



Just Say No! Developing Assessment Tools Beyond the Milestone Progression  
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The Purpose of...

<p><b>assessment</b> is to <b>INCREASE</b> quality.</p> 	<p><b>evaluation</b> is to <b>JUDGE</b> quality.</p> <p>Too short and not enough leaves. C-</p> 
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### Background

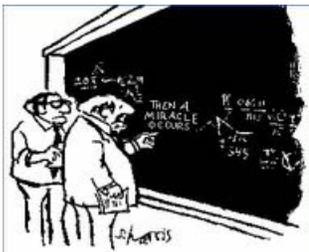
Why do we care about Assessment?



### What is CBME?

Competency-based  
Medical Education

**MILESTONES**



"I Think You Should Be More Explicit Here In Step Two."



### Apprenticeship Model



# Healthcare

Special Communication | LESS IS MORE  
**Choosing Wisely in Anesthesiology**  
 The Gap Between Evidence and Practice

Chyi C. Chiu, MD, MPH, Valeri A. Arshak, MD, MPH, Lee A. Fleisher, MD

To develop a "top five" list of unnecessary medical services in anesthesiology, we conducted a multiple survey of anesthesiologists, most of whom were in academic practice, and a consequent iterative process with the committees of the American Society of Anesthesiologists. We generated a list of 18 low-value, non-evidence-based activities from American Society of Anesthesiologists practice parameters and the literature. Starting with this list and proceeding with a step survey using 15-point Likert scale questions, we eventually identified 5 common activities that are of low quality or benefit and high cost and have poor evidence supporting their use. The 2 prophylactic practices in the top five list addressed the avoidance of unindicated baseline laboratory studies or diagnostic cardiac stress testing. The 3 intraoperative practices involved the avoidance of the routine use of the pulmonary artery for cardiac surgery and the use of packed red blood cells or colloid when not indicated.

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**Closing the Gap between Guidelines and Practice in Perioperative Care**

PERIOPERATIVE medicine continues to evolve as a result of advances in perioperative medicine. For example, standardized hand hygiene techniques (SHEATH) (WHO), which resulted in 37% person-to-person transmission reduction in the operating room, and the use of prophylactic antibiotics (PAB) have been shown to reduce surgical site infections (SSI) in a number of clinical studies. The report by Frenk et al in this issue of Anesthesiology continues the high risk of perioperative complications. When conducting a perioperative surgery, a careful preoperative (clinical risk) evaluation and subsequent risk-

intermediate outcomes (e.g., patient safety, quality of care) based on vascular surgery patients, which are recognized as high-risk surgery, preoperative response is demonstrated to be as high as 50%. These numbers indicate the high correlation of preoperative medicine, surgery and the importance of careful perioperative risk management in these patients. Based on all of the above, the quality of care in a relatively simple program. The personal addressing issues such as depression, aggression, and hypoglycemia was reported by and reported related to the call and

**ASPIRE**

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Objectives: Hospital and ambulatory provider specific feedback will be used to drive variation in use in practice areas to improve perioperative outcomes and cost. ASPIRE will study impact of changes of care processes (technique, team, patient management, intraoperative ventilation, neuromuscular blockade, fluid balance and depth of anesthesia) ASPIRE will study other evidence based programs of care and systems that can effectively address common health care problems. We will also determine the generalizability of this strategy.

# Traditional Educational Model

Frenk J, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010

# CBME: Start with System Needs

Frenk J, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010

# CBME and Assessment

Frenk J, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010

# Fundamental Premise

- Assessment and learning (curriculum) do not function independently
- The nature of the learning will substantially affect the quality of the assessment:
  - Assessment drives learning; learning drives assessment:

# Overall Competence

Assessment = Education

