The Pursuit of Master Clinicians

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SJRH DEM Grand Rounds Feb 10, 2015
Conflict of Interest

- No conflict of interest
Objectives

- Outline the rationale behind the paradigm shift in medical education
- Discuss the elements of a needs assessment
- Explore how to engage SJRH DEM in the search for the master clinician
Do we choose CPD wisely?

Accuracy of Physician Self-assessment Compared With Observed Measures of Competence A Systematic Review

Davis et al
JAMA. 2006;296:1094-1102

- Preponderance of evidence suggests that physicians have a limited ability to accurately self-assess

- The processes currently used to undertake professional development and evaluate competence may need to focus more on external assessment
The most common response to the findings that self-assessment is poor appears to be bewilderment at how they can be so bad, with a concomitant belief that if we can just get them to self-assess as well as we do, then everything will be okay.

Physical characteristics can be more easily compared to a norm (such as kicking a football between the goal posts).

Complex tasks and critical thinking are difficult to compare.
Why the unskilled are unaware: Further explorations of (absent) self-insight among the incompetent

Ehrlinger, Johnson, Banner, et al
Organizational Behavior and Human Decision Processes. 105 (2008) 98–121

- We tend to evaluate ourselves around a tight range
- Likely protects our psyche and enhances cooperation
- High achievers self evaluate lower to be seen as less arrogant
- Low achievers self evaluate higher to protect their self image
Self Assessment

In a survey of engineers at one company, 42% thought their work ranked in the top 5% among their peers.

A survey of college professors revealed that 94% thought they do “above average” work—a figure that defies mathematical plausibility.

Why the unskilled are unaware:
Further explorations of (absent) self-insight among the incompetent
Ehrlinger et al 2008
One of the painful things about our time is that those who feel certainty are stupid, and those with any imagination and understanding are filled with doubt and indecision.

Bertrand Russell (1951)

Uncertainty is an uncomfortable position. But certainty is an absurd one.

Voltaire
Assessment

- Enables identification of unperceived professional practice needs
- Engaging in formal process that provides data and feedback

**Knowledge assessment**
Self assessment programs

**Performance Assessment**
Simulation
Audit and Feedback
Multisource Feedback
Educational Assessment
Admin Assessment
Knowledge Assessment

Provides **feedback** to individual physician on their knowledge base

Enables **identification of needs**

Enables development of learning opportunities **relevant to their practice**
Self Assessment Strategies
Practice Assessment

Activities provide **data with feedback** to individual MDs, groups or inter professional teams

**Personal or collective performance** across **broad range** of professional practice domains

Occur in **simulated or actual** practice environment
Critical role of **feedback** in identifying areas where our competence or performance can be improved

Numerous **flaws in self assessment** and accuracy of physician self evaluation

An increasing **expectation of the profession** for the privilege of professional regulation
Revalidation

http://www.fmrac.ca/policy/revalidation_eng.html

http://www.acep.org/MOCcenter/

Audit and feedback generally leads to small but potentially important improvements in professional practice.

The effectiveness of audit and feedback seems to depend on baseline performance and how the feedback is provided.

Increased efficacy when it is timely and individualized.
Feedback

Feedback data sources that inform physician self-assessment

Lockyer et al
Med Teach 2011; 33: e113–e120

- Physicians use and interpret data and standards of varying quality to inform self-assessment
- Physicians may benefit from regular and routine feedback and guidance on how to seek out data for self-assessment
Why Practice Assessment?

There are known knowns - things we know we know.

There are known unknowns; things we know we do not know.

There are unknown unknowns - the ones we don't know we don't know.
Practice Assessment

- Physician achievement reviews
- 360 evaluations
- Chart Audits
Practice assessment

- Simulation and ultrasound training
- Individual practice with personalized feedback
How do we know we deliver excellent medical care? Discussion summary

- Identify quality markers
- Measure and assess performance for learning
- Provide feedback and educational intervention to address gaps
- Be receptive to feedback and be considerate with delivery to others
- Discharge diagnosis to audit specific conditions
- Review bounce backs
- Review deaths
- Procedural logs
- External like Atlantic PEER system, looks at charts, history and physical exam, treatment, and d/c instructions
- Dictated hospital discharge summaries should come to the emergency physicians’ box like consultant letters
- QuEST, Trauma reviews and CQI chart audits
- PARs, meetings and informal review of roles
Need Assessment Triangulation

Synthesis and integration of data from multiple sources

Narrow to the most important problems
How do we perform a needs assessment in the SJRH DEM?

- Feedback from consultants
- Competency assessments, US, Airway, simulations
- Chart audit
- Mine the M and M database, QuEST
- Follow up some of your own cases for self critique
- Emergency medicine is challenging because we are often only a small part of the entire care of the patients
- Incorporate regular discussion of our practice with others’
  - Mini rounds once a day, formalize approach to this in hospital admissions and handover
It matters where we begin, and what direction we take to reach our targets
Practice Based Education

- Needs based
- Continuous improvement
- Scope of practice

Personal

Reflection

Choice
Competency by design

- Continuum of practice competence to expertise
- Competency based Undergraduate Medical education
- Competency based residency training
- Competency based CPD
Certification Nursing

- Diffuse learning, teaching and admin activities
Certification RCPSC

Putting your practice at the centre of your learning
Certification CFPC  
Coming Soon

- Simplicity
- Comprehensiveness
- Availability
- Reflection & Application
- Individualization
A sneak preview at the new Mainpro+ credit categories

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<thead>
<tr>
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<th>Certified</th>
<th>Uncertified</th>
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<tbody>
<tr>
<td><strong>Group Learning</strong></td>
<td>Conferences, Hospital Rounds, Journal Clubs, etc.</td>
<td>Non-Industry Events, AAFP Elective-Credit CPD, Uncertified Rounds, etc.</td>
</tr>
<tr>
<td><strong>Self-Learning</strong></td>
<td>Online CPD Programs, Learning linked to Teaching, Research etc.</td>
<td>Journal Reading, Manuscript Preparation, Podcasts, CDRoms, etc.</td>
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<tr>
<td><strong>Assessment</strong></td>
<td>Simulation-based Activities, Practice Audits, 360° Reviews, Teaching Assessment, etc.</td>
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Maintenance of Proficiency/Competency

- Group Learning
- Self Learning
- Assessment

Group Learning
- Self Learning
- Assessment
Our Vision: To build and sustain a culture of excellence in emergency care

Our Guiding Principles:
- Service Excellence
- Professionalism
- Patient-Centered Care
- Work-Life Balance
- Interdisciplinary Collaboration
- Evidenced-Based Practice