Empowering Fellows as a Method to Improve ACGME Competencies

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Our Program is Unsinkable!

• Well established group
• Regular podium presence
• Frequent academic output
• Great resources
That’ll never happen to us…
Previous state

• A private hospital program with private practice faculty +
• 4.5 faculty for 4 fellows +
• No junior staff or supportive APP’s +
• An apprentice style of training +
• Decreasing trends in open surgical volumes +
Add all these up and...

- It isn't priceless...
Add all these up and...

- 2 unhappy senior fellows and 2 junior fellows wanting to leave the program
- Core faculty that refused to help
- Site visit resulting in multiple citations = probation
What now...

- Administration engagement
- Faculty employment and expansion (4→12)
- Recruitment of support staff (5 PA’s)
- Reduction in fellowship size (2/year to 1/year)
Step 1 - Need to Change

- Engage faculty in understanding the need for change
  - “That’s not how I was trained”
  - “This new generation doesn’t know what work is”
  - “They need to see their patients in the office pre and post op”
  - “We will turn out poorly trained and dangerous surgeons”
Step 2 – Give up Control

- Engage outgoing fellows
- Reprioritize faculty
  - When it’s good for you it must be good for everyone, right?
- Embrace the youth
- Thank the previous fellows for forcing the change
Step 3 – Engage the Fellows in Change

- Set expectations and let the team figure it out
- They identified the needs and the solutions
  - Didactics - pre case planning
  - Better transitions of care
  - Service assignments
ACGME Competency Initiative

- DON’T TELL US WHAT YOU TAUGHT, SHOW THAT YOU KNOW WHAT THEY CAN DO
6 Competencies

- Patient care
  - compassionate, appropriate, and effective
- Medical knowledge
- Practice-based learning and improvement
  - involves investigation and evaluation of their own patient care
6 Competencies

• Interpersonal and communication skills

• Professionalism
  – professional & ethical responsibilities, and sensitivity to a diverse patient population.

• Systems-based practice
Patient Care

• Milestone evaluations every 6 months and rotation evaluations every 2 months

• Engaged residents and fellows in improving rotation makeup and function
  – Transitions of care
  – Case/rotation assignments
Medical knowledge

• Day to day 360° observation by team members
  – Involve OR staff, nurses and APP’s
• “Mock oral” checklist based evaluations
  – Objective way of watching progress
• 2 & 1 conference
Practice-based learning and improvement

- Each morbidity/mortality case is discussed and then outcome improvement is assessed and categorized.
  - Technical mistake/mishap
  - Judgment error
  - Process improvement
  - Communication failure
  - System based issue
Practice-based learning and improvement

- Utilize M/M data, case logs, data from Nysquip and VQI to create a quarterly profile of fellow performance metrics
  - Department, Faculty and Fellows each get same data on performance
- Fellows are active participants in group protocol and algorithm development
Interpersonal and communication skills

• Meet weekly with PD and APD’s to discuss any recent or ongoing issues
  – Identify problems or potential conflicts
    • Especially APP’s and rotating learners
• Assignments are made regularly for continued improvement
  – Use IRT method
Professionalism

• This evaluation is done by office MA’s, floor RN’s, and clinical nurse affiliates
  – They have more exposure to the fellow’s independent activity in this area
• Exit interviews with medical students and resident learners to assess communication and teaching skills
System’s based Practice

• Each Fellow rotates with a Division chief to help develop and implement quarterly milestones
  - Standardize case – surgical setup, supplies
  - Standardize ambulatory process/algorithms
  - Standardize acute care pathways – goal to reduce LOS