

Facilitator's Manual Practical Implementation of the Competencies

ACGME

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Slide 1



Speaker Notes

The PowerPoint lecture “Practical Implementation of the Competencies” describes desired skill sets for each of the competencies. As you read through Module 2, you may find some overlap from Module 1. Remember, the purpose of Module 1 was to introduce an overview of basic principles of competency-based education. Module 2 will help you identify where you may already be teaching the competencies so you can identify areas for improvement. Later modules will tie Module 1 and 2 together by helping you use this information to write a curriculum plan, identify an assessment system, and identify an educational quality improvement plan.

The skill sets described comprise specific skills selected and identified by small specialty workgroups convened by the ACGME and ABMS; these workgroups have developed specialty-specific versions of the General Competency language approved by the ACGME and ABMS. The skill set described for each competency is the result of Dr. Carol Carraccio’s work that synthesized data from these small specialty workgroups. Each workgroup was composed of representatives and stakeholders from each specialty: RRC member, residency program director, specialty board member, and a resident representative. Each workgroup was assigned the task of identifying skill sets for each competency. Dr. Carraccio was tasked with compiling, analyzing, and identifying common themes across the specialties that resulted in the skill sets contained in this module. These skill sets are also the foundation of the ongoing RRC Development Workshop.

The discussion questions are designed to stimulate conversation between program directors and the faculty in three areas:

1. What does the specific competency mean?
2. How are we currently teaching it?
3. What would we like to add to the program to strengthen our teaching of the competency?

Slide 2



Objectives

- Identify examples of educational content in your program for each of the competencies
- Identify teaching strategies and settings currently used in your program for each of the competencies
- Identify an educational improvement plan for teaching the competencies

Speaker Notes

This module addresses the objectives listed in Slide 2.

Slide 3

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Keep in mind

- Discuss what (content) and where (setting) you are teaching a particular competency
- What educational experiences need to be improved?
- Incorporate teaching the competencies into your daily clinical teaching

Speaker Notes

As you work through this module, use this as the framework to promote faculty discussion.

Slide 4

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“The competencies are organizing principles to frame our conversations [curriculum].”

- Marvin Dunn

Speaker Notes

Dr. Marvin Dunn was the former Director of RRC Activities. He described the competencies as organizing principles to frame the educational curriculum. Think of the competencies as a framework for your curriculum rather than add-ons. Using this framework requires you to acknowledge and integrate important skill sets that complement medical knowledge and patient care. Most programs are already incorporating such topics as patient safety, quality improvement, or evidence-based medicine into their curriculum. When the six competencies are used as a curriculum framework, residents can develop the complete skill set they need to meet the challenges of a 21st-century practitioner.

Slide 5

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The Six Competencies

- Medical Knowledge
- Patient Care
- Practice Based Learning and Improvement
- Systems Based Practice
- Interpersonal and Communications Skills
- Professionalism

Speaker Notes

There are no Speaker Notes for this slide.

Slide 6

Every competency can be taught with every patient

Speaker Notes

As you review the following case study, think about all the opportunities a resident would have to use each competency.

Case Study

A 62-year-old Hispanic woman with diabetes, HTN, and high cholesterol is seen in the clinic for follow-up on lab work; her diabetes is not well controlled. Providing good patient care to this woman requires us to understand more factors related to her care than merely the diagnosis or treatment plan.

Here are some of the factors that might affect her current presentation:

1. What are the clinical guidelines for diabetic care? (**PBLI, MK**)
2. Why is patient failing to adhere to treatment program? (**ICS**)
3. Are there any cultural issues that affect patient's adherence to treatment or to an understanding of the disease? (**ICS, PROF**)
4. Are there psychosocial issues affecting this patient? Is she under unusual stress? (**ICS**)
5. Are there family issues that might affect her condition? (**ICS**)
6. Has there been a recent death in the family? (**ICS**)
7. Is she a caretaker for an aging parent? (**ICS**)
8. What are the access-to-care issues? (**SBP**)
9. Are there issues with affordability of medications or insurance coverage? (**SBP**)

When we look at these factors, we see the competencies are deeply embedded in the questions we might ask the resident during precepting, questions such as the impact family stress has on the patient's ability to adhere to diet, her ability to find transportation to the clinic, or what the current guidelines are for care. All these discussions focus on education in the competencies.

