



Thinking Outside the Box: Creative Approaches to Milestone Evaluation

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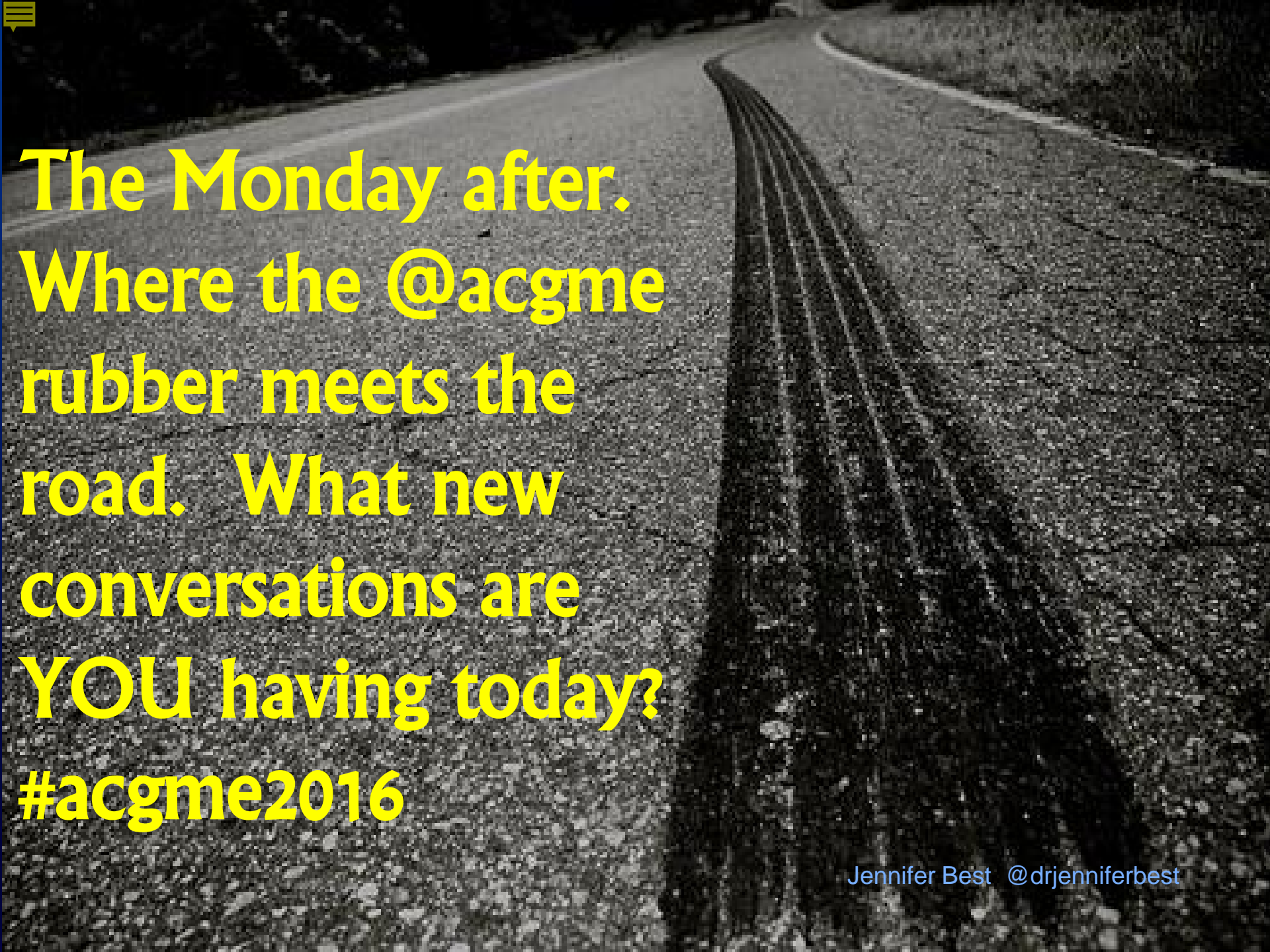
Julie LaBare

None of the above speakers
have any conflicts of interest
to report

About the speaker...







**The Monday after.
Where the @acgme
rubber meets the
road. What new
conversations are
YOU having today?
#acgme2016**

Jennifer Best @drjenniferbest

Today we will...

- Discuss ACGME milestone requirements
- Identify difficult-to-evaluate milestone elements
- Define alternative methods to evaluate milestone progress
- Assess the coordinator role in milestone management

ACGME Milestone Requirements



V.A.1.b)

There must be a written description of the responsibilities of the Clinical Competency Committee. ^(Core)

V.A.1.b).(1)

The Clinical Competency Committee should:

V.A.1.b).(1).(a)

review all resident evaluations semi-annually;
^(Core)

V.A.1.b).(1).(b)

Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME

V.A.1.b).(1).(c)

Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

The Milestones are designed only for use in evaluation of resident in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty.

Neurology Milestone Program

Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced.

They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation.

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For each period, review and reporting will involve selecting milestone levels that best describe a resident's current performance and attributes.

July 2015

Faculty Evaluation of Learner

- Excellent
- Very good
- Good
- Average
- Poor

Trainees

Curriculum Vitae Guide

Guide to Creating a Curriculum Vitae

This guide provides an overview of requirements and details expected for your Curriculum Vitae. As you are completing the template, please forward questions to Sara [REDACTED]

Examples are listed for each required field:

- Examples generated from Trainee CVs are in green text
- Examples generated from Consultant CVs are in blue text

REQUIRED INFORMATION

Curriculum Vitae [PROF 1] State Full Name

PERSONAL INFORMATION

Include:

- Birth Country
- Current Citizenship
- Other Citizenship (e.g. Dual, etc.)

Examples:

PRESENT ACADEMIC RANK AND POSITION

List in chronological order:

- **Current Position(s) and Academic Rank**
- Division, Department, or School
- Institution
- Location (City, State)
- Dates (MM/YYYY – Present)

*** Do not use abbreviations

Examples:

Professor of Medicine , College of Medicine, Mayo Clinic, Rochester, Minnesota	06/26/2010 – Present
Consultant , Department of Anatomic Pathology, Division of Lab Medicine and Pathology, Mayo Clinic, Rochester, Minnesota	10/01/2010 – Present
Chief Resident , Anatomic/Clinical Pathology Residency, Graduate School of Medical Education, Mayo Clinic, Rochester, Minnesota	03/2012 – Present

Self-Assessment

RESIDENCY SEMI-ANNUAL MILESTONE SELF-ASSESSMENT

Name: [Click here to enter text.](#)

PGY: [Click here to enter text.](#)

Focusing on the last 6 months of your training, please self-assess your current level of milestones progression. Provide specific examples or evidence as comments. Each milestone level and narrative are described in the *Pathology Milestones 8-7-13* document.

Milestones	NA	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	Comments
PC1: Consultation: Analyzes, appraises, formulates, generates and effectively reports consultation (AP and CP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PC2: Interpretation and reporting: Analyzes data, appraises, formulates, and generates effective and timely reports (CP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERSONAL LEARNING PLAN

ACGME Institutional Requirements III.E.: Resident Participation in Educational and Professional Activities

Such plan should be brief and take into consideration your current self-suspected weaknesses, future practice plans including consideration of sub-specialization. If you have opportunity to do electives in the coming year than it should include what electives you would like to pursue. If you have yet to pass all parts of USMLE or have permanent medical licensure, consider a timetable.

PINPOINT AREAS FOR GROWTH (PBLI 1 & ICS2_2e)

DESCRIBE 1 or 2 GOALS WHICH YOU ACHIEVED THE LAST 6 MONTHS (PBLI 1)

DEFINE 1 or 2 GOALS TO ACHIEVE IN THE NEXT 6 MONTHS (PBLI 1)

EXPLAIN STRATEGIES HAVE YOU USED IN THE LAST 6 MONTHS TO MANAGE YOUR WORK-LIFE BALANCE (PROF 6)

Peer Evaluations

CRITERIA:

- Teaching
- Teamwork
- Professionalism
- Feedback
- Effective Communication
- Transitions of Care

SCALE:

Has not achieved	Emerging	Proficient	Exemplary	Unable to Assess
<input type="checkbox"/>	<input type="checkbox"/> When requested shares interesting cases/slides Presents useful information to peers	<input type="checkbox"/> Facilitates the learning of peers by fostering an inviting environment and answering questions	<input type="checkbox"/> Recognizes opportunities for teaching and delivered material at appropriate level; showed awareness of learners needs Anticipates questions about cases	<input type="checkbox"/>

Comments:

Program Director

Rotation Director

	Has Not Achieved	Novice	Advanced Beginner	Competent	Proficient	Practicing Pathologist	N/A
		<ul style="list-style-type: none"> Identifies normal hematopoietic cells in the peripheral blood and bone marrow 	<ul style="list-style-type: none"> Identifies abnormal cell populations in the peripheral blood and bone marrow 	<ul style="list-style-type: none"> Formulates a broad differential diagnosis based on clinical history, morphologic and laboratory findings and other pathologic biopsies 	<ul style="list-style-type: none"> Articulates the appropriate ancillary tests to arrive at the correct diagnosis 	NA	
◀ Collapse ▶							
Recognition of Pathologic Processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotation Target: Competent*							

	Yes	No	N/A
Did trainee successfully complete rotation?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify strengths observed during this rotation			
Identify areas for improvement observed during this rotation			

Quarterly Meetings

Self-Directed Learning (PBLI)

- Pinpointed areas for professional growth
- Described short-term and long-term goals *

Scholarship & Research (PBLI)

- Discussed current scholarship and research
- Identified additional contacts/mentorship if needed *

	Yes	No
Did trainee successfully complete all activities in the review period?	<input type="radio"/>	<input type="radio"/>

Summary of performance

Exams

OSCEs

- Typically 6 stations, 7 minutes at each station with 3 minutes of verbal feedback, 1-2 cases per station
- Specific milestones/elements that are more challenging to evaluate
- *Rotate faculty and cases*

Oral Boards

- One hour in length
- Individual meets with 1-2 faculty
- Review 6 vignettes – 10 minutes each
- Touch on localization, differential diagnosis, final diagnosis, investigations and management

Leadership & Management Course

	Yes	No	N/A
Managing Change*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Comments	<input type="text"/>		

Complete based on trainee participation at the Leadership & Management course.

- Y = Trainee Attended
- N = Trainee Did Not Attend
- N/A = Trainee Did Not Attend & was Not Required to Attend

Education Program Coordinator

Education Coordinator



What my Friends think I do



What my boss thinks I do



What the residents think I do



What ACGME thinks I do



What I think I do



What I really do

Patient Evaluation

1. Is on time for appointments, or explains any delays appropriately.

2. Is courteous and receptive to me and my family

3. Takes time to listen to me and my family

4. Explains information to me and my family using clear, understandable language

5. Respects my privacy when conducting examinations

6. Demonstrates compassionate care

7. Incorporates my preferences, background, and beliefs into the treatment plan

8. Allows me to participate in the decision-making process

9. Keeps me and my family informed of test results and changes in the care plan

10. Please use this space for any additional comments regarding your care from this physician.

Checklists

	Yes	No	N/A
Performs uncomplicated gross dissection within 4 hours*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organ Examination – appropriately dissected and presented			
	Yes	No	N/A
Heart*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	N/A
Lungs*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Allied Health

