

Clinical Skills and Professionalism: Assessing Orthopaedic Residents With Unannounced Standardized Patients

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OBJECTIVE: We developed a series of orthopedic unannounced standardized patient (USP) encounters for the purpose of objective assessment of residents during clinic encounters.

DESIGN: Consecutive case-series.

SETTING: NYU-Langone Multi-center Academic University Hospital System.

PARTICIPANTS: NYU-Langone/Hospital for Joint Diseases Orthopedic Surgery residents; 48 consecutive residents assessed.

METHODS: Four orthopedic cases were developed. USPs presented themselves as patients in outpatient clinics. Residents were evaluated on communication skills (information gathering, relationship development, and education and counseling). USPs globally rated whether they would recommend the resident.

RESULTS: Forty-eight USP encounters were completed over a 2-year period. Communication skills items were rated at 51% (± 30) "well done." Education and counseling skills were rated as the lowest communication domain at 33% (± 33). Residents were globally recommended based on communication skills in 63% of the encounters recommended in 70% of encounters based on both professionalism and medical competence.

CONCLUSIONS: The USP program has been useful in assessing residents' clinical skills, interpersonal and communications skills, and professionalism. Use of USP in orthopedic surgery training programs can be an objective means for trainee assessment. (J Surg Ed ■■■■-■■■■. © 2017 Published by Elsevier Inc. on behalf of the Association of Program Directors in Surgery)

KEY WORDS: Unannounced standardized patients, residency training, orthopaedic surgery resident, physical examination, ACGME, core competencies

COMPETENCIES: Medical Knowledge, Patient Care, Professionalism, Interpersonal and Communication Skills, Practice-Based Learning, Systems-Based Practice

INTRODUCTION

The Accreditation Council on Graduate Medical Education (ACGME) requires that residency training programs teach and assess each of 6 core competencies: medical knowledge, patient care, professionalism, interpersonal and communication skills, practice-based learning, and systems-based practice.^{1,2} With the implementation of ACGME milestones and targeted educational outcomes to track resident longitudinal development, it has become imperative to systematically and reliably assess residents using objective assessment tools.

Orthopedic residency programs assess medical knowledge and patient care with the case-specific milestones, during conferences, and with the annual in-training examination. The core competencies of communications and professionalism are more challenging to teach and assess. Providing residents with assessments and feedback on these

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nontechnical skills is just as important as it is for procedural skills.³ In addition, the curriculum, including a hidden curriculum,⁴ can be assessed by objective measures of resident performance.

Objective Structured Clinical Examinations (OSCEs) within orthopedic surgery training have demonstrated to be effective assessment tools,⁵⁻⁸ though their design will always be compromised by their artificial nature and the potential for inauthentic resident performance.⁹⁻¹³ Unannounced standardized patients (USPs) are actors trained to portray a condition and present as real patients to outpatient clinics. USPs have been used to assess both the care and competence of physicians¹⁴⁻¹⁸ and also to assess resident knowledge and skills.¹⁹⁻²² USP encounters provide the potential to observe and systematically evaluate resident performance within the context of genuine outpatient care and collect objective patient experience information. USPs also provide educators an unique window through which a resident's clinical practice, behavior, communication skills, clinical reasoning, and knowledge can be evaluated without the synthetic imposition of an observer.

Thus, to enhance our ability to assess the competencies and educational progress of our orthopedic surgery residents, in concert with our Program for Medical Education Innovation and Research, we developed a series of 4 common orthopedic scenarios and trained USPs to objectively assess residents within the setting of resident clinic. We theorized that the creation and implementation of a USP program for the assessment of resident competence, patient care, professional behavior, and interpersonal and communication skills would be a feasible and effective adjunct method for providing faculty and the residents feedback on group trends and individual outliers. In addition to demonstrating the utility and feasibility of this program, we sought to identify programmatic strengths and areas needing attention in our workplace assessment to modify our educational curriculum and assessment approach.

MATERIALS AND METHODS

Orthopedic Resident Participation

This study was approved by the Institutional Review Board and all procedures followed were in accordance with Institutional guidelines and ethical standards. At the time of consent, residents were informed that they were participating in a project utilizing USPs for the purpose of objectively assessing resident clinical skills, knowledge, and behavior as defined by the ACGME core competencies. Residents were asked not to deviate from the usual standard of care, even if they suspected a patient to be a USP. Detection surveys were distributed quarterly to report suspected USP encounters. Residents were informed that the findings of the USP project would be provided in the form of group feedback.

USP Case Development

Four orthopedic cases were developed and standardized patients (SPs) were trained to present at resident's ambulatory care clinic. Cases were developed by core academic faculty and all cases were designed for residents of all years to be able to make a diagnosis based on the history and physical examination findings. Cases included an elderly male or female patient complaining of "hip pain" but on further questioning and physical examination a diagnosis of spinal stenosis should have been considered; a young male SP presenting with a meniscal tear; a middle aged male or female presenting with hip joint pain and findings suggestive of femoral acetabular impingement; and, finally, a young female presenting with a Lisfranc injury after a mechanical fall on steps. In the case of femoral acetabular impingement, and the Lisfranc injury, the SP consented to have his or her radiographs taken and films were made available through the electronic medical record (EMR) access in a picture archiving computer system (PACS, GE, Waukesha, WI), making sure that the date and time were altered to prevent detection. The other cases were designed to have the USP refuse radiographs claiming lack of insurance or that films were previously obtained but left at home. All 4 USP cases and their presenting chief complaints are common and the scenarios designed such that accurate diagnosis and management would be expected if these patients were to present in the office of a practicing orthopedic surgeon who could diagnose these conditions, primarily, using a thorough history and physical examination.

Scenario design and scoring assessment of residents was focused on core competencies, including interpersonal and communication skills, professionalism, and medical competence with a focus on the orthopedic physical examination and formulation of a differential diagnosis. When applicable, resident's ability to critically evaluate radiographic film was assessed. Resident documentation and diagnostic accuracy was assessed by faculty member using a rubric on the resident's EMR clinic encounter note.

USP Recruitment and Training

The USPs were actors (23 in total) who were recruited to reflect our diverse patient population. Each USP participated in a 6 to 8 hours character training session with orthopedic faculty (D.P.). The training focused on developing character, practicing physical examination findings, and using the behavioral anchored checklist. At the time of encounter, the USPs were provided a medical record number and registered to the clinic just as an actual patient would register. USP radiographs, when used, were loaded into EMR/PACS in advance of the visit. Actors were compensated based on their hours of training (~8 hours), time allotted during their USP encounter visits (~4 hours) at a rate of \$25 per hour. There were no other appreciable

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