Think about a case from your own specialty. Discuss how you might apply some of the above questions to your own case.

Slide 7

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and how to apply this knowledge to patient care.

- Acquisition
- Analysis
- Application

Speaker Notes

The competency Medical Knowledge designates that residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and how to apply this knowledge to patient care.

Key Components of this Competency:

1. Residents must know and apply the basic and clinically-supported sciences appropriate to their discipline:
 - pathophysiology and epidemiology of disease;
 - clinical and laboratory findings;
 - differential diagnosis and therapeutic options including preventive measures; and
 - procedural knowledge.
2. Residents must critically assess and apply current medical information and scientific evidence to patient care:
 - apply principles of evidence-based medicine (EBM) to patient care (conscientious, explicit and judicious use of current best evidence to make decisions about patient care in the clinical setting)

The next slide will discuss types of content and settings where you might be teaching the competency of Medical Knowledge.

Slide 8



Teaching Medical Knowledge

Content

Specialty specific curriculum
that addresses key skill sets

RRC Specialty specific
requirements

Setting

Clinical Teaching
Lectures/Seminars/Conferences
Journal Club
Procedural workshops
Board review courses or formalized
group study experiences
Simulations
Self directed learning through case
based modules

Speaker Notes

Content refers what residents need to learn. For example, residents need to know the pathophysiology of specific diseases.

Setting refers to where Medical Knowledge taught. For example:

- Do residents gain knowledge of evidence-based medicine (EBM) by quickly searching the literature on a puzzling diagnostic or therapeutic problem?
- Are residents encouraged to expand their medical knowledge during Journal Club by critically appraising articles?
- Do residents gain knowledge about pathophysiology of specific diseases during didactic lectures or basic science lectures?

The content for the key skill sets defined by this competency can be found under specialty-specific curriculum, as well as the RRC requirements for the specialty.

Most programs are required to teach specialty-specific curriculum in the area of medical knowledge. Please familiarize yourself with your specialty-specific curriculum. See Addendum A at the back of this Guide for websites related to your specialty.

In some cases, the RRC may have specialty-specific requirements contained in the Program requirements for that specialty. These may be found at:

http://www.acgme.org/acWebsite/navPages/nav_comPR.asp

Discussion Questions:

Encourage faculty to familiarize themselves with the specialty-specific curriculum plan, RRC requirements, and your own curriculum plan. All should clearly define the medical knowledge, skills, or attitudes residents are expected to learn and demonstrate throughout their educational program. These curricula should also discuss the best teaching method for a resident to acquire medical knowledge.

Encourage faculty to discuss the effectiveness of various methods currently used in your program to teach Medical Knowledge. Do settings align with the content? Do activities enhance the learning experience? For example, should your program add an Evidence- Based Medicine Journal Club? Do didactic lectures follow the overall curriculum plan for your specialty? Do you evaluate didactic lectures? How would you improve your lecture series? Are there procedural workshops that could be added? Record ideas for improvement.

Slide 9

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- Gathering information
- Synthesis
- Partnering with patients/families

Speaker Notes

The competency Patient Care states that residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Key Components of this Competency:

1. Gather accurate and relevant information using the following skills:
 - medical interviewing;
 - physical examination;
 - appropriate diagnostic work-up; and
 - access and use of information technology.
2. Synthesize and apply information in the clinical setting by:
 - making informed recommendations about preventive, diagnostic, and therapeutic options and interventions that are based on both clinical judgment, scientific evidence, and patient preferences, and on an understanding of this knowledge; and
 - prescribing, performing, and interpreting medical procedures relevant to the practice of the specialty.
3. Partner with patients in a manner that fosters:
 - assessment and provision of continued care needs;
 - counseling and education of patients and families;
 - prevention of health problems; and
 - health maintenance.

