Department of Health
Washington Medical Commission

Notice of Adoption – Policy Statement

Title: Clinical Experience Assessment Policy | POL2025-01

Issuing Entity: Washington Medical Commission

Subject Matter: Background and instructions regarding the Clinical Experience Assessment

Effective Date: January 10, 2025

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Policy

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Policy Statement

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Policy

It is the policy of the Washington Medical Commission (Commission) to consider the attached Clinical Experience Assessment (CEA) as the clinical assessment adopted by the Commission to determine the readiness of international medical graduates to apply and serve in residency programs according to RCW 18.71.472.

Introduction

In 2020, Senate Bill 6551; required that the Washington Medical Commission (Commission) "adopt a clinical assessment to determine the readiness of international medical graduates to apply and serve in residency programs and adopt a grant award process for distributing funds" pursuant to appropriation by the legislature and donations received from public and private entities. The Workgroup voted to propose the following Clinical Experience Assessment (CEA) form, Attachment A, which meets the requirement set forth by the legislature.

Instructions

Purpose of the CEA Form. The CEA is intended for physician assessors working with IMGs to prepare them for residency and to determine their overall readiness for residency training. The CEA is not an element of application for residency nor is it a qualification for residency.

Assessment of Residency Preparedness. The CEA is to be used to assess what level of "entrustment" seems appropriate for the IMG to enter a residency and to aid the IMG in successfully gaining a residency position.

Frequency of Assessment. The CEA is to be used as a quarterly assessment tool throughout the program until a passing score on all competencies has been attained, signifying residency readiness.

Monitoring of the CEA Form's Effectiveness. As funding and staffing capabilities permit, the Workgroup should develop a monitoring system to track effectiveness and limitations involving the use of the CEA. Once developed, the Workgroup is to begin tracking progress and challenges of IMGs who utilized the CEA form, identify where additional education or targeted trainings may be needed, and adjust to optimize the effectiveness of IMG pre-residency training, and of the CEA form itself.

Retention. The CEA form should be retained for four years and be made available upon request.

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Clinical Experience Assessment

Name: Date:

Ranking Guidelines		
1	"I did it."	The licensee required complete guidance or was unprepared or not competent; I had to do most of the work myself.
2	"I talked them through it."	The licensee was able to perform some tasks competently but required repeated directions.
3	"I directed them from time to time."	The licensee demonstrated some independence and competence and only required intermittent prompting.
4	"I was available just in case."	The licensee functioned fairly independently and competently and only needed assistance with nuances or complex situations.
5	"Not observed."	The licensee was not seen or observed completing this task.

1. Gather a History and Perform a Physical Examination					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Obtain a complete and accurate history in an organized fashion.
☐	☐	☐	☐	☐	Demonstrate patient-centered interview skills.
☐	☐	☐	☐	☐	Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.
☐	☐	☐	☐	☐	Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit.
2. Prioritize a Differential Diagnosis Following a Clinical Encounter					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Synthesize essential information from previous records, history, physical exam, and initial diagnostic evaluations to propose a scientifically supported differential diagnosis.

1	2	3	4	5	Task
☐	☐	☐	☐	☐	Prioritize and continue to integrate information as it emerges to update differential diagnosis, while managing ambiguity.
☐	☐	☐	☐	☐	Engage and communicate with team members for endorsement and verification of the working diagnosis that will inform management plans.

3. Recommend and Interpret Common Diagnostic and Screening Tests

1	2	3	4	5	Task
☐	☐	☐	☐	☐	Recommend first-line cost-effective screening and diagnostic tests for routine health maintenance and common disorders.
☐	☐	☐	☐	☐	Interpret results of basic studies and understand the implication and urgency of the results.

4. Enter and Discuss Orders and Prescriptions

1	2	3	4	5	Task
☐	☐	☐	☐	☐	Compose orders efficiently and effectively verbally, on paper, and electronically.
☐	☐	☐	☐	☐	Demonstrate an understanding of the patient's condition that underpins the provided orders.
☐	☐	☐	☐	☐	Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts.
☐	☐	☐	☐	☐	Discuss planned orders and prescriptions with team, patients, and families.

