

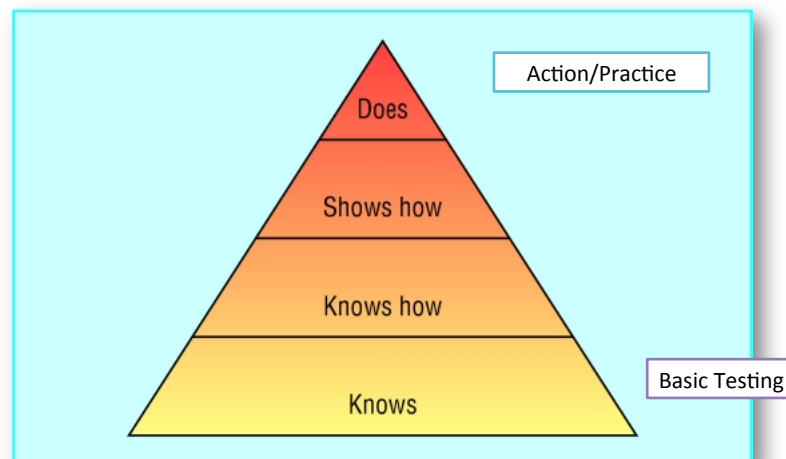
## Frameworks: A toolbox

- Individualized Learning Plans
  - Goal Setting before course / clerkship
- Course Objectives
- “Pyramids”

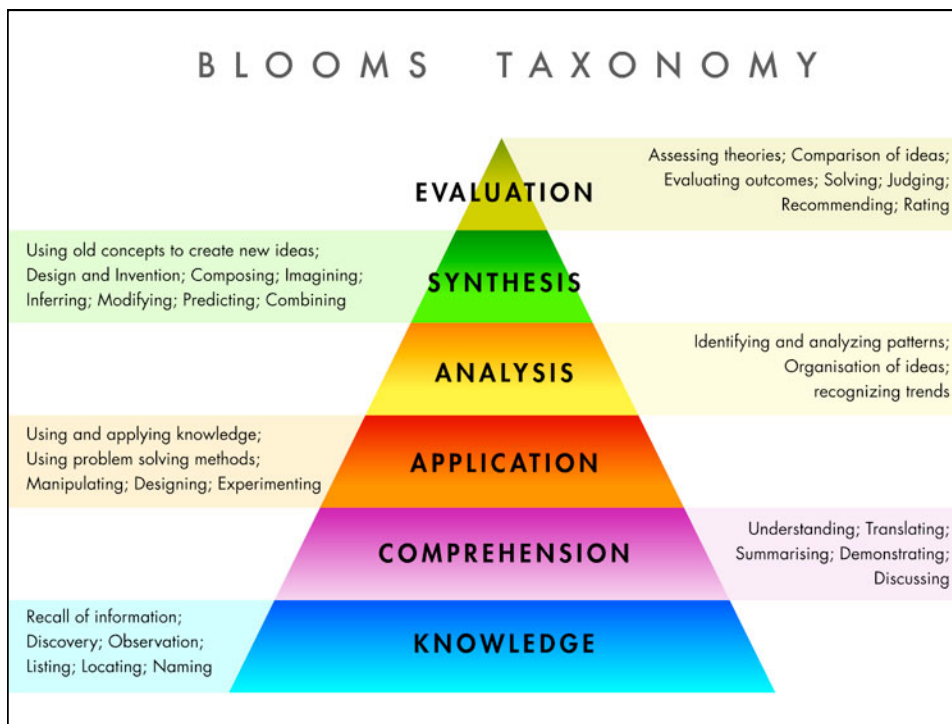


Course Objectives
Learn to appropriately identify the patient's chief complaint and medical history
Acquire information about all of the patient's medications
Conduct medical interviews with respect and professionalism.
Be able to elicit and analyze social qualities and characteristics of patients that may help or impede health maintenance needs

## Miller's Pyramid



Norcini: BMJ. 2003 Apr 5; 326(7392): 753–755.



