

Where Are the Standards for Assessment?

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In a recent meeting of orthopedic educators, a long discussion ensued about how to assess whether a learner can really perform the tasks necessary to provide good clinical care.

The issue of self-assessment has been a focal point in continuing medical education for some time and a prescribed part of an educational program as required by the Accreditation Council for Graduate Medical Education (ACGME). Several studies that documented the inability of learners to assess their own competence were presented.^{1,2} The studies concluded that external evaluations are needed in order to adequately determine whether a candidate has achieved the learning goals.

These findings have large ramifications for resident education. It is very difficult for the American Board of Orthopaedic Surgery (ABOS) to assess, as required by ACGME, the full professional competency of residents in an educational program. The ABOS must rely on the recommendations of the residency training program faculty. Unfortunately, many faculty, as well as program directors and department heads, are reluctant to admit that a “mistake” has been made in the continued progression of a resident through a training program. Furthermore, the problems are generally not cognitive, but rather behavioral. Dishonesty, lack of accountability, and inability to accept responsibility are often recognized early, but program directors and chairs ignore these warning signs and pass such behavior off as youthful indiscretion. Such residents are handled with kid gloves. Fear of retaliation through litigation often makes these issues more problematic. An excellent two-part series of articles called “A Prescription for the Rogue Doctor” indicates that the



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most serious problems a doctor can have are those that are a result of a defect of character.^{3,4}

These problems are exacerbated when an educator, trainer, or supervisor chooses to protect that doctor’s professional status and career. Problem doctors who continue to practice medicine have an adverse impact on patients’ well-being and are an enormous liability to provider groups. Although the code of silence that too often surrounds these doctors can be a significant problem, it is hoped that public scrutiny and government regulation will come to bear on them. Ultimately, however, the medical profession will be held accountable.

The American Academy of Orthopaedic Surgeons (AAOS) has done an excellent job in creating guidelines called *Standards of Professionalism*.⁵ A remarkable group of volunteer members of the Academy have produced a number of standards that direct conduct in specific areas of practice, including expert-witness testimony, care of athletes, on-call responsibilities, and providing patients with musculoskeletal services. These standards could certainly be used by training programs as a starting point to inform residents about expected conduct.

With regard to expert-witness testimony, the AAOS developed an affirmation statement signed by many members of the Academy. The first item in that statement is, “I will always be truthful.” That is a simple statement that should be uppermost in the minds of residents in a training program and the baseline from which performance is evaluated. Unfortunately, that is not the case. When behavior that is at odds with truthfulness occurs, it should be the prime reason to terminate a resident from a training program. The AAOS Standards of Professionalism are derived from the behavioral guidelines of the Academy and are based on its code

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of medical ethics and professionalism for orthopedic surgeons, but not enough residency programs use these guidelines to let residents know what kind of behavior is expected of them.

The ABOS cannot identify the behavioral problems that seem to be at the center of so many residents' performance deficiencies. The only arena in which these problems can be identified and stopped is in the residency program itself. More residency program directors need to examine the manner in which they handle residents with behavioral problems and need to be certain that

they are not passing someone along to avoid the difficult experience of terminating a resident from a program.

“More residency program directors need to examine the manner in which they handle residents with behavioral problems...”

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