



Making Sense of the Milestones

**Helping to Ensure Resident Success
and Program Improvement**

Speakers

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Development



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Evaluation



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Disclosures

Neither speaker has any conflicts of interest to report



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Learning Objectives

At the end of this session, the learner should be able to:

- 1) Describe the link between Milestones and “entrustability”
- 2) Describe the role of Milestones in Competency-Based Medical Education.
- 3) Describe the next steps in Milestone development



Tell Us About You:

Are you a...

- Program Director?
- Program Coordinator?
- Core Faculty?
- Other...?



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Tell Us About You:

In terms of familiarity with Milestones, would you rate yourself as a...

- Novice?
- Intermediate?
- Expert?



Outline

- 1) **Why Milestones?**
- 2) Milestones for CQI
- 3) Where to next?
- 4) Questions



“Entrustability”

Can we develop a system to ensure residents and fellows are ready for unsupervised practice by graduation?



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Key Points: Milestones

- Articulate shared understanding of expectations
- Describe trajectory from beginner in the specialty to exceptional resident or practitioner
- Organized under six domains of clinical competency
- Represent a subset of all sub-competencies



Milestones: Why

- Increased use of educational outcome data in accreditation
- ACGME accountability to public
- Support the educational process
 - Develop a shared understanding of competency across the specialty
 - Provide a process for early identification of residents that are having difficulties
 - Aid in curriculum development



SPECIAL REPORT

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div.,
and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,¹ and in 2009, it began a multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies. The result of this effort is the Next Accreditation System (NAS), scheduled for phased implementation beginning in July 2013. The aims of the NAS are threefold: to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, to accelerate the ACGME's movement toward accreditation on the basis of educational outcomes, and to reduce

LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education⁸ and the emerging formalization of subspecialty education. In response, the ACGME's approach emphasized program structure, increased the amount and quality of formal teaching, fostered a balance between service and education, promoted resident evaluation and feedback, and required financial and benefit support for trainees. These dimensions were incorporated into program requirements that became increasingly

SPECIAL REPORT

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca

A key element of the NAS is the measurement and reporting of outcomes through the educational milestones...

Ph.D., M.Div.,

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,¹ and in 2009, it began a multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies. The result of this effort is the Next Accreditation System (NAS), scheduled for phased implementation beginning in July 2013. The aims of the NAS are threefold: to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, to accelerate the ACGME's movement toward accreditation on the basis of educational outcomes, and to reduce

ENT SYSTEM

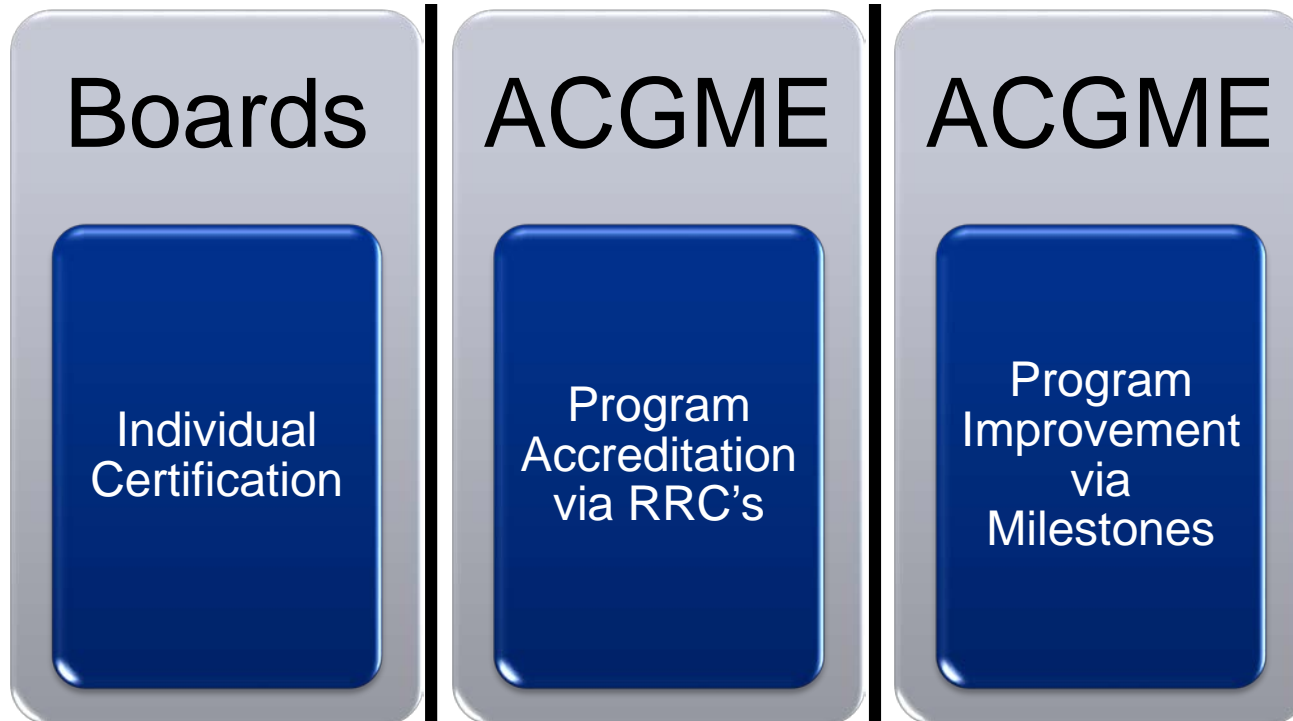
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How can Milestones be Used?