Does the trainee adequately/correctly:	Direct Supervision with Guidance	Direct Supervision	Indirect Supervision	Independent	N/A
Grossing					
Prioritize & approach specimen					
Orient the specimen					
Sample margins					
State the location & measurements					
Submit tissue for dx					
Submit tissue for research					
Submit tissue for prognosis					
Submit tissue for staging					
Submit tissue for non-neoplastic					
Submit appropriate size & thickness					
Provide tissue for ancillary studies					
Gross in a timely & efficient manner					
Gross common simple specimens					
Gross complex specimens					
Photograph specimens					

Direct Supervision with Guidance: Supervising faculty is physically providing substantial instruction/coaching, and intervening as appropriate

Direct Supervision: Supervising faculty is physically present providing minimal instruction/coaching

Indirect Supervision: Supervising faculty is physically within the site patient care and immediately available

Independent: Trainee is prepared to independently practice

Entrustable Professional Activities

Based on your experience with this trainee, please choose the level that most appropriately describes the trainee's ability to perform each task.

3. Accurately perform a brain death examination

<input type="radio"/> The trainee cannot perform this task even with direct supervision or assistance	<input type="radio"/> The trainee can perform this task, but requires direct supervision or assistance	<input type="radio"/> The trainee can perform this task with indirect supervision (ie, supervisor not present)	<input type="radio"/> The trainee can perform this task without supervision (ie, could do this in independent practice)	<input type="radio"/> The trainee has mastered this task (ie, could train others to perform this task)
Level 1	Level 2	Level 3	Level 4	Level 5
			Level expected of	

▼ Expand ▼

4. Recognize and manage patients with neurologic emergencies

<input type="radio"/> The trainee cannot perform this task even with direct supervision or assistance	<input type="radio"/> The trainee can perform this task, but requires direct supervision or assistance	<input type="radio"/> The trainee can perform this task with indirect supervision (ie, supervisor not present)	<input type="radio"/> The trainee can perform this task without supervision (ie, could do this in independent practice)	<input type="radio"/> The trainee has mastered this task (ie, could train others to perform this task)
Level 1	Level 2	Level 3	Level 4	Level 5
			Level expected of	

▼ Expand ▼

Courses and Didactics

Conferences

1. Please select the statement that best describes the trainee's ability to integrate scientific literature into clinical care*

Level 1	Level 2	Level 3	Level 4	Level 5
			Level expected of	
▼ Expand ▼				
<input type="radio"/> Uses information technology to search and access relevant medical information	<input type="radio"/> Uses scholarly articles and guidelines to answer patient care issues	<input type="radio"/> Critically evaluates scientific literature	<input type="radio"/> Incorporates appropriate evidence-based information into patient care, and understands the limits of evidence-based medicine in patient care	<input type="radio"/> Engages in scholarly activity regarding evidence-based medicine

2. Identifies clinical controversies, analyzes the scientific literature, and develops reasoned conclusions for patient care based on the evidence*

Level 1	Level 2	Level 3	Level 4	Level 5
			Level expected of	
▼ Expand ▼				
<input type="radio"/> The trainee cannot perform this task even	<input type="radio"/> The trainee can perform this task	<input type="radio"/> The trainee can perform this task	<input type="radio"/> The trainee can perform this task without	<input type="radio"/> The trainee has mastered

Quality Improvement



CCC Members

In-Service Training Exam

Clinical Adult	70	76%	82	79
Cerebrovascular Disease	7	100%	100	100
Critical Care/Stroke	3	67%	57	57
Dementia	7	100%	100	100
Demyelinating Disease	5	40%	13	15
Epilepsy	7	71%	37	39
Headache	7	71%	86	85
Infectious Disease	2	100%	100	100
Motor Neuron/Nerve	2	0%	23	24
Neurogenetics	2	100%	100	100
Neurology of Systemic Disease	2	50%	63	61
Neuromuscular Disorders	7	86%	99	99
Neuro-oncology	2	50%	55	55
Neuro-ophthalmology/Neuro-otology	3	33%	12	13
Neurorehabilitation	1	100%	100	100
Neurotoxicology	1	100%	100	100
Other Pain Syndromes	1	100%	100	100
Sleep	1	100%	100	100
Spinal and Root Disorders	5	80%	91	91

