

The Core Curriculum: Engineering a Training Program

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- They're here to stay
- Imposition of a set of artificial criteria that get in the way of us doing our job
- Having to write a curriculum with a bunch of gobbledegook



- A lot of worry and paperwork to develop a program to teach, train and assess competency
- The use of complex jargon to describe a training program that really just recapitulates what we already do



- These things are important for delivering quality care
- Emphasis on what really matters - quality, performance, outcome
- We already know how to do this and are good at it.



How Did We Get Here?

ACGME Outcomes Project

- Develop Competencies
- Improve Patient Care

Objectives

- Curriculum Plan
- Assessment Plan
- Program Improvement

ACGME Competency Timeline

- Phase I - Response to changes
- Phase II - Focus and Definition
6/02 - 6/06
- Phase III - Integration
7/06 - 6/11
- Phase IV - Expansion

Timeline

Phase II - Sharpening the focus and definition of the competencies and assessment tools.

- Programs to provide learning opportunities in all 6 competencies
- Improve evaluation process to assess competencies
- Use aggregate performance data for internal review

Timeline

Phase III - Full integration of the competencies and their assessment with learning and clinical care

- Use fellow performance data as basis for program improvement.
- Begin to use external data, eg. exams, patient surveys, quality measures

Competency-based Education

- Competency-based education is not changing the business of fellowship education and training.
- We already largely doing competency-based education.
- It is changing the focus of how we define success in the business of education and training.

Competency-based Training

Links

Input to **Outcome**

Education to **Performance**

Competency-based Curriculum Outcome Measures

Needs Assessment for a Curriculum

- Goals and Objectives
- Competency-Based Approach
- Content of the educational program
- Interpretable description of the training program
- Evaluation (Assessment) Methods

ACR Core Curriculum Outline

For Each Competency:

- _____ Definition
- _____ Essential Components
- _____ Methods of Acquisition
- _____ Performance Markers
- _____ Evaluation Methods
- _____
- _____ Suggested Reading List and Web Links
- _____ Appendices

Curriculum Organization

- I. Curriculum Overview
- II. Goals and Objectives
- III. Research Experience

* Must include a time dimension; that is, how do training experiences and competencies change and evolve during two years of training.

Curriculum Organization

I. Curriculum Overview

- A. Statement of educational purpose
- B. Education and training environment, supervision and methods
- C. Educational Resources
- D. Summary of organized rotations and conferences
- E. Evaluation Methods

Curriculum Organization

I. Curriculum (Program) Overview

A. Statement of educational purpose

"The ability to provide quality care to patients with rheumatic and musculoskeletal disease is the primary goal of clinical training in rheumatology. The training program provides outstanding opportunities for fellows to obtain and demonstrate competence in patient care. These opportunities are provided through a combination of structured educational programs, mentored clinical practice rotations and direct patient care in outpatient clinic and inpatient hospital settings."

Program Overview

A. Statement of educational purpose (Cont):

"The training curriculum is designed for fellows to obtain competence in patient care at the level expected of a new practitioner by the end of the second year of fellowship."

- Description of the progression through fellowship, eg. intensive clinical training first year with continuity clinics and research during the second year.
- General description of hospital settings, rotations.

Program Overview

A. Statement of educational purpose (Cont):

The training program fosters and expects fellows to obtain competence in the following areas:

Medical Knowledge Trainees must gain a thorough understanding of established and evolving biomedical, clinical, and cognate sciences relating to rheumatic disease and apply this knowledge to patient care.

Program Overview

Patient Care. The essence of being a rheumatologist is the ability to use data derived about a patient (history, physical examination, laboratory and imaging studies) along with medical knowledge to orderly synthesize a differential diagnosis, plan for further evaluation, and comprehensively manage the patient with a rheumatologic problem. Competence in this area results in care that is compassionate, appropriate, and effective for the treatment of disease and the promotion of health.

Program Overview

Practice-based Learning and Improvement
The development of skills in self-directed learning and practice improvement will facilitate the delivery of state-of-the-art, evidence-based patient care that maximizes the likelihood for successful clinical outcomes. Essential components of this competency include self-evaluation of performance, reflective learning and the incorporation of feedback into improvement of clinical activities.

Program Overview

Systems-based Practice. Competence in this area reflects an understanding of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal care for patients with rheumatic disease.

Program Overview

Interpersonal and Communication Skills. Competency in this area is essential for the formation of a desirable and effective physician-patient relationship. The complexity of most of the rheumatic diseases, as well as the increasingly complicated treatment regimens require a working partnership between patient and physician, and often between physician and the patient's family. Competency in this area also results in the effective exchange of information and collaboration with other health professionals.

Program Overview

Professionalism is one of the foundations of the practice of medicine and is frequently an inherent character trait in a well-rounded physician. Professionalism is manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.

