



Competency By Design Education: Improving Evaluation Completion Rate

Neil Arnstead, Chris Hong, Florence Mok, Chris
Noel, Jennifer Siu

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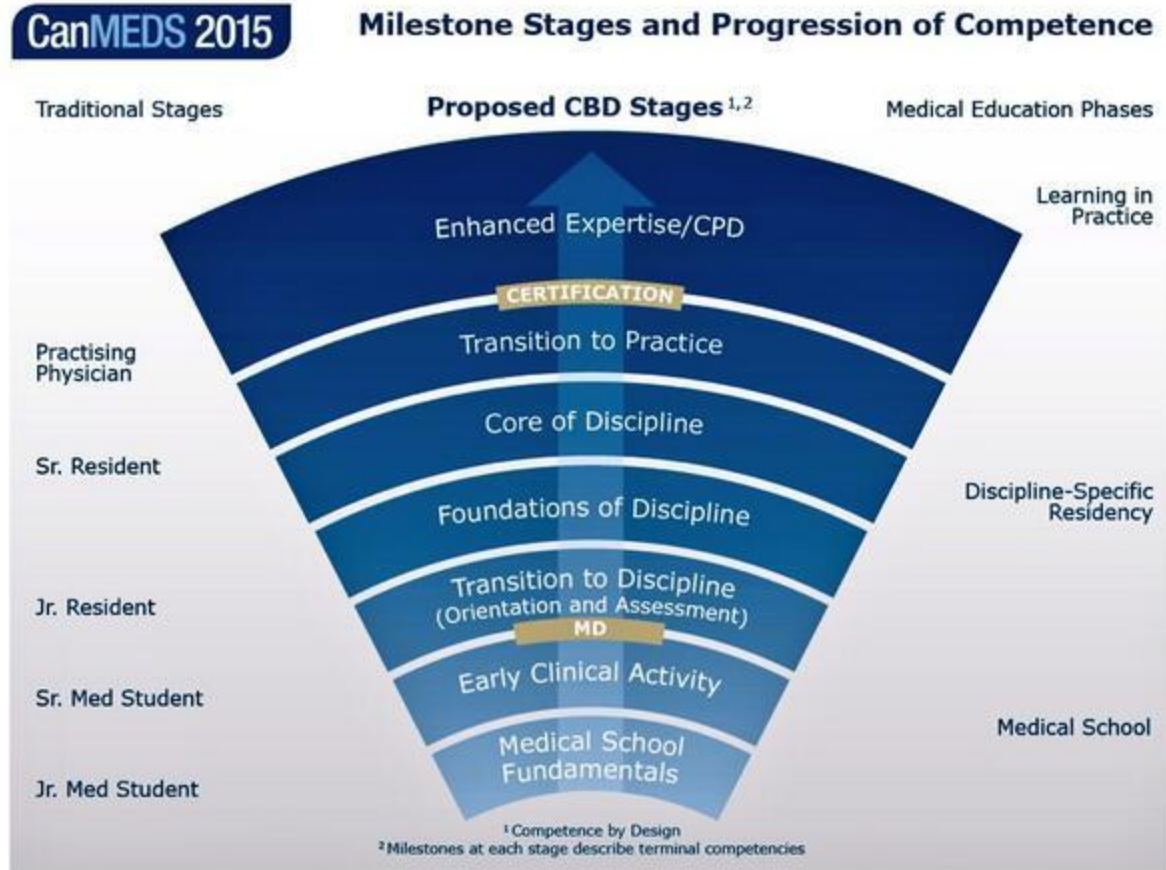


Acknowledgements

- Dr. Monteiro
- PGME
- Dr. Campisi
- Mr. Figuerido

Background

- Oto-HNS part of the initial wave of specialties adopting Competency By Design (CBD) model
- Based on “Entrustment” to do perform specific competencies
 - Procedural
 - Assessment
 - Management
 - Planning