Slide 10

Teaching Patient Care

Content

- Specialty specific skills that address key skill sets
- Specialty specific procedural knowledge
- Knowledge about information technology

Setting

Clinical Teaching
Lectures/Seminars/Conferences
Role Modeling
Workshops
Simulations
Self directed learning through case based modules

Speaker Notes

A major goal of the Outcome Project is to improve patient care by fostering residents' learning and application of the General Competencies. The competency of Patient Care is familiar and very broad in scope and depth. Residents need to have strong medical and procedural knowledge, communicate effectively with patients and their families, be patient advocates, and be knowledgeable about information technology, such as an electronic medical record or using decision support systems when prescribing. Most of what is taught and evaluated during residency relates in some way to patient care. Most programs will have specialty-specific skill sets that reflect Patient Care, and are taught during clinical teaching, lectures/seminars/conferences, or through case-based modules and simulations.

Discussion Questions

The examples of content and settings on the slide are not exhaustive. Encourage faculty to look at Patient Care through the lens of the educational program. What educational experiences are you providing residents that reflect teaching the key components defined for the Patient Care competency? Are there areas that need to be improved? Record ideas for improvement.

Slide 11



Practice Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

- Life-long learning
- Evidence based medicine
- Quality improvement
- Teaching skills

Speaker Notes

The competency of Practice-based learning and Improvements stipulates that residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Key Components of this Competency:

1. Residents must take primary responsibility for life-long learning and their own practice improvement, such as:
 - learning basic steps and techniques in quality improvement;
 - using information technology to acquire new knowledge; and
 - analyzing the quality of care of their patients receive within the context of their patient population, as well as understanding the context of the larger population of patients.
2. Appraisal and assimilation of the scientific literature (EBM):
 - Use scientific studies to inform decisions about diagnosis or care.
 - Critically evaluate a scientific studies and determine their applicability to patient care.
 - Use information technology.
3. Implementing Improvement:
 - Use a quality improvement activity (i.e., Plan-Do-Study-Act cycle) to improve patient care (see page 15).
 - Disseminate results of successful quality improvement project to the larger community.
4. Actively participate in the education of patients and their families, medical students, residents and other health professionals

The next slide will discuss examples of teaching these four areas.

Slide 12



Teaching Practice Based Learning and Improvement

Content	Setting
Self Reflection	Self reflect on practice and determine improvement
Quality or Practice Improvement	Lectures/Seminars/Conferences Quality Improvement Project

Speaker Notes

There are many excellent resources on our website for teaching Practice-based Learning and Improvement. Please encourage faculty to refer to the Outcome Project tab under Implementation. Other useful examples are described in the April 2006 ACGME Bulletin, and are available through the ACGME website.

This competency contains four primary areas:

1. Self-reflection
2. Quality Improvement or Practice Improvement
3. Appraisal and Assimilation of the Scientific Literature (EBM)
4. Teaching Skills

Self-reflection

- Lifelong learning involves self-reflection, responsiveness to feedback, and an ongoing development of new skills, knowledge, or attitudes.
- Encourage residents to develop an individualized learning plan that includes setting learning goals, identifying ways to achieve those goals, and working with a mentor to determine if each goal has been achieved. Ideally, the mentor will guide residents to incorporate self-assessment and the feedback of others into this plan as part of their learning portfolio.

