
Next Accreditation System: What it Means for Thoracic Surgery Programs, Residents, and GME

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Senior Vice-President, Surgical Accreditation, ACGME

Walter H. Merrill, M.D.

Chair, Thoracic Surgery RRC

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Disclosures

- Fiduciary
 - Full-time employee of ACGME (Potts, Simpson)
- Financial
 - None (Potts, Merrill, Simpson)



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Officio ACS**
- Incoming Member**
- **Jennifer Lawton, MD**
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Accredited Programs 2013-2014

| | Total Programs | Cont. Accred. | Cont. Accred. w/warning | Initial Accred. | Prob. |
|-----------------------------|----------------|---------------|-------------------------|-----------------|-------|
| Thoracic Surgery | 65 | 48 | 10 | 4 | 3 |
| Thoracic Surgery-Integrated | 23 | 8 | 0 | 15 | 0 |
| Congenital Cardiac Surgery | 12 | 9 | 1 | 3 | 0 |
| TOTAL | 100 | 65 | 11 | 21 | 3 |



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NAS & Milestones

- **NAS: Background**
- **NAS: Goals**
- **NAS: Structural overview**
- **NAS: What's different?**
- **Milestones**



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NAS & Milestones

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NAS Background

The NEW ENGLAND JOURNAL of MEDICINE

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

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

N Engl J Med. 2012 Mar 15;366(11):1051-6



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NAS Background

- GME is a public trust
- ACGME accountable to the public



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NAS Background

- Patients & payers expect doctors to be:
 - Health information technology literate
 - Able to use HIT to improve care
 - Sensitive to cost-effective care
 - Involve patients in their own care



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NAS Background

- ACGME created 1981
- From inception, emphasized:
 - Program structure
 - Increase in quality & quantity of formal teaching
 - Balance between service and education
 - Resident evaluation & feedback
 - Financial & benefit support for trainees



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NAS Background

- Efforts rewarding by many measures
- But:
 - Program requirements increasingly prescriptive
 - Innovation squelched
 - PDs have become “Process Developers”*

*Term borrowed from Karen Horvath, M.D.



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NAS & Milestones

- NAS: Background
- **NAS: Goals**
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Next Accreditation System: Goals

- Produce physicians for 21st century
- Accredite programs based on outcomes
- Reduce administrative burden of accreditation



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Next Accreditation System: Goals

- Free *good* programs to innovate
- Help *underperforming* programs improve
- Realize the promise of “Outcomes Project”
- Provide public accountability for outcomes
- Reduce the burden of accreditation



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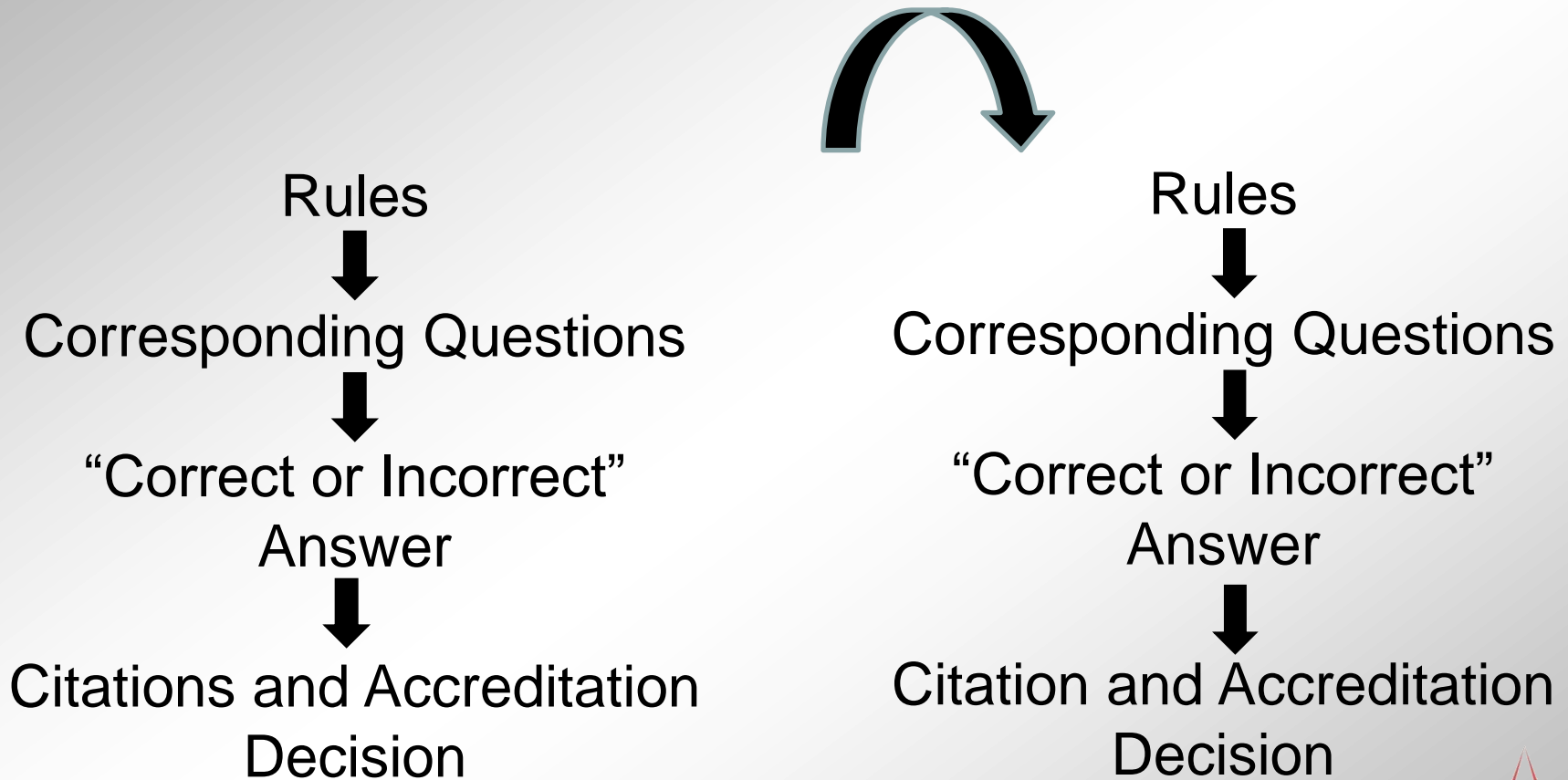
NAS & Milestones

- NAS: Background
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The “Old” Accreditation System



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The Next Accreditation System



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NAS & Milestones

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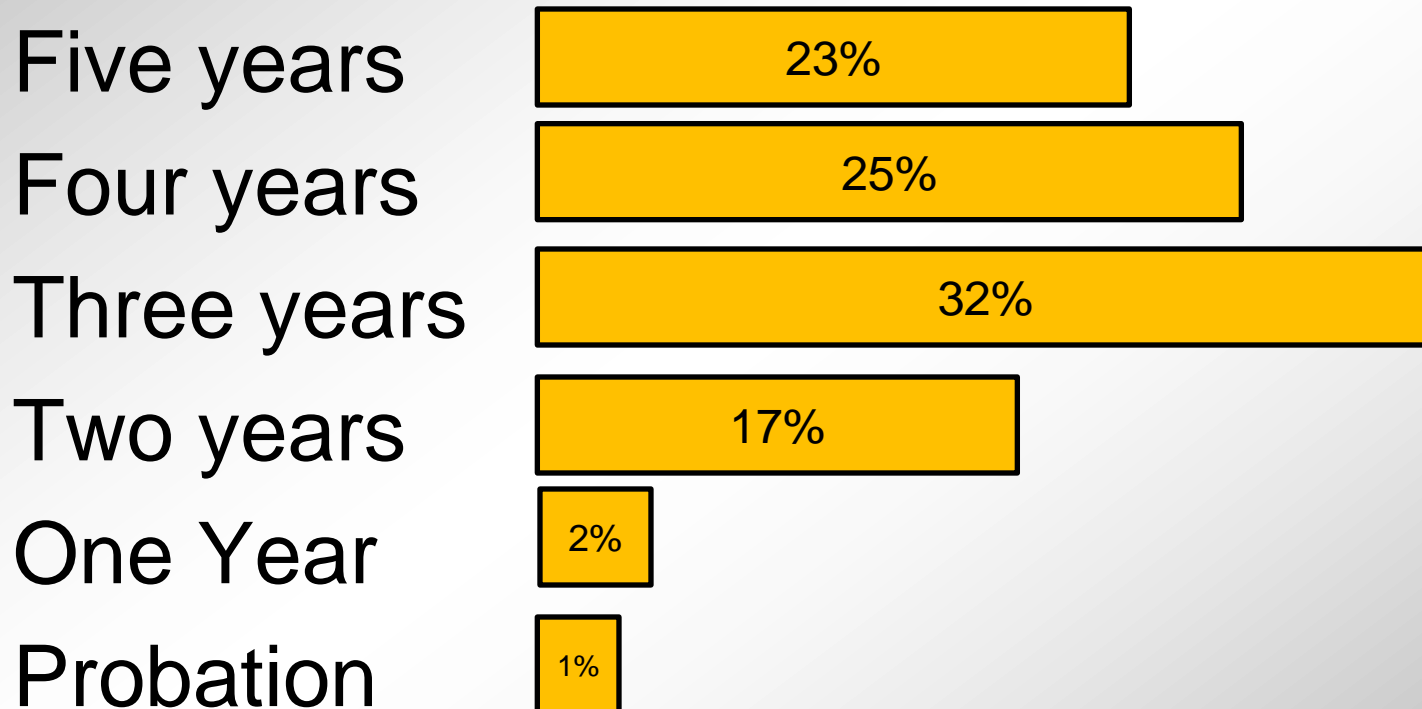


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The Old Accreditation System- Sample of RRC Data

Accreditation
Status

Percentage of Programs



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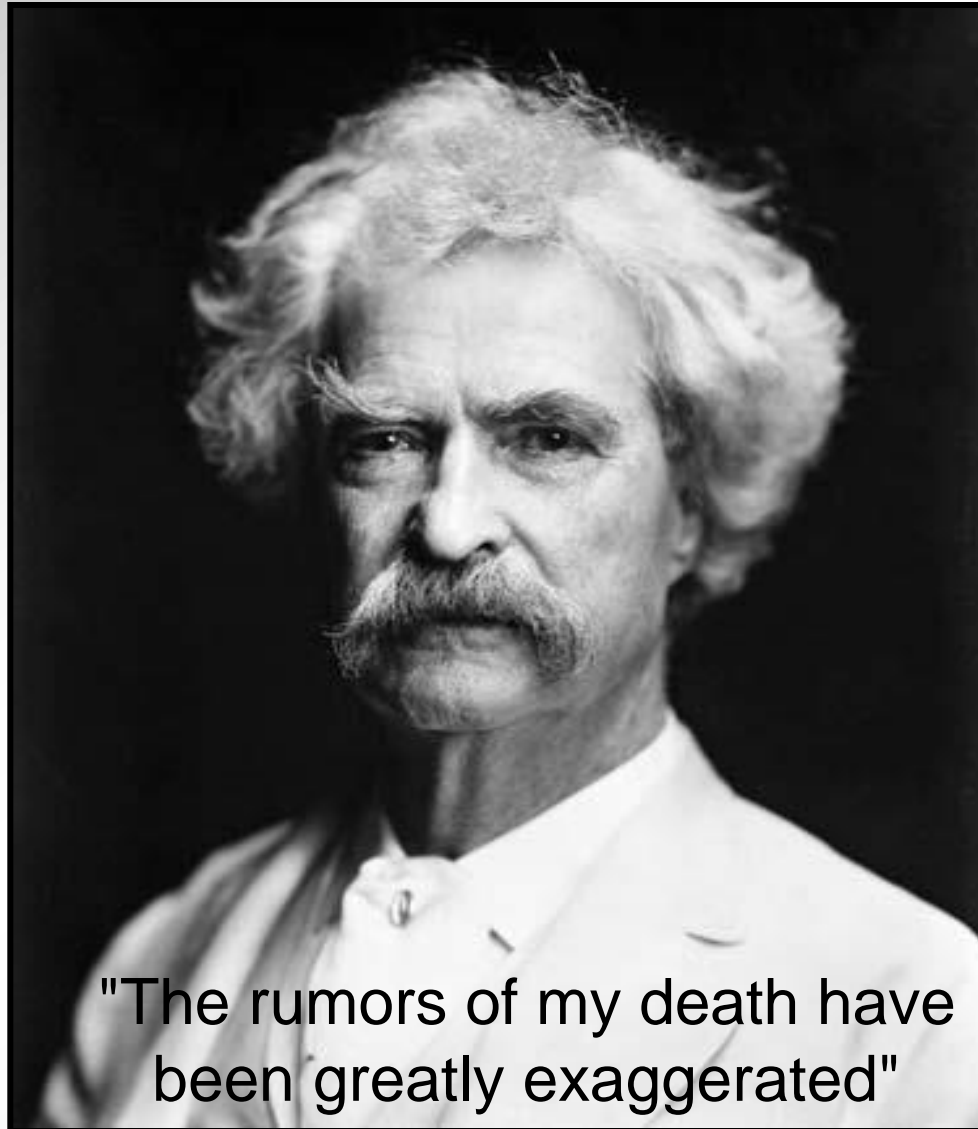
NAS: What's Different?

- Continuous accreditation model
- No cycle lengths



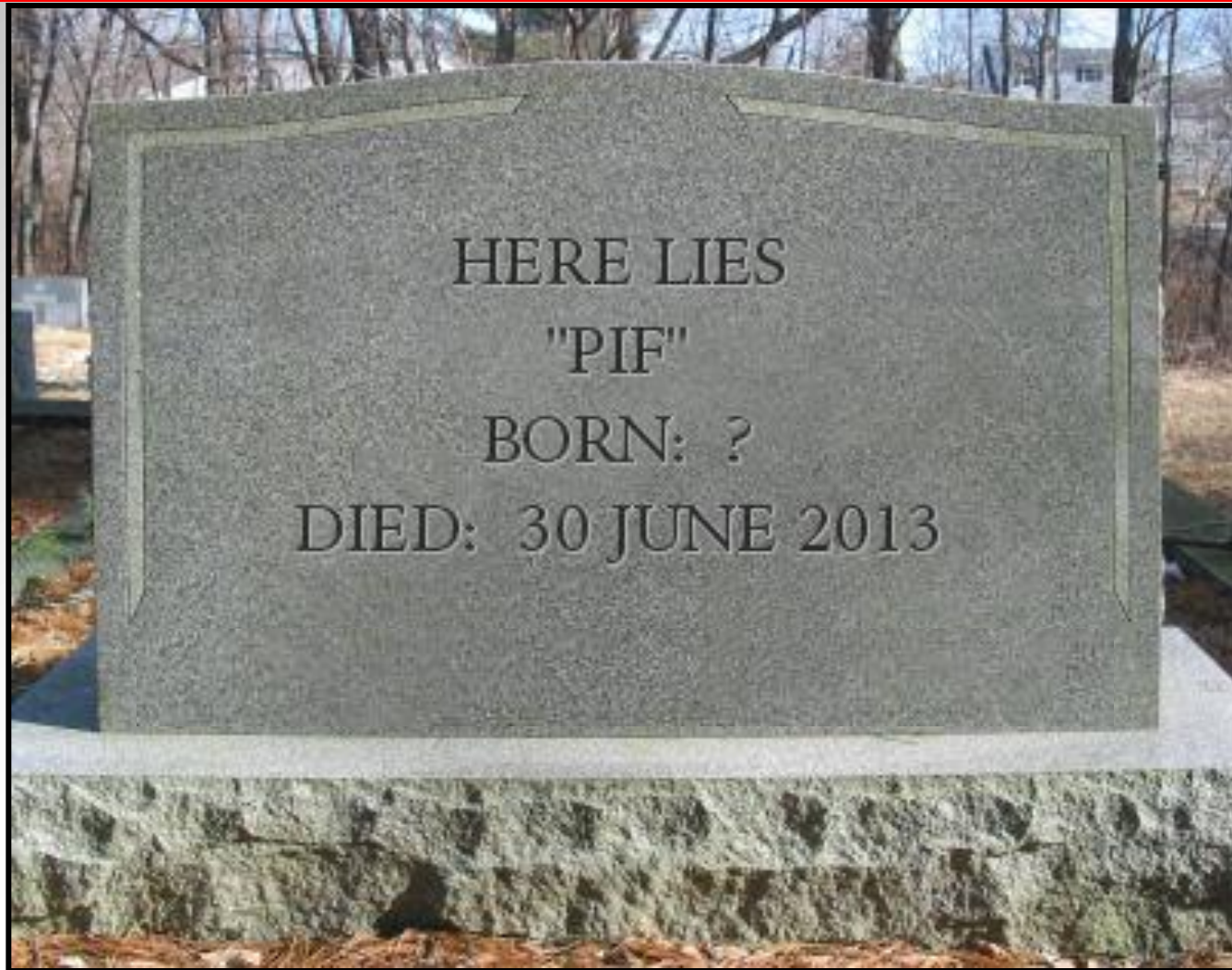
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NAS: What's Different?



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NAS: What's Different?



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NAS: What's Different?

- No PIFs
- No Internal Review
- Programs notified of status *at least* annually
- Requirements revised every ten years



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NAS: What's Different?

- Citations *can* be levied annually by RRC
- But, could be removed quickly based upon:
 - Progress report
 - Site visit (focused or full)
 - New annual data from program



NAS: What's Different?