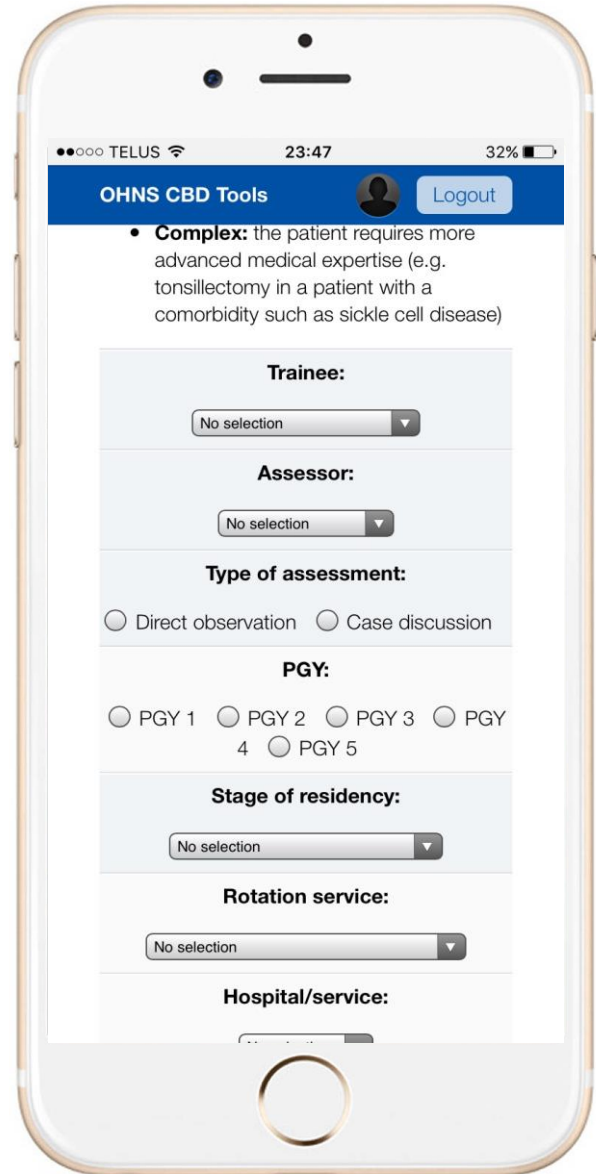
● ● ● | The Problem

- Feedback is HARD
 - Uncomfortable to ask for
 - Uncomfortable to give
 - Time consuming



● ● ● | The Problem

- New CBD framework makes an increased number of evaluations essential
- New tool – medsquares
 - Learning curve of CBD
 - Learning curve for the tool
 - Technical difficulties



