UC San Diego **PACE** Program

Physician Assessment and Clinical Education

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UC San Diego
School of Medicine

Specific Items for Discussion

- How PACE assesses clinical competence using ACGME/ABMS Six Core Competencies

- Clinical Competence Assessment recommendations

- Differentiating competence vs fitness for duty

- How and when re-assessment of clinical competence or fitness is warranted

- Additional PACE services

Who We Are

- We are a diverse team with deep expertise in professional standards in assessment and education focused exclusively on healthcare.

- We've been partnering with healthcare organizations to limit risk and enhance safety and quality for over 28 years.

PACE at a Glance

- Highly experienced assessors and educators. Friendly and engaging faculty and staff to help with every step of the program

- Part of UC San Diego School of Medicine, a top-tier academic medical center

- PACE has assessed over 2,000 physicians, provided educational services to over 7,000 physicians and allied health professionals, and provided ongoing clinical monitoring to over 300 physicians

- PACE has offered services to providers in all 50 states, Canada, U.S. Virgin Islands, and American Samoa.

Mission Statement

- We are dedicated to the detection, evaluation, and remediation of deficiencies in the clinical performance of physicians and other healthcare professionals.

- In collaboration with physicians, state medical boards, hospitals and others, we work to promote public protection, patient safety, and the attainment of the highest possible quality of clinical care.

Clinical Competence Assessment

Clinical Competence Assessment

- **Purpose**
  - Determine if a physician is competent and safe to continue practicing or to return to practice after a prolonged absence
  - Identify area(s) in need of further remediation/oversight

- **Experience:** PACE has completed over 2,000 evaluations

- **Assessment Length:** Due to our hybrid format, most physicians will complete several elements remotely and spend 1-2 days in-person in San Diego

Clinical Competence Assessment

- **Why?**
  - Performance issues (e.g. high rate of poor outcomes compared to peers)
  - Chronic documentation deficiencies
  - Complaints from patients and/or peers/ancillary staff
  - History of problems/minor issues not being resolved with normal interventions
  - Re-entry to practice after extended absence (>24 months)

What to Measure?
The ACGME/ABMS 6 Core Competencies

- Patient care & procedural skills

- Medical knowledge

- Practice-based learning and improvement

- Interpersonal & communication skills

- Professionalism

- Systems-based practice

Qualities of a Physician Clinical Competence Assessment Program

- Fair, independent, unbiased

- Large samples of data necessary

- No one format can access all aspects of competence (a variety of formats is necessary)

- Focus on outcomes

- "A judicious blend of structure/objectivity and subjective methods"

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Sunday Afternoon on the Island of Grand Jatte, 1884-6 - Seurat

Qualities of a Physician Competency Assessment Program

- PACE uses many qualified judges for each assessment

- Multidisciplinary case conference

- Can the assessment program deal with the consequences of decisions?

- PACE always has and always will

Qualities of a Physician Competency Assessment Program

- Measures both competence and performance

- Measures all ACGME/ABMS domains of Core Clinical Competence

- Reviews its assessment batteries continually, and seeks constructive feedback from participating physicians, PACE staff and faculty, defense attorneys, deputy attorneys general, administrative law judges, and medical board members and staff

Definitions

- **Competence** is possessing the requisite(potential) abilities and qualities to perform effectively in the scope of clinical practice while adhering to professional ethical standards (FSMB)

- **Performance** (the action(s) during clinical practice) (from Williams BW. J Contin Educ Health Prof 2006;26: 173-91)
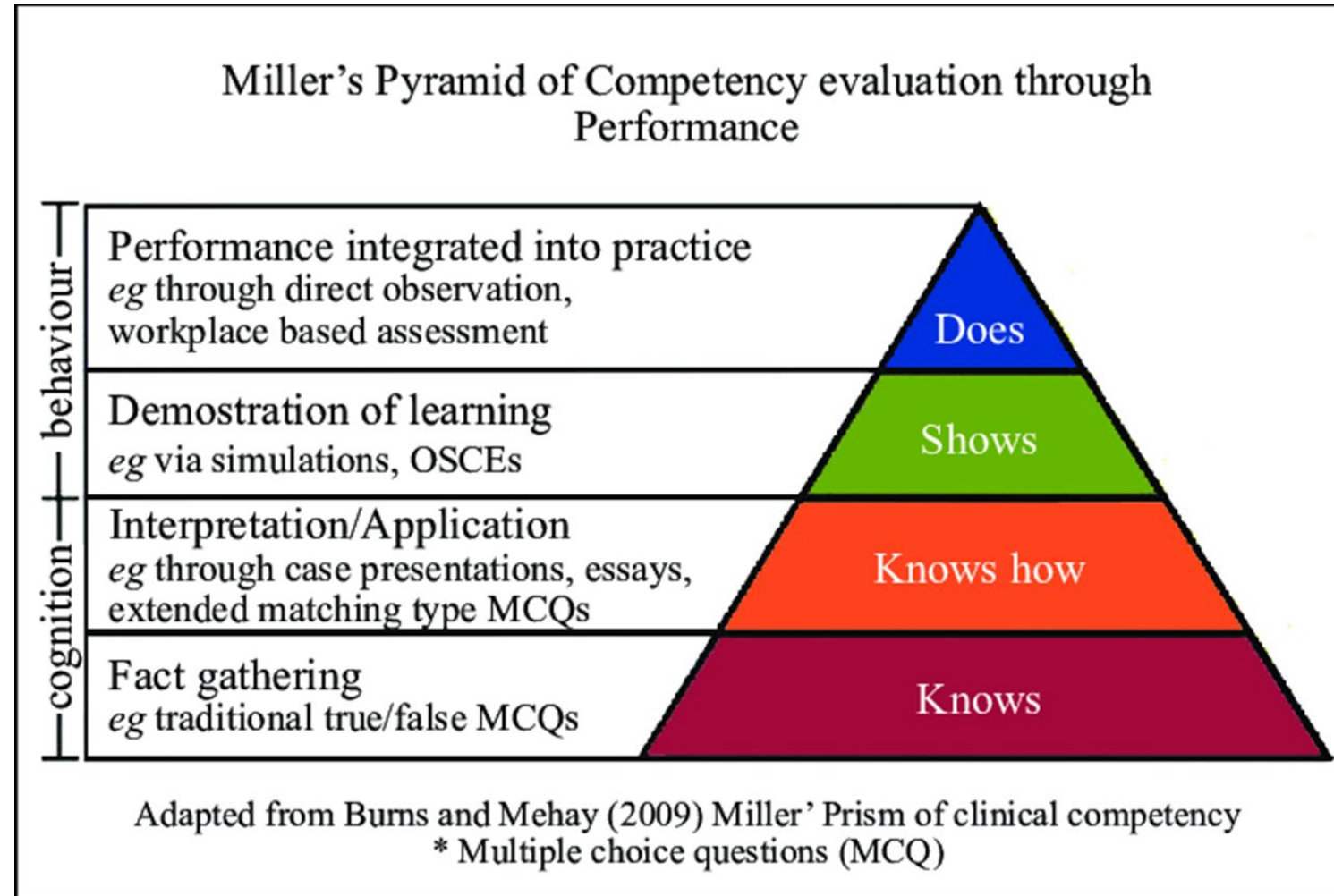
ABMS/ACGME 6 Core Competencies

PACE Clinical Competency Assessment Component	ACGME Core Competencies					
	Medical Knowledge	Patient Care & Procedural Skills	Practice-based Learning	Interpersonal / Communication Skills	Professional-ism	Systems-based Practice
Oral Clinical Exam (OCE)	X	X		X		X
Chart Stimulated Recall (CSR)	X	X		X	X	X
Simulated Procedural or Clinical Skills Evaluation	X	X		X	X	
Standardized or Mock Patient Encounter(s)	X	X		X	X	
Self-report Measures (Intake, Practice Profile, CME)			X		X	X
Root Cause Analysis Write-up			X	X	X	
Professionalism / Behavioral Evaluation				X	X	X

Miller's Pyramid: a Framework for Assessing Clinical Competence

Miller's Pyramid of Competency evaluation through Performance

Adapted from Burns and Mehay (2009) Miller' Prism of clinical competency
* Multiple choice questions (MCQ)

Clinical Competence Assessment Process

Create Assessment plan → Schedule Assessment → Attend Assessment → Review results → **Final Report**

Final Grades and Recommendations

Final Grades	Example Recommendations
Category 1 (Clear Pass): Consistent with safe practice and competency. No significant deficiencies are noted.	• Typically none
Category 2 (Pass with Minor Recommendations): Minor deficiencies noted that do not affect the physician's ability to practice safely, but may have an effect on optimal performance.	• Specific CME course(s), *eg* documentation course • Self-study • Professional coaching
Category 3 (Pass with Major Recommendations): Significant deficiencies noted. Often broad-based and covering multiple domains. Capable of practicing safely but may not be reaching their full potential.	• Broad-based knowledge update, *eg* Board update course • Clinical skills practicum(s) • Supervision/oversight (proctoring or monitoring) • Practice restriction(s): scope, reduced pt load, etc
Category 4 (Fail): Poor performance that is not compatible with overall physician competency and safe practice.	• Depends on reason for failure and degree • Broad-based clinical knowledge and/or clinical skills remediation • Re-assessment recommended as warranted

Final Grades and Recommendations

Final Grade Outcome (January 1998 – July 31, 2025)	Number of Participants	% of total	Avg Age at Completion
Category 1 (Clear Pass)	686	45.5%	54.1
Category 2 (Pass with minor recs)	346	22.9%	55.7
Category 3 (Pass with major recs)	327	21.7%	57.6
Category 4 (Fail)	150	9.9%	64.9
Grand Total	**1509**	**100%**	**56.3**

Male participants: N=1249 (82.8%)
Female participants: N=260 (17.2%)

Clinical Competence Re-Assessment

Why?

- Some physicians who fail the Clinical Competence Assessment may be able to successfully pass after a period of structured intensive self-study and education

Why not?

- Some physician's deficits are so significant that it would require residency/fellowship level training in order for them to become competent

- Physicians with health problems affecting their competence would not be recommended for re-assessment

Fitness for Duty Evaluation (FFDE)

Distinctions: Competence vs. Fitness

Factors affecting physician ability to perform their duties:

- **Competence/Performance**
  - Knowledge
  - Skills
  - Attitude (behavior, communication)
- **Impairment**
  - Illness (medical, psychiatric, substance abuse)
  - Injury (TBI, musculoskeletal)

Fitness for Duty Evaluation

- **Purpose**
  - Determine if the presence of (physical, cognitive, psychiatric, or substance abuse) illness interferes with the physician's ability to safely perform their duties

- **Assessment Length: 2-3 days (on average) in-person**

Fitness for Duty Evaluation

Why?

- Sudden change in behavior

- Failing to show up to work on time/return pages/calls

- Independent verification of fitness for physicians returning to work after severe illness or injury (e.g. CVA, MVA, etc.)

- Age-related cognitive changes (e.g. forgetfulness, confusion)

- Recent diagnosis of health problem with known cognitive and/or neurologic implications (e.g. Parkinson's)

Fitness for Duty Evaluation

Common FFDE elements

- Neuropsychological evaluation

- Forensic psychiatric evaluation

- Neurological evaluation

- Occupational medicine evaluation

- Other specialty medical evaluations

- Simulated procedural/skills evaluations

Final Grades and Recommendations

Final Grades	Recommendations
Fit for Duty: No presence of illness exists that interferes with the physician's ability to safely perform the duties of his or her job.	• Re-evaluation may be recommended depending on the prognosis of present illness(es).
Fit with Accommodations: Presence of illness exists that interferes with the physician's ability to safely perform some, but not all of his or her duties.	• Recommendations will be provided for possible methods of accommodation. • Re-evaluation may be recommended depending on the prognosis of present illness(es).
Unfit for Duty: Presence of illness exists that interferes with the physician's ability to safely perform most or all of the duties of his or her job. The physician presents a significant risk to patients, self, and others. It is unlikely that any reasonable accommodations could be made that would allow the physician to practice safely.	• Recommendations will be provided for ways to optimize health as indicated • Guidance on reassessment will be provided as warranted

