

Member Liaison Needs Analysis Project

By Dawn Schocken, U of South Florida

ASPE members have an interesting opportunity on the horizon with the ACGME (Accreditation Council for Graduate Medical Education) performance Milestones rollout this year and the practical implications this competency based framework has for SP Programs across the United States.

As medical residents garner experience through their hands-on practice, each individual should be able to verify a specific level of mastery in a set of skills. Year-one residents should be able to meet a specific list of performance-based objectives relative to their field of specialization. Furthermore, Year-two residents should meet an increased set of expectations. This is the same for year-three and year-four professionals.

The ACGME has set forth a set of milestones upon which each resident is assessed as to determine their specific level of mastery. These milestones are simply used as a summary to identify at what level a resident stands and how this person is progressing. As of July 2014, all core specialties and most Phase 1 Subspecialties are to start using the Milestones as identifiers. For each reporting period, a resident's performance on that milestone for each sub-competency should be indicated.

<http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx>

This type of evaluation has generally been performed by the attending who supervises the resident during their rounds. However, this is now considered a rather inconsistent method as this person is not able to view all the activities of the resident, specifically the doctor-patient interactions. A formal testing of four levels of resident mastery based on set performance criteria is known as the OSCE (Objective Structured Clinical Examination).

The OSCEs currently exist for a wide array of medical specializations, such as nursing, psychiatry, pharmacy and pediatrics, to name a few. Those medical organizations associated with a simulation center within a university can access their testing facilities for the performance of the OSCE respective to the specialty needs. Hospitals that exist outside of the umbrella of a partner school that has an OSCE program available have limited options for available for their residents.

Becoming a facility that offers exceptional OSCE certification requires several key components, the first of which is the facility. We in the ASPE community are uniquely poised to develop, run and evaluate these OSCEs due to our expertise with standardized patients who serve as both evaluators and patients during these OSCEs. Many hospitals cannot spare the space to set up such a testing environment nor can they supply the manpower required to officiate it. We are proposing to model the appropriate sites as a doctor's examination room, surgical suite or a trauma bay, to provide training in the management and running of an OSCE.

As Member Liaison, I will continue to update the ASPE membership on the progress of this needs analysis project and the subsequent roll out nationwide. We hope that you are interested in participating in this initiative and would be willing to serve as a site for this type of activity. I look forward to hearing from you, if you are interested in participating.

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