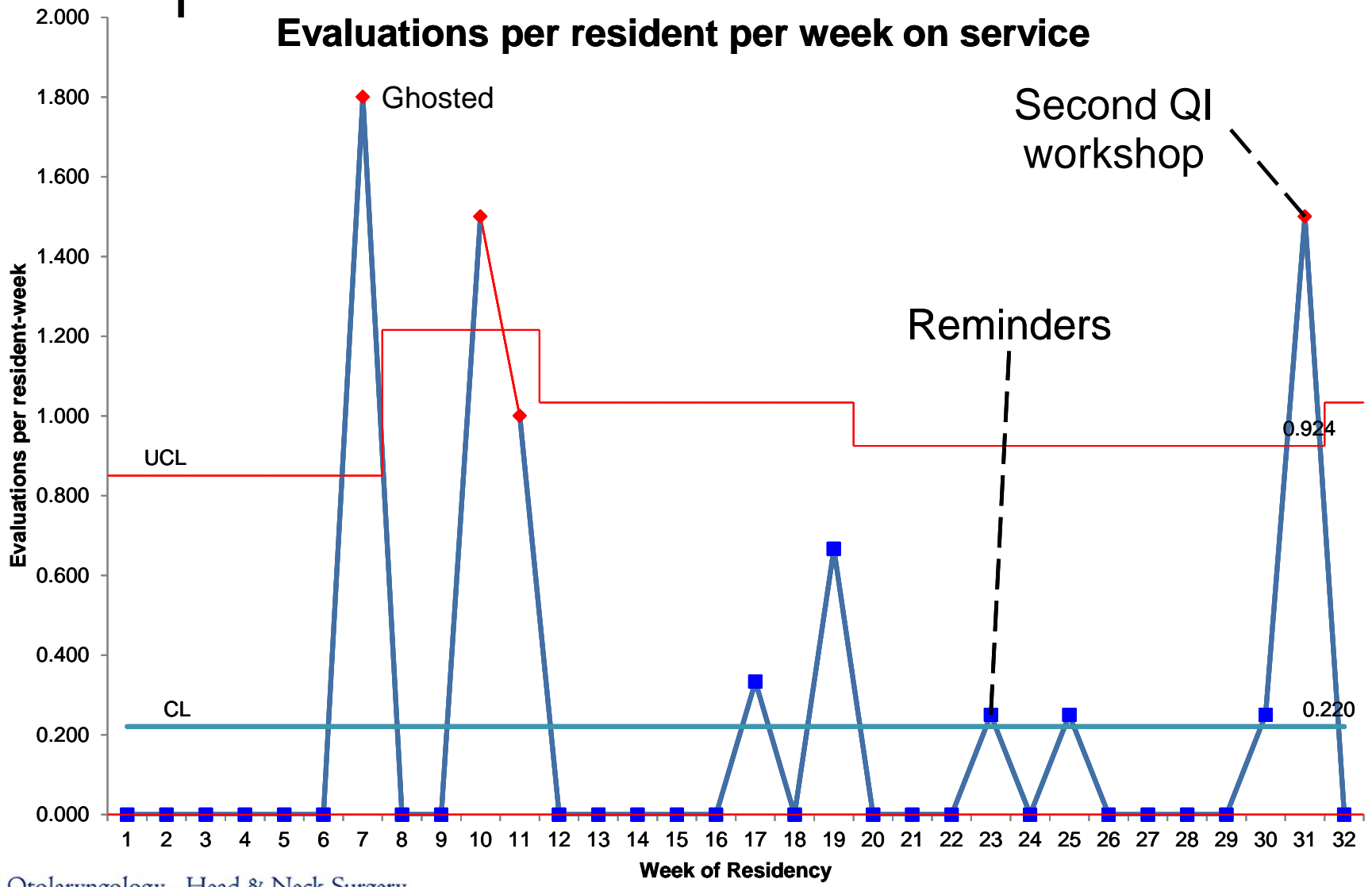
● ● ● | Improvement

AIM: To increase the number of medsquares evaluations to 1 per week for each on-service resident by 1 March 2017

○ Intervention:

- Off service resident to remind those on service
- Rules re: which consults are to be evaluated

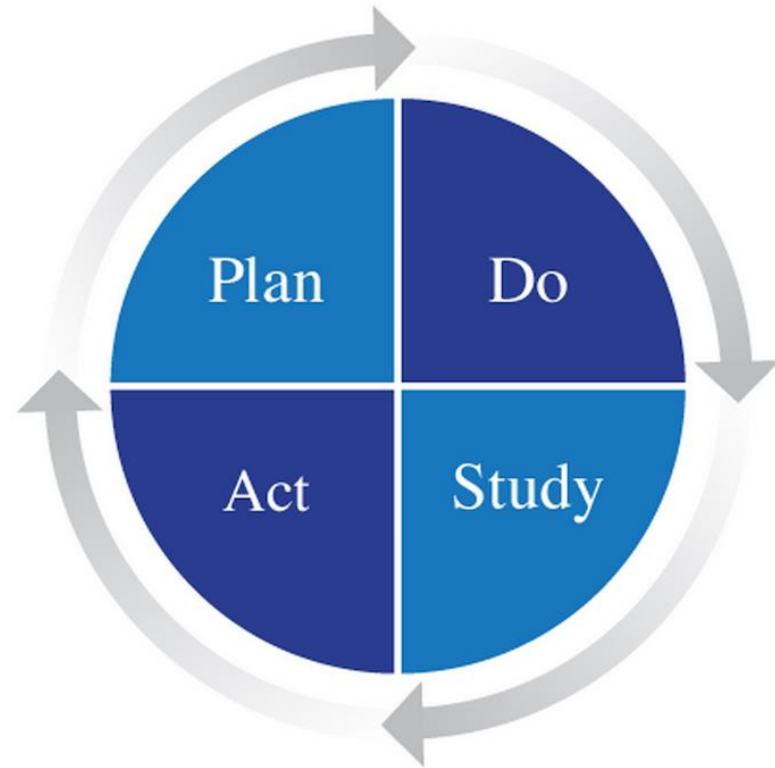
Evaluations per resident per week on service