- No site visits (as we know them)

but...
- Focused site visits for an “issue(s)” (no PIF)
- Full site visit (no PIF)
- Self-study visits every ten years



Focused Site Visits

- Assesses *selected* aspects of a program and may be used:
 - to address *potential* problems identified during review of annually submitted data;
 - to diagnose factors underlying deterioration in a program's performance
 - to evaluate a complaint against a program



Focused Site Visits

- Minimal notification given (30 days)
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC



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Full Site Visits

- Application for new program
- At the end of the initial accreditation period
- RRC identifies broad issues / concerns
- Other serious conditions or situations identified by the RRC



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Full Site Visits

- Minimal notification given (60 days)
- Minimal document preparation expected
- Team of site visitors



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Ten Year Self-Study Visit

- Not fully developed
- Not a traditional site visit
- Will be implemented in 2015



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Self Study

A Departmentally Coordinated Effort

- Respond to any Active Citations
- Evaluate Programmatic Performance against Goals (written plans of action)
- Review Previous 10 year “Annual Program Evaluations” (APE’s)
- Demonstrate effectiveness of modifications of the Program over time
- Establish Programmatic Goals for the future



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Ten Year Self-Study Visit

- Assess a broader unit of the GME educational environment
- Will review core and any affiliated sub programs together
 - Thoracic Surgery-Independent
 - Thoracic Surgery-Integrated (I-6)
 - Congenital Cardiac Surgery



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Self Study Visit (*Draft*)

- Team of site visitors
- Review the Self Study of the Departmental Educational Effort (Core and Subs)
- Conduct a “PIF-less” Site Visit
- Validate most recent Annual Data submitted
- Potentially serve as a vehicle for:
 - Description of Salutary Practices
 - Accumulation of Innovations in the field



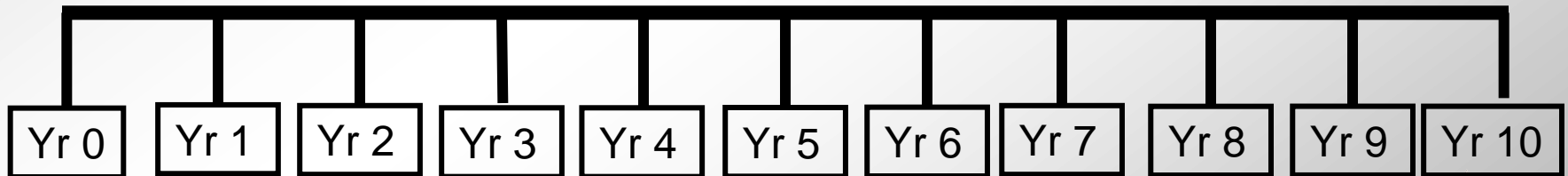
Ten Year Self-Study Visit

- Review annual program evaluations (PR-V.C.)
 - Response to citations
 - Faculty development
- Judge program success at CQI
- Learn future goals of program
- *Will* verify compliance with Core and Outcome Requirements



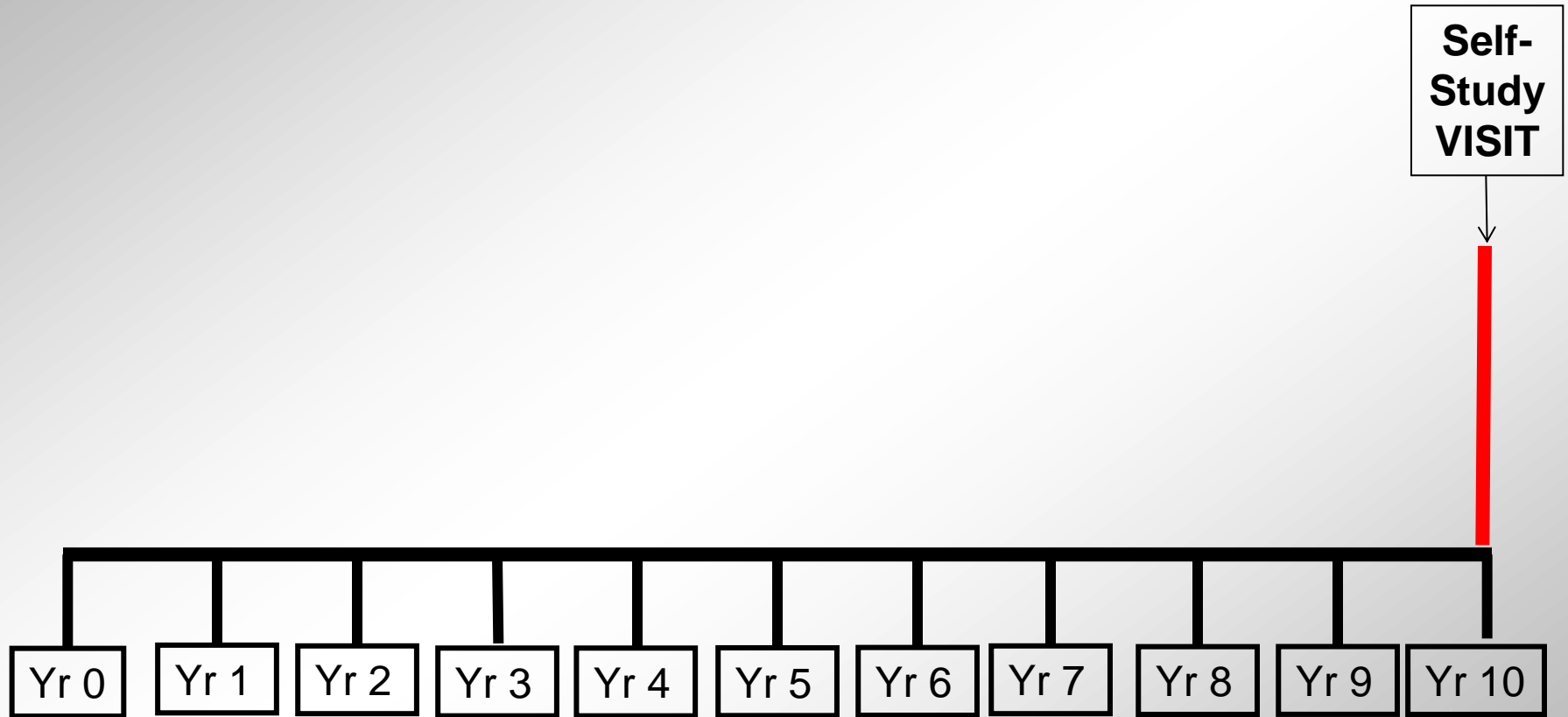
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Ten Year Self-Study Visit



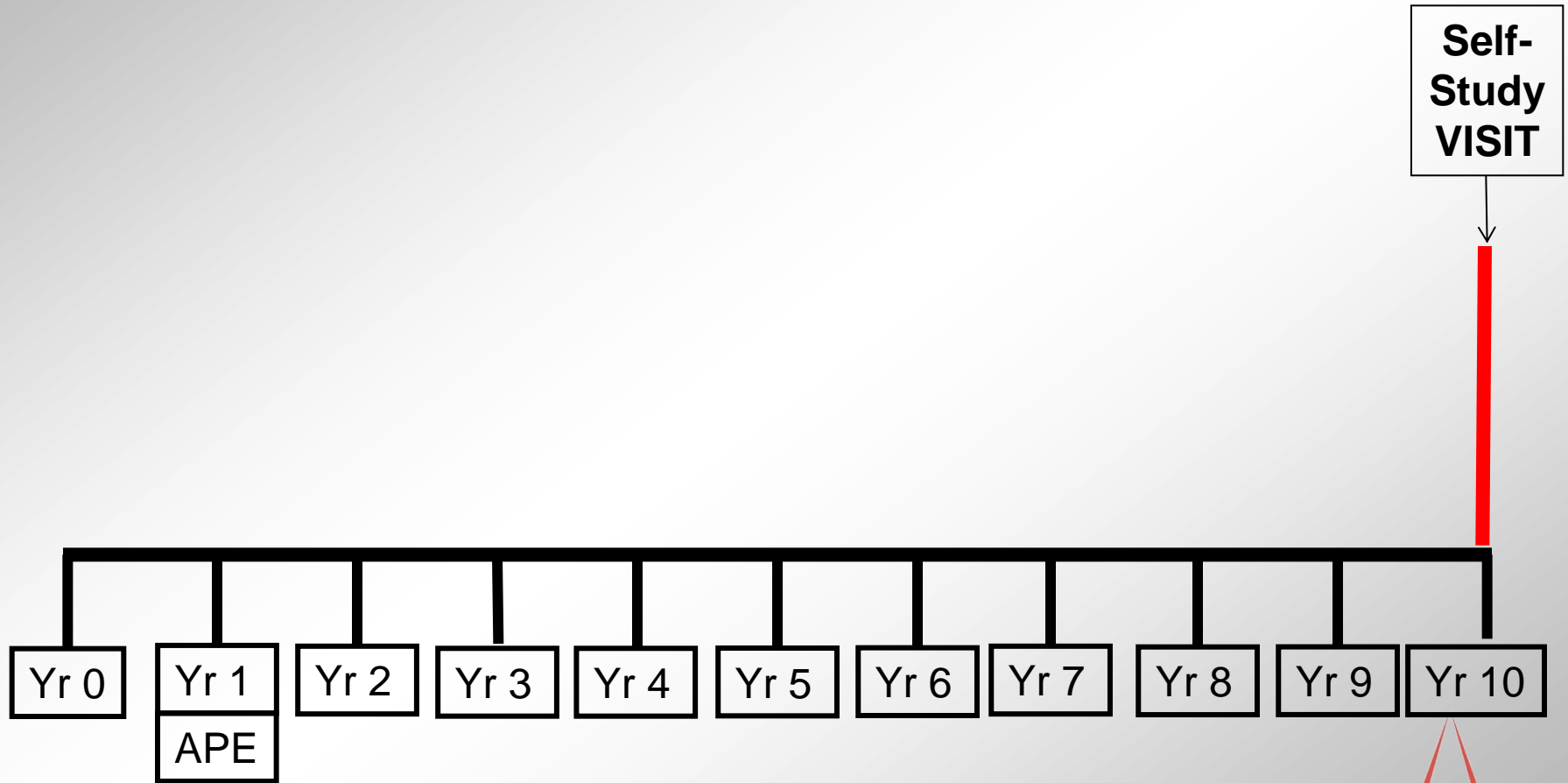
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Ten Year Self-Study Visit



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Ten Year Self-Study Visit



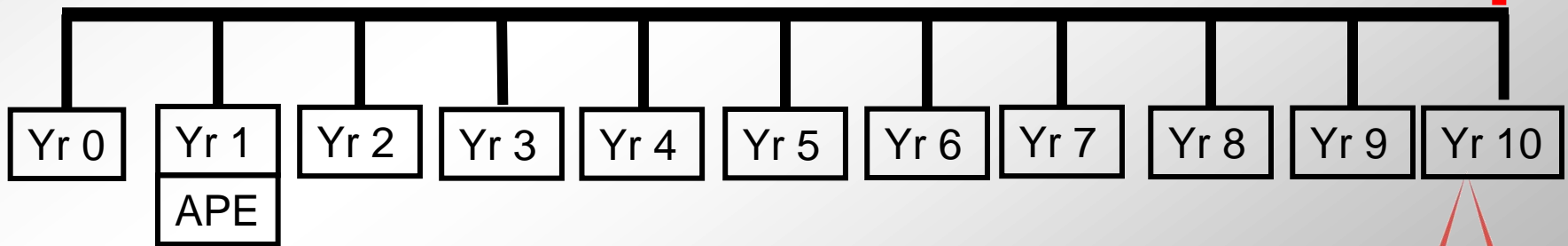
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Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-
Study
VISIT



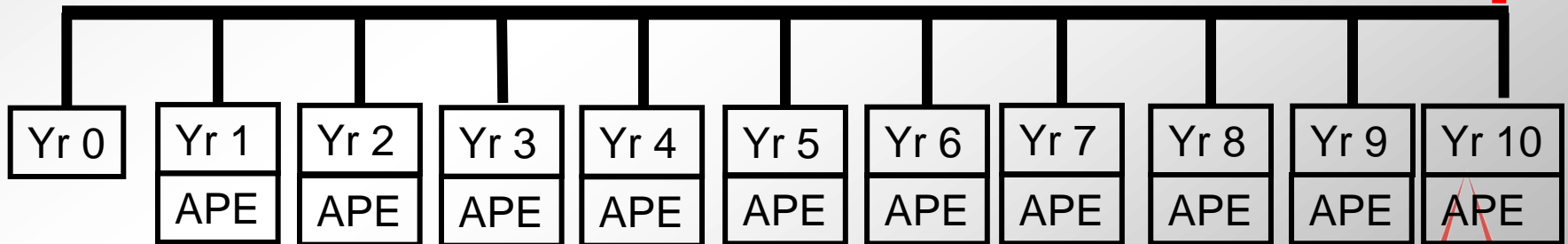
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Ten Year Self-Study Visit

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Self-
Study
VISIT



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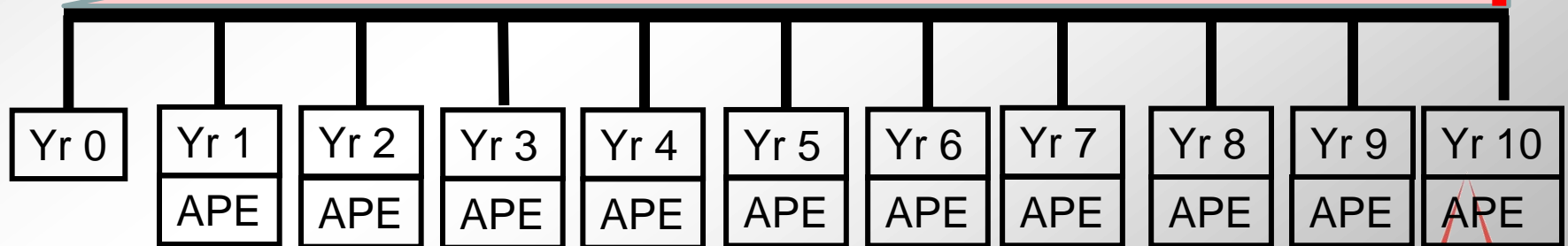
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
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Self-Study
VISIT

Ongoing Improvement



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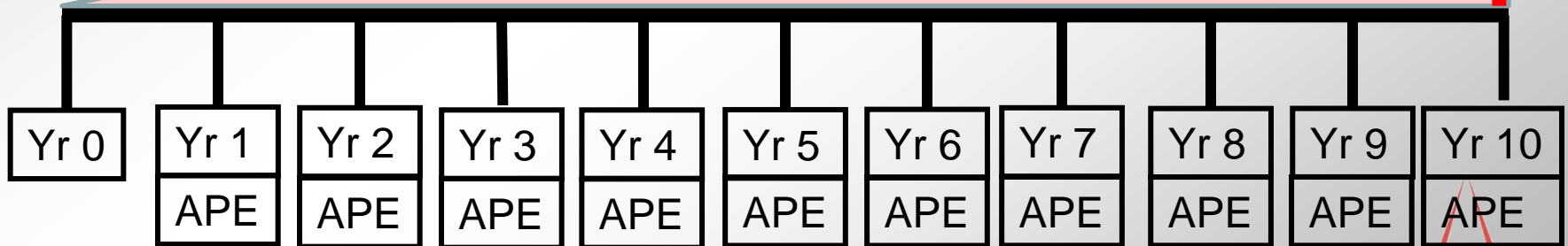
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

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Self-
Study
VISIT

Ongoing Improvement
Going *beyond* minimum standards



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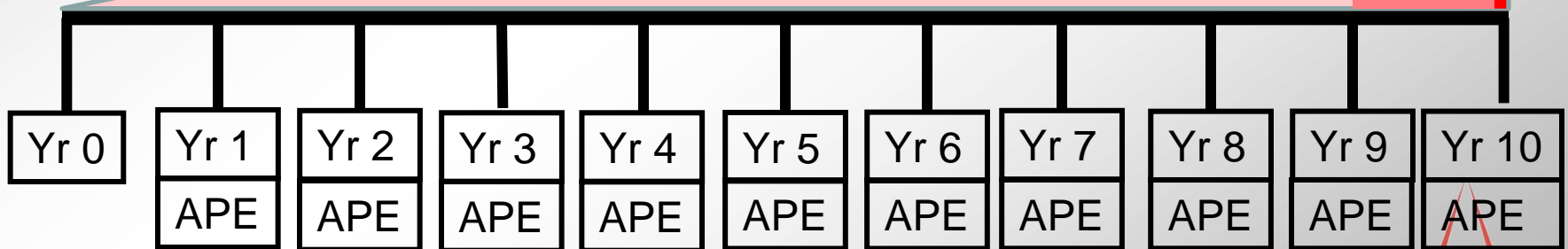
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

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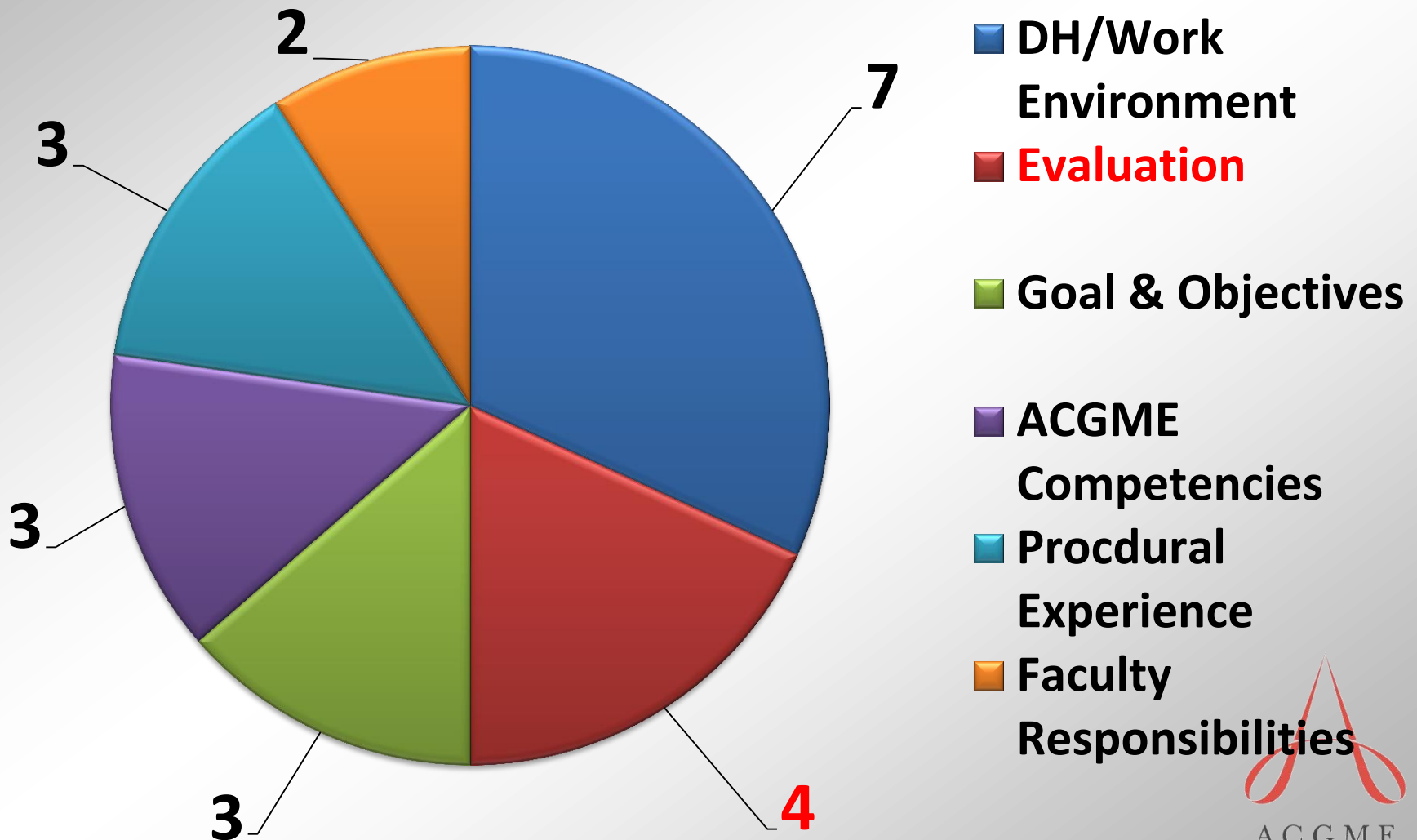
Self-Study
PROCESS