Quality Improvement/Practice Improvement

- Encourage residents to participate actively in departmental or institutional Quality Improvement activities.
- Add departmental lectures on quality improvement methodology to the didactic conferences; encourage residents to undertake and report on Quality Improvement projects.
- Encourage resident to critically appraise their own treatment plans with patients to see if those plans correspond to current clinical guidelines. If not, what would they change about their patient care?
- Engage residents in Quality Improvement activities using a systematic methodology, such as a plan-do-study-act (PDSA) cycle. The PDSA cycle contains the following elements:
 - **Plan** Plan an improvement intervention.
 - **Do** Implement the proposed intervention.
 - **Study** Analyze whether this intervention was effective.
 - **Act** If intervention was effective, then continue to implement and measure practice improvement. Repeat the cycle if the improvement was not effective.

Slide 13

Teaching Practice Based Learning and Improvement (con't)

Content	Setting
Evidence Based Medicine	Lectures/Seminars/Conferences Journal Club Research Project Clinical Teaching
Teaching Skills	Clinical Teaching Role Modeling Interactive Workshop

Evidence-based Medicine (EBM)

- Incorporate departmental lectures on EBM into didactic conferences.
- Use journal club to teach and promote use of EBM principles.
- Some residencies require their residents to conduct a research project. Encourage them to apply the principles of research methodology and statistical analysis to their project.
- During clinical teaching, encourage residents to locate, evaluate, and apply current scientific literature to their care of patients.
- Model use of online resources such as Cochrane database, decision support systems for prescribing, and med-line searches.

Teaching Skills

- During clinical teaching, model the integration of evidence-based medicine with excellent patient care, provide constructive feedback, and encourage questions and discussions.
- During clinical teaching, ask residents how their interactions with patients and their families are also a venue for demonstrating teaching skills. For example, if a resident is working with someone newly diagnosed with diabetes, a majority of their patient interaction may involve teaching the patient and family about the illness. In surgical specialties, the resident's ability to educate patients and their families about discharge and aftercare demonstrates their teaching skill. The resident's ability to teach the patient will directly impact adherence to treatment.

- Discuss with residents your own teaching strategies and techniques for giving feedback. Encourage discussion about “what makes a good teacher.”
- Senior residents also may enjoy a half-day teaching skills workshop, which may improve their own self-confidence about teaching.
- Residents may also gain insight into educating patients and their families by developing education materials for them.

Discussion Questions:

- Does your program contain educational opportunities in the four domains of PBLI?
- Are there areas for improvement in your program? What specifically?
Encourage faculty to discuss the above questions and record what areas of the curriculum they feel needs improving.

Slide 14

Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal health care

- Health care delivery system
- Cost effective practice
- Patient safety and advocacy/Systems causes of error

Speaker Notes

In System-based Practice, residents must be aware of and respond to the larger context of the health care system by demonstrating their ability to use system resources effectively to provide optimal care.

Key Components for this Competency:

1. Residents must develop knowledge of the larger context and system of health care by:
 - knowing different types of medical practice and delivery systems;
 - using system resources to advocate for patient care, and by helping patients to use the system to obtain additional resources; and
 - understanding system issues in the reduction of medical error.
2. Residents must be able to use resources within the system to provide excellent patient care by:
 - demonstrating cost-effective resource allocation and prescribing patterns;
 - identifying resources needed by the patient and advocating for them;
 - participating in interdisciplinary teams, particularly as they relate to quality of patient care and system issues; and
 - identifying and implementing solutions for systems issues related to medical errors.

Slide 15

Teaching Systems Based Practice

Content

- Health care system
- Different types of medical practice and delivery systems
 - System resources
 - System issues and the reduction of errors
 - Conducting a root cause analysis

Setting

- Clinical teaching
- Patient Safety projects
- Systems based approach to M & M
- Lectures/Seminars/Conferences
- Interdisciplinary Teams

Speaker Notes

The hallmark of the System-based Practice competency is educating residents about the health care system as a whole, and about their role within that system, which is reflected in the following three broad areas:

1. knowledge of the health care system;
2. knowledge of practice management issues; and
3. patient advocacy and safety.