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Vision: Public Trust



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Question:

Think about your own journey using competencies in your program.

What impact have they had?

What challenges have you encountered?

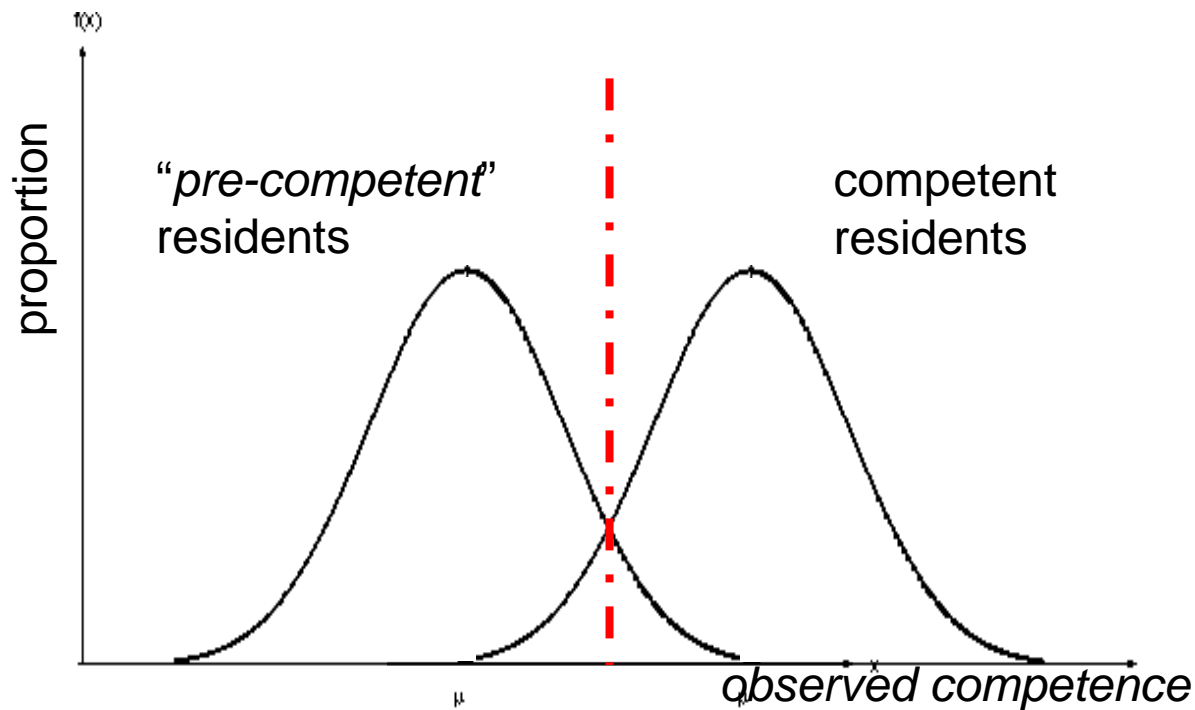


Outline

- 1) Why Milestones?
- 2) Milestones for CQI**
- 3) Where to next?
- 4) Questions



Making the Right Decision...