Self-Study
VISIT



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AY 2013 Top Citation Types



Next Accreditation System

- Program Requirements revised every ten years
- *Each* standard categorized:
 - Outcome - All programs must adhere
 - Core - All programs must adhere
 - Detail - Good programs may innovate



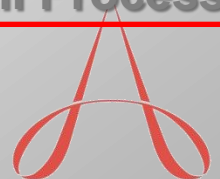
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

**Continued
Accreditation**

STANDARDS

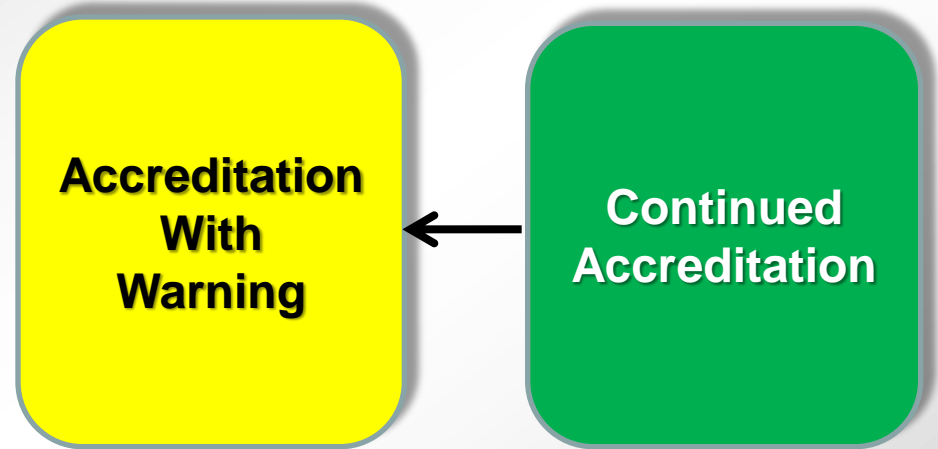
**Outcomes
Core Process
Detail Process**

**Outcomes
Core Process
Detail Process**



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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

Outcomes
Core Process
Detail Process

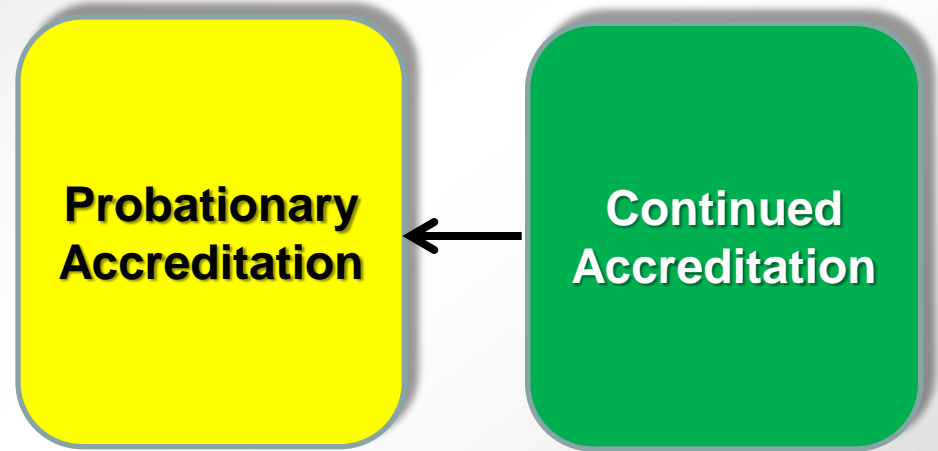
Outcomes
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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

Outcomes
Core Process
Detail Process

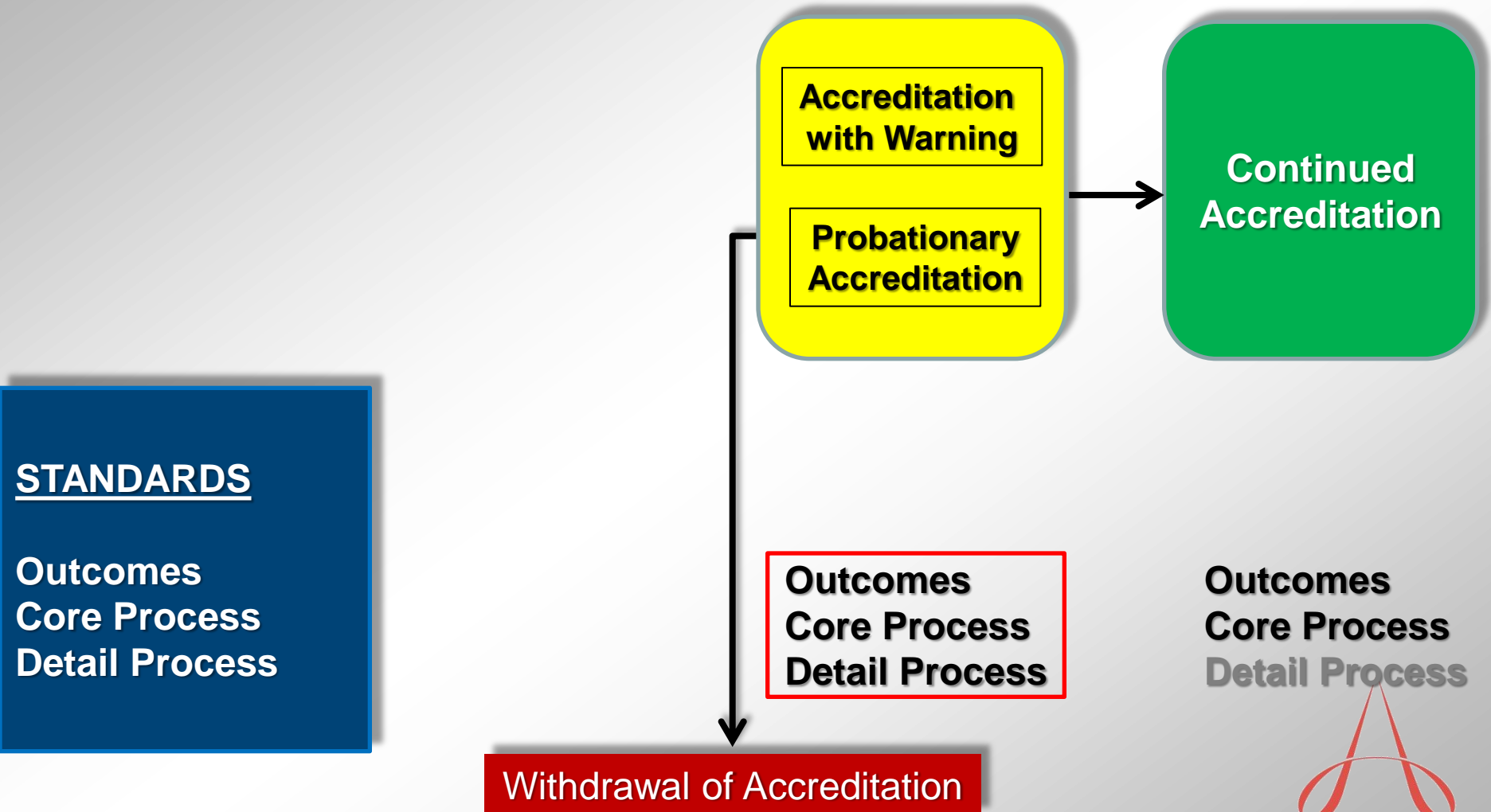
Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process



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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



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Some Data Reviewed by RRC

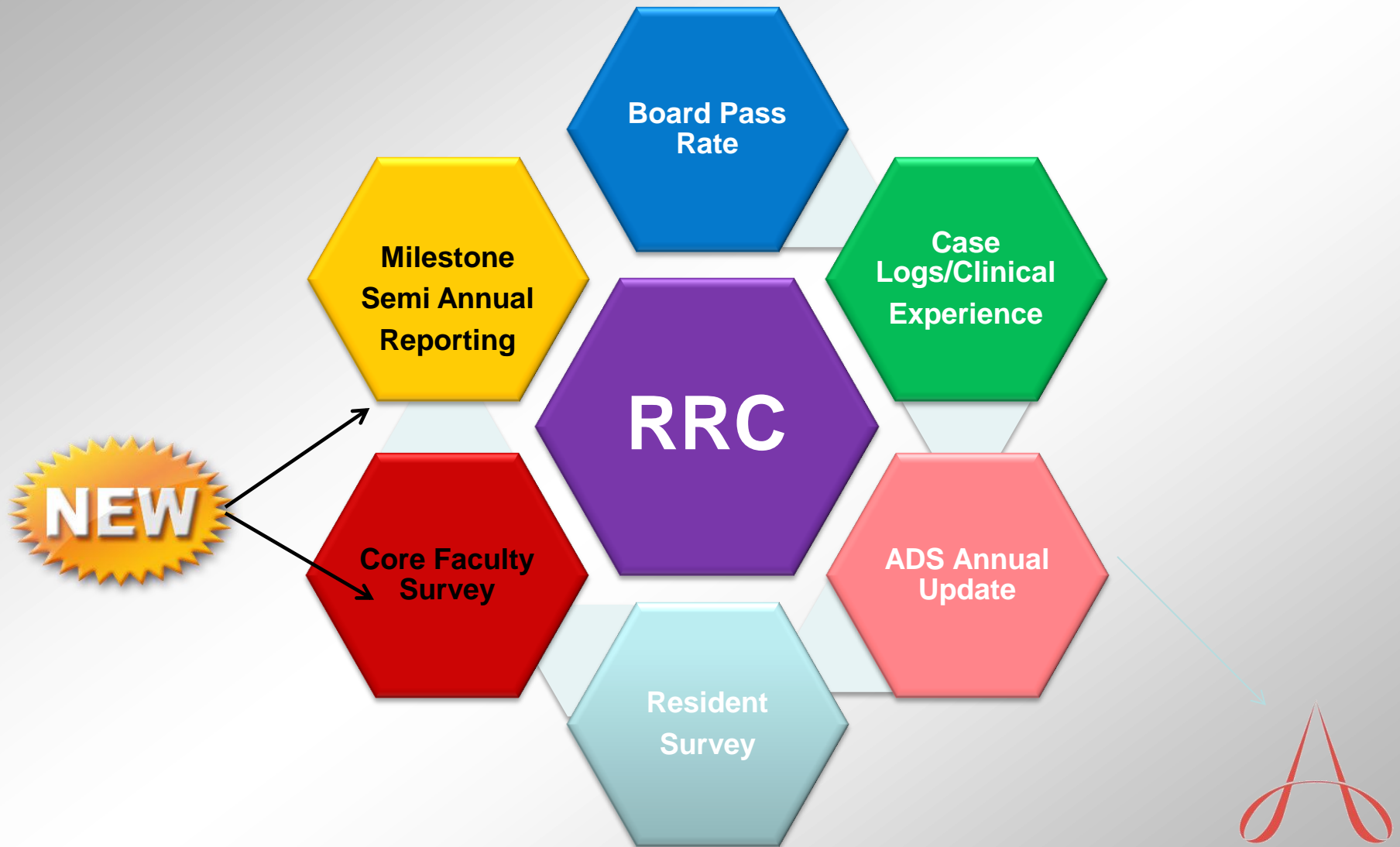
Most already in place

- ✓ Annual ADS Update
 - ✓ Program Characteristics – Structure and resources
 - ✓ Program Changes – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
 - Omission of data
- ✓ Board Pass Rate – 5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs
- ✓ Semi-Annual Resident Evaluation and Feedback
 - Milestones
 - Faculty Survey
 - Ten year self-study



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Review of Annual Data



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RRC Actions in NAS

- Programs notified of status *at least* annually
- Citations *may* be levied by RRC based on annual data provided
 - Could be removed quickly based upon
 - Progress report
 - Site visit (focused or full)
 - New annual data from program



After Review of Annual Data RRC can...

- Request Progress Report
- “Resolve” Citations
 - Need to continue to respond is removed
- “Continue” Citations
 - Need to respond with updates continues
- Change Accreditation Status, e.g.:
 - Continued Accreditation with Warning
→ Continued Accreditation
- Require Focused or Full Site Visit
 - All Site Visits are PIFLess



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After Review of Annual Data RRC *will...*

- Post a letter to every program
 - Confirming accreditation status
 - Self-Study Visit Dates do not change
 - Indicated which citations are continued and which citations are resolved
 - Indicated if additional information is needed
 - Via a progress report
 - Clarifying report
 - Interim Site Visit
 - Focused visit (Letter will specify areas of focus)
 - Full visit



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NAS & Milestones

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- **Milestones**



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Milestones



Via Ignatia



Key West, FL



Yorkshire Moors



Portadon Ireland



Gemas
Malaysia



Milion of
Constantinople



Boston, MA



County Cork



Apian Way

Milestones

- Why?
- What?
- Who?
- When?



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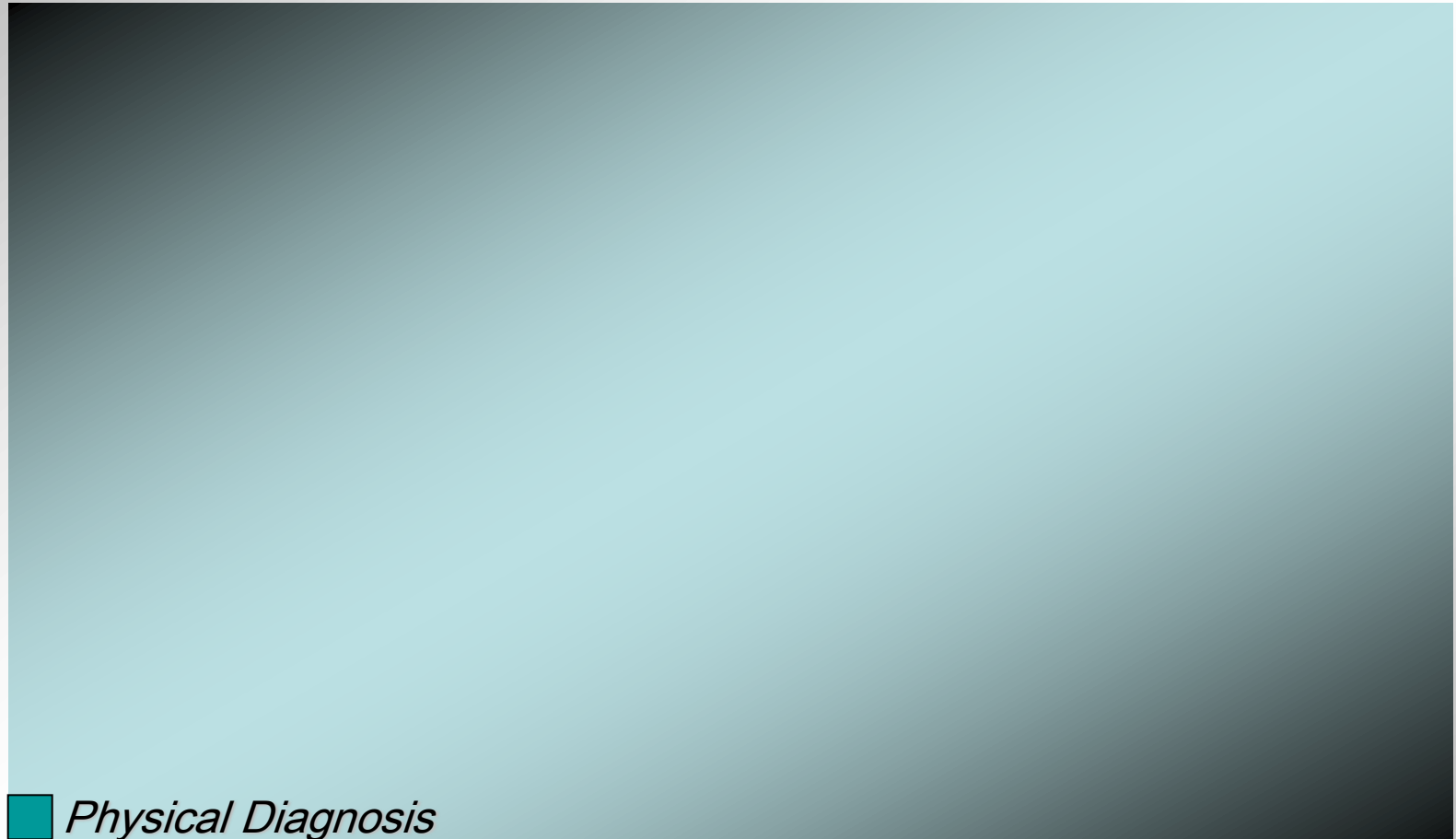
Milestones

- Why?
- What?
- Who?
- When?



