

# How to Establish a Baseline

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# Why is it Important?

- Patient safety
- Public trust
- Organizational risk
- Doing the "right thing" to support GME for your learners
- Larger AAMC/ACGME directives
- Aid didactic and curriculum development



# Why is it Important?

- Identify larger educational gaps (so 2022!!)
- Expectation of learner
- Time is limited
- Medical student clinical experience variable
  - COVID, EMR, hospital risk, less 3rd-4th year sites, less preceptors, less babies, less procedures, medical school curriculum/design
  - Obviously can be medical student driven as well

# Entrustable Professional Activities (EPA's)

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- Universally applicable to learners in all specialties, including APP's and allied health
- Reproducible (including UME)
- "Activities," which make sense to faculty, trainees, and the public (and public trust)
- Situate competencies and milestones in the clinical context in which we live
- Represent the day-to-day work of the professional



# EPA's

- Thorough breadth and detail to guide curriculum development and new residencies: 8 relevant domains of competence
- Make assessment more practical by clustering milestones into meaningful activities
- Explicitly add the notions of trust and supervision into the assessment equation
- Competencies are abstract, granular and therefore often not the way we think about or observe learners



# EPA's

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record



# EPA's

- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 9: Collaborate as a member of an interprofessional team



# EPA's

- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify system failures and contribute to a culture of safety and improvement





# Our Tool Belt



# OSCE

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- Labor and time intensive
- Maybe hard to standardize between assessors
- Hard to have children as patients
- All the work to get the assessment, we forget the "follow through swing"
- NEW: use peers as assessors

# Communication/EIQ

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- CAT (14 questions) vs HCAT (9 question)
- Get "eyes on" by professionals comfortable with difficult conversations, EIQ
- Easy to assess with OSCE, video?
- Harder to correct later
- NEW: self-assessment tool for written communications

# Procedural Skills

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- Develop a short list of required proficiencies that are just to be an intern
- Try to consider what would preceptors appreciate and value, like sterile technique, simple suturing, safe injections, safe OMT, etc.
- BSQ's
- Computer or model simulated patients
- If a resident is popular, don't assume they are competent

# Systems Based Practice

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- How are they at hand-offs, presenting cases, talking to specialists or other facilities
- Takes time and repetition, so a senior resident mentor is essential
- Address safety concerns immediately

What other baselines are we trying to establish?

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# Baselines?




- Knowledge
- Skills Proficiency
- Work Expectations
- Culture
- Relationships

# Work Expectations

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- Expectation: That which is expected -- considered obligatory, required.
- Goal or objective: A result that one is attempting to achieve
- Milestone: An important event in a person's life, career, or training





# Why are setting work expectation baselines important?

- Residents are unique: they are both trainees and workers.
- Many residents have not had a “real job.”
- We place significant amount of responsibility on them on day one



# Why are setting work expectation baselines important?

- Many studies investigate misaligned expectations in training – few answers.
- The greater the discrepancy in expectations, the greater the dissatisfaction on everyone's part

# Association of Expectations of Training With Attrition in General Surgery Residents. Abelson 2018

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- 828 Surgery interns followed for 8 years
- Only 666 residents completed residency.



## Bottom Line

- Those that had realistic expectations of the training demands were much more likely to complete residency training.

# ADKAR Change Model

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- Awareness: I Understand
- Desire: I want to
- Knowledge: I know how to
- Ability: I am able to
- Reinforcement: I will hold on to this

# Resources

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Using an Adaptive, Self-Directed Web-Based Learning Module to Enhance Residents' Medical Knowledge Prior to a New Clinical Rotation (<https://pubmed.ncbi.nlm.nih.gov/34457542/>)

Can Incoming Interns Be Entrusted to Recognize Medical Emergencies? Implementation of a Vignette-Based Cross-Cover Assessment (<https://pubmed.ncbi.nlm.nih.gov/35991107/>)

Core Entrustable Professional Activities for Entering Residency ([https://store.aamc.org/downloadable/download/sample/sample\\_id/63/%20](https://store.aamc.org/downloadable/download/sample/sample_id/63/%20))

Core Entrustable Professional Activities for Entering Residency SUMMARY OF THE 10-SCHOOL PILOT 2014-2021 ([https://store.aamc.org/downloadable/download/sample/sample\\_id/554/](https://store.aamc.org/downloadable/download/sample/sample_id/554/))

Trust and risk: a model for medical education (<https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.13339>)

Peers as OSCE assessors for junior medical students – a review of routine use: a mixed methods study (<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-019-1898-y>)

Critiques on the OSCE (<https://annals.edu.sg/pdf/34VolNo8200509/V34N8p478.pdf>)

Using the communication assessment tool in family medicine residency programs

([https://d1wqtxts1xzle7.cloudfront.net/49263416/Using\\_the\\_communication\\_assessment\\_tool\\_20161001-13929-16p47tt-with-cover-page-v2.pdf?Expires=1663221999&Signature=NYowNzAqXkxFqRwQw10RY~CWjOd-8Yct4on1K-R2vxsTjYlCHjrtym9SZRtIXP4HTHjq33tVaZKKNtnCRsDDkY4mzm6jc2ndakir~-6s95SEmn3Glu9AVEvNvtKl81Wv~mNi3qTcOMUAETXYHgmXiT0wzw7ZgK8LifViAuH~szDzTS-mvSTZHvieSWkb5uat0ajzgKHtdPn66lKp3G~4WWMezK9bBRGtFn1MGjahuMOS~MEE5OGWi-gbJ5EA~nSEFNo5EgKlfY2St2nXCHJkDCLsOWohXA0BCiKQj-dJadQLP~9xu~kyr1ru7KclG2gueOtFAenTkeHdah2txqHDWQ\\_\\_&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA](https://d1wqtxts1xzle7.cloudfront.net/49263416/Using_the_communication_assessment_tool_20161001-13929-16p47tt-with-cover-page-v2.pdf?Expires=1663221999&Signature=NYowNzAqXkxFqRwQw10RY~CWjOd-8Yct4on1K-R2vxsTjYlCHjrtym9SZRtIXP4HTHjq33tVaZKKNtnCRsDDkY4mzm6jc2ndakir~-6s95SEmn3Glu9AVEvNvtKl81Wv~mNi3qTcOMUAETXYHgmXiT0wzw7ZgK8LifViAuH~szDzTS-mvSTZHvieSWkb5uat0ajzgKHtdPn66lKp3G~4WWMezK9bBRGtFn1MGjahuMOS~MEE5OGWi-gbJ5EA~nSEFNo5EgKlfY2St2nXCHJkDCLsOWohXA0BCiKQj-dJadQLP~9xu~kyr1ru7KclG2gueOtFAenTkeHdah2txqHDWQ__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA))