Procedural Competence: What Does the PCCM Trainee Need to Know in 2016

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Disclosure

None



Assessment of Competency

- Which of the following does your program rely on to document procedural competence?
- A. Number of procedures performed
- B. Consensus by the CCC
- C. Attending observation with completed skills checklist
- Combination of simulation performance and objective observation



Definitions

- Procedural Competence
 - The skill to safely and successfully perform the required steps of a particular procedure.
 - Minimum standard needed to be safe and perform the procedure independently.



Program Requirements

IV.A.5.a).(2)	Fellows must be able to competently perform all medical, diagnostic and surgical procedures considered essential for the area of practice. Fellows:		perform a minimum of 100 such procedures); ^(Detail)	
IV.A.5.a).(2).(a)	must demonstrate competence in interpreting data	IV.A.5.a).(2).(b).(v)	pulmonary function tests to assess respiratory mechanics and gas exchange, (Outcome)	
	derived from various bedside devices commonly employed to monitor patients, and data from laboratory studies related to sputum, bronchopulmonary secretions, pleural fluid; and, (Outcome)	IV.A.5.a).(2).(b).(v).(a)	including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, exercise studies, and interpretation of the results of bronchoprovocation	
IV.A.5.a).(2).(b)	must demonstrate competence in procedural and technical skills, including: (Outcome)		testing using methacholine or histamine; (^{Detail)}	
IV.A.5.a).(2).(b).(i)	airway management; (Outcome)	IV.A.5.a).(2).(b).(vi)	diagnostic and therapeutic procedures, (Outcome)	
IV.A.5.a).(2).(b).(ii)	the use of a variety of positive pressure ventilatory modes, including: (Outcome)	IV.A.5.a).(2).(b).(vi).(a)	including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related	
IV.A.5.a).(2).(b).(ii).(a)	initiation and maintenance of ventilatory support; (Detail)		procedures; ^(Detail)	
IV.A.5.a).(2).(b).(ii).(b)	respiratory care techniques; and,	IV.A.5.a).(2).(b).(vii)	use of chest tubes and drainage systems; (Outcome)	
IV.A.5.a).(2).(b).(ii).(c)	withdrawal of mechanical ventilatory support. (Detail)	IV.A.5.a).(2).(b).(viii)	insertion of arterial, central venous, and pulmonary artery balloon flotation catheters; (Outcome)	
IV.A.5.a).(2).(b).(iii)	the use of reservoir masks and continuous positive airway pressure masks for delivery	IV.A.5.a).(2).(b).(ix)	operation of bedside hemodynamic monitoring systems; (Outcome)	
	of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry; (^{Outcome)}	IV.A.5.a).(2).(b).(x)	emergency cardioversion; (Outcome)	
IV.A.5.a).(2).(b).(iv)	flexible fiber-optic bronchoscopy procedures, (Outcome)	IV.A.5.a).(2).(b).(xi)	interpretation of intracranial pressure monitoring; ^(Outcome)	
IV.A.5.a).(2).(b).(iv).(a)	including those where endobronchial	IV.A.5.a).(2).(b).(xii)	nutritional support; (Outcome)	
	and transbronchial biopsies, and transbronchial needle aspiration are performed (each fellow must	IV.A.5.a).(2).(b).(xiii)	use of ultrasound techniques to perform thoracentesis and place intravascular and intracavitary tubes and catheters; (Outcome)	
		IV.A.5.a).(2).(b).(xiv)	use of transcutaneous pacemakers; and, (Outcome)	
		IV.A.5.a).(2).(b).(xv)	the use of paralytic agents and sedative and analgesic drugs in the critical care unit.	





Program Requirements

Evaluation

IV.A.6.g)	Procedures and Technical Skills
IV.A.6.g).(1)	Direct supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director. (Core)
IV.A.6.g).(2)	Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, which must be documented in each fellow's record, including indications, outcomes, diagnoses, and supervisor(s). (Core)

V.A.2.b)	The program must:
V.A.2.b).(1)	provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty- specific Milestones; (Core)





Subcompetency Procedural Milestones

PC-4a	Demonstrates skill in performing and interpreting invasive procedures
MK-2	Knowledge of diagnostic testing and procedures.



PCCM Procedures

- Airway Management
- Bronchoscopy
- Chest Tube
- Mechanical Ventilation
- POC Ultrasound
- Venous Access



Procedural Assessment

- Volume Based Competence
 - Bronchoscopy: ACGME (100)

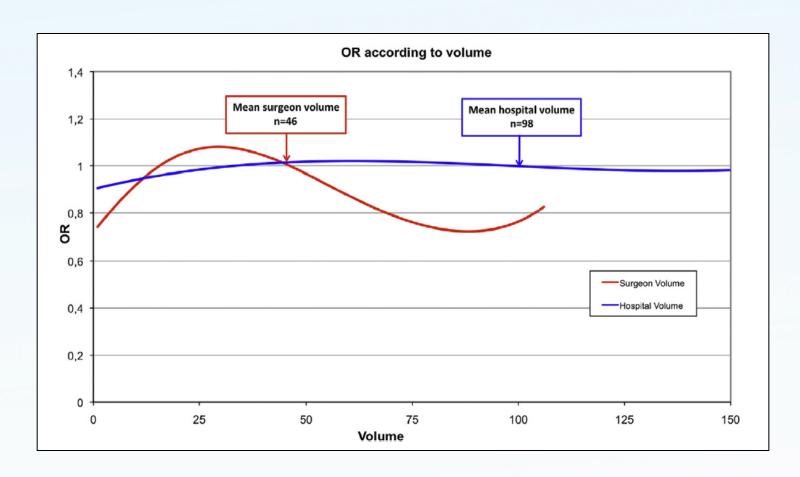
Procedure	CHEST Threshold	ATS/ERS Threshold	ATS/ERS Ongoing/Year
Advanced bronchoscopy (diagnostic and therapeutic)			
Rigid bronchoscopy	20	20	15
Autofluorescence bronchoscopy	20	10	
EBUS guided	50	40	
TBNA (radial and convex probe)		25	
EBUS-TBNA		40	
Endoluminal therapies			
Laser	15	20	10-15
Electrocautery/argon plasma coagulation	15	10	5-10
Cryotherapy	10	10	5-10
Brachytherapy	5	5	5-10
Photodynamic therapy	10	10	5-10
Airway stents silicone (silastic, metallic, dynamic Y, hybrid)	20	10	5-10
Balloon tracheobronchoplasty	5		
TTNA		10	5-10

Ernst A. et al. CHEST. 2015; 148:321-332.





Volume Based Competence



Falcoz PE, et al. J Thorac Cardiovasc Surg. 2014;148:841-48.





Procedural Assessment

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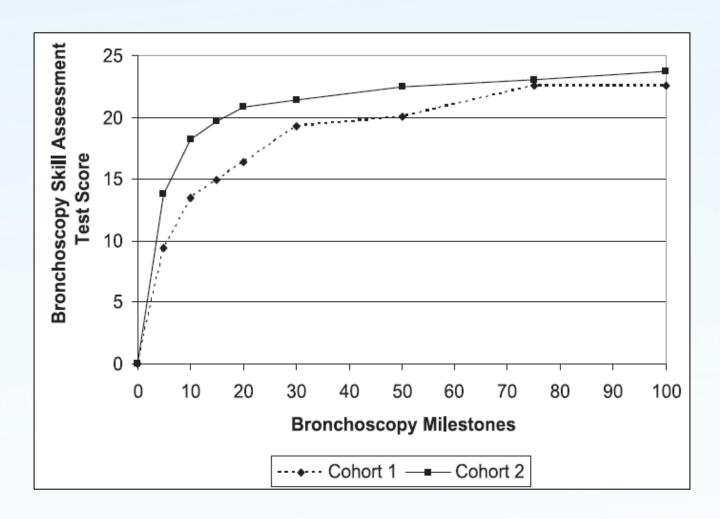
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Ernst A. et al. CHEST. 2015; 148:321-332.



Variability in Skill Acquisition



Wahidi, MM et al. CHEST. 2010; 137:1040-49.





Optimized Curriculum

- Competency
 - Technical skills
 - Safely perform
 - Knowledge of procedure
 - Indications/Contraindications/Risks
 - Assessing Risk
 - Perform independently



Simulation

- Trainee Benefits
 - Cues and consequences
 - Complex situations
 - Reproducible
 - Modifiable

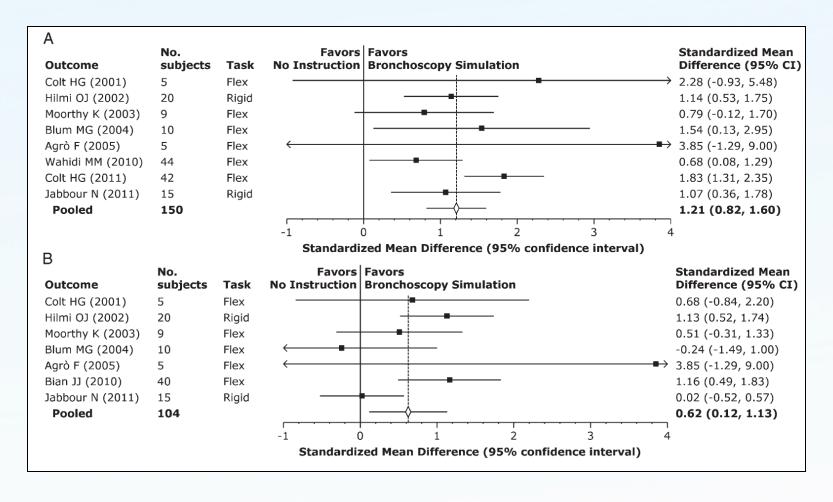
- Key to Success
 - Immediate feedback
 - Repetitive practice
 - Integrated into curriculum
 - Ramped difficulty
 - Controlled environment
 - Clearly defined goals

McGaghie, WC et al. CHEST. 2009; 135;62S-68S.





Bronchoscopy Simulation



Kennedy, CC et al. CHEST. 2013; 144:183-92.





Simulation and Fidelity

- High Fidelity
 - Virtual reality
 - Accurate anatomy
 - Variable
 - Variable cases
 - Track performance
 - High cost

- Low Fidelity
 - Easy access
 - Accurate anatomy
 - Muscle memory
 - Low cost
 - Lack situational variability

Davoudi, M et al. Respiration. 2010; 80:327-34.





Assessment

- Knowledge
 - Written test
 - Verbal

- Technical Skills
 - Confidence
 - Self-assessment
 - BSAT
 - Checklist
 - BSTAT
 - EBUS-STAT

Quadrelli, S. et al. CHEST. 2009; 135:315-21.

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Bronchosco	py Se	If Assessmen	t Tool	(BSAT)
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Please answer each question by writing the number that most closely represents your experience with the Bronchoscopy Education Program using the following scale.

1	2	3	4	5	
Not	comfortable	Comf	ortable	Very comfortable	
1.	I am able to identif	y airway an	atomy		
2.	I am able to identif	y airway mu	icosal abno	ormalities	<u> </u>
3.	I am able to descr	be secretion	ns and othe	er airway abnormaliti	ies
4.	I am able to mane	uver the flex	xible bronch	oscope	
5.	I am able to do a E	BAL through	the flexible	bronchoscope	
6.	I am able to use a	brush throu	gh the flexi	ble bronchoscope	
7.	I am able to use a	forceps to p	erform an	endobronchial biops	
8.	I am able to use a	forceps to p	erform a tr	ansbronchial biopsy	
9.	I am able to perfor	m a conven	tional trans	bronchial needle as	piration
10.	I would now feel c	omfortable p	performing	this case in a patien	t
_					6.61
Ana	atomy Abnormali	ies Technic	que Equip	oment Interpretation	on of findings

I would like to learn more about (circle all that apply above)





Faculty	Date	
Educational Item*	Satisfac	tory
Items 1-10 each scored separately	Yes/N	0
1. Identification of Right sided anatomy (2 points each, to RB1 apical □ RB2 posterior □ RB3 anterior □ RB4 l		No
☐ RB6 superior ☐ RB7 mediobasal ☐ RB8 anterobasal ☐ RB10 posterobasal	☐ RB9 laterobasal Score	/20
2. Identification of Left sided anatomy (2 points each, ta ☐ LB1+2 apical/posterior ☐ LB3 anterior ☐ LB4 superior		No
☐ LB6 superior ☐ LB8 anterobasal ☐ LB9 laterobasal ☐		_/16
3. Identify and enter RB 4+5+6 on demand (All three se		No
entered to earn 5 points, no partial points given, target 5 ☐ RB 4+5+6	Score	/5
4. Identify and enter LB 8+9+10 on demand (All three sentered to earn 5 points, no partial points given, target 5		No
☐ LB 8+9+10	Score	/5
5. Posture/Hand positions/Equipment safety (3 points ea	nch, target 9 points) Yes / Yes	No
☐ Body posture ☐ Hand positions ☐ Equipment 1	nandling Score	/9





Evidence-Based Competency

- Curriculum
 - e-learning/books
 - Lectures
 - Case-based review
 - Hands-on training
 - Simulation
 - Airway
 - Bronchoscopy
 - Mechanical Ventilation
 - Vascular

Ernst, A et al. CHEST. 2015; 148:321-32.

- Assessment
 - Written tests
 - Observed skills
 - Checklist
 - Scheduled assessment
 - Outcomes
 - Requires database
 - Milestone
 - PC-4a
 - MK-2

Szasz, P et al. Annals of Surgery. 2015; 261:1046-55.





Thank You





- Beginning of Fellowship
 - Self-Assessment (A)
- Initial Evaluation Side of the Bed
 - o Attempt 1 on mannequin
 - Expectation:
 - Step by Step 10 point Evaluation (B)
 - o Attempts 2 through 9
 - Expectation
 - Practice Bronchoscopy Stepwise Training Tool (C)
 - Attempt 10 on Mannequin
 - Expectation:
 - Step by Step 10 point Evaluation (B)
 - o Passing score: 100%
 - Continue mannequin training until Step by Step Evaluation Tool is
 - o Passed
- Second Evaluation
 - o After 15 FOB, side of the bed
 - Expectation:
 - BSTAT Quiz
 - o Passing Score: 80%
 - Step by Step 10 point Evaluation (B)
 - o Passing Score 100%

- Third Evaluation
 - o After 50 FOB, side of the bed
 - Expectation:
 - BSTAT Quiz
 - o Passing Score: 100%
 - Step by Step 10 point Evaluation (B) CHEST
 Passing Score 100% Annual Meeting