Knowledge of the Health Care System

- During clinical teaching actively discuss:
 1. patient safety issues;
 2. the root cause of those errors; and
 3. system resources that may help the resident provide quality patient care, as well as ease the financial impact for the uninsured.
- Inter-professional or multidisciplinary rounds can help residents understand the role of various team members, and identify system resources.
- During clinical teaching, discuss team members and what role they play in the patient's care
- Use a patient safety project with a root cause analysis, which is an excellent way to help residents understand the health care system.

- Use a system-based approach to M & M, which helps residents understand the system contributions to an error or “near-miss” event.
- Use departmental lectures to discuss different health care delivery systems in order to help residents learn the financial underpinnings of various insurance models.

Slide 16

Teaching Systems Based Practice (con't)

Content

Cost Effective Practice

- Tools and techniques for controlling costs and allocating resources
- Understanding of financing/insurance structures
- Mock practice experiences/mock financials
- Evaluating risk and benefit of costly prescribing

Setting

Clinical Teaching

Practice management curricula or projects

Speaker Notes

Knowledge of Cost-effective Practice Topics

- Use clinical teaching to discuss the impact of payer mix, billing and coding issues, resource allocation, cost effectiveness, and insurances when rounding or precepting residents.
- Incorporate a practice management curriculum into your lecture series. It should address issues such as cost-effectiveness, resource allocation, and the various financing and insurance issues as they relate to the practice environment; including hospital finance may be particularly helpful. There are many excellent examples of practice management curricula in the literature.
- Give residents mock financials from their own panel of patients to review and critique. Ask how they can apply this knowledge into their practice.
- Have residents analyze a patient bill to determine the impact of their decisions to the patient and/or system.
- If possible, give residents a pharmacy print out which analyzes their prescribing patterns. Discuss issues of cost-effective prescribing, use of hospital formulary for drug choices, or use of generic medications.

Slide 17



Teaching Systems Based Practice (con't)

Content

Patient Safety and Advocacy

Setting

Lecture/Seminar/Conference

Clinical teaching

Individual or Group Projects

Conducting a root cause analysis
on near miss or sentinel event

Systems based approach to M & M

Speaker Notes

Patient Safety and Advocacy

The third dimension of teaching System-based Practice is a Patient Safety curriculum. National and institutional initiatives in Patient Safety are gaining momentum and becoming part of the institutional culture. Residents need to understand the basic principles of root cause analysis, failure end mode analysis, identifying system issues related to error, and identifying means of improving the system. A series of basic lectures covering these Patient Safety topics is helpful. There are many ways to teach Patient Safety within your program, ranging from M & M (for surgical and medicine specialties) to didactic workshops and clinical teaching. Encourage faculty to explore the web for various curriculum resources on Patient Safety.

During clinical teaching, it is important to discuss errors from multiple perspectives. For example: What were the system issues that led to the error being committed? What can be done to improve the system? What is the patient's and/or family's response to the error?

Projects that focus on a system approach to medical error, identification, and correction are excellent ways to teach basic principles of root cause analysis, failure end mode analysis, and system issues. For example, residents might identify a near miss or sentinel event they were involved in. Asking them to analyze the contributing factors, conduct a root cause analysis or failure end mode analysis, and then write and implement an improvement plan is a worthwhile activity which can become part of their portfolio.

Use a system-based approach to M & M, which helps residents understand how the system contributes to an error or near miss event.

Discussion Questions:

- Does your current educational program contain these three broad domains of System-based Practice?
- Do the settings used actively engage the residents in both identifying system problems and in the development and implementation of system solutions?
- Is there a particular area that the program needs to improve?
- How can you integrate System-based Practice into your curriculum?

Encourage faculty to discuss the above questions and to record those areas in need of improvement.

