

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- **Competent** – 1. able, having enough skill or ability to do something well; 2. adequate, good enough or suitable for something<sup>1</sup>
- **Competency** – Dreyfus Model of Skill Acquisition
  - Novice, Advanced Beginner, Competent, Proficient, Expert, Master
- **Competencies** – Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.<sup>3</sup>

<sup>1</sup> Encarta English Dictionary (North America)  
<sup>3</sup> ACGME Glossary of Terms

# Simplifying the Competencies

*(Bridgeport Hospital & Hershey Bell)*

- Medical Knowledge
- Patient Care
- Interpersonal & Communication Skills
- What you know
- What you do / How we use what we know
- How you interact with others / How we play nicely with others



## Simplifying the Competencies

*(Bridgeport Hospital & Hershey Bell)*

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- Medical Knowledge
- Patient Care
- Interpersonal & Communication Skills
- Professionalism
- What you know
- What you do / How we use what we know
- How you interact with others / How we play nicely with others
- How you act / How we behave

# Simplifying the Competencies

*(Bridgeport Hospital & Hershey Bell)*

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- Practice-based Learning & Improvement
- Systems Based Practice
- How you get better / How we keep doing it better
- How you work within the system / How we help everyone else



## Language

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- Definitions of the Competencies
  - Common Program Requirements
    - Bolded in CSPR
  - Specialty Specific
    - Non-bolded text in CSPR



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**Traditional Education**

**Competency Based Education**

## Traditional vs. Competency-Based Education

### **Traditional**

- The goal is knowledge acquisition
- The teacher is responsible for content
- The typical evaluation is summative involving one format

### **Competency-Based**

- The goal is knowledge application
- The teacher **and** resident are responsible for content
- The typical evaluation is formative, involving multiple designs

## Traditional vs. Competency-Based Education

### Traditional

- Evaluation is norm referenced – how is the resident doing in comparison to the others.
- The ACGME wanted to know if programs had the means to train residents

### Competency-Based

- Evaluation is criterion referenced – how is the resident doing in relation to the standards that are individually set.
- The ACGME wants to know if programs are training residents to be competent physicians

## Language

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- Cognitive Learning – relating to the process of acquiring knowledge by the use of reasoning, intuition or perception, relating to thought processes<sup>4</sup>
- Didactic Learning – instruction
- Formative Evaluation
- Summative Evaluation

4 – Encarta Dictionary: English (North America)



## Language

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- 360 Evaluation
- Likert Scale (numerical scale, i.e. 1-5)
- Anchors
- Taxonomy – synonyms are –  
classification, arrangement, organization;  
typically in relation to Blooms Taxonomy
- Self-Assessment



## Language

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- Adult learning behaviors
- Evidence Based Medicine
- Standardized Patients (SPs)
- Objective Structured Clinical Examination (OSCEs)
- Total Quality Management (TQM) or Quality Improvement (QI) projects
- Program Letters of Agreement (PLAs)
- Portfolio

# Language

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- Syllabus – A statement of the main subject content to be covered
- Curriculum – courses taught within a topic, or subject; a statement of the intended aims and objectives, content, experiences, outcomes, processes of a program, including a description of the structured and experienced methods of learning, teaching, assessment, feedback and supervision



## Language

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- Goal – A broad statement of intended learning; what is to be achieved; not measureable.
  - Pediatric Surgery Rotation
  - The resident will successfully perform 6 pediatric appendectomies

## Language

- Objective – Specifies what the learner will be able to do at the end of the time period.  
Measureable.
  - The resident will be able to **name** the indications for appendectomy.
  - The resident will **participate** in the pediatric clinic .5 days/week
  - The resident will **participate** in 6 pediatric appendectomies.
  - The resident will be able to **explain** the operative process for appendectomy.



# Competencies & Curriculum

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- Competencies
- Statements
- Activities
- Assessments

# Medical Knowledge

What we know

## Statement

- 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.

