Using Developmental "Milestones"to Evaluate Health Literacy Communication Skills in Clinical Practice: are these the correct goals?

Joanne G. Schwartzberg, MD

Scholar-in-Residence

Accreditation Council for Graduate Medical Education

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Disclosure

- “No relationships to disclose”

Literacy and Healthcare: What We Know

- Patient literacy linked to health knowledge, behavior, outcomes & navigation skills
- The majority of U.S. adults struggle with health information and tasks
- Literacy levels in U.S. are getting worse
- The demands and expectations of the healthcare system are increasing

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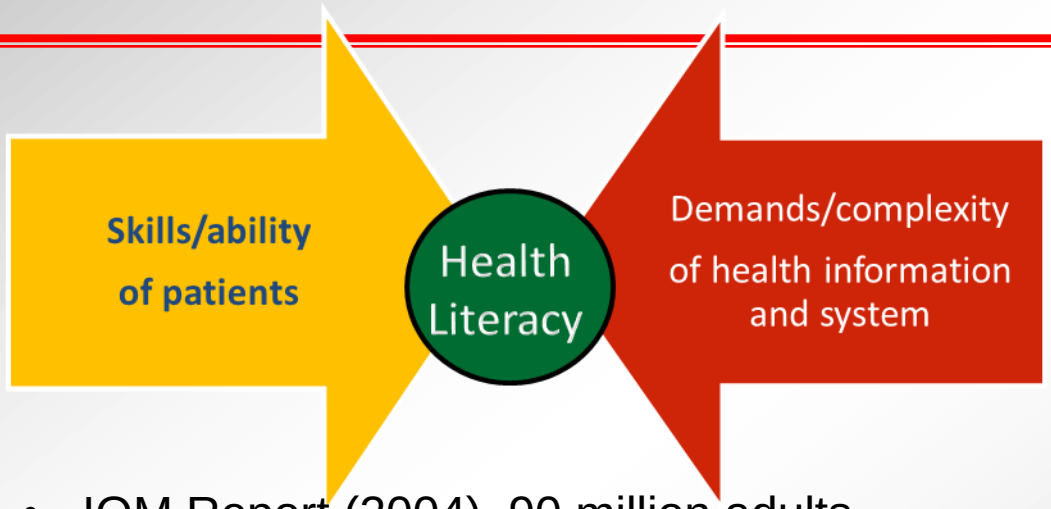
Health Literacy 1st Viewed as Patient Deficit Emphasis Shifts to Health System



- IOM Report (2004) 90 million adults have trouble understanding and acting on health information
- Healthy People 2010….and 2020 Improve health communication (plain language materials)
- Joint commission (2007) Patients must be given information they understand. Health literacy is a safety issue

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All Clinicians need health literacy communication skills

- The burden falls on today's clinicians to improve their own written and oral communication skills to ensure that their patients can fully understand and act on the healthcare information needed to safely care for themselves.

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How effective is our education?

- What do we teach?
- How do we evaluate whether our students have learned the communication skills that they need?

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Graduate Medical Education in the U.S.

- 9,600 programs; 121,600 residents/fellows

- Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit organization that reviews and accredits Graduate Medical Education programs and the institutions that sponsor them.

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ACGME Mission

- We improve health care and population health by assessing and advancing the quality of resident physician's education through accreditation.

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ACGME Strategic Priorities

- Increase the accreditation emphasis on educational outcomes
- Provide a structured approach to evaluating the competency of all residents and fellows.
- Foster innovation and improvement in the learning environment

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Evaluating competency of all residents and fellows

6 core competencies recognized by all specialties:

- medical knowledge,
- patient care,
- interpersonal and communication skills,
- professionalism,
- problem-based learning and improvement,
- system-based practice.

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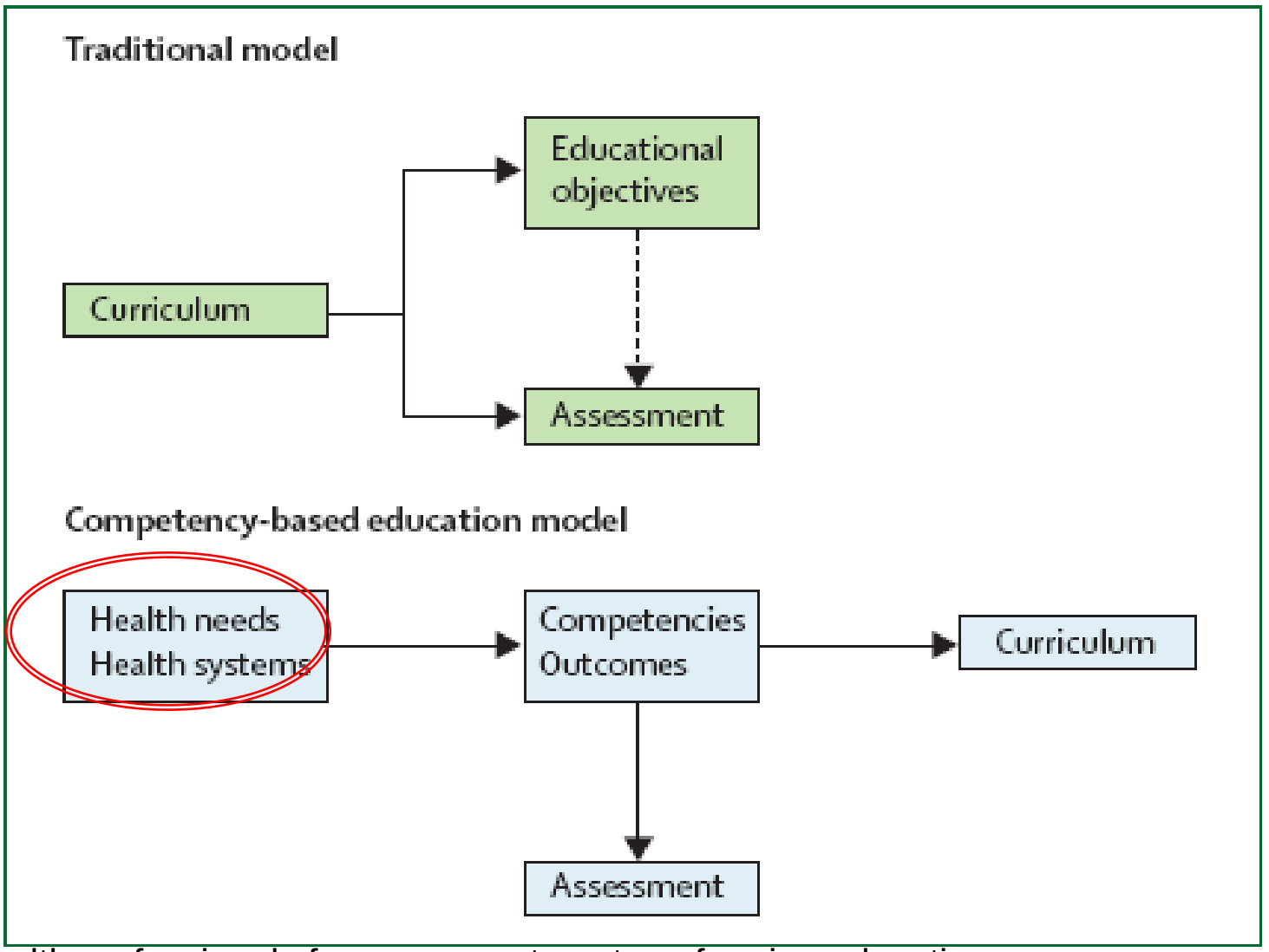
Why Competency-Based Medical Education: System Needs



Frenk J. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010

Milestones are a roadmap to competency

- Milestones describe **performance levels** residents are expected to demonstrate for skills, knowledge, and behaviors in the six competency domains.
- Milestones lay out a **framework of observable behaviors** and other attributes associated with residents' development as physicians.
- In the next accreditation system (NAS), aggregate resident performance at the milestone level will be used as one indicator of a residency's educational effectiveness. Reported every 6 months.

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Milestones (con't)

- Developmental – progressive over time
- Five levels – no prescribed speed at which residents must progress
- Levels do not refer to post-graduate year or year within a program
- Level 4 is a target for graduation – program director decides when a resident is ready to graduate.
- Level 5 recognizes lifetime progression

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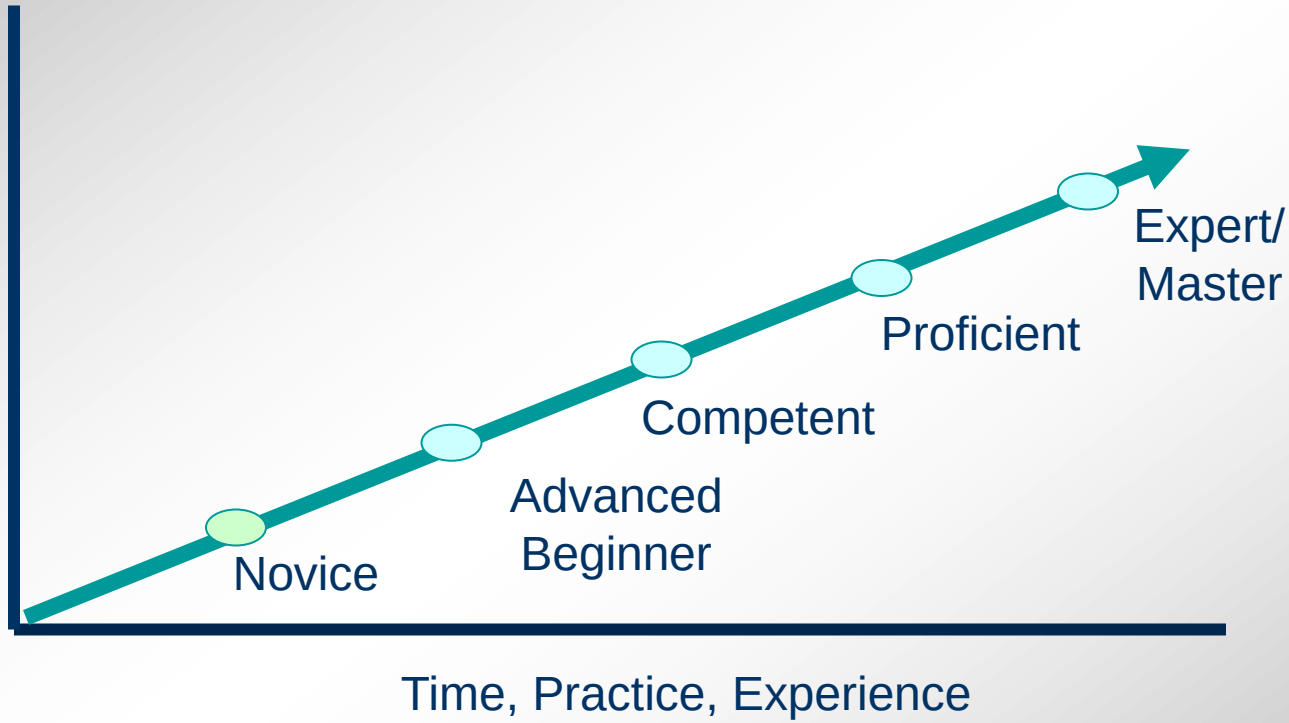
Milestones (con't)

- Articulate shared understanding of expectations
- Describe trajectory from a beginner in the specialty to an exceptional resident or practitioner
- Organized under six domains of clinical competency
- Represent a subset of all sub-competencies
- Set aspirational goals of excellence

Dreyfus & Dreyfus Development Model



Dreyfus SE and Dreyfus HL. 1980
Carraccio CL et al. Acad Med 2008;83:761-7

Competency

Sub-competency

Developmental Progression or Set of Milestones

PC1. History (Appropriate for age and impairment)

Level 1	Level 2	Level 3	Level 4	Level 5
Acquires a general medical history	Acquires a basic physiatric history including medical, functional, and psychosocial elements	Acquires a comprehensive physiatric history integrating medical, functional, and psychosocial elements Seeks and obtains data from secondary sources when needed	Efficiently acquires and presents a relevant history in a prioritized and hypothesis driven fashion across a wide spectrum of ages and impairments Elicits subtleties and information that may not be readily volunteered by the patient	Gathers and synthesizes information in a highly efficient manner Rapidly focuses on presenting problem, and elicits key information in a prioritized fashion Models the gathering of subtle and difficult information from the patient

Specific Milestone

Milestone Development – Who?

- Working Group
  - Review Committee
  - Certification Boards
  - Program Directors
  - Residents/Fellows
  - Specialty Societies
- Advisory Group
  - Leaders within the specialty community
- A total of 916 volunteers created all the milestones!

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Milestone Development – How?

- Each specialty began the same way with a review of available documents:
  - Program Requirements
  - Certification Exam Outlines
  - Competency Statements created by specialty groups
  - National Curricula
  - Milestones created by other specialties

Milestone Development – How?

- Brainstorming of topics that were important to resident education
- Drafting, rejecting, redrafting, etc.
- Development of what the Working Group believed was a near final product
- Review by the Advisory Group and Review Committee
- Survey of Program Directors
- Final edits and publication

Interpersonal Communication Skills

ICS-1

- “Communicates effectively with patients and families with diverse socioeconomic and cultural backgrounds.”
- 7 out of 26 major specialties included health literacy concepts in the milestones they developed for the ICS-1 Competency.
- Individual wording, different levels of experience expected before competency

General Surgery – Level 1 ICS-1

- This resident uses a variety of techniques to ensure that communication with patients and their families is understandable and respectful (e.g. non-technical language, teach back, appropriate pacing, and small pieces of information).

Physical Medicine and Rehabilitation – ICS-1

- Level 2 -Utilizes effective verbal and non-verbal communication strategies (including active listening, augmentative communication devices, interpreters,etc.)

- Level 3 -Effectively educates and counsels patients and families, utilizing strategies to ensure understanding (e.g., “teach back”)

Family Medicine- Level 2

- Matches modality of communication to patient needs, health literacy, and context.

Urology: Basic Patient and Family Interpersonal and Communication Skills

- Examples (applies to levels 1-5)
- The physician:
- 1. Listens actively, e.g.,allows the patient to tell his or her story or to provide his or her perspective; does not interrupt and talk over
- 2. When explaining, presents smalls chunks of information at a time; avoids use of technical, medical words; paces speech appropriately (i.e., not fast)

Urology (con't)

- 3.Ensures that his or her message was understood, e.g., when applicable, the patient can repeat/summarize treatment options, the patient can describe signs that would signal a need to contact the physician, the patient can repeat home care instructions
- 4. Responds supportively and empathetically to patients' emotions and concerns.

Expected Benefits of Milestone Assessments

- Benefits for Residents
- Explicit expectations of residents
- Identifies areas to work on
- Improve evaluation of residents in all six general competencies
- More defined feedback from faculty members to residents
- Earlier identification of under-performers
- Provides aspirational goals for residents exceeding expectations

Expected Benefits of Milestone Assessment

- Benefits for the Program
- Guide curriculum development
- Guide accreditation requirement revision
- Earlier identification of under-performers

- Benefits for the Public
- Better definition of what a physician can do at the completion of training
- Use for program accreditation
- Possible use for board certification

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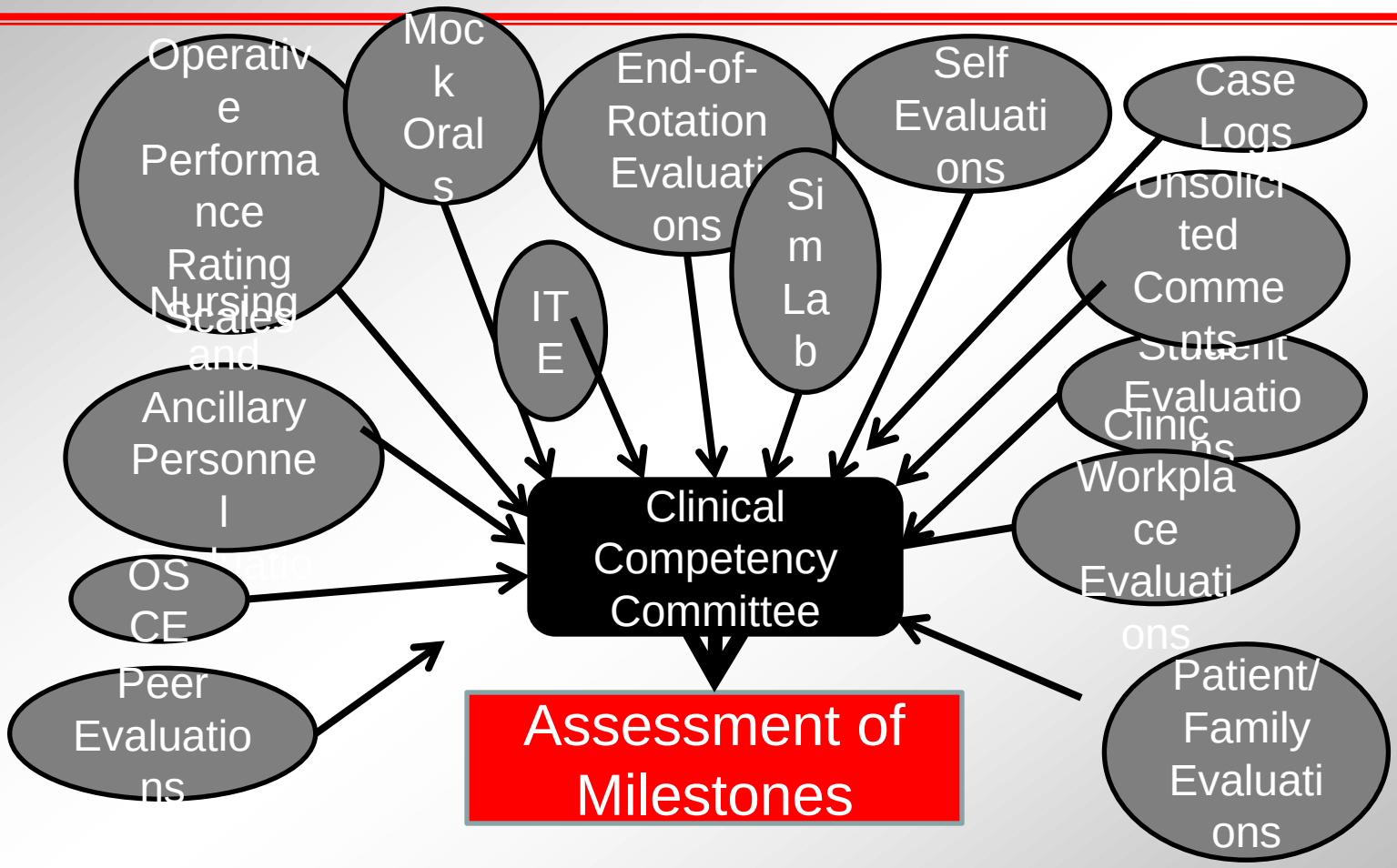
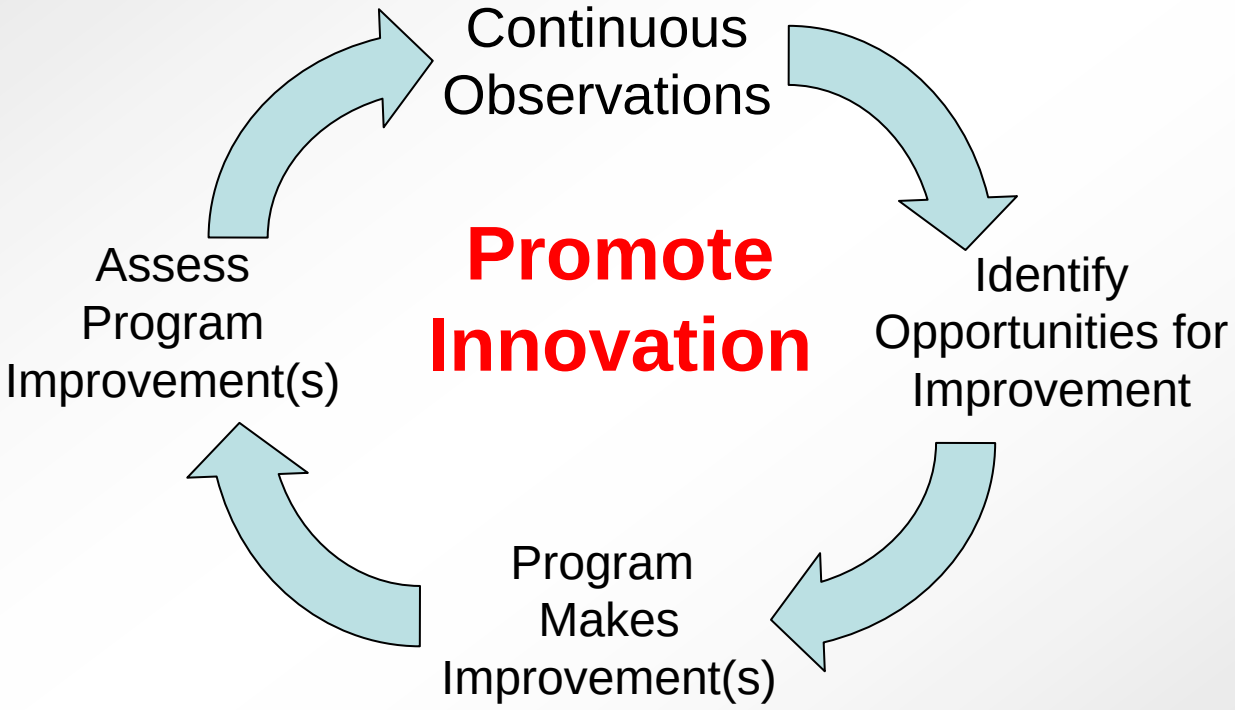
The Resident's Milestone Level is Determined by the Clinical Competency Committee

- A group of faculty members looking at the Milestones
- The same set of eyes looking at other evaluations:
- End-of-rotation, direct observation
- Nurses
- Patients and families
- Peers
- Others
- The same process is applied uniformly
- Allows for more uniformity and less individual bias

Clinical Competency Committee



The Next Accreditation System



Thank You and Questions

jschwartzberg@acgme.org

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