ENTRUSTABLE PROFESSIONAL ACTIVITIES TO IMPROVE FACULTY ENGAGEMENT WITH CRITICAL CARE MEDICINE EVALUATIONS

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Introduction: Suboptimal Evaluation Process: Faculty members in academic community intensive care units may lack engagement in the evaluation process for internal medicine residents. The ACGME’s new accreditation system provides an opportunity for improving evaluation systems. Social Cognitive Learning Theory: Social cognitive learning theory suggests that clear objective goals and guided practice should enhance faculty satisfaction, thereby increasing engagement with the evaluative process.

Objectives: We defined a core set of Entrustable Professional Activities (EPA’s) for medical trainees rotating through Critical Care Medicine (CCM) rotations and implemented an evaluation system enabling assessment of trainees based on these EPA’s. We assessed faculty satisfaction and resident evaluations of the CCM rotation pre and post intervention.

Methods: Using the ABIM milestone framework and consensus meetings, 6 core ICU EPA’s were defined. Three (respiratory failure, shock management and ability to present complex patients) were implemented as the new evaluation system. Faculty satisfaction and resident rotation reviews were assessed using electronic surveys pre and post-implementation and compared to a control institution. Survey items were scored on 5-point Likert scales with 5=Very satisfied/Strongly agree and 1=Very dissatisfied/Strongly disagree. Differences were tested with Wilcoxon rank-sum and signed-rank tests.

Results: Faculty Satisfaction with the Evaluation Process: At baseline, faculty at the intervention and control center demonstrated similar satisfaction with the evaluation system. While the intervention group showed greater post-intervention improvement than the control group for all the domains of satisfaction, these differences were generally small and none were statistically significant. Faculty Satisfaction with Ability to Provide Feedback: Confidence in providing constructive and reinforcing feedback was similar between centers at baseline. A non-significant trend towards improvement in confidence providing reinforcing feedback was demonstrated at the innovation center (p=0.09). Trainee Review of CCM Experience: Trainees were generally satisfied with the CCM rotation. There were no statistically significant changes for the quality of feedback (p=0.37). The balance of autonomy versus supervision was noted to improve post-intervention (p = 0.008) as was learning about competency based evaluations and milestones (p = 0.003).

Conclusion: Trends toward improved faculty satisfaction and improved resident evaluation experiences following introduction of an intensive care unit, EPA-based evaluation system support further development and larger studies of such innovations in CCM training programs.