Slide 18

Professionalism

Residents must demonstrate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

- Professional behavior
- Ethical principles
- Cultural competence

Speaker Notes

The competency of Professionalism defines residents as persons who demonstrate their commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

Key Components and Attributes for this Competency:

1. Residents must demonstrate respect, compassion, and integrity, including:
 - altruism, honesty, empathy, and dependability;
 - accountability to patients and society; and
 - professional commitment to excellence.
2. Residents must demonstrate adherence to ethical principles such as:
 - responsibility for continuity of care; and
 - the practicing of patient-centered care that encompasses confidentiality, respect, and autonomy via appropriate informed consent and shared decision making.
3. Residents must demonstrate cultural competence and:
 - show sensitivity and value the diversity of patients and colleagues; and
 - appropriately recognize and respond to physician impairment.

The following slides will give some examples of the settings in which you might be teaching Professionalism.

Slide 19



Teaching Professionalism

Content

Respect, altruism, integrity, honesty, compassion, empathy

Setting

Clinical teaching

Case based teaching

Mentoring

Role modeling

Role plays and clinical vignettes

Speaker Notes

Professionalism is difficult to define concretely, although most would agree, “we know it when we see it.” What exactly does it mean to teach Professionalism?

The Professionalism competency is composed of three components:

- respect, compassion, and integrity;
- adherence to ethical principles (ethics); and
- cultural diversity.

Respect, Compassion and Integrity

- Professionalism is taught primarily during clinical experiences where residents observe and adopt the behavior of senior residents and faculty. Mentoring and positive / negative role models are strong teachers.
- Clinical teaching is an excellent venue for role modeling and discussion of respect, compassion, and integrity.
- Have resident choose a case that reflects their ability to demonstrate respect, compassion, and/or integrity. Perhaps they might write a short narrative of this experience and the key learning points for them. This narrative could be included in their portfolio.
- Have residents reflect on mentors or role models they admire, and identify the specific attributes this person embodied. Encourage them to write an action plan describing how they would acquire or embody some of these attributes.

Slide 20



Teaching Professionalism (con't)

Content

Ethics

Setting

Clinical teaching

Case based teaching

Ethics Committee

Mentoring

Role modeling

Speaker Notes

Ethics

- Discuss ethical issues that can arise during clinical teaching, and encourage residents to view these issues from different perspectives.
- Use cases on your service that reflect ethical issues to stimulate discussion with residents.
- Ask your hospital's Ethics Committee to speak on specialty-specific and relevant topics. Combine departments such as Surgery and Anesthesia, or Primary Care groups for even greater discussion.
- Designate several Journal Clubs a year to discuss specialty-specific ethics cases. Encourage residents to debate these topics and to understand the issues from multiple perspectives.
- Mentoring and role-modeling are also powerful ways to teach ethics. Encourage discussion about common ethical dilemmas that occur in caring for patients.

Slide 21

Teaching Professionalism (con't)

Content

Cultural Competence

Setting

Clinical teaching

Case based teaching

Interactive Workshops

Lecture/Conference/Seminar

Institutional Initiatives

Role modeling

Mentoring

Speaker Notes

Cultural Competence

During clinical teaching, discuss how diversity issues, health literacy or disparity issues, might impact patient care and adherence to treatment.

- Use cases that residents encounter to stimulate discussion on these issues.
- Consider using a panel of patients to discuss ethical or cultural issues.
- Determine if the institution offers a seminar, conference, or workshop in cultural diversity – many do because of hospital accreditation requirements.
- Consider using hospital resources (e.g., social workers, psychologists, chaplains) or community resources (e.g., public health department, other community agencies) to address cultural diversity through didactic and small- group discussion.
- As you engage in clinical teaching and mentoring, consider how you are role- modeling sensitivity to cultural diversity.

Discussion Question

Faculty should identify areas where discussions about professional behavior, ethics, or cultural diversity would enhance resident learning. Are there educational opportunities you might like to add to your program? Look for interdepartmental opportunities to discuss ethics cases.

Slide 22

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

- Communicating with patients and families
- Communicating with team members
- Scholarly Communication

Speaker Notes

The competencies consider Interpersonal and Communication Skills an ability residents must demonstrate that results in effective information exchange and teaming with patients, their patient's families, and professional associates.