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CO
VI
ET
EN
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Question:

Think about the assessment tools used in your program.

Do your faculty find them:

- Easy to use?
- Valid indicators of resident competence?

How easy/difficult is it to map the ratings to Milestones?

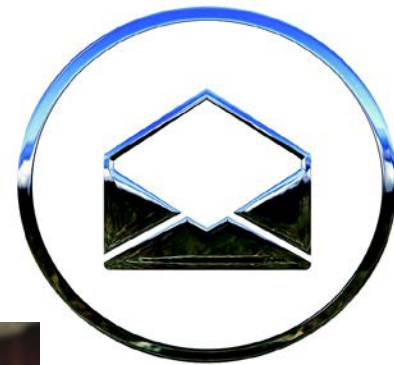


Outline

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How we learned



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Question...

Over the last 18 months, how many presentations do you think the Milestones Department made?

1. <50
2. 51 – 100
3. 101 – 150
4. 151 – 200
5. >200



How We Learned

3+ Years of:

Program Director Meetings

Grand Rounds

Institutional Visits

Review Committee

Board Meetings

Specialty Society Meetings

During 2015 and 2016
we made more than 220
Milestone presentations!



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Why Now?

Tell us why you think we are starting to look at potentially revising Milestones?



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Proposed Timeline



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Proposed Timeline

2016

- Competency Crosswalk
- Harmonized Milestones
- Planning

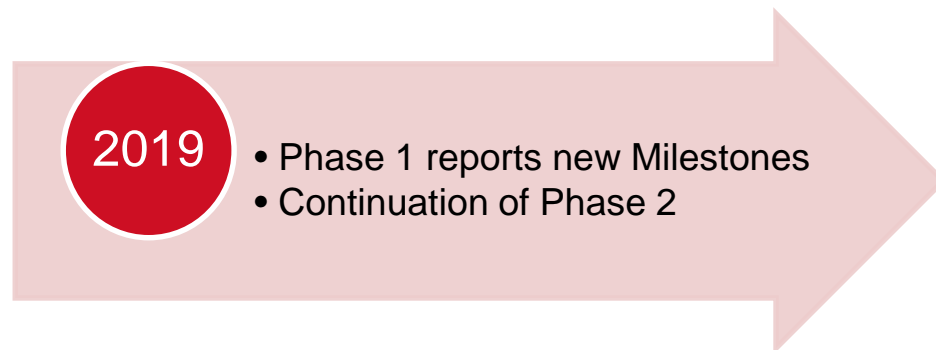
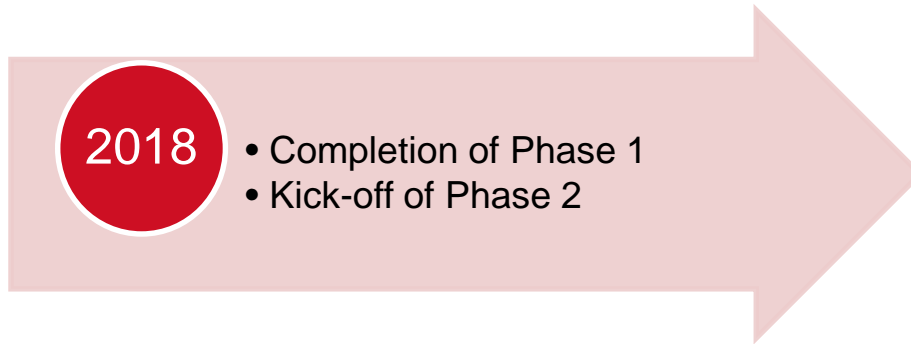
2017