## Activities

- Basic Science Course
- Journal Clubs
- Evidence-based medicine readings and conferences
- Simulations
- Standardized Patients
- OSCEs
- Mock Orals

## Assessments

- Inservice Examinations
- Content Area Quizzes – multiple choice questions
- Observance of cognitive work
- Chart Stimulation Recall
- SP's and OSCE's
- 360 Evaluation

# Patient Care

## What we do

### Statement

- Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

### Activities

- Patient Rounds and observation
- Morning Report – or the signing-out process
- Patient safety techniques such as SBAR (situation, background, assessment, recommendation)
- Skills Labs

### Assessment Tools

- Check-list
- Patient surveys
- Global ratings
- Self-assessments
- SPs and OSCEs
- Mock Orals
- Procedure or Case Logs
- Portfolios – for long term assessment
- Bloom's Taxonomy Grids
- Record review
- Chart Stimulation
- Recall

# Professionalism

## How we act

### Statement

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

### Activities

- Standardized Patients and OSCEs
- Vignettes to assess ethics knowledge
- Incident Reports
- On-line tutorials
- Participation in workshops
- Mock Orals

### Assessment Tools

- Check Lists
- Observation and feedback
- Mock Orals
- 360 Evaluations
- Patient Surveys
- SP, OSCE

# Communication Skills

How we interact with others

## Statement

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

## Activities

- Videotaping standardized patient encounters
- Conference Presentations
- Grand Rounds Presentations
- Mock Orals

## Assessment Tools

- Patient and Family Surveys
- 360 evaluations from ancillary staff
- Observation and feedback sessions
- Checklist

# Practice Based Learning

How we get better

## Statement

- Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.

## Activities

- M&M and Case Conferences
- Log significant events or clinical surprises, develop plan to address learning needs revealed by these events.
- Review medical records to improve or change clinical behavior or patient outcome

## Assessment Tools

- Checklist
- Quality improvement project – identify problem, develop workable solution, implement solution, report
- Self reflection
- Record Review

# Systems-Based Practice

How we work within the system

## Statement

- Residents must demonstrate an awareness and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

## Activities

- Participation on a hospital quality improvement / patient safety committee
- Participation in root cause analysis committee
- Participation in discharge planning discussions

## Assessment Tools

- Logs of activities
- Self reflections
- Check lists

# Systems Based Practice

## **Additional Activities**

- Case review looking at each patient needs: economic, home condition, equipment needs
- Self-selected case study focusing on an error: describing complication and causes, indicating system changes and personal practice changes that could avert error in the future
- Coding activity
- Review and critique of mock financials based upon self-selected patient pool
- Analyzing prescription patterns from pharmacy printouts



## Curriculum Citations

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- Goals and Objectives of curriculum not met
- Objectives do not address the competencies
- Objectives are not measureable
- Curriculum did not include teaching methods
- Goals and Objectives noted to be just a list of diagnosis
- No methods to assess competency identified



## Workshop Activities

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Blooms Taxonomy

Choose Competency

Create Activity

Determine Goal and Objective

Determine Level of Activity

Determine Assessment Method

## Resources

[www.acgme.org/Outcome/](http://www.acgme.org/Outcome/) – Outcomes Project

[www.acgme.org/outcome/about/faq.asp](http://www.acgme.org/outcome/about/faq.asp)

[www.acgme.org/Outcome/assess/Toolbox.pdf](http://www.acgme.org/Outcome/assess/Toolbox.pdf)

[www.acgme.org/Outcome/assess/ToolTable.pdf](http://www.acgme.org/Outcome/assess/ToolTable.pdf)

[www.acgme.org/outcome/implement/rsvp.asp](http://www.acgme.org/outcome/implement/rsvp.asp)

[www.bridgeporthospital.org/gme/residency](http://www.bridgeporthospital.org/gme/residency)

[www.acgme.org/Glossary of Terms](http://www.acgme.org/Glossary%20of%20Terms)

Bell, Hershey. Competencies, Competency, and Competency-Based Education: Three Distinct and Powerful Conversations. HCPro September 2007, Chicago.

Rider, Nawotniak, Smith. A Practical Guide to Teaching and Assessing the ACGME Core Competencies. HCPro, Inc. 2007.

Sands, Amy. Curriculum Writing. January 12, 2009, Buffalo.

Smith, Gary. Documenting the Competencies, 2006 HCPro conference

Wade, Winnie. Curriculum Writing Workshop (Royal College of Physicians), October 23, 2008, Buffalo.