PDSA cycle

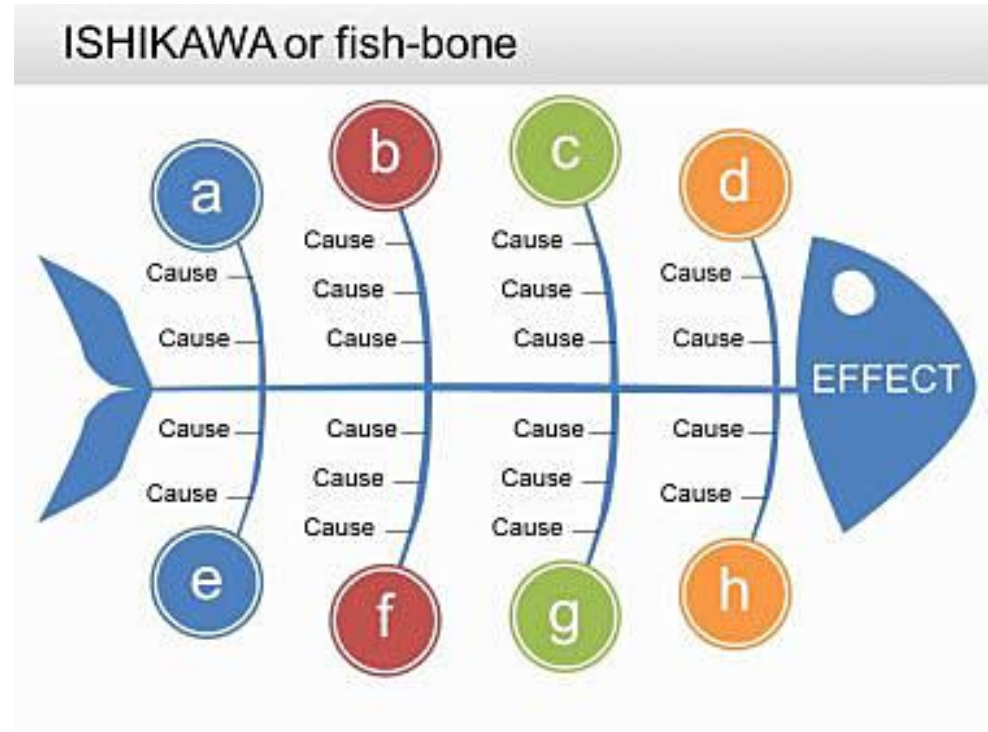
- Baseline system – unstable
 - Special variance explained and unexplained
- Number of evaluations showed no improvement
 - 0.24 to 0.23 evaluations per resident-week on service



● ● ● | Analysis

○ Themes

- Resident cohesiveness
- Job obligation
- Not wanting to be the worst
- Competitive personality types?