FFDE Final Grades and Recommendations

Outcomes (July 2011 – July 2025)	Number of Participants	% of total	Avg Age at Completion
Fit for Duty	91	51.1%	54.5
Fit with Accommodations	49	27.5%	54.8
Unfit	38	21.4%	63.0
Grand Total	**178**	**100%**	**56.4**

Male participants: N=138 (77.5%)
Female participants: N=40 (22.5%)

Fitness for Duty Evaluation Re-Assessment

Why?

- Some physicians who were found UNFIT may have suffered injuries that they are still improving or suffer from illnesses that were not optimally treated at the time of their FFDE

- Some physicians who were found FIT FOR DUTY may have illnesses that have neurologic implications (*eg* Parkion's), which would require serial evaluations to ensure continued safety to practice

Additional Services

UC San Diego Health

Additional Services

Assessment Programs

- Clinical Competency

- Fitness for Duty

- Late Career Health Screening

Monitoring Physicians in Practice

- Physician Enhancement Program (PEP)

- Charting/Quality of Care

- Billing/Coding

Speakers Bureau

CME Courses

- Physician Prescribing

- Medical Record Keeping

- Managing High Impact Emotions

- Professional Boundaries

- Clinician-Patient Communication

- Ethics for Healthcare Professionals

- PACE PLUS

Custom Education (by request)

- Specialized topics for individuals

- Group/On-site education

Additional Services
Practice Monitoring

Physician Enhancement Program (PEP)

What it is

- "In-Practice" longitudinal monitoring & mentoring program

- Approved alternative for MBC physicians on probation with a Practice and/or Billing Monitor requirement

The Three Pillars

- Standard of Care

- Scope of Practice

- Clinical Safety

Core Monitoring Components:

- Monthly chart reviews with mentor feedback

- Quarterly reports

- Practice site visits

- **Education and improvement**

- Focused CME

- Personalized Professional Practice Development Plan

Additional Services
Continuing Medical Education

Educational Philosophy: CME That Matters

- Small-group and interactive courses generate learning and **normalize professional behavior**

- Updated and relevant programs **bring current standards into practice**

- Mandatory attendance and participation in all programs to **maximize accountability**

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Physician Prescribing Course

Purpose

- Improve charting behavior and documentation of medical records.

Topics

- Overprescribing

- Dealing with difficult and drug seeking patients

- Managing Chronic Pain

- State Laws & Medical Board Guidelines

- Documentation requirements for prescribing

- Drug Interactions

Course Length: 2 days (offered 3 times per year)

Medical Record Keeping Course

Purpose

- Improve prescribing behavior by providing education on the legal, biomedical and clinical aspects of prescribing drugs, especially controlled drugs.

Topics

- Documentation

- The law and the medical record

- Billing, Coding and Compliance

- Technology to improve record keeping

- Electronic health record

- Health information privacy (HIPAA)

- Chart review workshop (with individualized feedback from PACE faculty and coding/billing experts)

Course Length: 2 days (offered 3 times per year)

Clinician-Patient Communication Course

Purpose

- Teach and practice communication skills individually and in teams

- Identifying triggers in the workplace that lead to disruptive behavior

Topics

- Patient involvement in decision-making

- 4 E's Model

- Analysis of videotaped interactions for effective and ineffective techniques

Course Length: 1-day (offered 4 times per year)

Managing High Impact Emotions

Purpose

- Practicing cognitive and behavioral strategies to diffuse and manage anger and conflict

Topics

- Stress management

- Empathy Training

- Mindfulness and self-care

- Emotional Intelligence

- Creating Personal Action Plan

Course Length: 3 days (offered 12 times per year)

Professional Boundaries Program

Purpose

- Assist the professional in addressing the issues that contribute to their misconduct in the workplace

Topics

- Boundaries as a universal issue

- Power and roles

- Building awareness of blind spots

- Role of burnout in boundaries events

- Empathy with patients

Course Length: 3 days (offered 5 times per year)

Ethics for Medical Professionals

Purpose

- An in-depth review of guidelines and ethical codes that define the safe and ethical practice of medicine.