Key Components for this Competency:

1. Residents must be given instruction and experiences to learn the nature and varieties of communication:
 - didactic and experiential teaching that addresses verbal and nonverbal communication;
 - topical areas that address communication with the patient and their family (e.g., delivering bad news, educating patients about their disease, behavior change, end of life issues);
 - topical areas that address communication with colleagues (e.g., hand-off, presenting lectures, leadership); and
 - topical areas that address communication about medicine (e.g., the presentation of scholarly work).
2. Residents must be able to combine knowledge and skills needed to:
 - communicate effectively with patients and families;
 - use effective listening, question, non-verbal, and written skills;
 - communicate effectively with physicians and other health care professionals;
 - work effectively in a consultative role; and
 - maintain comprehensive, timely, and legible medical records.

Slide 23



Teaching Interpersonal and Communication Skills

Content

Communication with Patients and Families

Setting

Clinical teaching
Role modeling
Case based teaching
Interactive workshops or seminars using role-plays

Speaker Notes

In looking at the key components of this competency, three domains of communication skills emerge:

1. communication with patients and families;
2. communication with colleagues; and
3. scholarly communication.

Learning effective interpersonal and communication skills is a life-long process. Interpersonal skills are those skills that relate to the process of communication or the impact that one's communication has on another. Communication skills can be thought of as a concrete skill set (e.g., the ability to deliver bad news, encourage patients to change behavior, present a lecture). In practical terms, it is often difficult to separate interpersonal and communication skills because both are interrelated. Here are some ways to teach communication skills:

Communication with Patients and Families

- Encourage faculty to discuss communication with the patient during clinical teaching. Examples might include:
 - effective strategies for delivering bad news;
 - effective strategies for holding a family meeting; or
 - effective strategies for educating patient and their families.

- Encourage faculty to use cases to demonstrate effective and ineffective communication via role-modeling.
- Use cases that illustrate examples of effective and ineffective communication strategies to stimulate discussion with residents.
- Multiple examples of effective workshops on these topics are present in the literature. Models for giving bad news, holding family meetings, resolving conflict, helping patients make life-style change are useful. Encouraging residents to role-play how they might accomplish a particular skill is also helpful.

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Teaching Interpersonal and Communication Skills (con't)

Content

Communication with colleagues

Setting

Standardized communication around handoff

Clinical teaching

Role modeling

Interactive workshops or seminars

Communication with Colleagues

- Determining a standardized method for hand-off in your program or institution is helpful in reducing medical errors, and it aligns well with JCAHO initiatives.
- During clinical teaching, discuss how to establish and maintain effective consultative relationships with colleagues of other specialties. Review a series of consultative notes that residents have written, and provide feedback
- Be aware how role-modeling affects consultative relationships, and discuss techniques you use to resolve conflict, manage consultations, or provide communication to other specialties.
- Interactive workshops that center on developing leadership skills are useful to residents, particularly as they reach their senior year.

Slide 25

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Teaching Interpersonal and Communication Skills (con't)

Content

Scholarly communication

Setting

Grand Rounds

Presenting
lectures/seminars/conferences

Writing abstracts

Presenting a poster

Scholarly articles

Scholarly Communication

- Encourage residents to present their scholarly work via presentations, abstracts, or publications.
- Residents should also be encouraged to develop effective lecture and teaching skills.

Discussion Questions:

How are you currently teaching communication skills? How could you improve teaching this competency? Are there resources within your institution (social workers, chaplains, psychologists) who could assist you? How can you integrate conversation about communication skills into clinical teaching?

Slide 26



Resources

<http://www.acgme.org/Outcome>

Speaker Notes

The ACGME webpage contains more concrete examples of implementing the competencies. In reflecting back on this module, you should have identified:

- what setting(s) you are teaching each competency in;
- appropriate content; and
- what you might like to improve in or add to your program.