

### Description of Leadership Practicum:

#### WHY THIS PRACTICUM

The ACGME Outcome Project was formally launched in July 2001. A major goal of the Outcome Project was to **“enhance residency education through outcomes assessment.”**

Assessment is vital, yet is still often neglected, avoided, or performed poorly in graduate medical education (GME).

**Accurate, robust assessment is essential for effective feedback, coaching, self-regulated learning, and professional growth.**

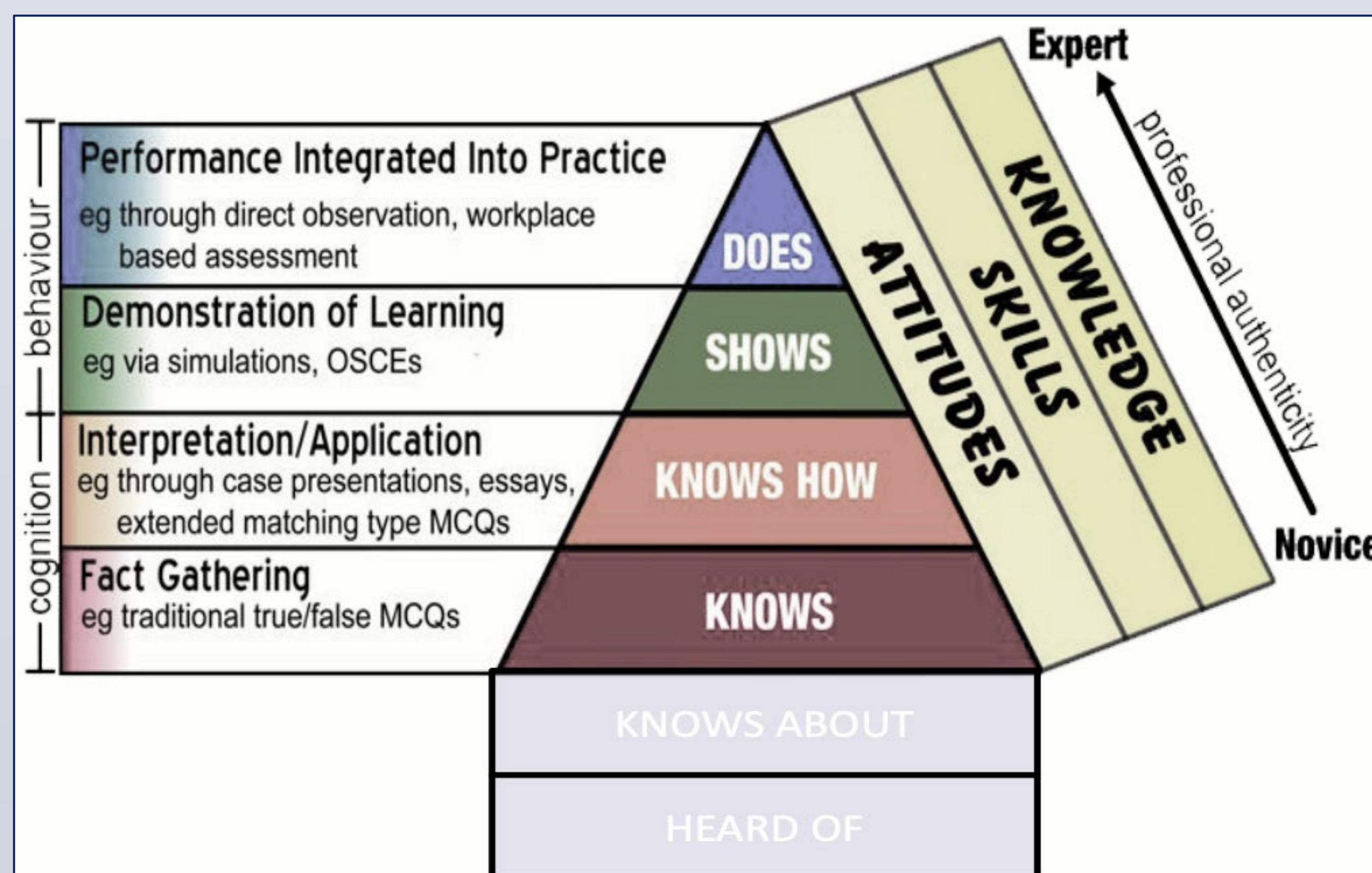
Valid assessment is a social responsibility between learner, patient, faculty members, educational programs, and society.

**When assessment is done poorly, learners can graduate insufficiently prepared for unsupervised practice, and in a worst-case scenario it leads to patient harm.**

As the Associate Program Director and the Chair of the Clinical Competency Committee (CCC) of a family medicine residency, I led an initiative to address gaps in resident feedback and evaluation processes, focusing on milestones assessments in Northwest Track- Family Medicine residency Baylor College of Medicine.

**Utilizing STFM Best Practice Recommendations for the Core Outcome Mapping Project,** the goal of the practicum is to **establish**

1. **Competency-Based Assessment-** Objective evaluation of each resident using direct observation and CBME tools of Chart Review
2. Individualized approaches to mentorship using structured coaching system and **Individual Learning Plans. (ILPs).**



Miller's Pyramid of Clinical Competence

### Leadership Accomplishments:

*This leadership practicum allowed me to engage in multiple leadership activities:*

- ✓ Organized faculty meetings to develop and approve the framework for ILPs and mentorship, and to switch to work-based assessment as part of evaluation process.
- ✓ Incorporated medhub app opportunity for learners to generate Direct observation evaluation for inpatient setting in primary care
- ✓ Facilitated focus groups with residents to understand their needs and align the initiative with ACGME competencies,
- ✓ Coordinated a pilot rollout of the mentoring program, pairing residents with faculty mentors, and

### Challenges Overcome

- Get a buy in from educational leadership of the Family Medicine Department
- Resistance to change from faculty members and residents who were hesitant about additional workload.

### Challenges Ahead

- Get Competency based assessment integrated into Medhub to avoid multiple platforms to collect assessments in all rotations for residents
- Maintain continued momentum for change
- Create remediation tracks via electives developed with their mentors using directed resources for any gaps identified in assessments.

### Leadership Next Steps

- ✓ Refine and expand the ILPs and mentoring program based on feedback from residents and faculty.
- ✓ Track objective outcomes such as milestone progression, in-training exam scores, and resident satisfaction to measure the initiative's effectiveness.
- ✓ Regularly meet with Clinical competency Committee to finalize the assessment tool to incorporate in resident education in inpatient and outpatient settings
- ✓ Pilot the Work-based assessment CBME tools as part of regular feedback with incoming interns

### Chart Simulated Recall

#### Sample Exercise Questions

It sounds like there was uncertainty about how to manage this encounter.

What features of the patient's presentation led to your top differential diagnosis? (MK, PC)

Were there any sources of stress or uncertainty? (PBLI)

How would you like to move forward? (MK, PC)

a. Which questions can we ask the patient?

b. Which labs/tests/maneuvers can we perform?

c. Which specialty can we refer to?

4. When you see this patient again, what will you follow up on? (SBP)

5. Do you feel you reached common ground with the patient regarding their expectations? (PROF, ICS)

6. Looking back now, is there something you would have done differently? (PBLI)