- Each participant develops a Maintenance of Accountability and Professionalism (MAP) Plan. This MAP Plan informs their participation in peer MAP groups to solidify key learnings at follow-ups at 6 and 12 months after completing the 2-day course.

Topics

- Principles of medical ethics, public service ethics, and American Medical Association ethics

- Risk factors and vulnerabilities that increase the risk of ethical violations

- Basic tenets of patient rights and responsibilities; Informed consent and capacity

- Ethical and legal implications of financial impropriety and fraud

- Relevant elements of misrepresentation, falsification, and unlicensed practice

Course Length: 2 days (offered 8 times per year)

CME Course Name	Total Participants	Age	Male	Female	Board Certified	Distinct Participants	Recidivism Rate
Clinician-Patient Communication	501	52.2	75.6%	24.4%	80.8%	495	1.21%
Ethics for Medical Professionals	73	52.6	65.8%	**34.2%**	69.7%	73	0%
Managing High Impact Emotions	1126	52.2	83.7%	16.3%	**90.7%**	1103	2.09%
Medical Record Keeping	**2555**	55.9	82.7%	17.3%	73.8%	2469	**3.48%**
Physician Prescribing	1331	**56.2**	80.7%	19.3%	72.4%	1303	2.15%
Professional Boundaries	655	53.6	**94.7%**	5.3%	79.9%	645	1.55%
Grand Totals	**6241**	**54.8**	**83.0%**	**19.5%**	**77.9%**	**6088**	**2.51%**

PACE Program: Additional Services: CME

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Additional Services
PACE PLUS 1:1 Coaching

PACE PLUS 1:1 Coaching

Why?

- An optional intensive, customized engagement, further supports participants of the High Impact Emotions, Ethics, or Professional Boundaries courses.

- To further enhance participants' learning by creating and implementing a Maintenance of Accountability and Professionalism (MAP) plan and follow-up coaching.

- After completing their core CME course(s), a participant works with a MAP faculty member who supports them in developing increased awareness and implementing their MAP plans for ongoing professional development.
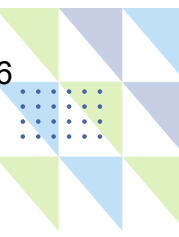
Our Coaches

- ICF or CCE certified at ACC/BCC or higher*

- Onboarding, Training, and Supervision

- Follow a structured coaching program

- *Our coaches are not physicians

PACE PLUS
One-to-One Coaching Roadmap

DISCOVER

- **Session 1**: *Discovery*
- Agree on the Schedule
- Select Assessment(s)

DESIGN

- **Session 2**
- Integrate qualitative and quantitative data from MAP, Discovery, and assessments

DELIVER

- **Sessions 3-6**
- Goal focused
- Emphasis on accountability

DISTILL

- **Session 7**
- Integrate the work
- Finalize goals over near and mid-term time horizons
- Verification of Engagement

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Questions?

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Peter Boal is the Director of Administration of the UC San Diego Physician Assessment and Clinical Education (PACE) Program. Mr. Boal is also the current President of the Coalition for Physician Enhancement (CPE), a consortium of professionals with expertise in quality assurance; medical education; and the assessment, licensing, and accreditation of referred physicians seeking higher levels of performance in patient care. Mr. Boal's career in physician assessment and remediation began in 1998 when he accepted a position as a student assistant for the PACE Program. Since then Mr. Boal has held various positions at PACE while working with thousands of physicians and playing a pivotal role in the program's growth. Mr. Boal has spoken at conferences, both nationally and internationally, on the topics of physician competency assessment, clinical remediation, and fitness for duty. He has also coauthored three peer-reviewed articles and created and presented several abstracts. When he's not working, Peter enjoys spending time with his daughter and enjoying San Diego's beautiful year-round weather. His hobbies include: running, cycling, camping, and golfing.