- Harmonized Milestones
- Kick-off of Phase 1

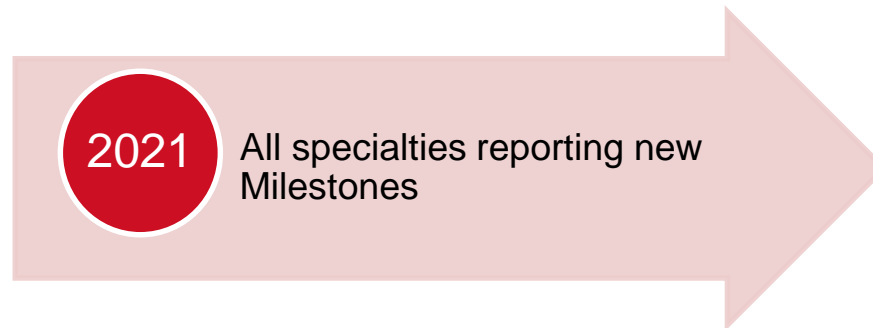


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Proposed Timeline

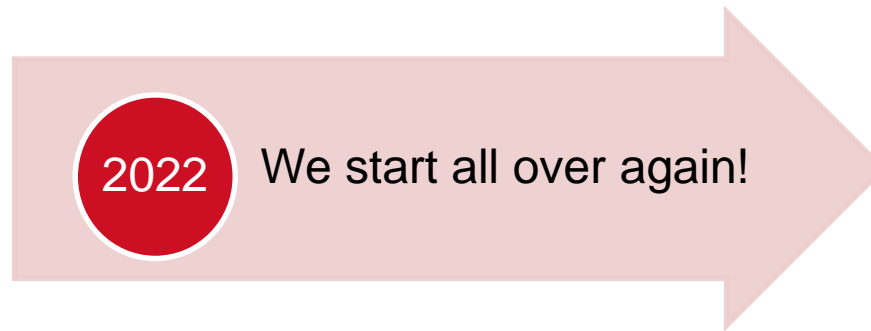


Proposed Timeline



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Proposed Timeline



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Proposed Differences



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Proposed Differences

Stays the Same

Membership for each specialty will come from the community

Review Committees, Boards, PD groups and residents/fellows will be represented

What is different

We will put out a call for volunteers – anyone involved in medical education can be nominated

We will invite public members to participate



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Proposed Differences

Stays the Same

Specialties will control their content (within a framework)

What is different

We will have data to lead decisions made by the specialty



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Proposed Differences

Stays the Same

Survey Program Directors about the Milestones

What is different

Surveys about the Medical Knowledge and Patient Care Milestones will be sent before we begin the process*

Put the Milestones out for Public Comment after draft completed



Proposed Differences

Stays the Same

Offer specialties a set of Milestones for ICS, PBLI, PROF, and SBP

What is different

Created by content experts, program directors, and faculty

Intent is to alter language as appropriate to the specialty but keep common themes (add themes when needed)



Proposed Differences

Stays the Same

Make presentations when invited to attend Program Director meetings

What is different

We would like the opportunity to begin talking to program directors, faculty, and residents now!



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MK and PC Survey

Six questions for each MK and PC Milestone set

Survey sent to PD email listed in ADS – reminder emails were sent from PD group



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MK and PC Survey

This Milestone set represents a realistic progression of knowledge, skills, and behaviors. If you disagree, please explain.

This Milestone set discriminates between meaningful levels of competency. If you disagree, please explain.

This Milestone set should be edited. If you agree, please explain how it should be edited.



MK and PC Survey

This Milestone set should be deleted. If you agree, please explain why it should be deleted.

Additional content should be embedded within the Milestone set. Please describe the additional content and explain why it should be added.

I am able to evaluate my resident's knowledge/skills for this Milestone set. If you disagree, please explain.



Development Process

Neurosurgery volunteered to pilot the process

Surveyed all program directors with >60% response rate

Completed a “modified-modified-Anghoff” to determine cutoff for when edits would be required

Next step is to use comments to determine changes





Questions?



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Eric
Holmboe

Kenji
Yamazaki

Sydney
Roberts

Nick
Yaghmour

Lisa
Conforti

Stan
Hamstra

Chandra
Ross

Laura
Edgar

