



The Top Ten Reasons Why ACGME Likes Simulation

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Accreditation Council for Graduate Medical Education

501 c3 private voluntary accrediting body

Improve patient care by improving GME

Sets standards for 8100 residency programs that house 100,000 residents

26 residency review committees –350 volunteer physician experts

Institutional review committee

ACGME

Private but work is recognized by:

- ? Federal Government
- ? Certifying boards
- ? Licensing boards

The ACGME in Perspective

100 staff members

2100 site visits annually

About 60 RRC meetings per year

\$20 million budget

Some Recent Initiatives

Competence

Duty hour reform

Good learning for good health care

ACGME Outcome Project

Project *A long term initiative*

Vision *to enhance residency
education*

Process *through educational outcome
assessment*

Outcome Initiative Principles

Whatever we measure we tend to improve

Programs need flexibility to adapt to their particular environment

Public accountability

Process vs. Outcomes

Process

Time spent

Number of faculty

Educational resources

Lectures

Library

Examines program's potential to educate

Outcomes

Demonstration of skills

Less prescriptive about process

Examines whether program is actually educating residents

Whatever we measure we tend to improve.

Useful Concepts about Measurement

Life is not condensable

We use models to understand life

All models are limited, some are useful

Measurements are applied to models

Both measurements and models must be constantly reassessed

We need structured dialogue about measurement

Useful Concepts

Rules and context

Science is universal; art is always unique

Objective and subjective

Characteristics of good assessment

Measures actual performance

Identifies areas for improvement

Satisfies reasonable request for accountability

Is practical

Is done over time to discern growth

Types of Evaluation Tools

Multiple choice exams

Global ratings

Oral exams

Chart stimulated recall

Computer-based simulations

Objective Structured Clinical Exams (OSCEs)

