

# Core Outcome Mapping

## Best Practice Recommendations for Utilizing the Core Outcome Mapping Project

This mapping project is intended to facilitate growth in both the resident and the curriculum. It is intended to be a guidepost, not a final destination, on the journey from learning to competency. True assessment requires frequent, multimodal assessment including direct observation.

### Recommended Ways to Use this Mapping:

#### 1) Competency-Based Assessment and Individual Learning Plans (ILPs)

- a. When a resident is found to have a growth area in a particular Core Outcome (CO), the Clinical Competency Committee (CCC) can use this mapping to identify specific measurable behaviors within the sub-competencies with which to recommend learning activities that residents can include in their ILP.
- b. Residents who are not progressing toward competency in the required COs can use the language from the corresponding mapped sub-competencies to help develop remediation plans beyond the resident-driven ILP when necessary.
- c. *Example: if a resident is found to need/want more growth in communication skills (CO #1), the advisor might look at the milestones mapped to that CO, see the Level 4 descriptors for ICS 2, and design a SMART goal around coordinating recommendations from different members of the healthcare team.*

#### 2) Program Curricular Gaps

- a. As the Program Evaluation Committee (PEC) evaluates the overall residency curriculum, they can use this mapping to identify areas in need of further development.
- b. *Example: if the program sees they are having trouble assessing residents in care of patients across the continuum (CO #13), the PEC might look at milestones mapped to that CO, see the Level 4 descriptors for SBP 2, and find a way to add education and/or assessment of transitions of care hand-offs to their curriculum.*

#### 3) Updating Existing Curriculum

- a. As the CCC is looking for better ways to assess resident performance across the various Core Outcomes, they can work with the PEC to better link existing rotations and other educational experiences to Core Outcomes without creating new curriculum.
- b. *Example: if the CCC lacks adequate assessments for residents practicing as personal physicians (CO #2), the PEC could use the mapping to note that existing evaluation of resident ability to facilitate patient engagement in managing their own chronic disease and preventative health links to that CO through milestones in sub-competencies PC-2 and PC-3.*

### What this mapping is NOT:

- A graduation benchmark or other requirement
- A substitute for ACGME milestones
- An all-inclusive linkage of sub-competencies to Core Outcomes