New Improvement

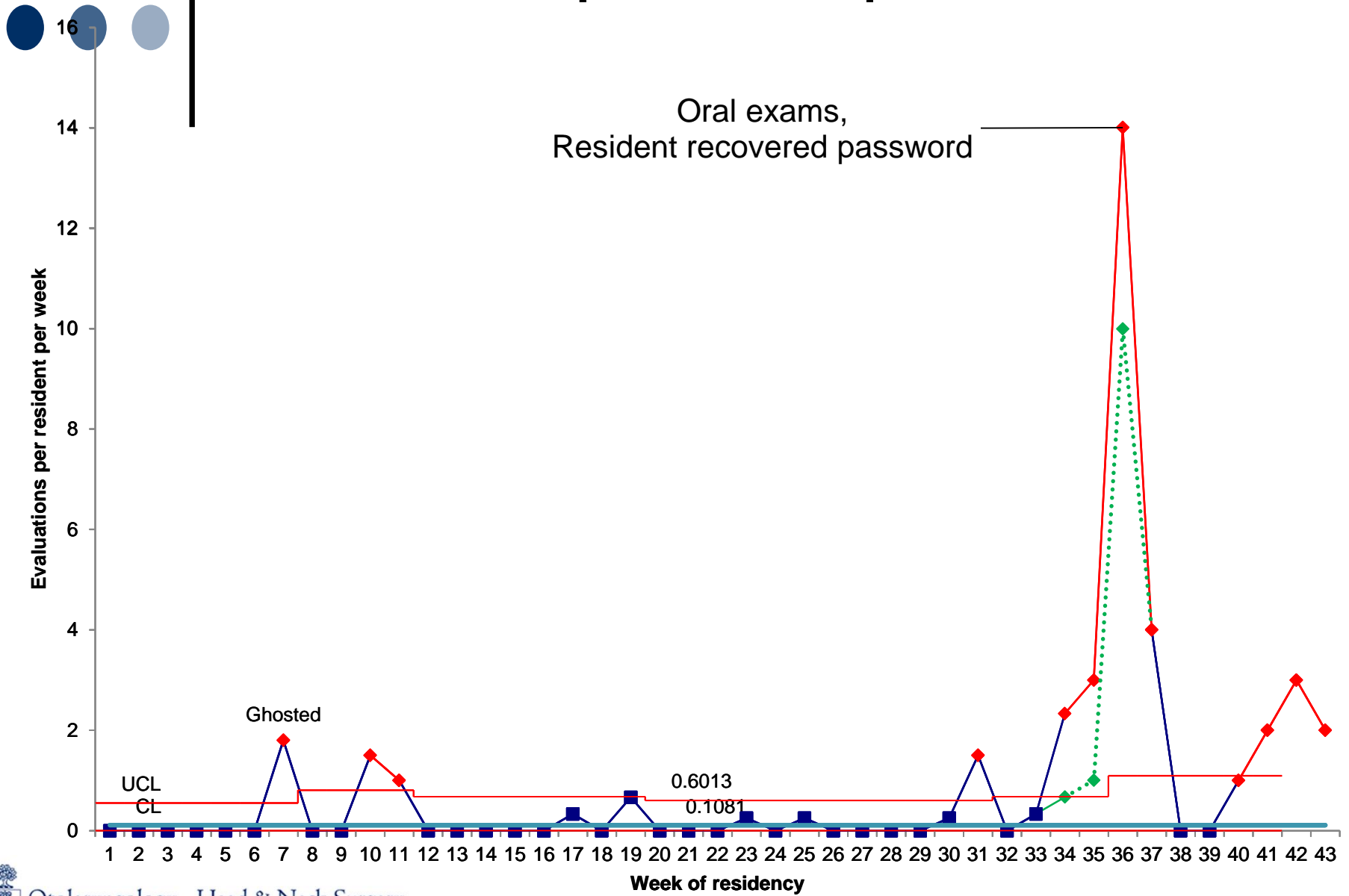
AIM: To increase the number of medsquares evaluations to 1 per week for each on-service resident by 30 April 2017

○ Intervention:

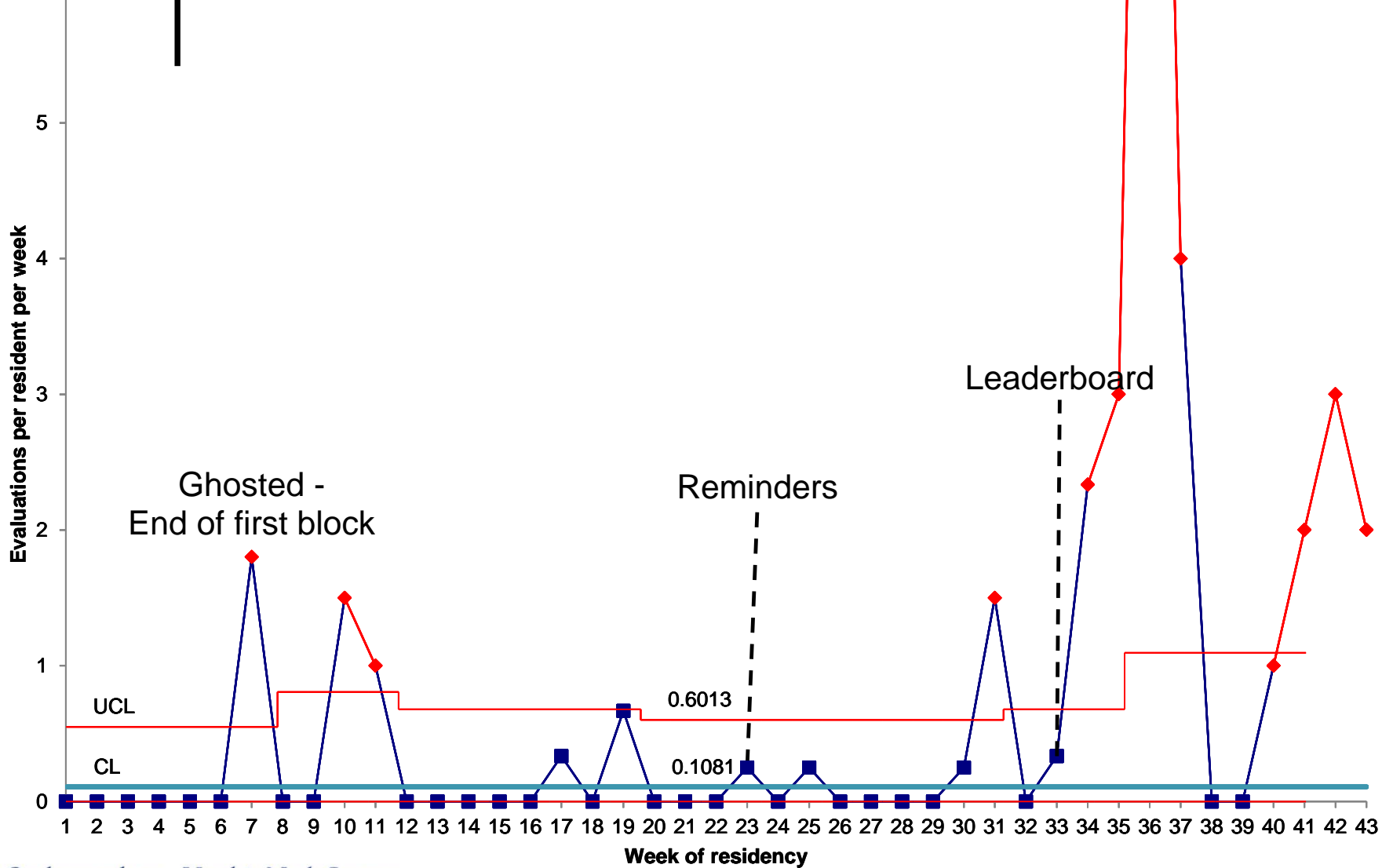
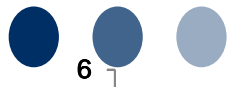
- Leaderboard emailed weekly by program administrator showing how many evaluations each of us has completed

PGY1	Assessment & Preop Planning	Chart Documentation Assessment	Assessment & Management of Epistaxis	Initial Management: Emergent Case	Total Completed
Resident A	4	2	2	3	11
Resident B	2	3	1	1	7
Resident C	3	1	0	0	4
Resident D	5	1	0	2	8
Resident E	4	2	2	3	11

Evaluations per resident per week



Evaluations per resident per week





Results

- Leaderboard intervention did demonstrate special cause variance
 - Even when excluding oral exams
 - Not sustained
 - Evaluation fatigue
 - One resident on service
 - Declining effectiveness of the intervention?
- Spike in evaluations when program-led