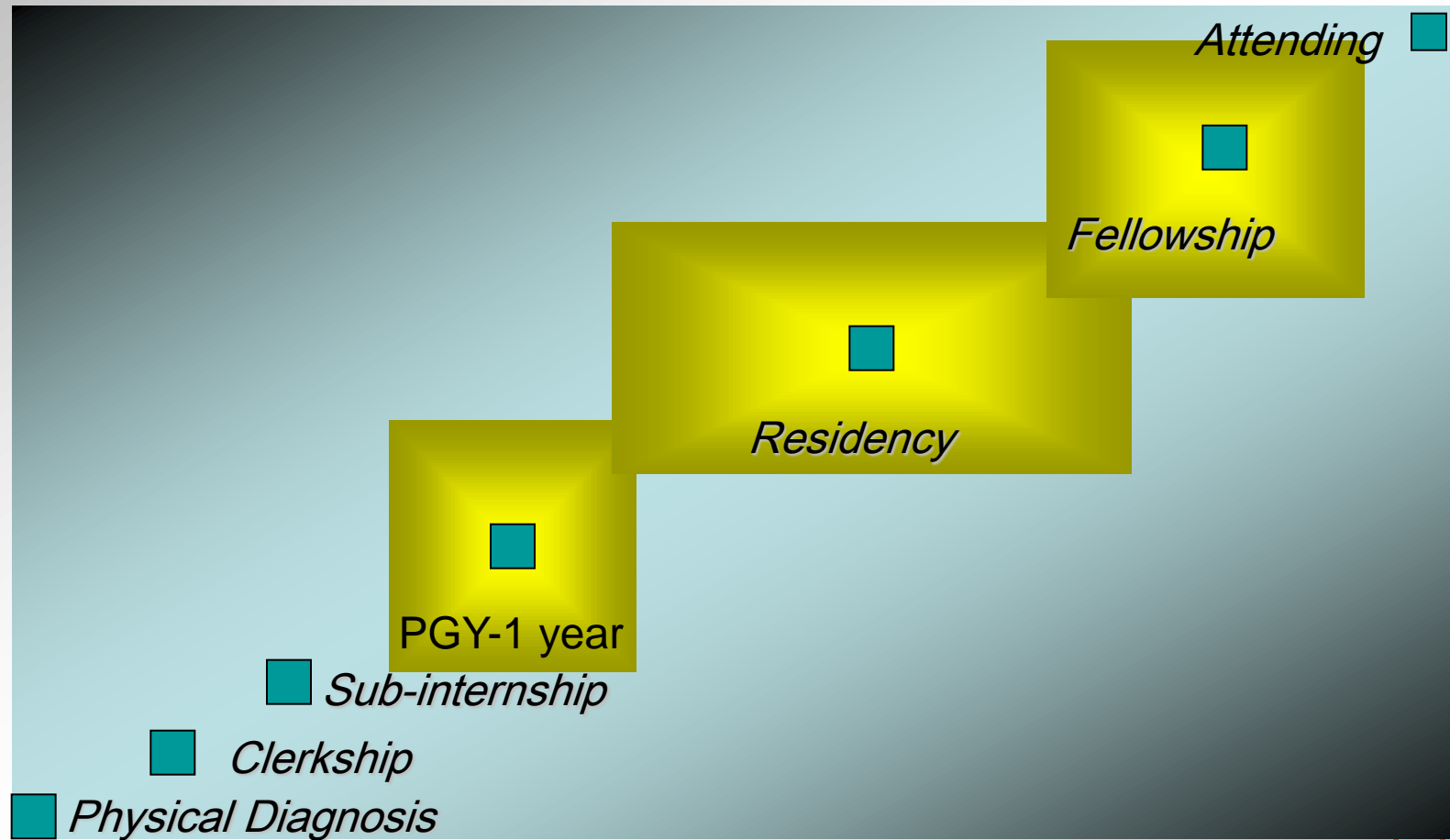
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The Continuum of Clinical Professional Development



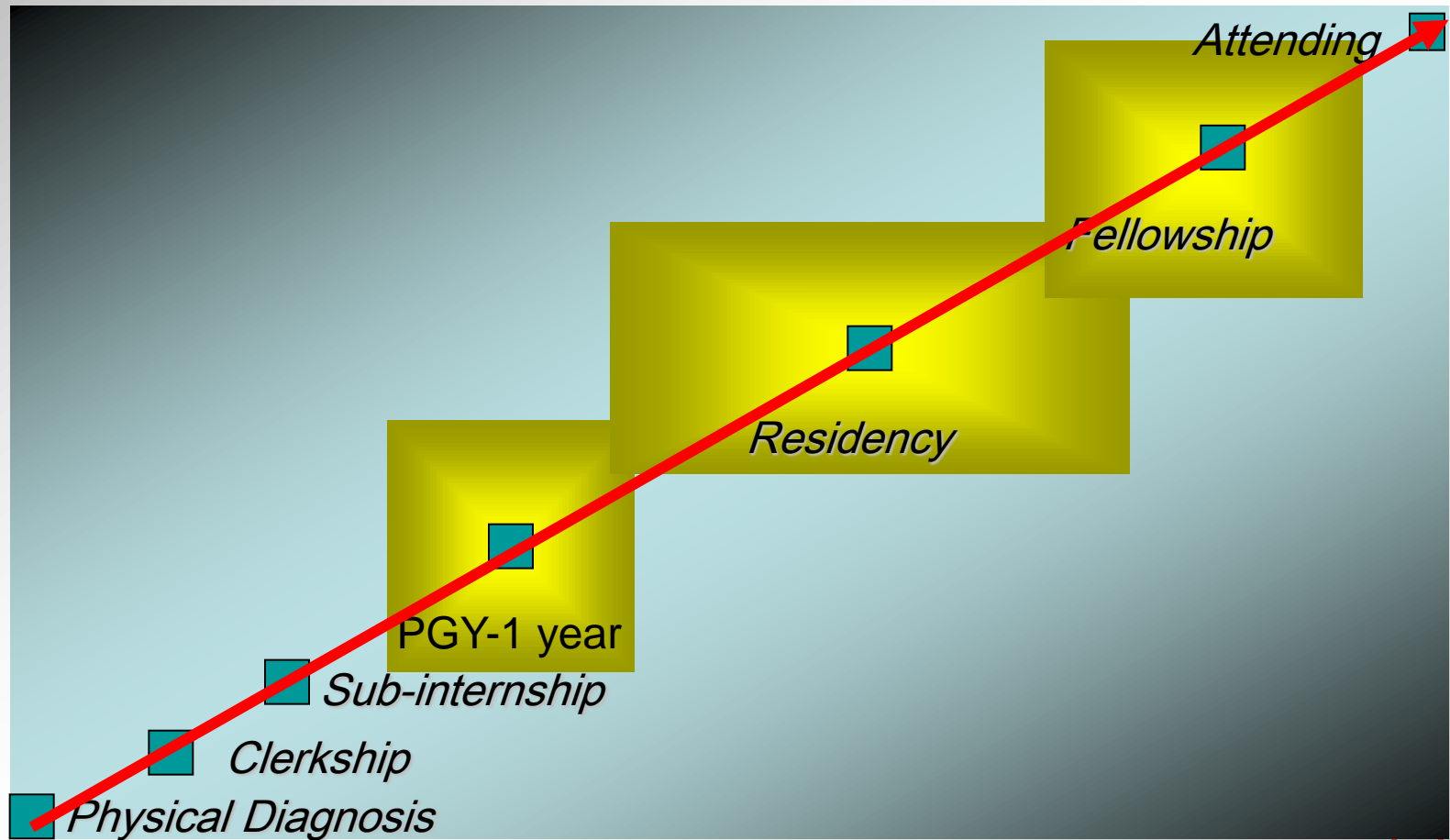
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The Continuum of Clinical Professional Development



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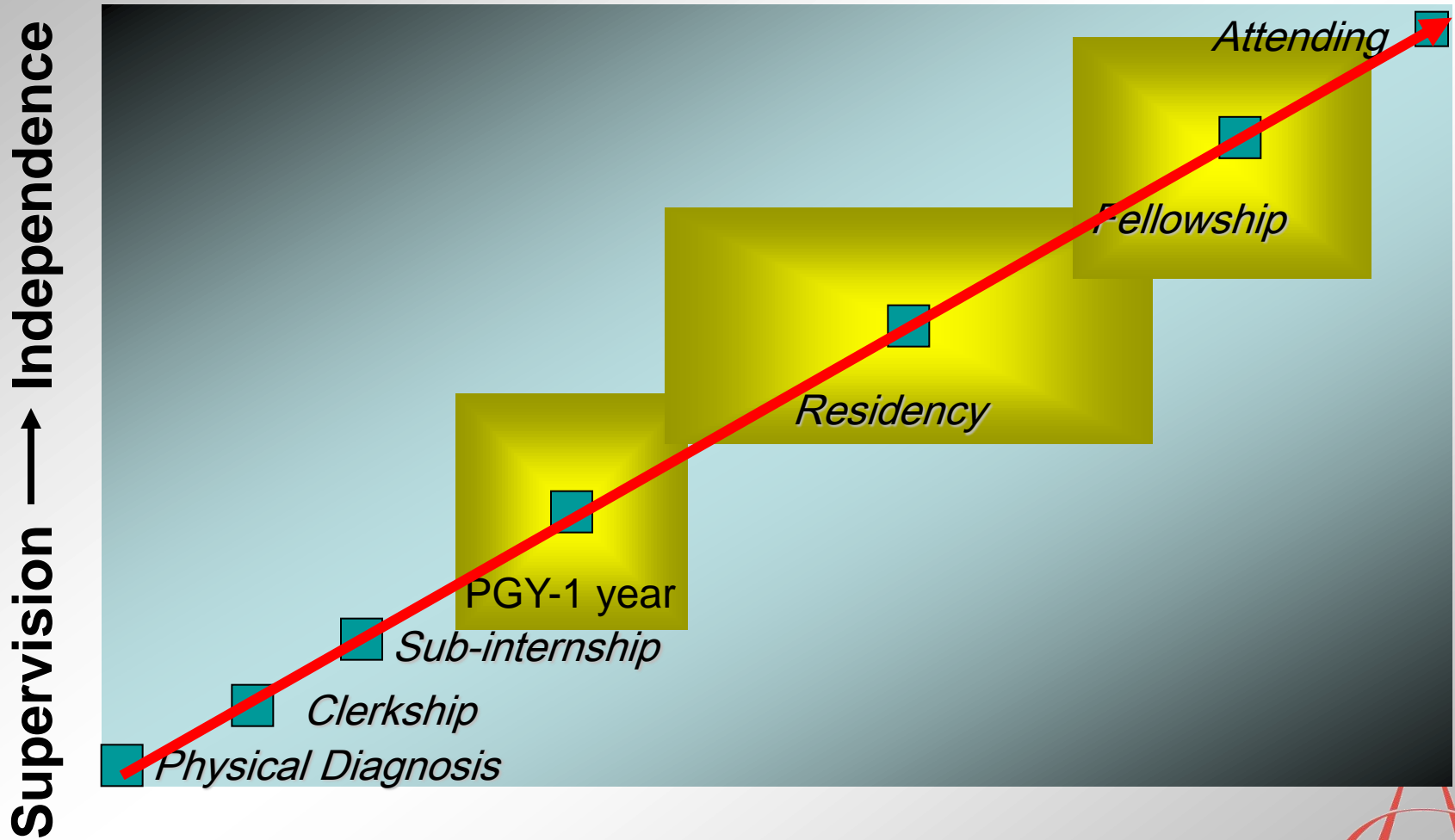
The Continuum of Clinical Professional Development



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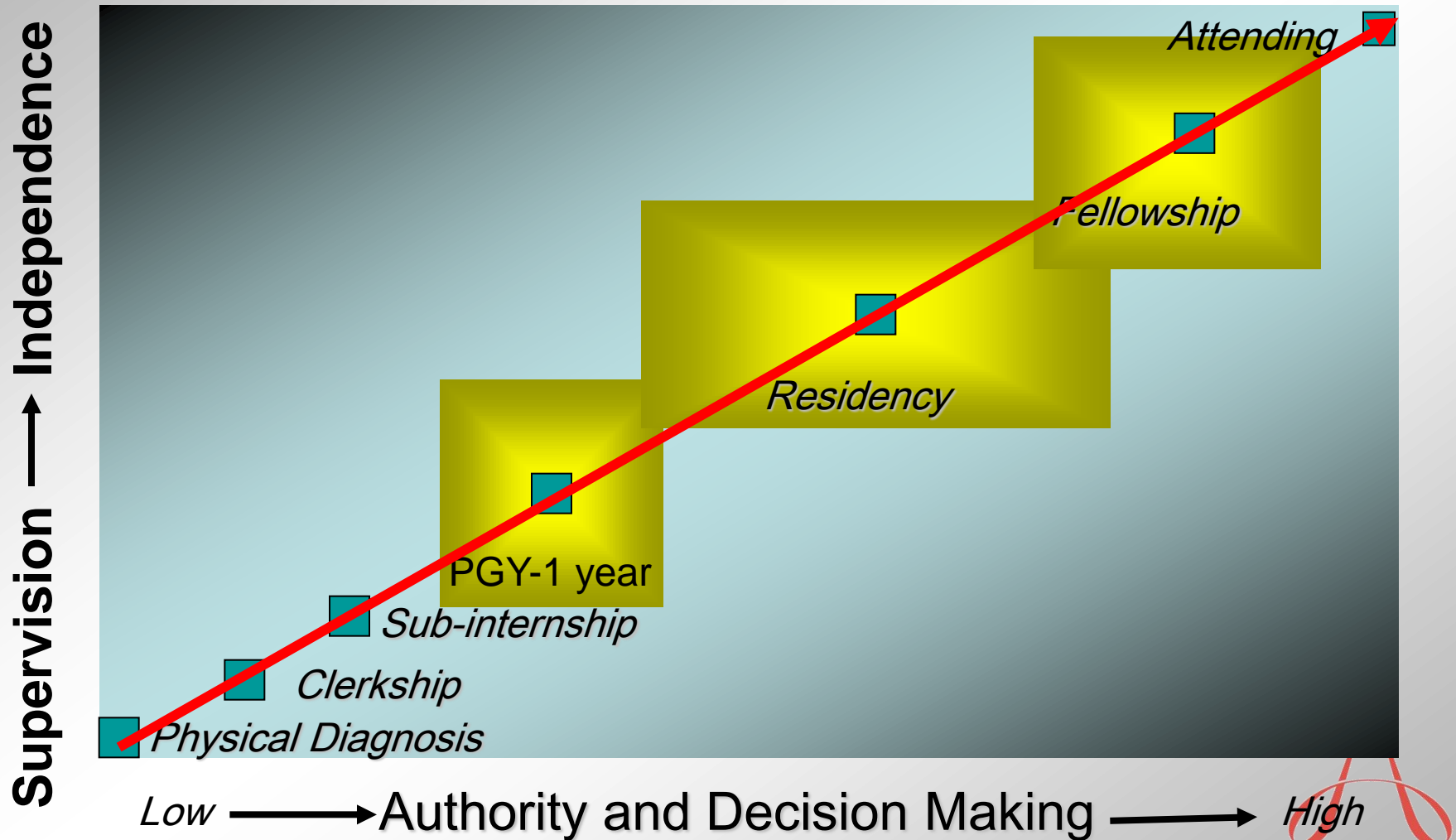
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The Continuum of Clinical Professional Development

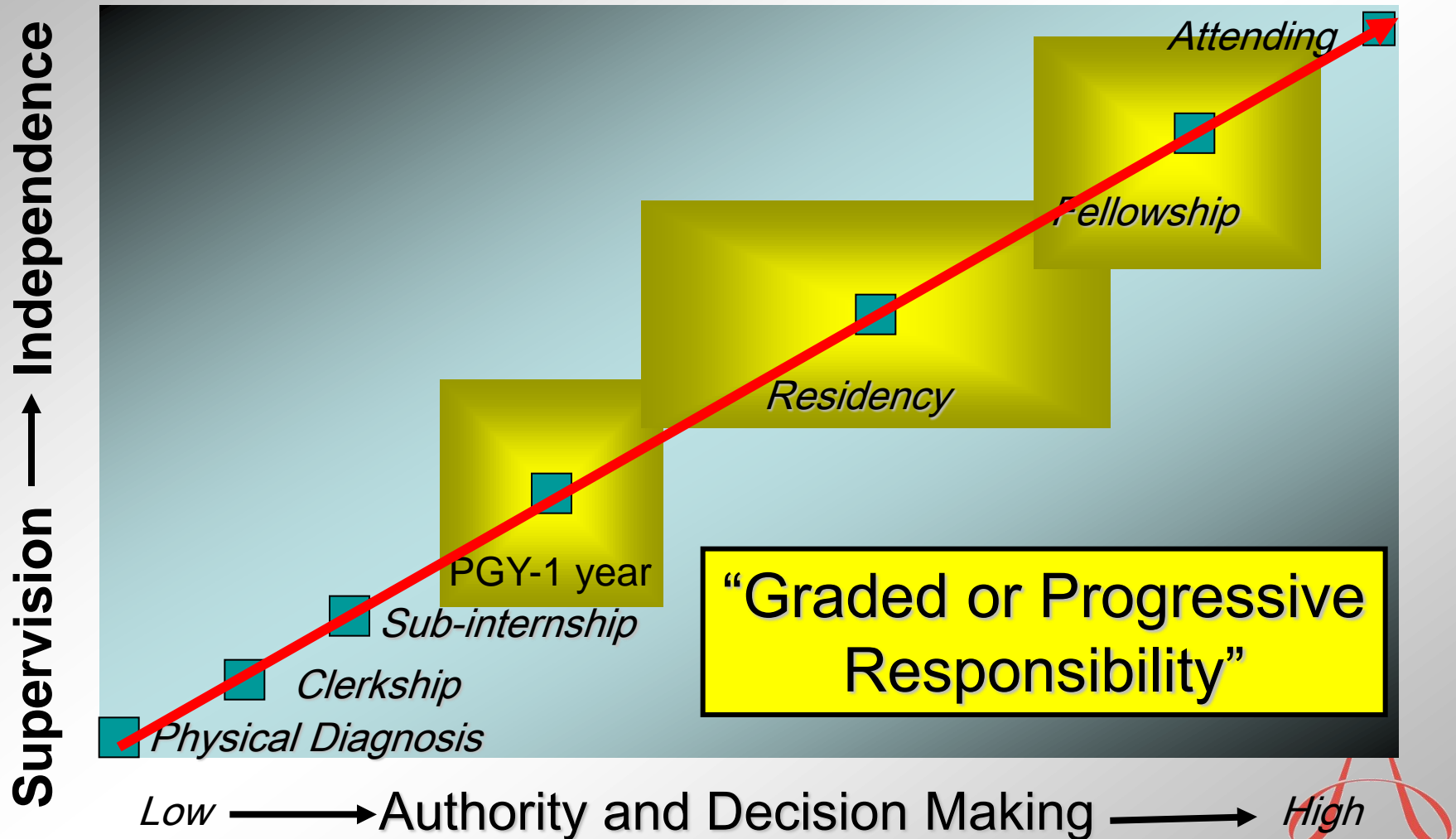


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The Continuum of Clinical Professional Development

