Competency Evaluations in the Next Accreditation System

A synopsis of the article Competency Evaluations in the Next Accreditation System: Contributing to Guidelines and Implications by Park, Y. S., Zar, F. A., Norcini, J., & Tekian, A in the journal Teaching and Learning in Medicine.

What can we learn from this article?
The authors propose recommendations to improve end-of-rotation evaluations in semi-annual milestone assessments in GME.

What is novel or noteworthy?
Now that resident progress is tracked through milestones in the six ACGME core competencies, clinical competency committees have to rethink how to measure resident progress. Using 2,700 end-of-rotation evaluations assessing 21 of 22 milestones for 142 internal medicine residents, the authors evaluated end-of-rotation evaluations in GME. Specifically, they evaluated four aspects of Messick’s validity framework: response process, internal structure, relations to other variables and consequences. They then provided evidence-based guidelines for the use of end-of-rotation evaluations.

How does it relate to medical education practice?
The authors give us practical guidelines for using end-of-rotation guidelines for milestones reported to the ACGME, based on their findings:

1. Maximize input from faculty. Faculty had a greater ability to discriminate between milestones than fellows or peer residents. An exception to this was in assessing professionalism and interpersonal communication skills; for those competencies fellow and resident feedback was also useful.
2. Obtain between ten and fifteen rotation evaluations from multiple raters for use during Clinical Competency Committee meetings. They found that having at least ten observations maximized reliability, fifteen maximized precision, and multiple raters were necessary due to high rater variability.
3. Make decisions at the core-competency levels instead of the sub-competency level. The factor analysis found that the milestones linked well to the core competencies. Specifically, the authors found that evaluation scores were more highly correlated with semi-annual milestone ratings in Patient Care, Medical Knowledge, and Practice-based Learning and Improvement than the other competencies.
4. Examine trends in rotation scores to project growth and identify problem residents. Most of the milestones had higher ratings as the individuals progressed through residency, and low rotation evaluations were able to flag residents who needed remediation in the future.
5. Complete the evaluations soon after the rotation. Support program coordination, data collection, and monitoring of data. Use rotation evaluations with other assessment tools.