Curriculum Organization

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- A. Statement of educational purpose
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Program Overview

B. Education and training environment, supervision and methods

- 1. Didactic Sessions
- 2. Outpatient Clinics
- 3. Inpatient Consult Service
- 4. Clinical Conferences
- 5. Journal Clubs
- 6. Fellow Retreat

Program Overview

B. Education and training environment, supervision and methods

1. Didactic Sessions

Descriptions including location, content and key faculty.

Program Overview

B. Education and training environment, supervision and methods

2. Outpatient Clinics

- Descriptions including location, content, key clinical faculty and other faculty participants.
- Descriptive narrative to clinic organization, fellow participation and fellow assessment.
- Clear description of duration, number and duration of clinic experiences.

Program Overview

B. Education and training environment, supervision and methods

3. Inpatient Consult Service

- Description of consult rotation including number of months, location, character of hospital setting and patient population.
- Delineation of key clinical faculty.

Program Overview

B. Education and training environment, supervision and methods

4. Clinical Conferences

- Narrative description of frequency, content and participating faculty.

5. Journal Clubs

- Narrative description of frequency, range of topics/journals covered and participating faculty.

Program Overview

B. Education and training environment, supervision and methods

6. Fellow Retreat

- All first year fellows attend a one day retreat organized by the Department of Medicine that provides instruction on several important areas, including duty hours and fatigue, and death and dying.

Curriculum Organization

I. Curriculum Overview

- A. Statement of educational purpose
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- C. Educational Resources

Program Overview

B. Educational Resources

1. Fellows' library provide textbooks in internal medicine, rheumatology, basic immunology and radiology.
2. Fellows' office provides a computer terminal with internet access including access to Up-To-Date.
3. Medical library resources at the School of Medicine.
4. In addition to textbooks in rheumatology, the following key reference sources are emphasized.
 - The ACR Core Curriculum Outline serves as a guide to the medical knowledge and clinical care content of the curriculum.
 - The ACR Recommended Reading List <http://www.rheumatology.org/educ/training/readinglist>
 - Hoppenfeld's *Physical Examination of the Spine and Extremities*
 - Up-To-Date online <http://www.utdol.com>

Program Overview

D. Summary of organized rotations and conferences

<u>Year 1</u>	Inpatient Consult Service	Outpatient Continuity Clinics	Clinic Conferences	Teaching Conferences
Duration	12 mos	12 mos	12 mos	12 mos
Frequency	daily	4 half-days/week	4/week	2/week
Location	Moffitt-Long SFVAMC SFGH	4 mos Mon and Thur Fri Wed	4 mos Mon and Thur Fri Wed	4 mos Tuesday AM Tuesday PM

Year 2

Duration		12 mos	12 mos	12 mos
Frequency		1 half-day/week	1/week	2/week
Location	Single Site			Tuesday AM Tuesday PM

Year 3

Duration		12 mos	12 mos	
Frequency		1 half-day/week	1/week	
Location	Single Site			

Program Overview

E. Evaluation Methods

1. Faculty global assessment
2. Direct Faculty Observation and Feedback
3. Portfolio review and evaluation
4. Annual fellow performance evaluation
5. Fellow evaluations of faculty

Program Overview

E. Evaluation Methods

1. **Faculty global assessment**
Faculty attending on the inpatient consult service perform a global assessment of the assigned fellow for each month during the first year. These assessments include assessment of the six ACGME competencies and are completed online via the UCSF Electronic Resident Assessment System (ERAS).

Program Overview

E. Evaluation Methods

2. Direct Faculty Observation and Feedback

Fellows are directly observed by faculty during outpatient clinic rotations and given feedback to enhance competence in patient care, systems-based practice and practice-based learning and improvement.

Program Overview

E. Evaluation Methods

3. Portfolio review and evaluation

Fellow portfolios are reviewed by the Program Director and discussed with the fellow three times per year

Program Overview

E. Evaluation Methods

4. Annual fellow performance evaluation

Each fellow meets with one of the three site-directors twice annually to discuss performance evaluations and needs assessment.

Program Overview

E. Evaluation Methods

5. Fellow evaluations of faculty

Fellows also have the opportunity to evaluate anonymously the supervisory attendings using an electronic form.

Curriculum Organization

I. Curriculum Overview

II. Goals and Objectives

III. Research Experience

Goals and Objectives

Year 1 Months 1-6

Educational Goals

The goal for the first six months of training is to provide a structured environment in which new rheumatology fellows can begin to develop the basic skills of the rheumatology subspecialist. In terms of knowledge, the focus during this initial period is on background medical knowledge in immunology and autoimmune disease and basic clinical care of the most common rheumatic diseases, such as rheumatoid arthritis, osteoarthritis, and lupus. In clinical care, the focus is on development of the basics of the rheumatology history, musculoskeletal exam, appropriate use of laboratory testing, fundamentals of joint aspiration and injection, and routine use of common anti-inflammatory and anti-rheumatic drugs.

