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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

<https://escholarship.org/uc/item/02t0b0s3>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 16(4.1)

ISSN

1936-900X

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Publication Date

2015

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30 High Efficiency Linguistics Program for Spanish (HELPS): A Cyclic Curriculum for Improving Intrinsic Spanish Language Capacity

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Introduction: The US Latino population is increasing rapidly and lack of Spanish-speaking providers often impedes medical care in emergent situations. Emergency medicine (EM) residents (and their training programs) acknowledge this need, but lack access to flexible language programs that fit resident schedules. In response, the High Efficiency Linguistics Program for Spanish (HELPS) curriculum was developed.

Educational Objectives: To design a flexible Spanish language curriculum (based on Second Language Acquisition principles) that is adaptable to each user, flexible in timing and economical. It would also need to accommodate resident work schedules (and variability) and include measurement of language progress.

Curricular Design: A flexible curriculum involving: (1) individualized language lessons on-line (2) weekly assigned homework and (3) technology-based learning resources (Ear/Voice time) was developed. Participants were asked to commit 3 hours each week to these activities. A cohort of (7) 1st year emergency medicine residents and (12) 1st and 2nd year medical students was recruited. Participants self-reported weekly hours spent on each activity; this was validated with their teachers. An assessment of language progression was also completed with each participant.

Impact/Effectiveness: Participants were assessed over a 10-week period; during this time each participant completed at least 10 one-hour lessons on-line and charted homework and Ear/Voice hours completed. Over 90% of the time participants were able to complete weekly requirements including on-line lessons. EM residents (compared to medical students) had slightly more difficulty completing the 3 hours per week during off-service rotations but not while in the emergency department. All participants reported significant progress in their Spanish skills, most were satisfied with the program, and over 80% hoped to continue lessons after the pilot. Plans are in place to offer this program to additional EM residents and develop it into a more robust 3-year curriculum.

31 How Do Resident Self-Ratings Compare to the Clinical Competency Committee's Rating of Milestones

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Background: In July 2013, the Accreditation Council for Graduate Medical Education (ACGME) began restructuring previously defined competencies to be based on milestones. Despite implementation of the milestones, there is little data regarding their reliability or validity.

Objective: To examine how well the Clinical Competency Committee (CCC) ratings correspond to resident self-ratings on the milestones.

Methods: The CCC rated residents on the milestones in June 2014. Residents were asked to rate themselves in June 2014, prior to receiving the results of their semi-annual evaluations. Possible scores on the milestones range from 1 (medical school graduate) to 5 (practitioner with many years of experience).

Results: The faculty and residents' ratings were all significantly correlated ($p < 0.01$), with Pearson's r coefficients ranging from 0.52 to 0.85. A MANOVA revealed significant differences in ratings by postgraduate year (PGY) ($p < 0.0001$). Residents' self-evaluations differed significantly compared to the CCC ($p < 0.0001$). A significant interaction indicated the size of the discrepancy between resident and CCC ratings differed by PGY year ($p < 0.01$). The largest discrepancies were between PGY1 and CCC ratings (averaging 0.74 points), the smallest discrepancies for PGY3 ratings (averaging 0.18 points), with PGY2 in between (averaging 0.46 points).

Conclusion: The high correlations between CCC and resident ratings provide support for validity. There are two possible interpretations for the significant interaction and the pattern of reducing discrepancy with greater years in the program. (1) PGY1's tend to overestimate their competencies, while PGY3's are fairly accurate about their competencies, with PGY2's falling in between. (2) CCC members rate residents based strictly on year in residency, while residents are using other criteria for placing themselves on the milestones. Using this interpretation, residents in their third year would rate themselves more similarly compared to the CCC, as scores approach the ceiling.

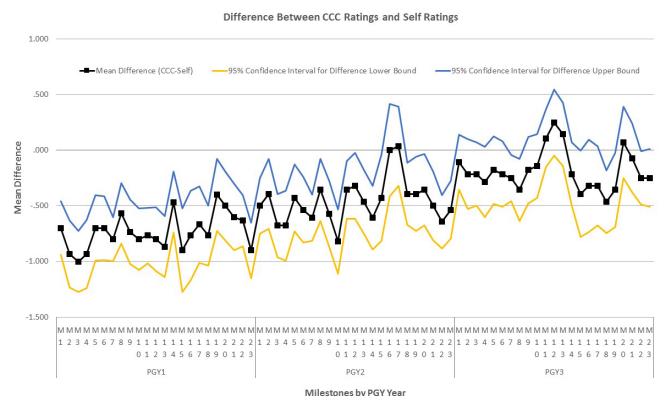


Figure 1. CCC, Clinical Competency Committee