5. Document a Clinical Encounter in the Patient Record

1	2	3	4	5	Task
☐	☐	☐	☐	☐	Prioritize and synthesize information into a cogent narrative for a variety of clinical encounters (admission, progress, pre- and post-op, and procedure notes; informed consent; discharge summary).
☐	☐	☐	☐	☐	Follow documentation requirements to meet regulations and professional expectations.

☐	☐	☐	☐	☐	Document a problem list, differential diagnosis, and plan supported through clinical reasoning that reflects patient's preferences.
6. Provide an Oral Presentation of a Clinical Encounter					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Present personally gathered and verified information, acknowledging areas of uncertainty
☐	☐	☐	☐	☐	Provide an accurate, concise, well-organized oral presentation.
☐	☐	☐	☐	☐	Adjust the oral presentation to meet the needs of the receiver.
☐	☐	☐	☐	☐	Demonstrate respect for patient's privacy and autonomy.
7. Form Clinical Questions and Retrieve Evidence to Advance Patient Care (*only level 3 required)					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Combine curiosity, objectivity, and scientific reasoning to develop a well-formed, focused, pertinent clinical question (ASK).
☐	☐	☐	☐	☐	Demonstrate awareness and skill in using information technology to access accurate and reliable medical information (ACQUIRE).
☐	☐	☐	☐	☐	*Demonstrate skill in appraising sources, content, and applicability of evidence (APPRAISE).
☐	☐	☐	☐	☐	*Apply findings to individuals and/or patient panels; communicate findings to the patient and team, reflecting on process and outcomes (ADVISE).
8. Give or Receive a Patient Handover to Transition Care Responsibility					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Document and update an electronic handover tool and apply this to deliver a structured verbal handover, using communication strategies known to minimize threats to transition of care
☐	☐	☐	☐	☐	Provide succinct verbal communication conveying illness severity, situational awareness, action planning, and contingency planning.
☐	☐	☐	☐	☐	Demonstrate respect for patient's privacy and confidentiality.

9. Collaborate as a Member of an Interprofessional Team					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Identify team members' roles and responsibilities and seek help from other members of the team to optimize health care delivery.
☐	☐	☐	☐	☐	Include team members, listen attentively, and adjust communication content and style to align with team-member needs.
☐	☐	☐	☐	☐	Establish and maintain a climate of mutual respect, dignity, integrity, and trust; prioritize team needs over personal needs to optimize delivery of care; and help team members in need.
10. Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management (*only level 3 required)					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Recognize normal and abnormal vital signs as they relate to patient- and disease-specific factors as potential etiologies of a patient's decompensation.
☐	☐	☐	☐	☐	Recognize severity of a patient's illness and indications for escalating care.
☐	☐	☐	☐	☐	*Initiate and participate in a code response and apply basic and advanced life support.
☐	☐	☐	☐	☐	Upon recognition of a patient's deterioration, communicates situation to attending physician.
11. Obtain Informed Consent for Tests and/or Procedures					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Describe the key elements of informed consent: indications, contraindications, risks, benefits, alternatives, and potential complications of the intervention.
☐	☐	☐	☐	☐	Communicate with the patient and family to ensure that they understand the intervention including pre/post procedure activities.

12. Perform General Procedures of a Physician (*only level 3 required)					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	*Demonstrate technical skills required for the procedure.
☐	☐	☐	☐	☐	Understand and explain the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure.
☐	☐	☐	☐	☐	Completes expected procedures and keeps log book signed by mentor
13. Identify System Failures and Contribute to a Culture of Safety and Improvement (*only level 3 required)					
1	2	3	4	5	Task
☐	☐	☐	☐	☐	Identify and report actual and potential ("near miss") errors in care using system reporting structure (event reporting systems, chain of command policies).
☐	☐	☐	☐	☐	Participate in system improvement activities in the context of learning experiences (rapid- cycle change using plan–do–study– act cycles, root cause analyses, morbidity and mortality conference, failure modes and effects analyses, improvement projects).
☐	☐	☐	☐	☐	Engage in daily safety habits (accurate and complete documentation, including allergies and adverse reactions, medicine reconciliation, patient education, universal precautions, hand washing, isolation protocols, falls and other risk assessments, standard prophylaxis, time-outs).
☐	☐	☐	☐	☐	Admit one's own errors, reflect on one's contribution, and develop an individual improvement plan.