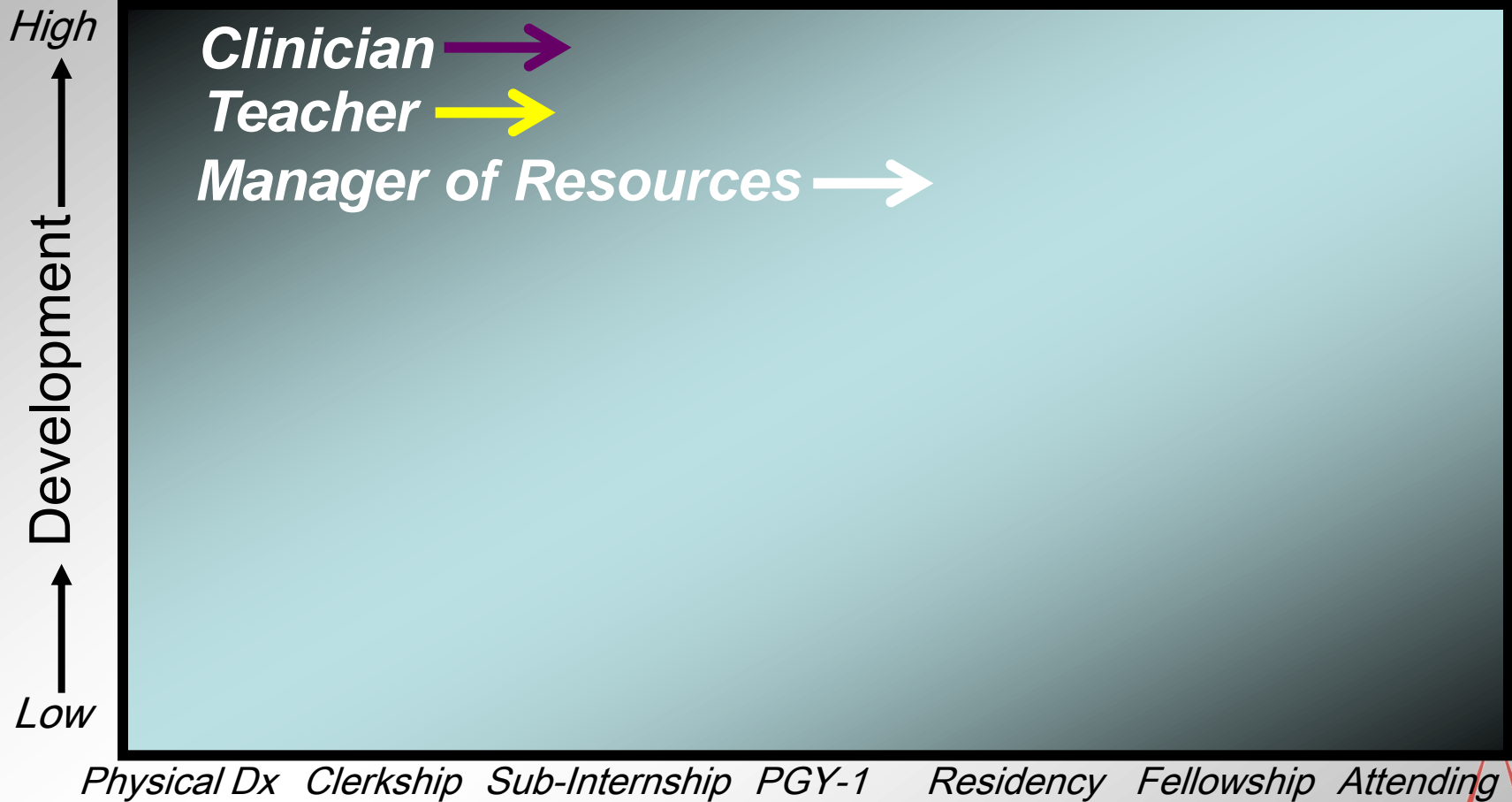


The Continuum of Clinical Professional Development



The Continuum of Professional Development

The Three Roles of the Physician¹



¹ As conceptualized and described by Gonnella, J.S., et. al.

Assessment Measures in Medical Education, Residency and Practice. 155-173.

Springer, New York, NY. 1993, and in 1998 Paper commissioned by ABMS.

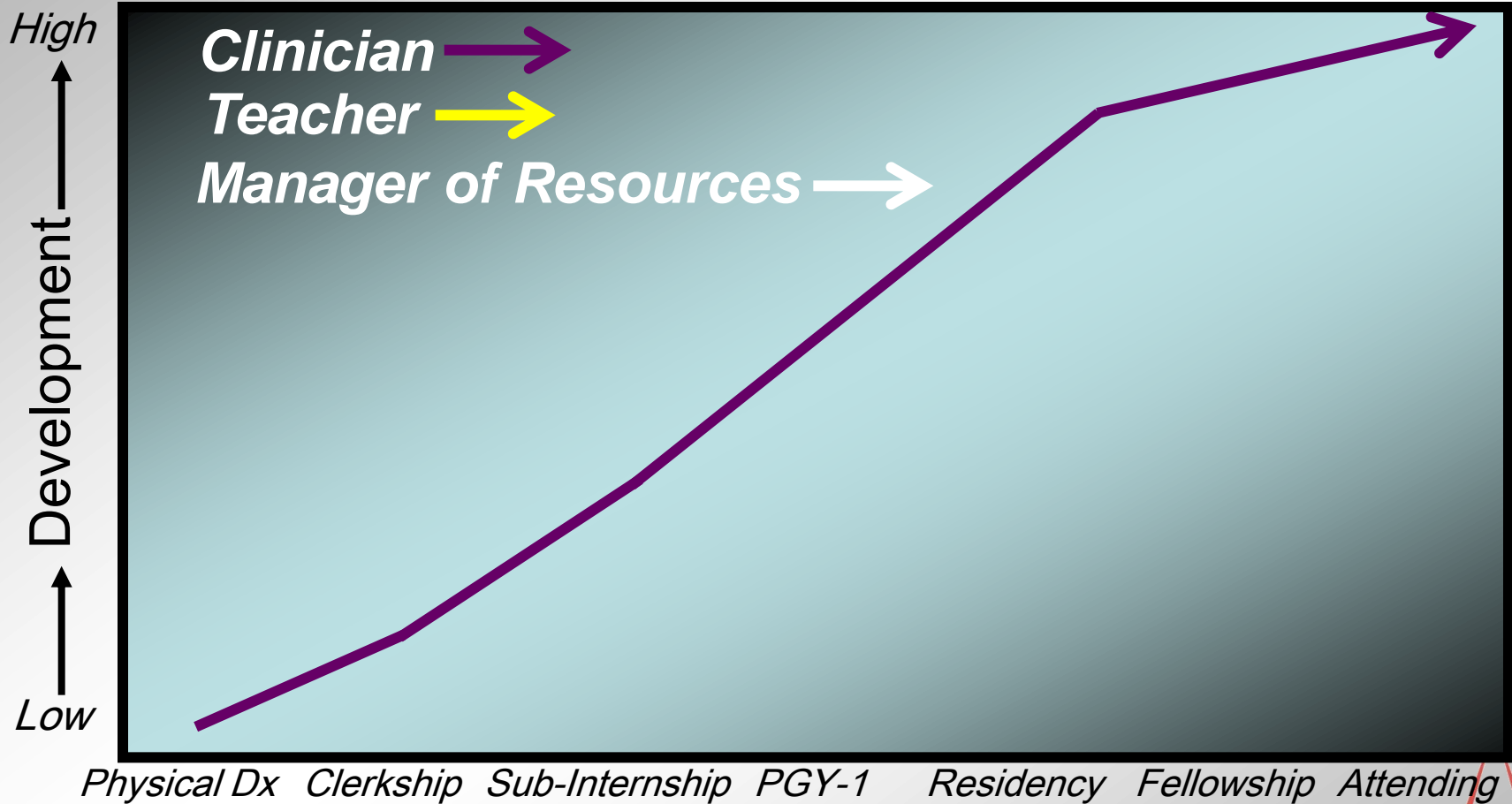
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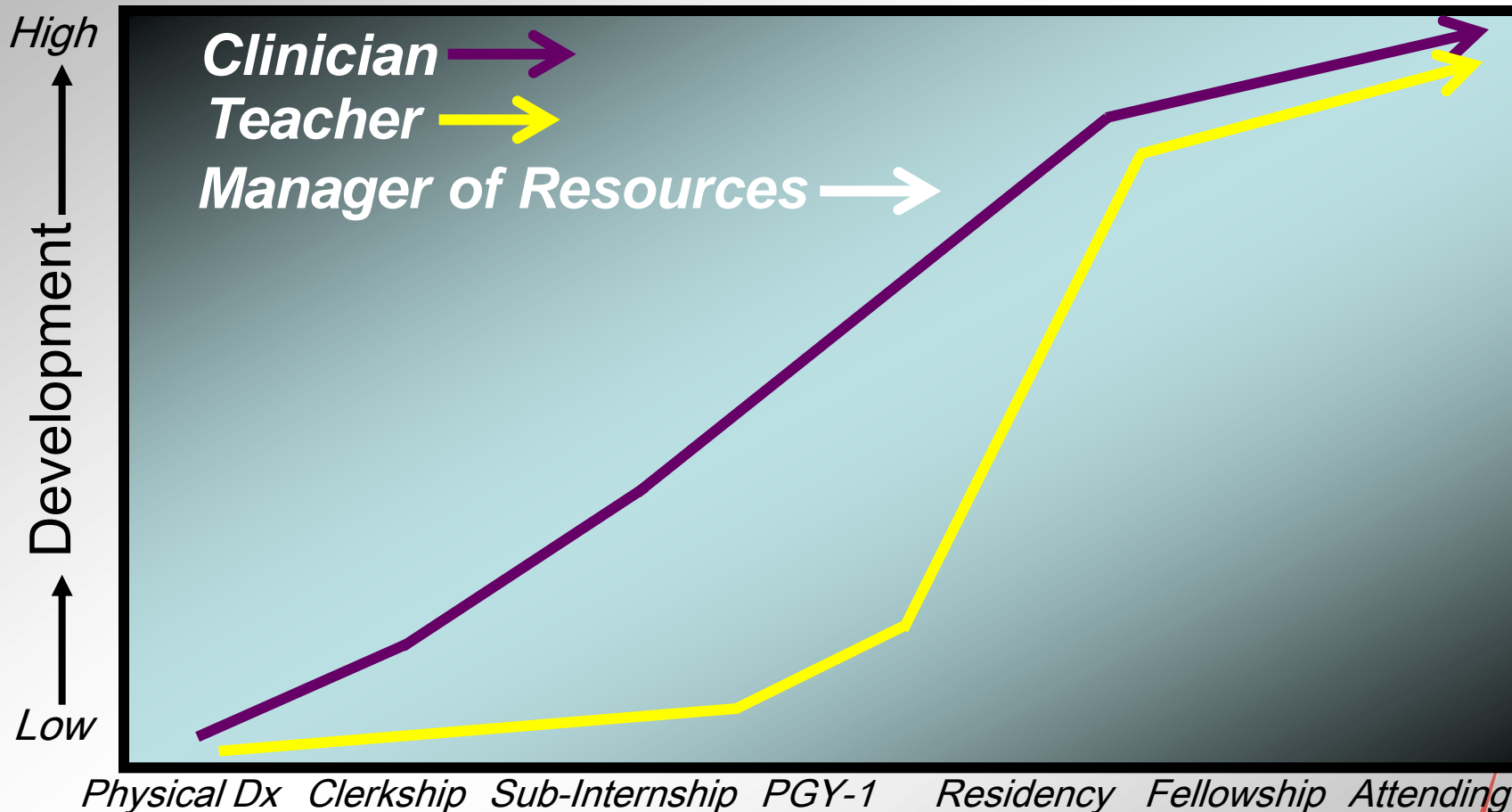
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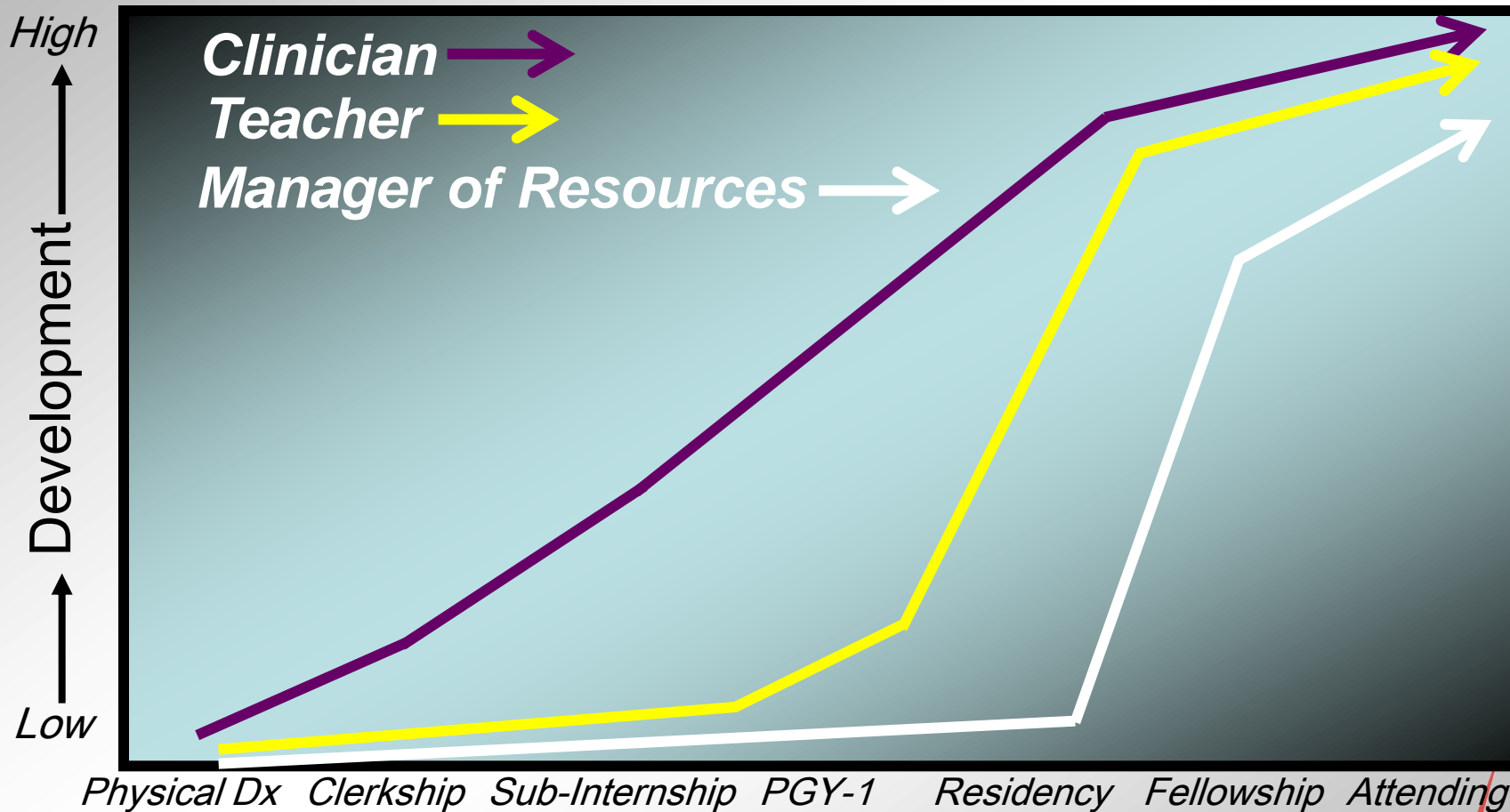
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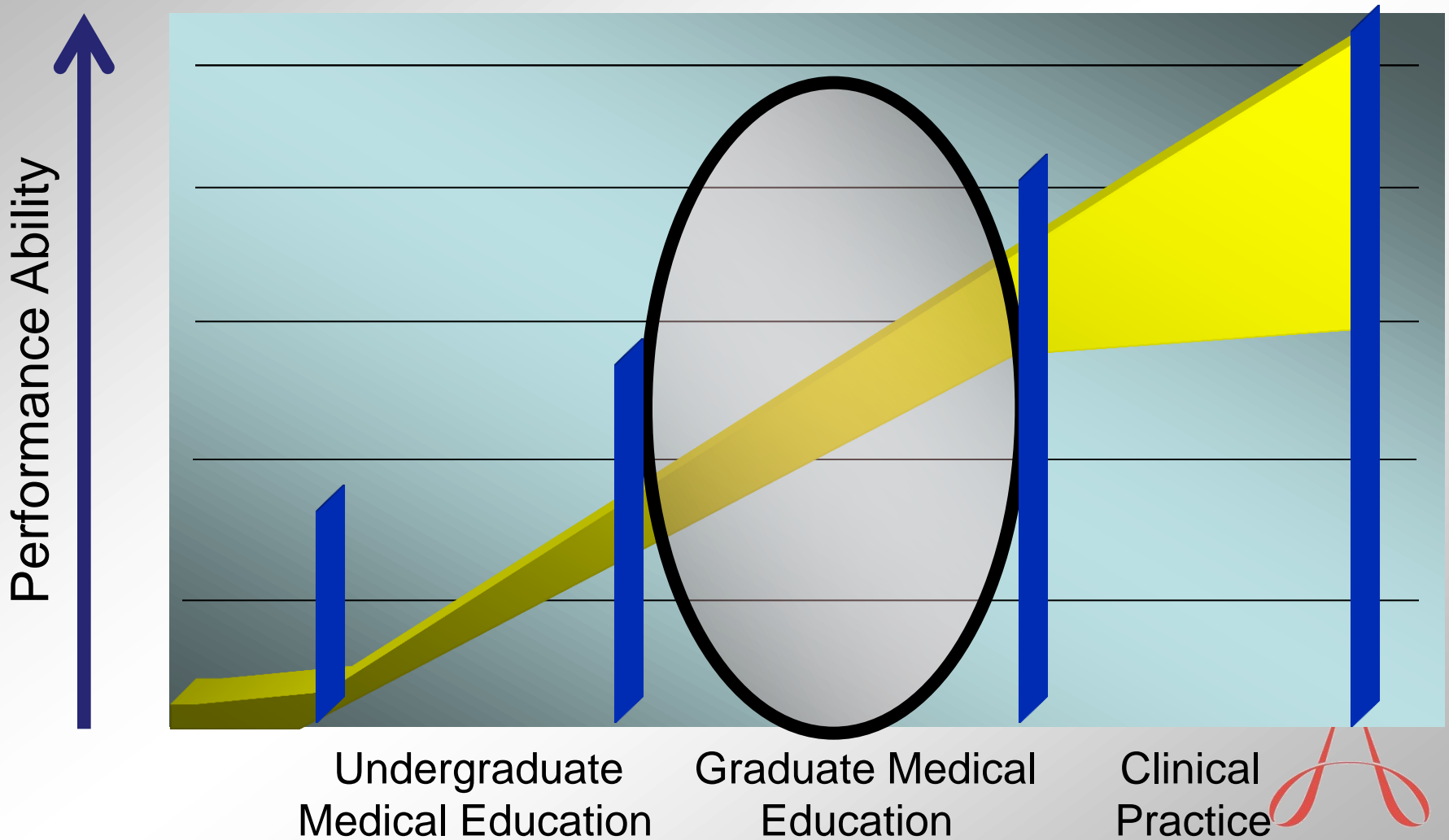
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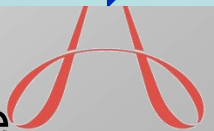
Clinical Professional Development