Types of Evaluation Tools

Portfolios

360 degree evaluations

Simulators

Simulation

Phases in Outcome Initiative

Forming the initial response - Done

Sharpening the focus and clarifying the definitions

? 2002-2006

Integrating good learning with good health care

? 2006 - 2010

Benchmarking and improvement - ongoing

The General Competencies

Patient care

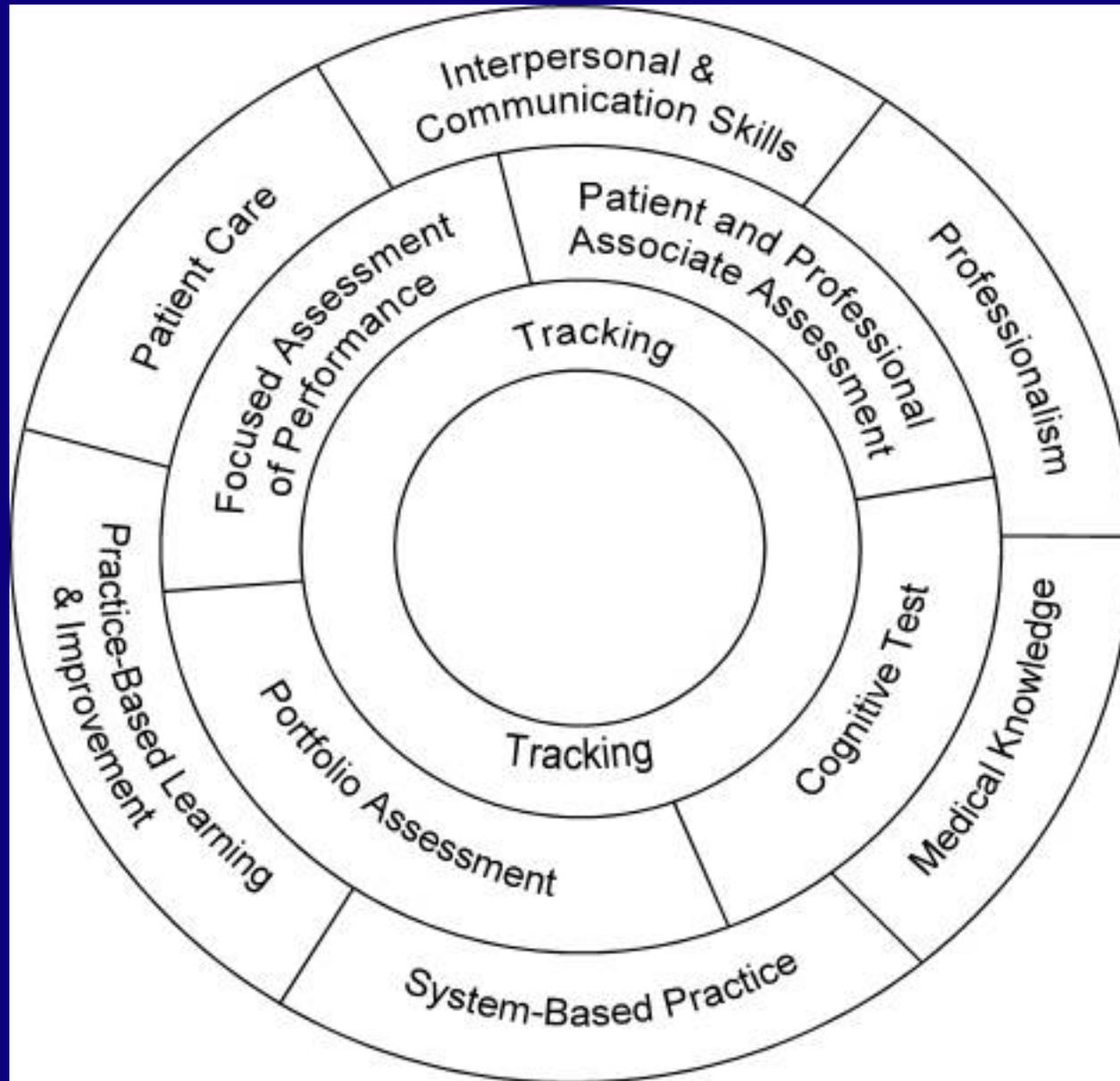
Medical knowledge

Practice-based learning and improvement

Interpersonal and communication skills

Professionalism

System-based practice



Lessons learned to date

Competence is a habit

Competence develops along a continuum

It is more than just knowledge and skill

It is not enough to know the rules

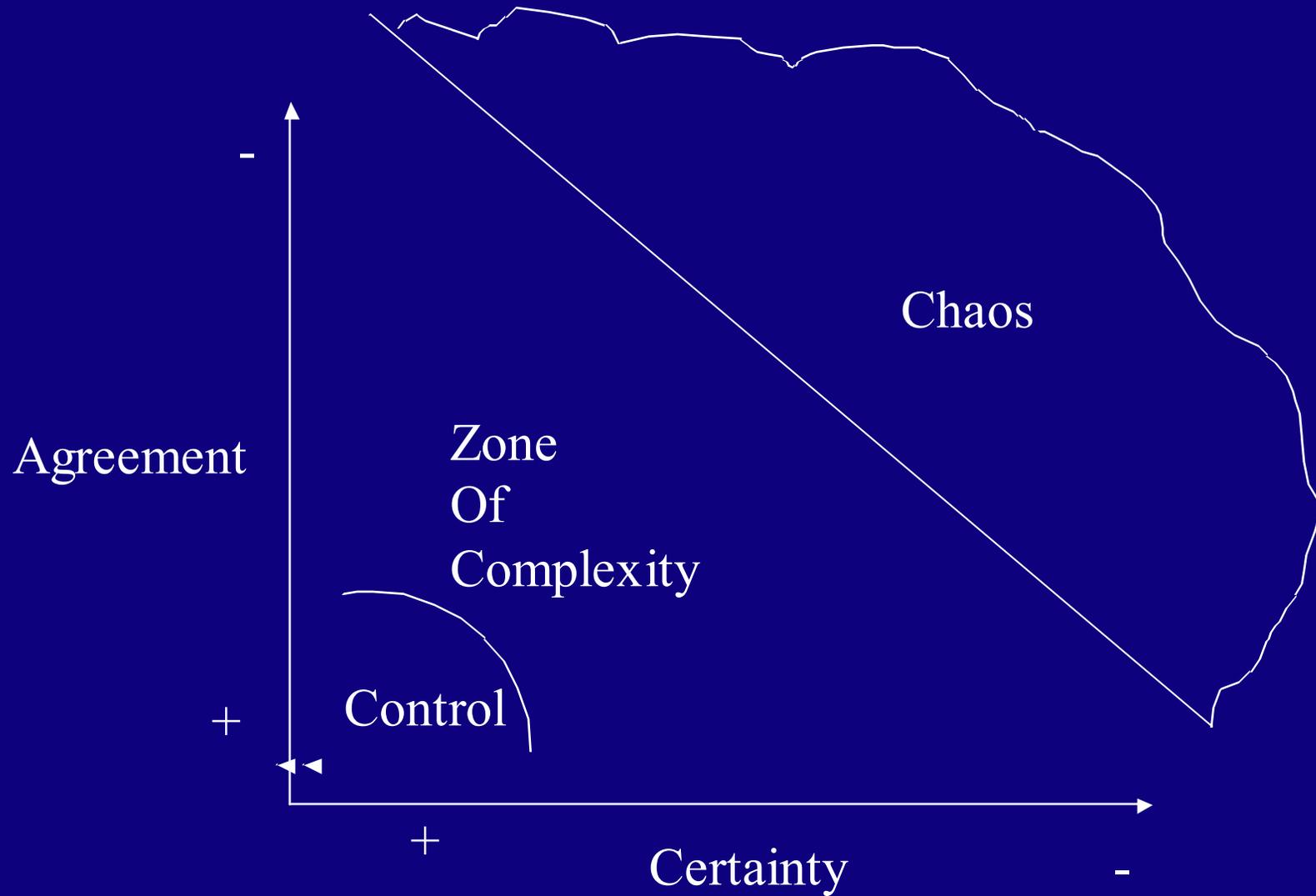
Dreyfus Model

Novice	Rules
Advanced Beginner	Rules + Situation
Competent	Rules + Selected Contexts + Accountable
Proficient	Accountable + Intuitive Immediately Sees What
Expert	Immediately Sees How
Master	Develops style Loves Surprise

“To become competent, you must feel bad.”

Hubert Dreyfus

Stacey, 1996



Phronesis:

Knowing exactly which rule to break
and exactly how far to break it to
accommodate the reality before you

John Kostis, M.D.

Qualified or Competent?

Qualified

**Graduate of ACGME
accredited program**

Board certified

**Emphasis on medical
knowledge**

No warrants

Useful to doctors

Competent

Habit

Actual performance

**Balanced set of measures
and attributes**

Implied warrant

Trust

Useful to patients

Performance Measures and Competence

Performance Measures

Complicated

Rules

Easier to measure

Evidence-based

Present or absent

Stacey control zone

Competence

Complex

Values

Hard to measure

Context and evidence-based

Continuum

Stacey control, complex, and chaos zones

Top Ten

- 1) Clinical skills should be learned as far away from the patient as possible.**
- 2) Health care is one of the few high risk industries that does not conduct routine rehearsals and debriefings.**
- 3) Simulation can be used as a formative tool for resident development.**

Top Ten

- 4) It can be used to determine control for both rules and contexts.**
- 5) It can be used to determine how residents respond in different contexts.**
- 6) It can be used to form a portfolio of assessed experiences that help the resident express what they have done.**

Top Ten

- 7) Residents can intentionally make mistakes and learn about the consequences.**
- 8) It is a controlled way of learning about system-based practice.**
- 9) It can document how they think as well as what they think.**

Top Ten

10) It exposes values as well as rules.

*“To teach is to create a space in which
obedience to truth is practiced.”*

Abba Felix
Desert Father

To Teach/Learn is to create a
Space/Community in which obedience
to truth is practiced.