Goals and Objectives

Objectives

Medical Knowledge

At the end of the first six months, the fellow should be able to:

- Describe the clinical features and appropriate initial evaluation of patients with rheumatoid arthritis, osteoarthritis, infectious arthritis, crystal-induced arthritis, systemic lupus erythematosus, and the spondyloarthropathies.
- Demonstrate a basic understanding of rheumatologic tests, including ANA and subsets, RF, antiphospholipid antibodies, cryoglobulins, ESR, CRP, CCP, C3, C4, CH50, ANCA, Lyme ELISA and immunoblot.

Goals and Objectives

Objectives

Patient Care

At the end of the first six months, the fellow should be able to:

- Understand principles and demonstrate competency in obtaining a clinical history and relevant review of systems for patients presenting to a rheumatology clinic.
- Understand principles and demonstrate competency in performing and interpreting the examination of the structure and function of all axial and peripheral joints, periarticular structures, peripheral nerves and muscles.

Goals and Objectives

Patient Care

- Apply knowledge of clinical pharmacology to selection and use of anti-inflammatory and anti-rheumatic medications, including:
 1. Nonsteroidal anti-inflammatory drugs
 2. Glucocorticoids: topical, intraarticular, systemic
 3. Disease modifying antirheumatic drugs:
 - a. oral agents: methotrexate, antimalarials, sulfasalazine, leflunomide, tetracyclines, auranofin
 - b. parenteral biological response modifiers including inhibitors of TNF, IL 1 and other cytokines and immune based therapies under development such as anti-CD20.
 4. Immunomodulatory and cytotoxic drugs: azathioprine, cyclophosphamide, chlorambucil, mycophenolate mofetil, cyclosporine, FK-506
 5. Hypouricemic drugs: allopurinol, probenecid
 6. Antibiotic therapy for septic arthritis, Lyme disease.

Goals and Objectives

Objectives

Practice-based Learning and Improvement

At the end of the first six months, the fellow should be able to:

- Begin to incorporate feedback into improvement of clinical activity, including information obtained from patients, instructors and from the medical literature.
- Demonstrate the use of reflective learning using the electronic and print medical literature to gain expertise in the management of patients and by communicating learned concepts to peers

Goals and Objectives

Objectives

Systems-based Practice

At the end of the first six months, the fellow should be able to:

- Understand the rheumatologist's role as well as when to consult other health professionals (physiatrist, nurse practitioner, visiting nurse, physical therapist, occupational therapist, podiatrist, social worker, vocational rehabilitation counselor, psychologist, others) in the outpatient and inpatient rehabilitation of patients with rheumatic diseases.
- Learn to become effective advocates for their patients in a variety of needs, such as dealing with preauthorizations for medications, filling disability claims, etc.

Goals and Objectives

Objectives

Interpersonal and Communications Skills

At the end of the first six months, the fellow should be able to:

- Demonstrate the ability to effectively interact and communicate with colleagues and peers.
- Gain experience in writing consultations and letters to referring physicians.
- Work to clearly explain benefits and risks of treatment to their patients.
- Obtain appropriate informed consent.
- Use effective teaching skills to colleagues and patients.

Goals and Objectives

Objectives

Professionalism

By the end of the first six months, the fellow should routinely display the following attributes of professionalism. It is expected that these behavioral traits will be maintained throughout the training period and beyond throughout the fellow's career as a rheumatologist.

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Goals and Objectives

Objectives

Professionalism

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- Demonstrate understanding of the importance of patient primacy
- Demonstrate accountability and responsibility
- Demonstrate humanistic qualities and altruism
- Demonstrate ethical behavior

Goals and Objectives

Professionalism

Demonstrate understanding of the importance of patient primacy by:

- Placing the interest of the patient above their own interest.
- Respecting patient privacy
- Providing autonomy to their patients to decide upon treatment once all treatment options and risks have been outlined for them.
- Providing and obtaining key elements of informed consent in an understandable manner or therapeutic interventions and clinical research endeavors.
- Giving equitable care to all patients.
- Treating all patients with respect regardless of race, gender and socioeconomic background.

Goals and Objectives

Professionalism

Demonstrate ethical behavior by:

- Demonstrating integrity in reporting back key clinical findings to supervising physicians.
- Being trustworthy in following through on clinical questions, laboratory results, and other patient care responsibilities.
- Learning to recognize and address actual and potential conflicts of interest.

Appendices

- A. The Competencies in a Specialized Clinic or Rotation
- B. Example of a Section of a Competency Based Curriculum
- C. **Sample Curriculum Activity and Evaluation Grid**
- D. **Suggested Evaluation Tools**
- E. Pediatric Rheumatology Supplement
- F. Curriculum Reference Resources