Curriculum Review

Milestone	Milestone Topic	Score Guide	Notes
PC-5	Movement Disorder	3.5 is passed OSCE 4 if completed movement elective	
PC-14	EEG	4 after CNP	
PC-15	LP	4 after LP training	
PC-13	N. Imaging	3 after NeuroRad Course (Late Fall G2 year)	Pending grade earned; discussed also to look at RITE scores in this area
SPB-2	Medical Errors	3 after M&M; 4 if involved in QI; 5 if lead on QI	
Prof-2	Professionalism	4 if passed sim center	

CCC Guide

Step 1: Access the CCC Documentation in MedHub

The handbook consists of the residency milestones document and notes/reminders from previous CCC meetings.

- Visit : <https://mayo.medhub.com>

- Select link to **Clinical Competency Committee**



- Review each tab for the following information:

Meetings:
Dates, times, & locations

Resources/Files:
CCC Handbook, Milestones

Milestone Summary:
Data on CCC Reporting (Last)

You are here: [myHome](#) » Clinical Competency Committee - Committee Members

Clinical Competency Committee - Committee Members

Committee Members Meetings Resources/Files Milestones Summary Milestone Progress Reports

 A diagram showing three colored arrows pointing from descriptive text to specific tabs in a navigation bar. A purple arrow points from "Meetings: Dates, times, & locations" to the "Meetings" tab. A blue arrow points from "Resources/Files: CCC Handbook, Milestones" to the "Resources/Files" tab. A red arrow points from "Milestone Summary: Data on CCC Reporting (Last)" to the "Milestone Progress Reports" tab.

Milestone Progress Reports:
Data on Trainee Milestone Progression by Milestone

Step 2: Review the Resident Milestone Progress Report

- Select the Milestone Progress Report Tab to review trainee progress reports for the past 6 months. You will see data mapped to Milestone Elements and also Sub - Competency. To analyze the data, please refer to the next few screen shots:

Review by Milestone Element: Red- Green Table

PC-A2	PC2: Interpretation and reporting: Analyzes data, appraises, formulates, and generates effective and timely reports (CP)	(no linked objectives)	PC2-1a Identifies key elements in the health care record 100.0% (9 / 9)	PC2-2a Uses clinical correlation to interpret and report test results 100.0% (27 / 27)	PC2-3a Limits and focuses a differential diagnosis 100.0% (11 / 11)	PC2-4a Able to lead discussion on developing a differential diagnosis based upon clinical information 54.5% (6 / 11)	PC2-5a Proficient in using health care records and clinical information to develop a limited and focused differential diagnosis 0.0% (0 / 19)
		PC2-1b Observes and assists in the interpretation and reporting of the diagnostic test 100.0% (12 / 12)	PC2-2b Describes the test platform and methodology 100.0% (12 / 12)	PC2-3b Knows the current and up-to-date literature about the test result 100.0% (12 / 12)	PC2-4b Interfaces with clinical team to recommend tests, based upon current literature 51.9% (14 / 27)	PC2-5b Critically evaluates and applies the current literature 0.0% (0 / 11)	
		PC2-1c Understands indications for common tests 100.0% (12 / 12)	PC2-2c Accurately interprets and reports the results 100.0% (10 / 10)	PC2-3c Prepares a differential diagnosis for abnormal results 100.0% (9 / 9)	PC2-4c Knows potential confounding erroneous results 66.7% (8 / 12)	PC2-5c Proficient in the interpretation and reporting of clinical pathology test results in the context of the patient's medical condition 0.0% (0 / 21)	
		PC2-2d Understands and applies algorithms in the work-up for common diagnoses 100.0% (11 / 11)	PC2-3d Understands and applies algorithms in the work-up for common and uncommon diagnoses 100.0% (10 / 10)	PC2-4d Understands and prudently applies justification for approval of costly testing 37.5% (6 / 16)	PC2-5d Proficient in algorithms in the work-up for all diagnoses 0.0% (0 / 19)		
					PC2-5e Writes policies on algorithms for testing 0.0% (0 / 10)		

Milestone Element: 100% = 11 out of 11 evaluators scored the trainee at Advance Beginner (Level 2) during the last 6 months.