## Competency Based Assessments Frameworks (“WPBA”)

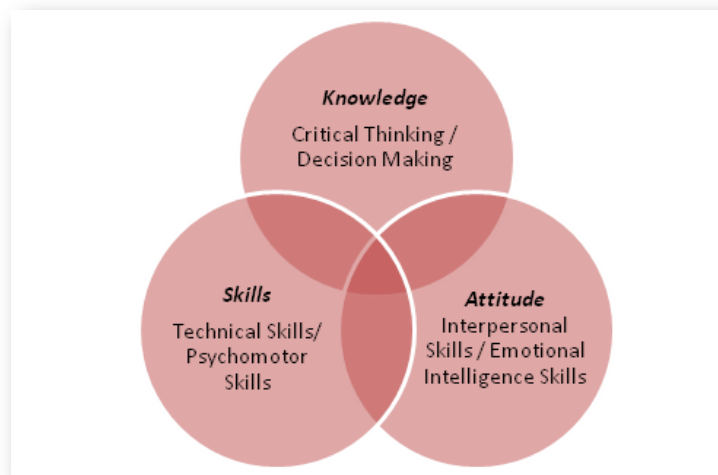
- Analytic Frameworks
  - Knowledge, Skills, Attitudes - KSA
- Developmental Frameworks
  - Milestones based assessment
  - Dreyfus level of mastery
- Synthetic Frameworks
  - RIME / PRIME+
  - Entrustable Professional Activities (CEPAER)



One size not for all

Pangaro L, tenCate O. AMEE Guide 78

## Knowledge Skills Attitudes



Fryer, A. *Nursing Core Competencies into a Practice Setting.*

## Milestones

*Milestone: “Incorporate formative evaluation feedback into daily practice.”*

### Developmental Milestones

- ❖ Difficulty in considering others' points of view when they differ from her own, leading to **defensiveness and inability to receive feedback and/or avoidance of feedback; limited incorporation of formative feedback** into daily practice.
- ❖ **Dependent on external sources of feedback** for improvement; beginning to acknowledge other points of view, but **reinterprets** feedback in a way that serves her own need for praise or consequence avoidance rather than informing a personal quest for improvement; **little to no behavioral** change occurs in response to feedback (e.g., listens to feedback but takes away only those messages she wants to hear).
- ❖ Understands others' points of view and changes behavior to **improve specific deficiencies that are noted by others** (e.g., understands that the perceptions of others are important even when those perceptions are different from her own, such as when a nurse interprets a response as abrupt when it was not intended to be, causing her to examine what prompted this perception).
- ❖ Internal sources of feedback allow for insight into limitations and engagement in **self-regulation; improves daily practice based on both external formative feedback and internal insights** (e.g., is able to point out what went well and what did not go well in a given encounter, and makes positive

Can be developed for scientific foundations

Pediatric Milestone Project – American Board of Pediatrics  
 Hanson et. al. Front Psychol. 2013; 4: 668. Bartlett et. al J Grad Med Ed 2015

## Dreyfus model of Competence

### Novice-to-Expert summary

#### **Novice**

Has an incomplete understanding, approaches tasks mechanically and needs supervision to complete them.

#### **Advanced Beginner**

Has a working understanding, tends to see actions as a series of steps, can complete simpler tasks without supervision.

#### **Competent**

Has a good working and background understanding, sees actions at least partly in context, able to complete work independently to a standard that is acceptable though it may lack refinement.

#### **Proficient**

Has a deep understanding, sees actions holistically, can achieve a high standard routinely.

#### **Expert**

Has an authoritative or deep holistic understanding, deals with routine matters intuitively, able to go beyond existing interpretations, achieves excellence with ease.

Dreyfus, H L and Dreyfus, S E (1986) Mind over Machine: the power of human intuition and expertise in the age of the computer

## RIME / PRIME +

- R: Reporter
- I: Interpreter
- M: Manager
- E: Educator
  
- P: professional behavior
- +: one area for development / improvement
  - SMART

Pangaro L, tenCate O. AMEE Guide 78  
Volpe Holmes A. *Pediatrics* 2014;133;766.