Undergraduate
Medical Education

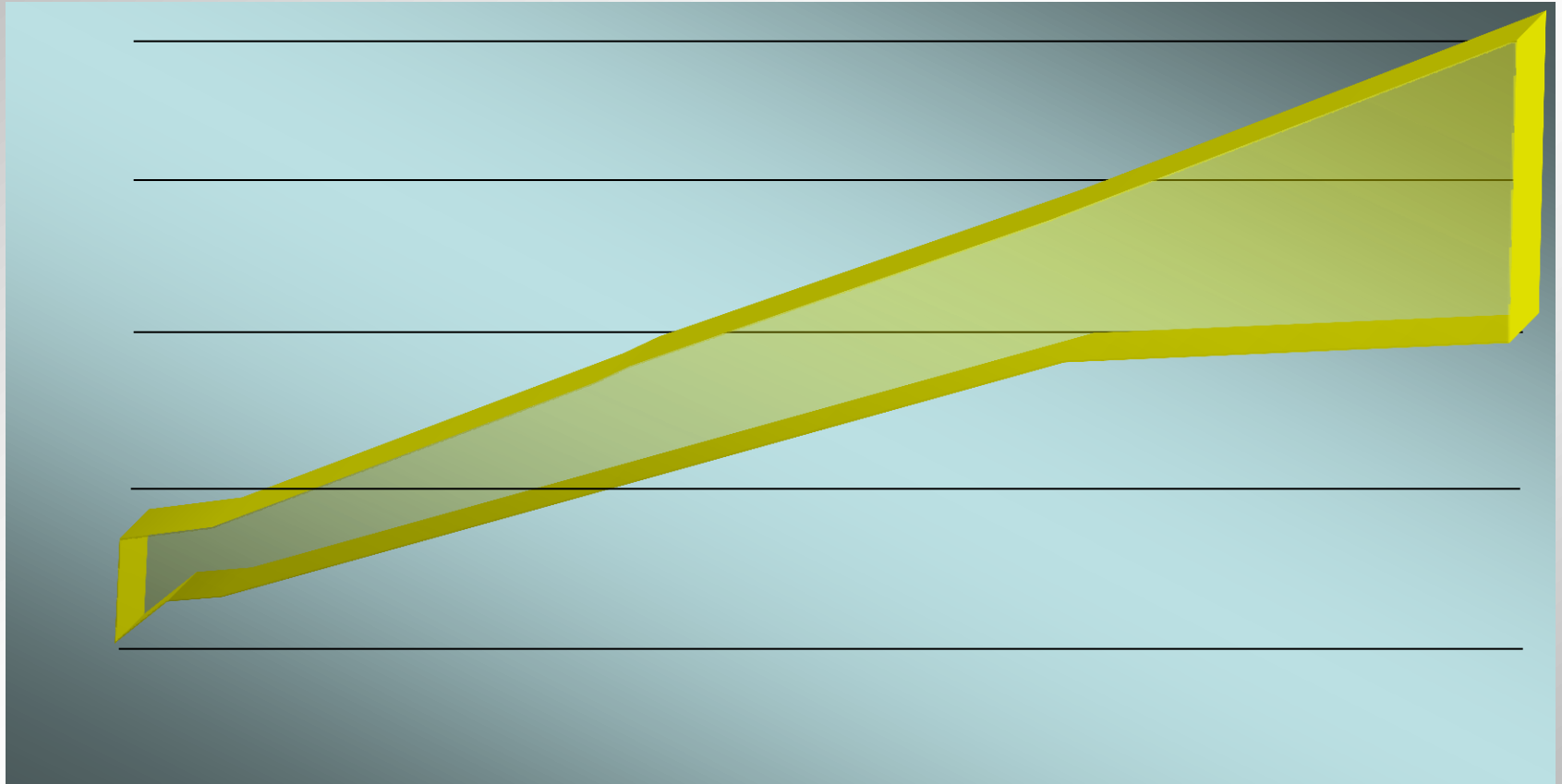
Graduate Medical
Education

Clinical
Practice



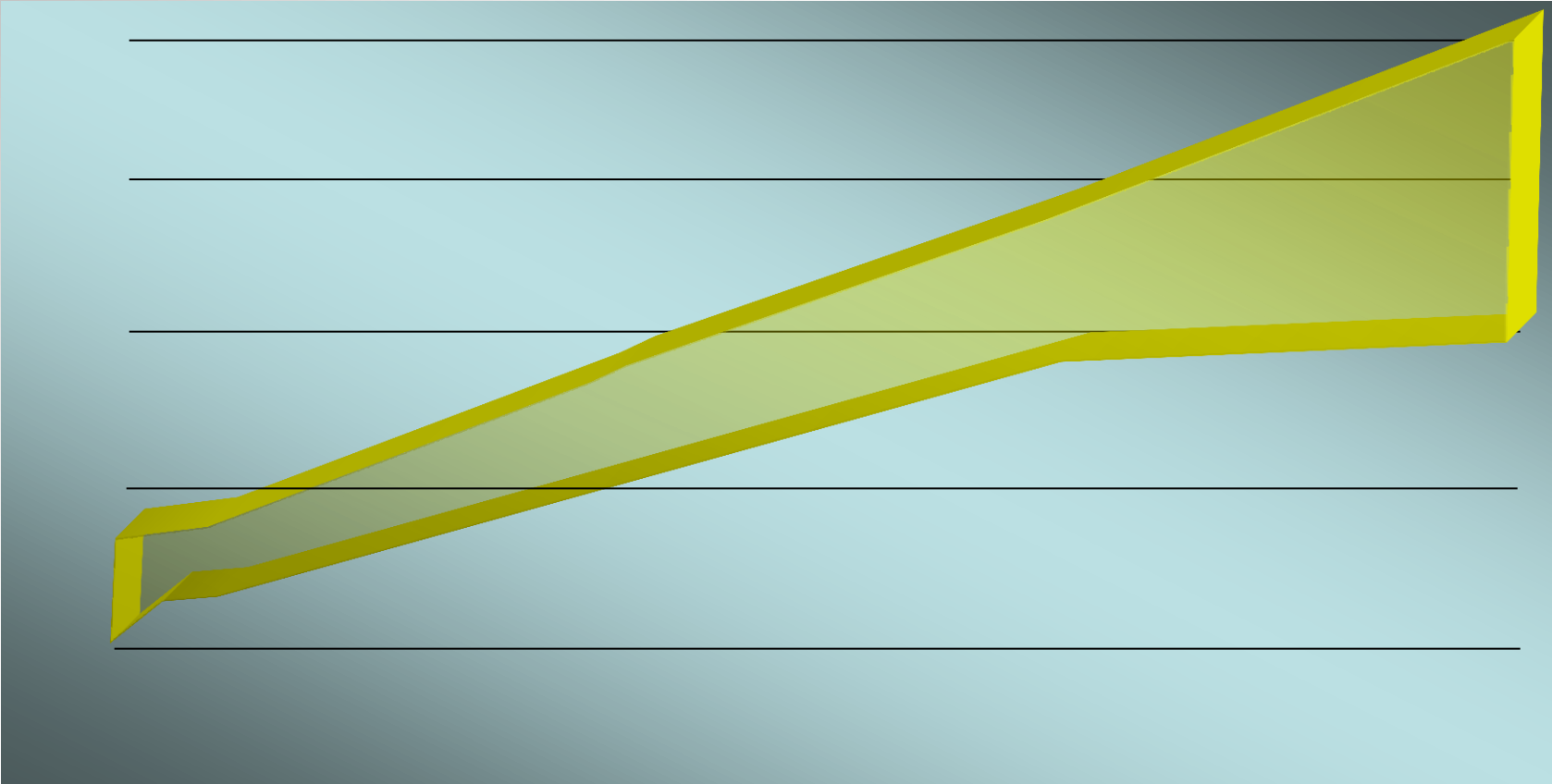
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Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon



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Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon



PGY 1

PGY 2

PGY 3

PGY 4

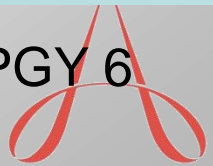
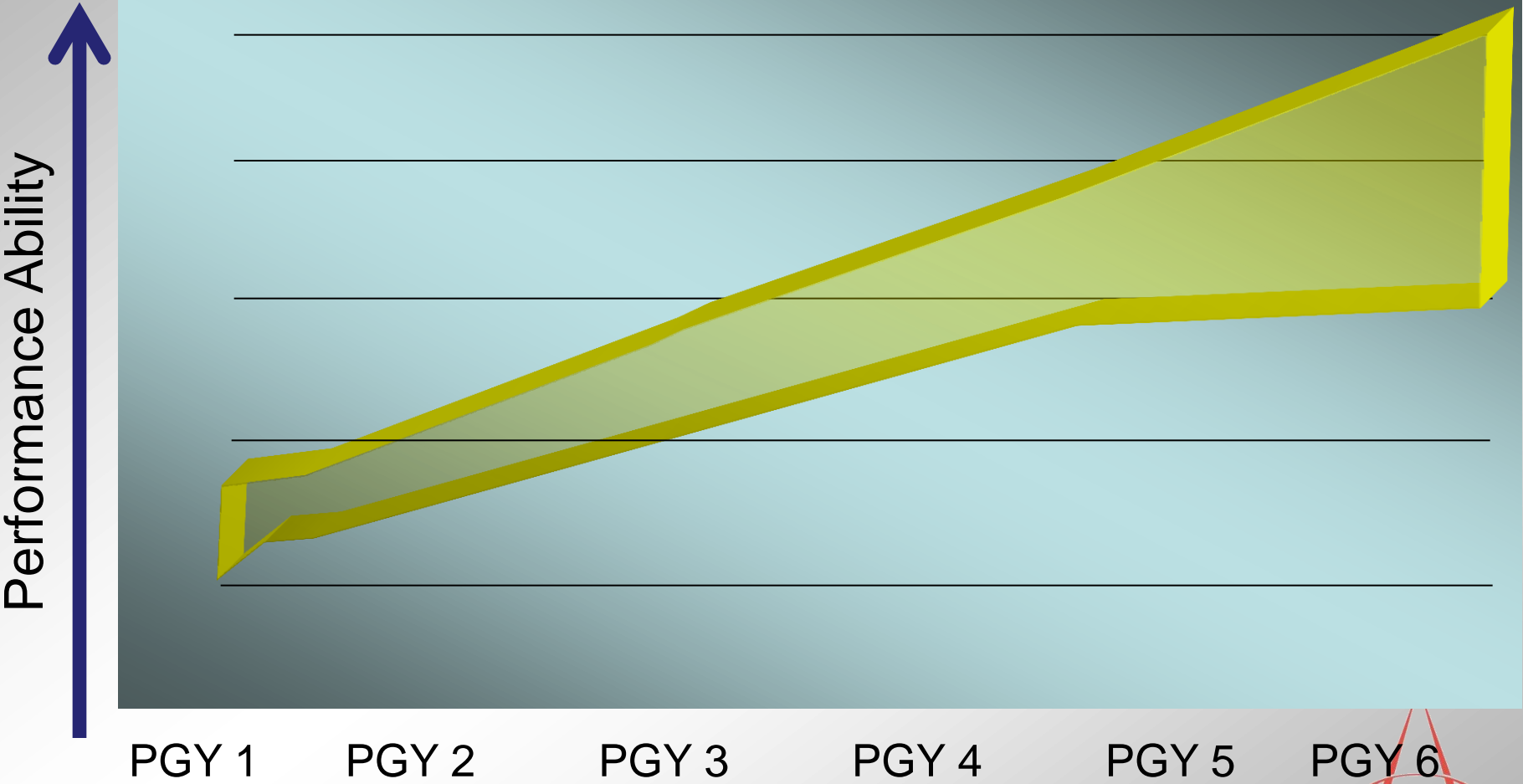
PGY 5

PGY 6



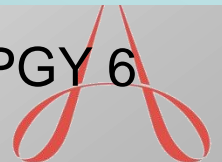
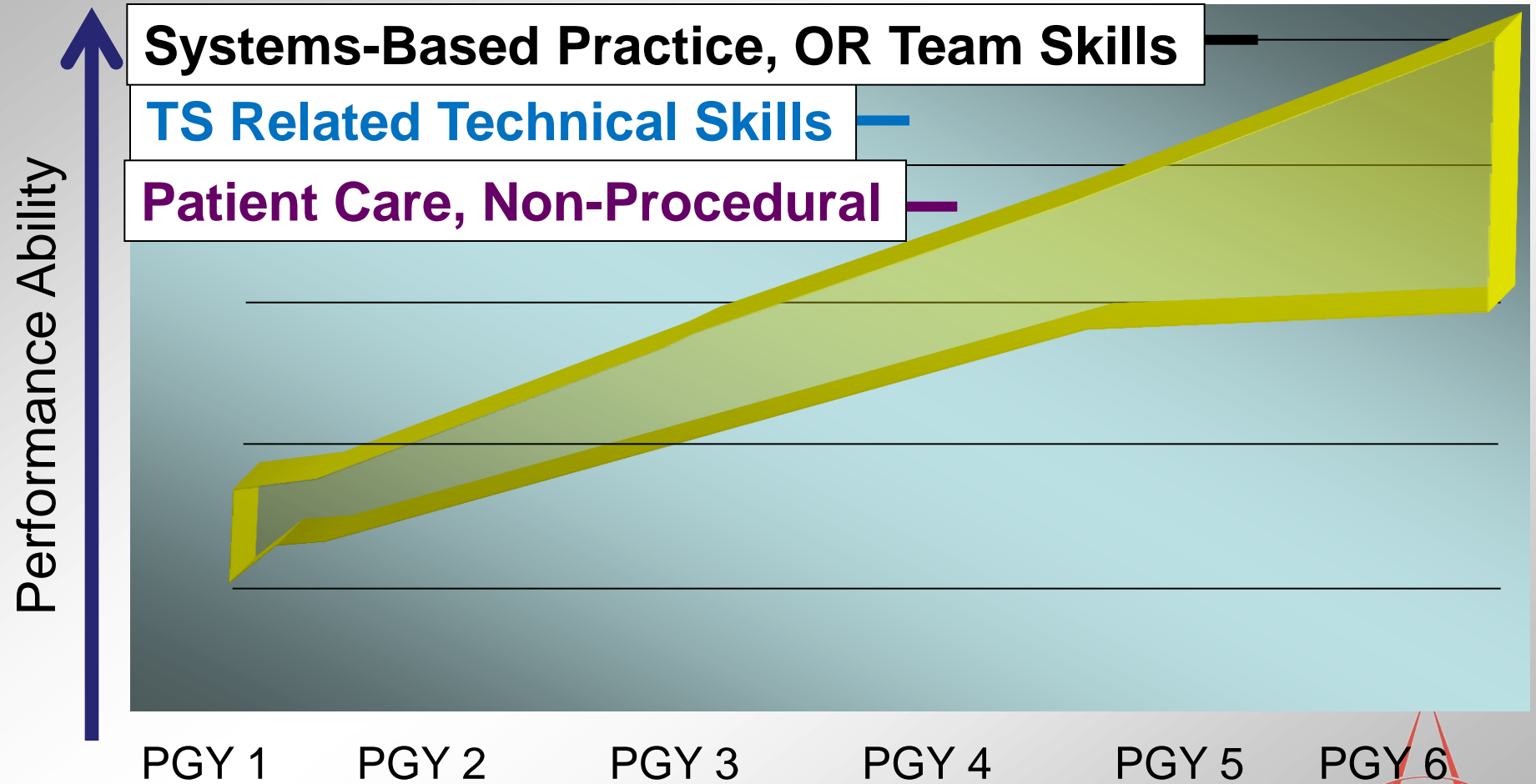
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Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon



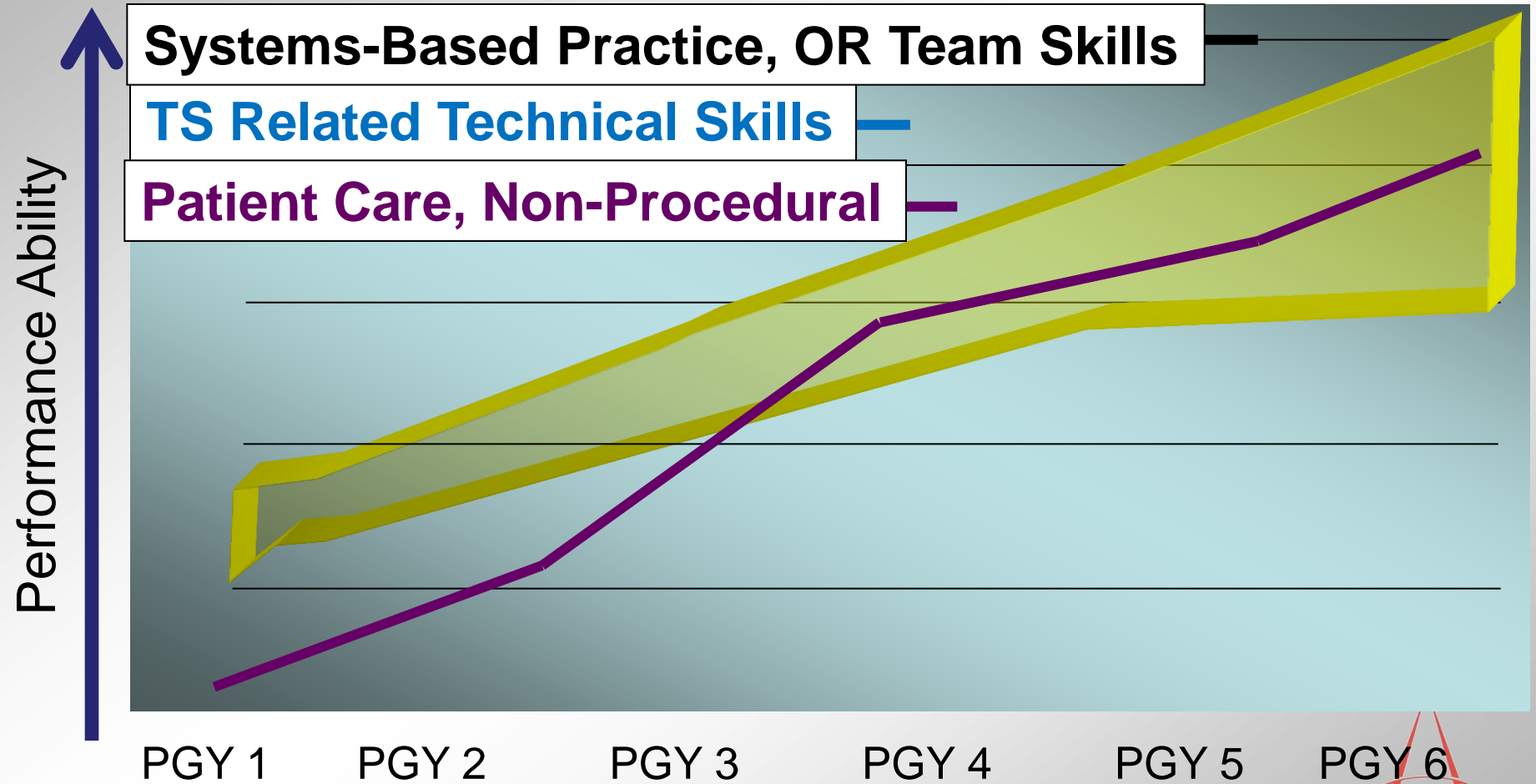
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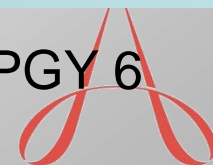
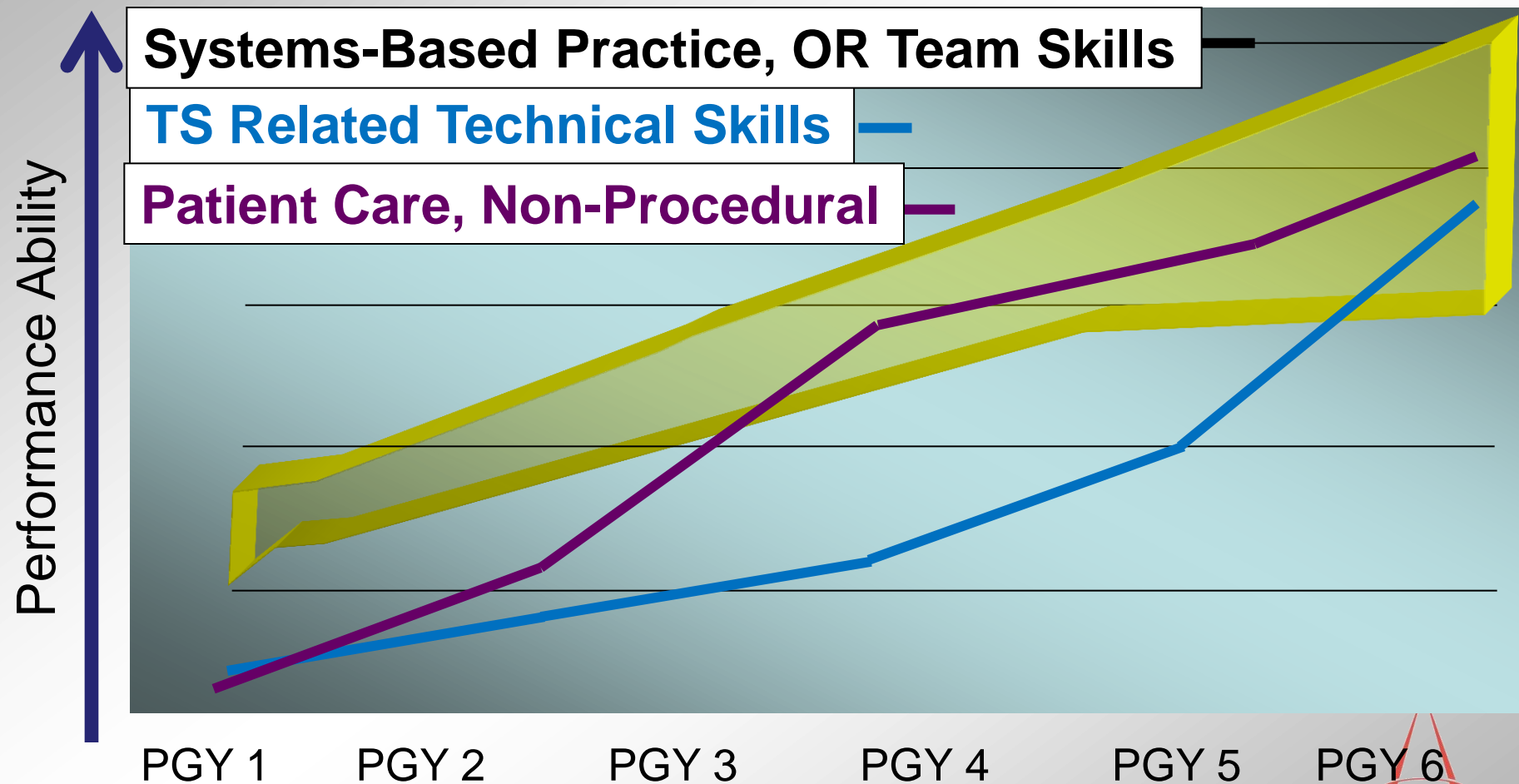
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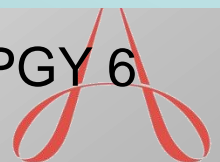
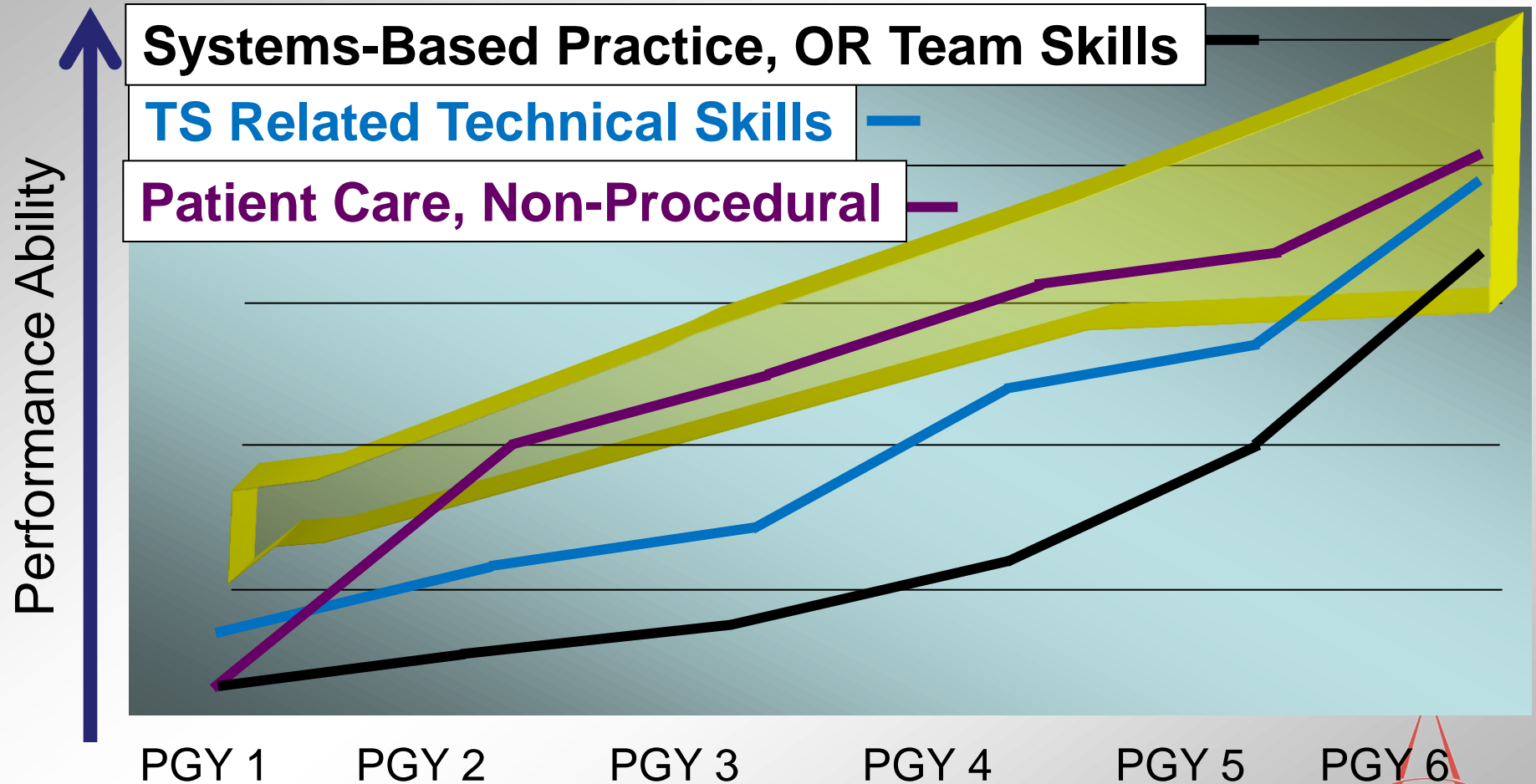
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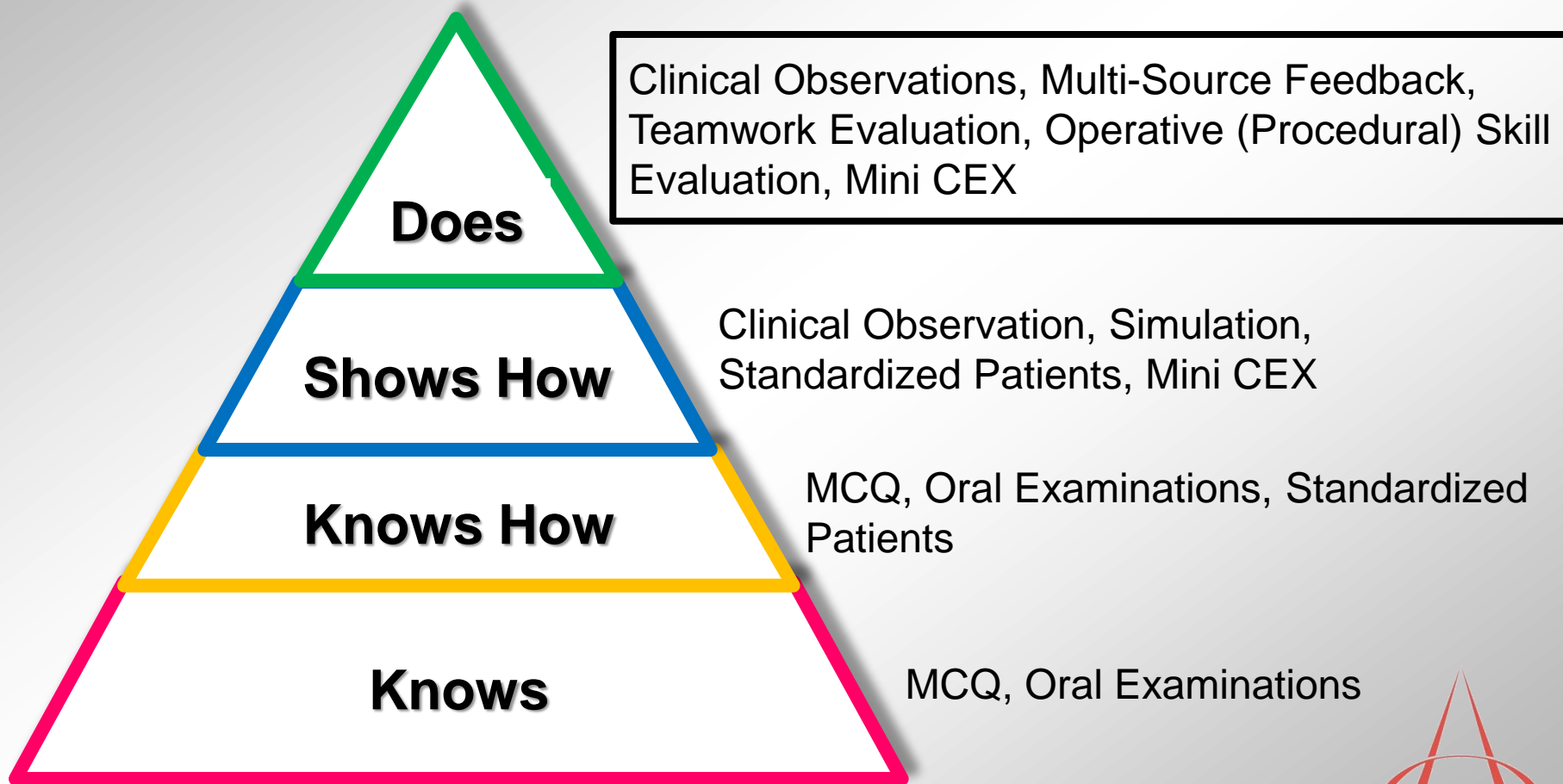
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Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon



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Miller's¹ Pyramid of Clinical Competence



¹Miller, GE. Assessment of Clinical Skills/Competence/Performance. *Academic Medicine (Supplement)* 1990. 65. (S63-S67)

van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. *Medical Education* 2005; 39: 309-317



Move from Numbers to Narratives

- Numerical systems produce range restriction
- Narratives:
 - easily discerned by faculty
 - shown to produce data without range restriction¹

¹ Hodges and others

Most recent reference: Regehr, et al. Using “Standardized Narratives” to Explore New Ways to Represent Faculty Opinions of Resident Performance. *Academic Medicine*. 2012. 87(4); 419-427.



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The Power of Narratives



The illustration above shows:



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The Power of Narratives



The illustration above shows:

A. A prolate spheroid which is 725 mm in long circumference and 550 mm in transverse circumference. It is similar to a rugby ball but slightly smaller, more rounded at the ends and more elongated. Red balls are used for day matches and yellow for night matches.



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The Power of Narratives



The illustration above shows:

B. This has the form of a prolate spheroid, 11 inches long axis; 28 inches long circumference; 21 inches short circumference. It is less rounded at the ends than a rugby ball and has a pebble grained leather case of natural tan color.



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The Power of Narratives



The illustration above shows:

C. A prolate spheroid ball which is 28 cm long, 60 cm in circumference at its widest point and 76 cm in circumference end to end.



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The Power of Narratives



The illustration above shows:



D. A spherical ball with a circumference of 68-70 cm, which may be white, consisting of 32 panels of leather or plastic including 12 panels that are regular pentagons and 20 panels that are hexagons.



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The Power of Narratives



The illustration above shows:

E. A white spherical ball which is of 25 cm diameter. The pattern of panels consists of six groups perpendicular to each other, each group being composed of two trapezoidal and one rectangular panel; 18 panels in all.



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Milestones

- Why?
- **What?**
- Who?
- When?



