Leadership and Educational Quality Assurance in Psychiatry

TOP Conference, Shanghai, China
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Most exciting time in history to be in Psychiatry

- Research advances in many areas
  - Molecular genetics
  - Functional neuroanatomy
  - Neurochemistry
  - Neurophysiology
  - Psychotherapeutic and Psychopharmacologic interventions
  - New systems of treatment are transforming our understanding of brain function and the etiology, diagnosis, and treatment of psychiatric illnesses.

- Providing sophisticated psychiatric care will be enhanced, as will ability to provide quality education.

- Since knowledge is rapidly changing and psychiatric clinical practice is increasingly complex, we must ensure that our graduates have gained the required knowledge and skills.
Components of Quality Assurance in Education

- Program Accreditation
- Meeting National Standards
- Program level evaluation of trainees, faculty and the program itself
- Curriculum development and design
- Post training quality assurance

*Examples will be from the United States to illustrate several aspects of quality assurance.*
Program Accreditation and National Standards

- Standards for psychiatric training in the U.S. have become more specific and detailed, improving overall quality of residency programs, but has also mildly inhibited the creativity and flexibility for innovation in any specific program. Small programs have more problems with new standards.

- In the U.S. all residency training programs in all specialties are accredited by the Accreditation Council on Graduate Medical Education (ACGME).

- The ACGME appoints members of the Residency Review Committees, the oversight group within the ACGME for each specialty.

- RPC autonomy minimizes the concerns about inappropriate political influence on accreditation decisions.
Common Program Standards

1) Residents must be able to provide patient care that is compassionate, appropriate and effective for treatment of illness and promotion of health.

2) Residents must demonstrate that they have the medical knowledge about both established and evolving scientific basis of practice and the ability to apply that evolving knowledge to the specific patient they are treating.

3) Residents must demonstrate that they have the ability to learn from their practice experiences, and to improve the level of their practice through evaluating specific patient care and the scientific evidence regarding optimal patient care (evidence based practice).
4) Residents must show that they have good interpersonal and communication skills which result in effective exchange of information and collaboration with patients, families, and health professionals.

5) Residents must demonstrate professionalism regarding their responsibilities and the ability to adhere to appropriate ethical standards, including showing sensitivity to the diverse ethnic cultural and other aspects of a specific patient.

6) Residents must show an awareness and responsiveness to the specific aspects of the healthcare systems within which they practice.
Specialty program requirements for psychiatric residency programs are much more specific than the general requirements over 35 pages of requirements.

- Residency Review Committee (RRC) designs the specialty requirements with input from the American Board of Psychiatry and Neurology (ABPN).
- Graduation from RPC approved program needed to take ABPN board certification examination
- Site visits from a member of RRC occur once every 5 years or less for program evaluation, depending on results of site visit.
Curriculum Design and Program Evaluation

• Design of the curriculum is first step

• Determination of appropriate content, depth and sequencing of curriculum

• In U.S. content and clinical experiences must follow standards from ACGME.

• Determining appropriate teaching methods follows earlier steps

• Tailoring the program to available resources

• Ongoing internal curriculum evaluation should occur annually
Trainee Evaluation

- Regular assessments and evaluations of performance and knowledge

- Competency based evaluation - multifocal approach

- Typical approach - variety of approaches which are both:
  - formative – conducted during a process
  - Summative – traditional, done at the completion of an assignment
<table>
<thead>
<tr>
<th>Tool</th>
<th>Who evaluates</th>
<th>How are the evaluators trained?</th>
<th>What performance is evaluated?</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical performance rating</td>
<td>Faculty</td>
<td>Faculty set behavioral anchors; review meaning of numerical ratings</td>
<td>All appropriate competencies</td>
<td>Once a month</td>
</tr>
<tr>
<td>360/multi-rater</td>
<td>Nurses, peers, ancillary personnel</td>
<td></td>
<td>Interpersonal and communication skills; professionalism</td>
<td>One a year</td>
</tr>
<tr>
<td>Focused observation</td>
<td>Faculty</td>
<td>Faculty discuss focused observation tools and have criteria for rating the resident</td>
<td>All appropriate competencies</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Portfolio</td>
<td>Faculty mentor, program directors</td>
<td>Faculty decide criteria for portfolio entries</td>
<td>All appropriate competencies</td>
<td>TBD</td>
</tr>
<tr>
<td>Case logs</td>
<td>Program directors</td>
<td></td>
<td>Medical knowledge, patient care</td>
<td>Semi-annual meeting with program directors</td>
</tr>
</tbody>
</table>
Trainee Evaluation (continued)

- Best with multiple evaluators which improves reliability
- Multiple observations serve same purpose
- Trainee evaluations can also provide data for program evaluation if a specific pattern of findings emerges
Faculty Evaluation

- Variety of evaluations of faculty teaching and supervision of trainees is essential.

- Evaluations for faculty performance are best carried out by both trainees and faculty peers.

- Feedback provided to faculty is essential for quality improvement.
Individual Certification of Competence After Training is Completed

- Specialty Certification in U.S.– American Board of Psychiatry and Neurology (ABPN)
- ABPN offers general psychiatry certification and for sub-specialty areas.
- 10 year time-limited certification
- Recertification exam before 10 year deadline
- Board certification is required by most U.S. hospitals
  - 2 part certification examination
    - Written examination – 6 hours emphasis on knowledge
    - Oral examination – 2 hours emphasis on clinical skills
Summary

- Did not discuss how clinical practice is defined in a specific country.

- There are many national variations regarding standards of training.

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