Milestone Element: 51.9% = 14 out of 27 evaluators scored the trainee at the Competent (Level 4) during the last 6 months. The threshold is 60% to highlight the milestone element green.

Review by Sub-Competency

If you do not see a Red- Green highlighting, either the milestone was not assessed (e.g. a trainee was on an elective) or it was mapped to a sub-competency level. To assess trainee progression please refer to the **average – score and range** in the bottom right corner directly across from the sub-competency.

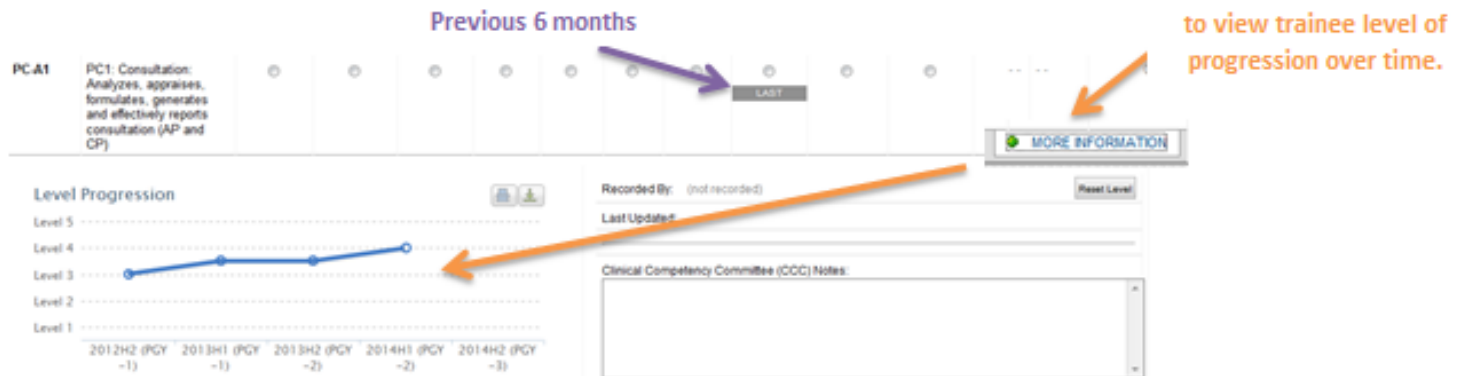
Sub-Competency	(no linked objectives)	MK1-1a	MK1-2a	MK1-3a	MK1-4a	MK1-5a	3.5	3.0 - 4.0	12
		Identifies the resources for learning in pathology (no responses)	Applies medical knowledge in pathology from various learning sources (no responses)	Performs scientific literature review and investigation of clinical cases to inform patient care (evidence-based medicine) and improve diagnostic knowledge of pathology (no responses)	Applies and synthesizes medical knowledge from scientific literature review and investigation to inform patient care (evidence-based medicine) (no responses)	Contributes to medical knowledge of others and participates in life-long learning through literature review, Continuing Medical Education (CME), and Self-Assessment Modules (SAMs) (no responses)			
MK-A1 MK1: Diagnostic Knowledge: Demonstrates attitudes, knowledge and practices that incorporate evidence-based medicine and promote life-long learning (AP/CP)									

Milestone Elements are greyed out

Select to review individual scores

Sub-Competency Average Score & Range:
Aligned with milestone levels

Review Prior Progression (Past Milestones Scores)



Milestone Management

For Education Program Coordinators

Dr. Marc
Patterson

Dr. Elaine
Wirrell

THANK
YOU!

Elissa Hall

My
Residents





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