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Milestones

- Organized under six domains of clinical competency
- Observable steps on continuum of increasing ability
- Describe trajectory from neophyte to practitioner
- Intuitively known by experienced specialty educators
- Provide framework & language to describe progress
- Articulate shared understanding of expectations



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ACGME Goals for Milestones

- Permits fruition of the promise of “Outcomes”
- Track what is important
- Uses *existing tools* for *observations*
- Clinical Competence Committee *triangulates* progress of each resident
 - Essential for valid and reliable clinical evaluation system
- RRCs track aggregated program data
- ABMS Board *may* track the identified individual



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ACGME Goals for Milestones

- Specialty specific normative data
- Common expectations for individual resident progress
- Development of specialty specific evaluation tools



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Uses for the Milestones

- Program Director
 - Provide feedback to residents
 - Benchmark her residents to program mean
 - Determine program strengths
 - Determine program opportunities for improvement
 - Benchmark her residents nationally
 - Benchmark her program nationally



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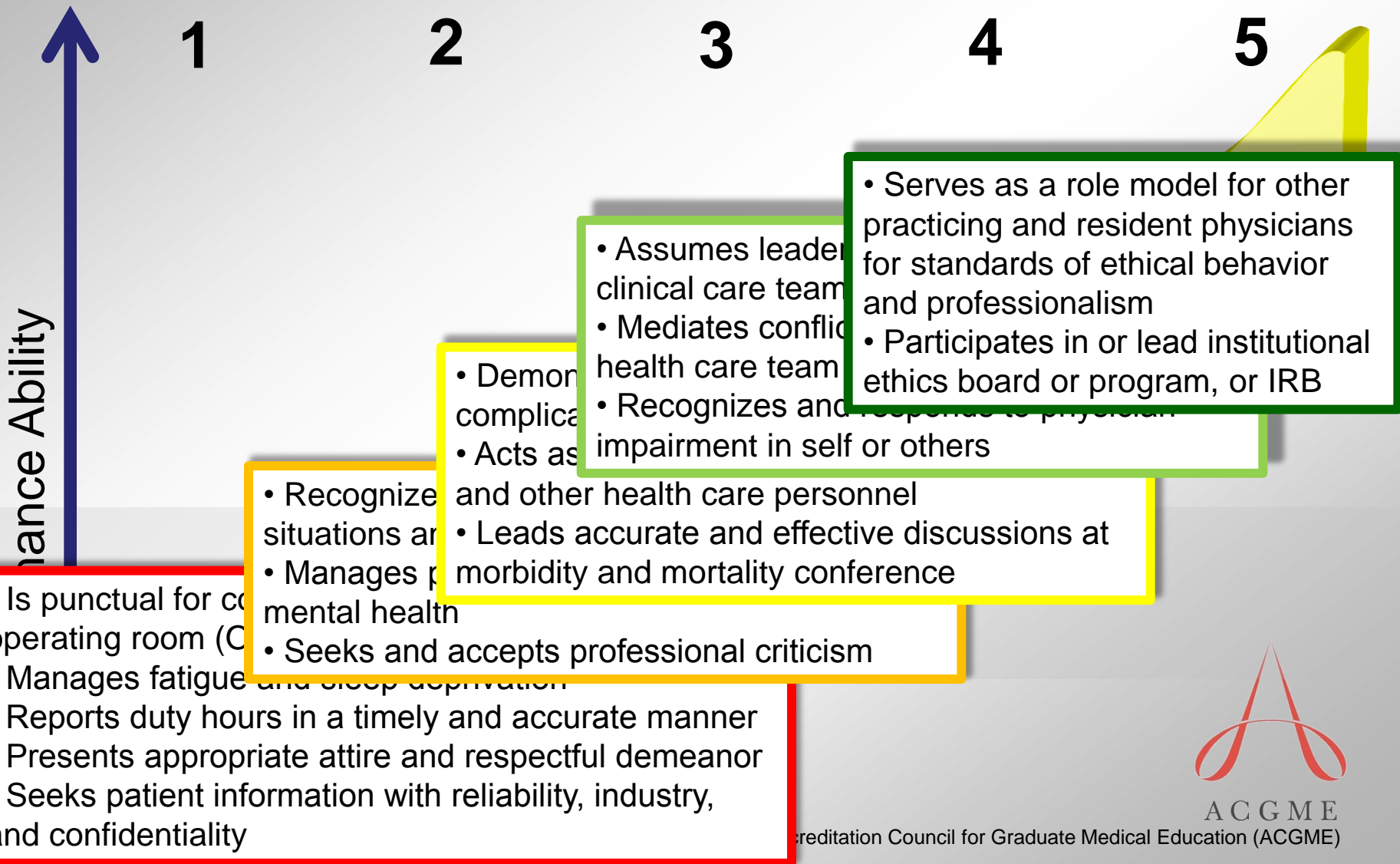
Uses for the Milestones

- Resident
 - Get specific feedback
 - Benchmark herself against peers in program
 - Determine individual strengths
 - Determine individual opportunities for improvement
 - Benchmark herself against peers nationally



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The “Envelope of Expectations” Professionalism



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Accreditation Council for Graduate Medical Education (ACGME)

Milestones: Mapped to Competencies

| Patient Care & Procedural Skills | Medical Knowledge | Practice-based Learning & Improvement | Interpersonal & Communication Skills | Professionalism | Systems-Based Practice |
|---|---|--|--------------------------------------|-----------------|------------------------|
| Ischemic HD | Ischemic HD | Research/Teaching | Interpersonal Communication | Ethics & Values | Patient Safety |
| Cardiopulmonary BP/MC Protection/Temp Circulatory Support | Cardiopulmonary BP/MC Protection/Temp Circulatory Support | Evaluate Care/Scientific Evidence, CQI | | Accountability | Resource Allocation |
| Valvular Disease | Valvular Disease | | | | Practice Management |
| Great Vessel Disease | Congenital Heart Disease | | | | |
| Esophagus | Esophagus | | | | |
| Lung & Airway | Lung & Airway | | | | |
| Chest Wall/Pleura/Mediastinum | Chest Wall/Pleura/Mediastinum | | | | |
| Critical Care | Critical Care | | | | |
| End Stage Cardiopulmonary Disease | | | | | |

TS Milestones MK-IHD

| Medical Knowledge: Ischemic Heart Disease | | | | |
|--|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <ul style="list-style-type: none"> • Knows basic anatomy and pathology (identifies coronary anatomy on angiogram) • Knows basic cellular and vascular physiology • Lists clinical manifestations of ischemic heart disease (e.g., angina, myocardial infarction) • Lists diagnostic tools available for evaluation of ischemic heart disease • Lists treatment options for ischemic heart disease (e.g., CABG, PCI) • Knows basic complications for ischemic heart disease | <ul style="list-style-type: none"> • Understands common variations in anatomy and pathology (e.g., left dominant system) • Understands physiologic changes accompanying ischemic heart disease (e.g., ischemia, ischemia reperfusion injury, infarction, recovering myocardium) • Generates differential diagnosis of disease with similar manifestations (e.g., esophageal and aortic problems, pleurisy) • Understands advantages and disadvantages of diagnostic tools in evaluating ischemic heart disease (e.g., EKG vs. echocardiogram vs. angiogram) • Understands advantages and disadvantages of various treatment options for ischemic heart disease • Understands risks, benefits and complications of treatment modalities | <ul style="list-style-type: none"> • Understands complex integrations between anatomy and pathology (e.g., anomalous coronary artery) • Understands the role of treatment on physiology of ischemic heart disease • Identifies the common variants of the clinical manifestations of ischemic heart disease (e.g., unstable angina, acute myocardial infarction, silent ischemia) • Interprets normal and common abnormalities associated with ischemic heart disease (e.g., reads coronary angiogram, complex EKG) • Identifies appropriate treatment for routine patient with ischemic heart disease. • Familiar with ACC/STS/AATS guidelines • Knows basic outcome literature for ischemic heart disease (e.g., SYNTAX Trial) | <ul style="list-style-type: none"> • Understands complex variations in anatomy and pathology, including congenital (e.g., able to identify coronary anatomy in reoperative surgery) • Adapts therapeutic management based on understanding of physiology of complications of ischemic heart disease (e.g., post infarct VSD, ischemic mitral regurgitation) • Distinguishes the complex clinical manifestations and complications of ischemic heart disease • Interprets and integrates complex abnormalities associated with ischemic heart disease • Identifies appropriate treatment for complex patient with ischemic heart disease (e.g., hybrid CABG) • Knows outcomes for all treatment modalities and complications, including databases and clinical trials (e.g., STS Database) | <ul style="list-style-type: none"> • Understands implications of SYNTAX score • Presents on outcomes of ischemic heart disease at local, regional or national meeting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | <input type="checkbox"/> Not yet rotated |

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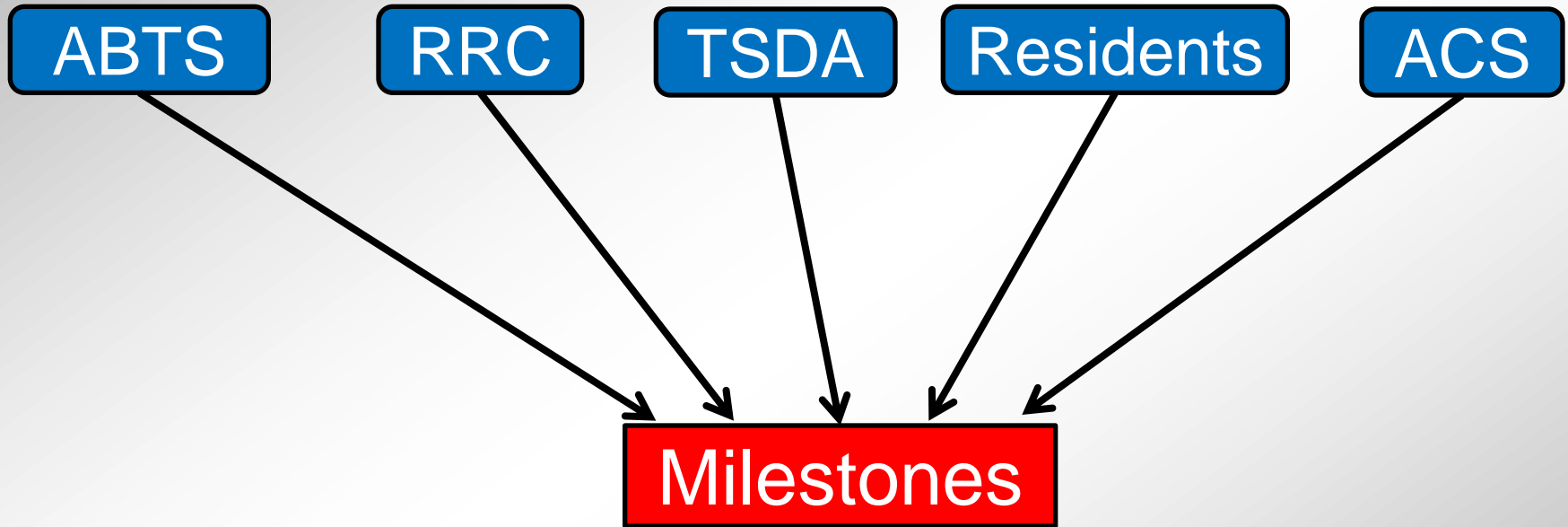
Milestones

- Why?
- What?
- **Who?**
- When?



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Creation of Milestones



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TS Milestones Working Group

- Andrea J. Carpenter, MD, PhD
- Laura Edgar, EdD, CAE
- James Fann, MD
- Robert Higgins, MD
- Richard Lee, MD
- Tom C. Nguyen, MD
- Carolyn Reed, MD*
- Peggy Simpson, EdD
- Ara Vaporciyan, MD, FACS, MHPE
- Thomas Varghese, MD, FACS
- Edward Verrier, MD
- Cameron Wright, MD
- Stephen Yang, MD

*Acknowledgements: The Working Group and ACGME would like to honor Dr. Carolyn Reed for her significant contribution to the milestones as former chair of the Working Group, she will be greatly missed.



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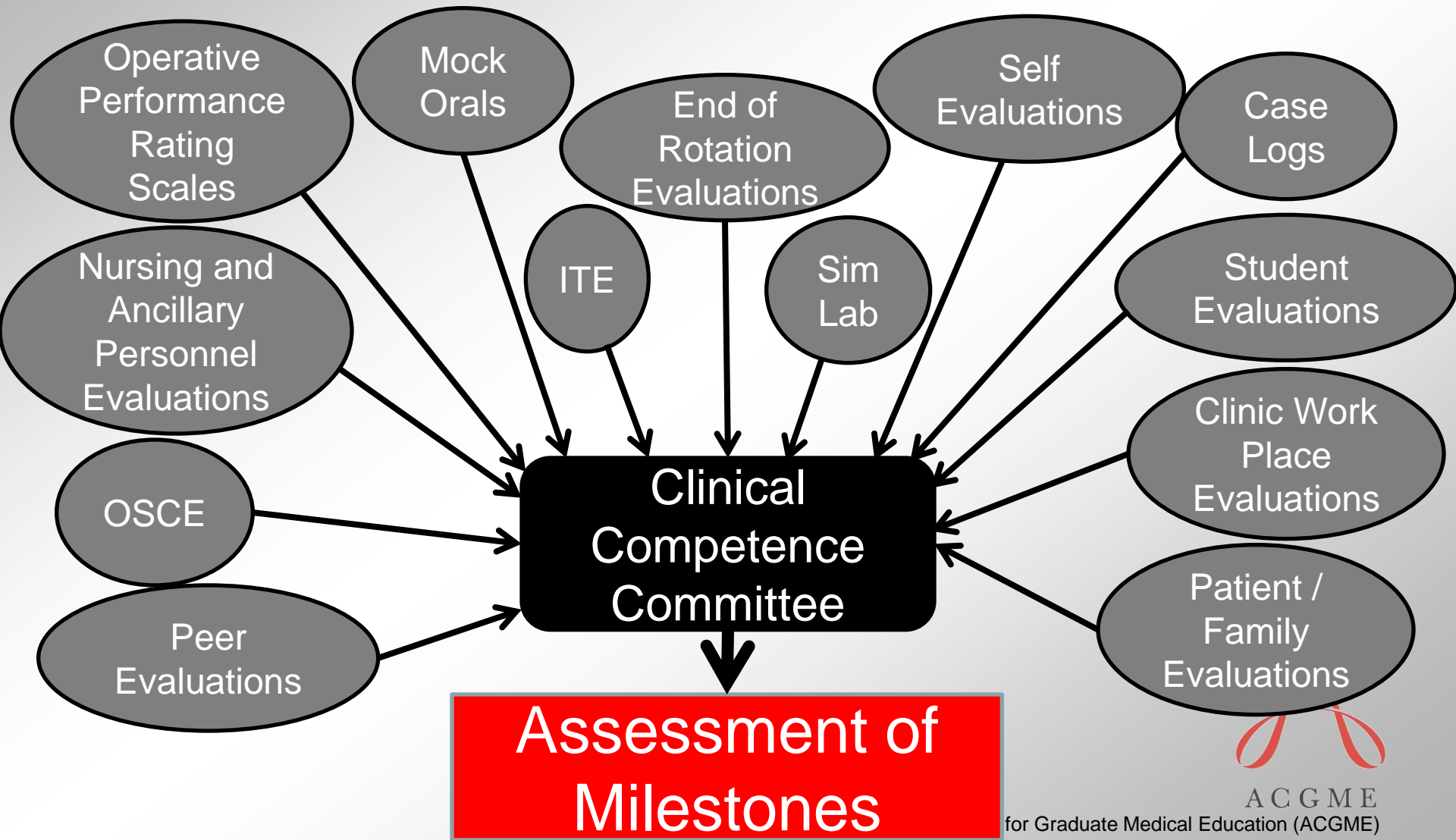
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Evaluation of Miller's "Does"

- Trained observers
 - Common understanding of the expectations
 - Sensitive "eye" to key elements
 - Consistent evaluation of levels of performance
- Requires certain number of observations
- Interpreter/Synthesizer Experts
 - Clinical Competency Committee (Resident Evaluation Committee)



Clinical Competence Committee



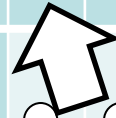
ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

- Tracks what is important - Outcomes
- Begins using *existing tools* and *observations of the faculty*
- Clinical Competency Committee triangulates progress of each resident
 - Essential component of a valid and reliable clinical evaluation system
 - ABMS Board has the opportunity to track the identified individual
 - ACGME Review Committee tracks unidentified individuals' trajectories



Sample Professionalism Milestones

| Level | 1 | 2 | 3 | 4 | 5 | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a.) Honesty, integrity and ethical behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b.) Responsibility and follow through on tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c.) Humanistic behaviors of respect, compassion and empathy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d.) Receiving and giving feedback | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Sample Professionalism Milestones

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| b.) Responsibility and follow through on tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c.) Humanistic behaviors of respect, Resident frequently fails to recognize or actively avoids opportunities for compassion or empathy. On occasion demonstrates lack of respect, or overt disrespect for patients, family members, or other members of the health care team | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Sample Professionalism Milestones

| Level | 1 | 2 | 3 | 4 | 5 |
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| b.) Responsibility and follow through on tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c.) Humanistic behaviors of respect, compassion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d.) Receiving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Resident demonstrates compassion and empathy in care of some patients, but lacks the skills to apply them in more complex clinical situations or settings. Occasionally requires guidance in how to show respect for patients, family members, or other members of the health care team.



Sample Professionalism Milestones

| Level | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
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| b.) Responsibility and follow through on tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c.) Humanistic behaviors of respect, compassion and empathy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d.) Receiving and giving feedback | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Resident seeks out opportunities to demonstrate compassion and empathy in the care of all patients; and demonstrates respect and is sensitive to the needs and concerns of all patients, family members, and members of the health care team.



Milestones

- Why?
- What?
- Who?
- **When?**



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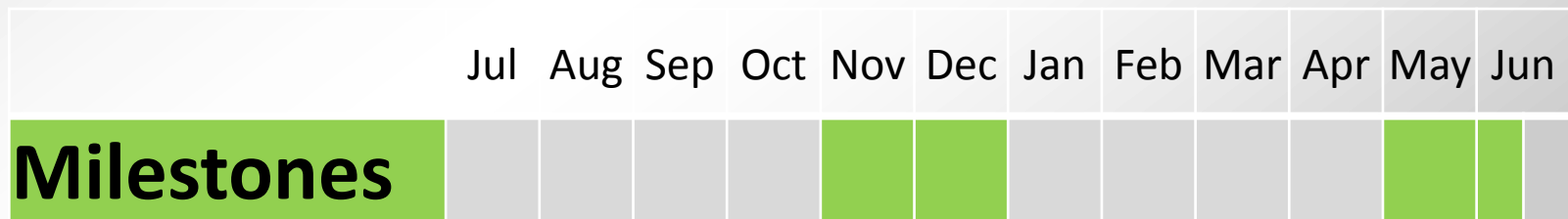
Milestones: When?

Publication:

Thoracic Surgery: September 2013

Implementation (data collection):

Thoracic Surgery Programs: AY 2014



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NAS & Milestones

- **NAS: Background**
- **NAS: Goals**
- **NAS: Structural overview**
- **NAS: What's different?**
- **Milestones**



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Previous Webinars

- Previous webinars available for review at:
<http://www.acgme-nas.org/index.html> under
“ACGME Webinars”
 - CLER
 - Milestones, Evaluation, CCCs
 - Specialty specific Webinars (Phase 1&2)
 - Coordinators Webinars (Phase 1)



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Upcoming Webinars

- Self-Study Process (what programs do)
- Self-Study Site Visit (what site visitors do)
- Specialty specific Webinars (Phase 2): Oct - May



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Slide Decks

- For use by PDs and GME community:
 - NAS
 - CLER
 - CCC/PEC
 - Milestones
 - Update on new ACGME policies
 - Self Study
- <20 min each
- November 2013



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