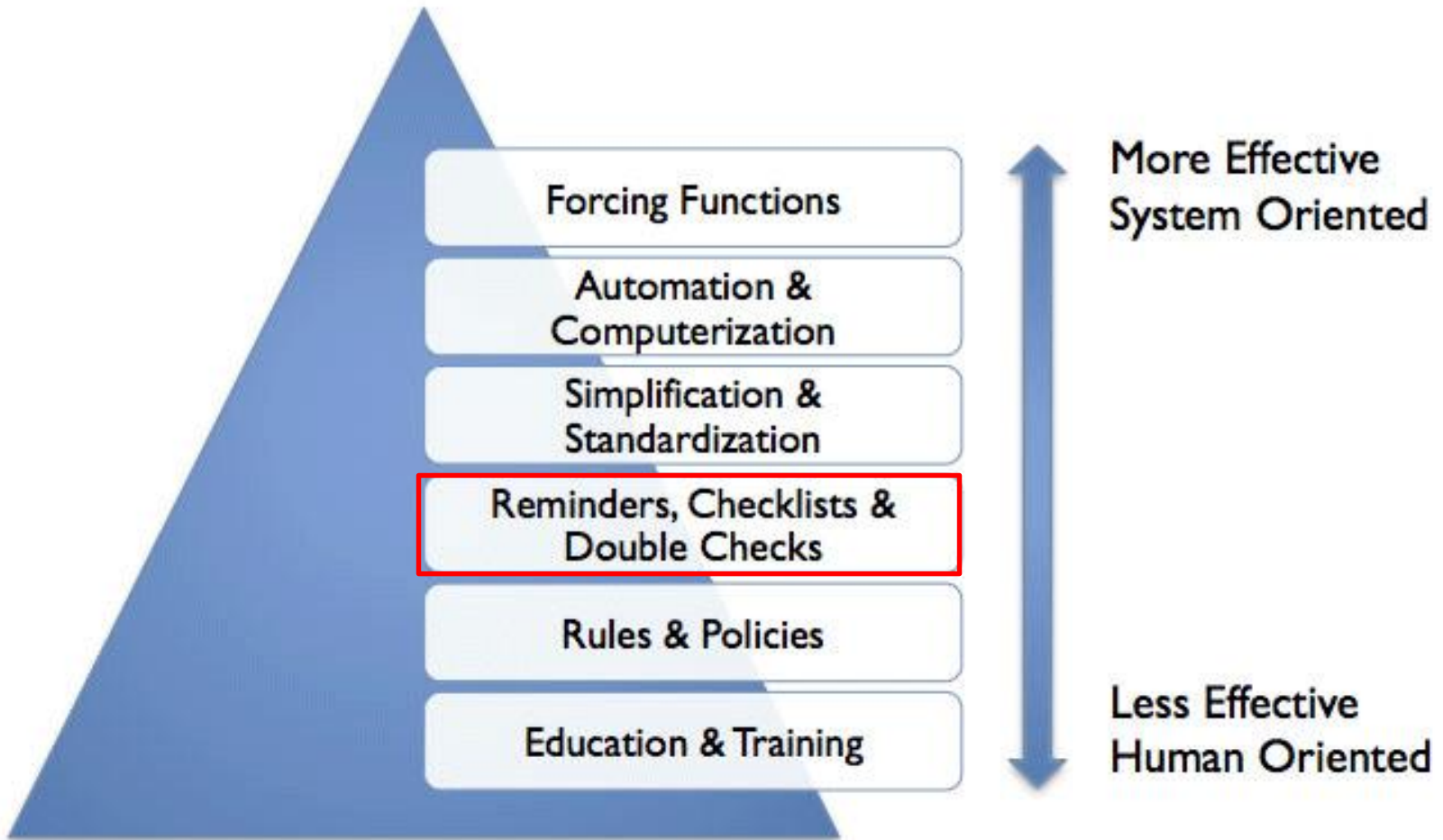


Limitations

- Being participant and researcher introduces bias
 - Doing evaluations because we need data
- First intervention did not demonstrate any increase in evaluations
 - Evidence we aren't doing this solely for this project
- Baseline unstable



Future direction





Conclusion

- Improvement seen with residents taking ownership and involvement in designing solutions
 - Engagement in process of how to increase the number of evaluations
- Both resident-led and program-led strategies improve the frequency of evaluations