

# Simulation for Maintenance of Certification



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## KEYWORDS

• Maintenance of certification • Simulation • High-stakes assessment

## KEY POINTS

- Maintenance of certification is a process by which health care practitioners can remain current, expand their knowledge and technical expertise, and improve their quality of care and patient safety.
- Simulation takes many forms: part-task trainers, virtual computer worlds, complex procedure-based simulators, full-scale computer-based human patient simulators, standardized patients and family members, or hybrids of any of the simulator types.
- The use of simulation technologies is slowly making inroads into the high-stakes assessment world of maintenance of certification.

## INTRODUCTION

The privilege to practice medicine places on practitioners the onus to show and maintain competence in their areas of expertise, not on just 1 occasion but throughout a career. This continuous process is particularly important in current medical practice because the necessary body of knowledge combined with the technical expertise needed to function effectively is increasing exponentially. Because of these constantly escalating requirements, public scrutiny of the status of practitioners' skills throughout their careers is growing. Over the past several decades, public trust has been further eroded by the increased awareness of the complexity of the health care system and the concomitant adverse events associated with it as well as well-publicized stories regarding fraudulent practitioners who abuse the system.

Studies suggest that board-certified physicians provide improved quality of patient care and better clinical outcomes than those physicians without board certification.<sup>1</sup> For example, patients treated by board-certified physicians after heart attacks show

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a 15% reduction in their mortality.<sup>2</sup> However, a recent meta-analysis showed a decline in physician performance associated with the time elapsed since the physician's initial training.<sup>3</sup> Such findings show that physicians need to participate in continuing medical education (CME) programs in order to keep current with medicine's expanding knowledge base and technical advances, and to apply this knowledge to quality improvement in their medical practice. Thus, state and national accreditation and regulatory bodies have developed stronger and more complex licensing requirements, statutes, and review boards. These bodies have developed tools that are thought to define, assess, and ensure more clearly maintenance of physician competence.

The maintenance of certification (MOC) concept, which grew out of the CME program, originated with The American Board of Medical Specialties (ABMS) in 1999 as a professional response to the need for public accountability and transparency of practice improvement initiatives by physicians. MOC allows practitioners to show to the public that they are continually improving their practice by documenting the steps that they are taking to do so. MOC may also help meet payer, regulatory, and consumer demands for quality in the future. Besides medical knowledge, MOC recognizes that several essential elements involved in delivering quality care exist that physicians must develop, maintain, and be regularly assessed on throughout their careers. These elements often include basic technical skills, skills around new and evolving technologies, and such softer skills as professionalism, team work, and team communication.

In terms of the civic interest, most current MOC programs have similar basic structures that have been developed to assure the public that practitioners are up to date with knowledge related to their specialties; that they hold unrestricted medical licenses, are respected in their practices by peers and patients, show professionalism as physicians, and are willing to evaluate and continually improve their practices. In terms of practitioners, participation in a MOC program should provide some assurance that it will lead to better care for patients, may help the practitioner meet regulatory and consumer demands for quality, shows their commitment to providing quality care to their patients, and acknowledges their keeping up to date with the latest advances in care in their specialties.

For postgraduate practitioners, MOC uses 4 unique program elements to assess the 6 core competencies required for satisfactory completion of residency training as identified through the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project (<http://www.acgme.org/Outcome/>). These competencies are patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. Unlike the MOC process, the ACGME has provided residency programs with a toolbox of methods, techniques, and devices that are used to teach and assess these competencies (**Box 1**).

Although MOC represents a standard 4-part process known as the ABMS MOC process (**Box 2**), each board is left to determine the specific components of MOC that ensure specialist competency. By 2005, all 24 boards overseen by the ABMS became time limited and required physicians to participate in MOC activities to satisfy recertification every 6 to 10 years. Before this period, most specialty board certifications were permanent.

Having defined competence in terms of the 6 core ACGME competencies, including those often called softer skills, such as communication and professionalism, identifying a variety of tools to teach and assess competence or maintenance of competence became essential, because performance on a test of knowledge was no longer adequate to satisfy MOC. As a result, both the ACGME and the ABMS began

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