Perspective: The ACGME Toolbox: Half Empty or Half Full?

Reference:

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Background
The Accreditation Council for Graduate Medical Education Outcome Project changed the currency of accreditation from process and structure to outcomes. To address this transition to a curriculum designed around defined objectives that a resident must meet in order to successfully complete a residency training program, the ACGME concurrently developed a “toolbox” of assessment tools to use in the assessment of learners. A 2009 systematic review in Academic Medicine (Lurie SJ, Mooney CJ, Lyness JM. Measurement of the general competencies of the Accreditation Council for Graduate Medical Education: A systematic review. Acad. Med. 2009;84:301–309.) suggested that the “toolbox” was inadequate to determine if curriculum objectives were achieved by residents (physicians in-training). This article attempts to counter this argument, suggesting that the toolbox is effective. The suggested limitations of the tools actually exist in the inconsistent use and interpretation by untrained faculty.

Purpose
To address the “flawed” conclusions of a systematic review of the ACGME toolbox (Lurie, 2009).
Type of paper

- Editorial

Key Points on the Methods

This is an editorial. Thus, the arguments and conclusions should be interpreted in this light. While the critique of the systematic review condemning the ACGME toolbox is very effectively and thoughtfully addressed, the more important issue is not discussed – effective faculty development strategies to improve the use of existing assessment tools. Space limitations are presumably the main reason for this issue. A reference to an effective program offered by the American Board of Internal Medicine may not be helpful to the general (i.e. non-internist) reader or faculty developer. Providing the reader with other general resources or references would balance this editorial more effectively.

Key Outcomes

The systematic review critical of the ACGME toolbox was flawed for the following reasons:

1. The search strategy was incomplete
   - Search terms were particularly narrow
   - The databases used were limited.
   - The search strategy did not query databases typical of educational research but not typically included in clinical medicine systematic reviews (e.g. PsychINFO)
     - Using a more comprehensive search strategy, an additional 103 unique instruments were identified

2. The systematic review process did not report rater agreement in either study inclusion OR data abstraction. Thus, the final data for the analysis in this systematic review may be potentially biased.

3. The evaluation of the tools was flawed with sole emphasis on the validity of a tool to discriminate a resident’s performance among the 6 ACGME competencies.
   - This approach ignores issues of reliability, educational impact, operational cost and face validity.
   - This approach ignores accepted standards that suggest multi-method assessment is superior

4. The scope of some of the ACGME competencies was narrowly interpreted and hence the analysis of appropriate tools was equally narrow.

Key Conclusions

*The authors conclude...*

"The biggest problem in evaluating competencies is, in our opinion, not the lack of adequate assessment instruments but, rather, the inconsistent use and
interpretation of those available by unskilled faculty….Simply putting a new assessment tool into the hands of untrained educators will not likely improve the quality of the evaluation.

Rather, faculty development should be the emphasis, rather than new tool development. Developing a cadre of trained evaluators will improve the abilities of existing assessment tools to determine if physicians in-training (residents) have achieved the objectives of residency training programs.”

It should be more strongly articulated within the article that the over-reliance on the psychometric properties of an assessment tool as a surrogate to identify appropriate or effective tools does not address the changing discourse in the education community that acknowledges the equivalent utility of qualitative tools to assess physician competence.

1. Current tools are effective to assess residents. The failure of tools to discriminate may be a result of ineffective use or deployment of the tool.

2. Faculty development should be the priority of educators, rather than new tool development, in order to increase the effectiveness of existing tools.

3. Qualitative tools have an increasing role in combination with current quantitative tools.

Spare Keys – other take home points for clinician educators

The following groups would benefit from reading this:

- program directors
- curriculum designers
- medical educators with interest in assessment