The ACGME Milestones' Role in Assessment and Evaluation: Helping Your Programs, Helping Your Residents

Laura Edgar, EdD, CAE
Executive Director, Milestone Development
Disclosures

- Full-time employee of ACGME
- No financial disclosures
Objectives

• **Identify what benefits the Milestones have given programs and residents in the initial phase of implementation**

• **Articulate the benefits of early identification of under performers, better feedback and aspirational goals for residents**

• **Provide examples of how Milestones have impacted assessment and evaluation activities for the clinical faculty**
Milestones – Benefits

ACGME
- Accreditation – continuous monitoring of programs; lengthening of site visit cycles
- Public Accountability – report at a national level on competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

Residency Programs
- Guide curriculum development
- More explicit expectations of residents
- Support better assessment
- Enhanced opportunities for early identification of under-performers

Certification Boards
- Research

Residents
- Increased transparency of performance requirements
- Encourage resident self-assessment and self-directed learning
- Better feedback to residents
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Milestones – Benefits to the Program

• Have you noticed any positive changes in your program?
Milestones – Benefits to the Program

- A chance to review curriculum
Milestones – Benefits to the Program

• A chance to review assessment tools
Milestones – Benefits to the Program

• A chance to rethink how you really want your program to be taught
Milestones – Benefits to the Program

- FACULTY DEVELOPMENT
Milestones – Benefits to the Program

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Milestones – Benefits to the Program

• Regular Faculty Development is the best way to make sure that your program is doing what it says, meaning what it teaches, and evaluating the right skills and knowledge

• How much has Faculty Development increased within your program over the last 3 years?
Milestones – Benefits to the Program

• If you have taken the chance to review your curriculum and
• If you have taken the chance to review your assessments and
• If you have taken the chance to rethink your teaching methods
Milestones – Benefits to the Program

• You have more opportunity to identify the struggling resident
• Remediation is more likely if the problem is identified earlier
• When remediation is performed earlier the resident will likely catch up to their peers
• If missed, the problem will become exaggerated as more responsibility is placed upon the resident which can have impact on patient safety
Milestones – Benefits to the Program

- How many have to dismiss a resident from the program?

- How many have dismissed the resident more than half-way through the program?

- How many have dismissed a resident in their final year?

- What does the program lose when this happens?
Milestones – Benefits to the Resident

- Residents have reported more feedback
- More specific feedback with the semi-annual review
Milestones – Benefits to the Resident

- Floors and Ceilings
Milestones – Benefits to the Resident

• Opportunity for self-assessment against the Milestones

• Opportunity for self-directed learning
Milestones – Benefit Example

- Resident had great letters of recommendation.
- Started out as one of the best residents ever seen in the program.
- At the first CCC evaluations were glowing but there were some troubling comments.
- The second CCC had many negative evaluations with the same troubling comments.
- Resident was outscoring all peers.
Milestones – Benefit Example

• Fellow was in final year with no concerns.
• Negative evaluations had not been received in the first two years.
• CCC evaluations were on par with peers.
• Several faculty approached PD with serious concerns in a short time period.
• For the first time, CCC evaluations were all lower than before.
Milestones – Benefit Example

• PGY2 resident completed a TY with glowing results
• The first Milestone evaluation for PC and MK were all 0-1; ICS, PBLI, PROF, and SBP were all on par with peers.
• Program Director, Faculty Mentor and Resident met to discuss the future.
Milestones – Impact on Assessment

• More focused assessment

• Assessments mapped to competencies, subcompetencies and Milestones

• Assessment gaps identified

Did your program do this yet?
Milestones – Impact on Assessment

• If not, it is never too late!

• Start the process by doing a thorough review of your current assessments

• Faculty should discuss each to determine potential changes

• Ensure that the assessment measures across levels of competency
Milestones – Impact on Assessment

• Biggest problem in assessment is the assessor

• More specifically, the assessors do not have a shared mental model of what the assessment is assessing or what the options “look like”.

• This has led to more

FACULTY DEVELOPMENT
Practical Tips - Faculty

- Share and discuss the pertinent Milestone set with faculty members as a group at the beginning of the academic year (at a minimum). This helps faculty members develop and use a shared understanding of the goals of the Milestones.

- Observe, observe, observe! Faculty observation of key competencies is essential to effective feedback, coaching, and professional development.
Practical Tips - Faculty

• Embed observation in “what faculty do” – clinic precepting, procedures, bedside rounds, discharge planning, joining part of an admission, and so on.

• Participate in faculty development around the Milestones, assessment and observation, feedback as core educator skills.

• Help faculty members understand where their assessments map onto the pertinent Milestones related to their role in the program.
Practical Tips - Residents

• Share and discuss the pertinent Milestones set with residents and fellows at the beginning of the program. This helps them to gain a shared understanding of the goals of the program and Milestones.

• Have residents and fellows complete individualized learning plans, using the Milestones as an important guide.
Practical Tips - Residents

• Consider having residents and fellows complete a self-assessment of their Milestones that they can compare and contrast, with a trusted advisor, to the Milestone judgments of the CCC every six months.

• Enable residents and fellows to seek out assessment (i.e., self-directed assessment seeking), especially direct observation, from faculty members.
Milestone Resources

Milestone Webpage
http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview

Milestone FAQs
http://www.acgme.org/Portals/0/MilestonesFAQ.pdf

Clinical Competency Committee Guidebook
http://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf

Milestones Guidebook
http://www.acgme.org/Portals/0/MilestonesGuidebook.pdf

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Milestone Resources – Coming Soon

Milestone National Report - to be released in the next few weeks!

Assessment Toolkit

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Milestone 2.0 – Coming Soon, but not too soon

- Process will be slow
- Learning what works and what does not
- Listening tours and - tell us what you want to keep and what needs to change
- Inclusion of more members of the community throughout the process
Milestone 2.0 – Coming Soon, but not too soon

- Starting with ICS, PBLI, PROF, and SBP
- Developing common themes across specialties
- Multidisciplinary
THANK YOU!!

QUESTIONS?
We are here to help

Milestones:
milestones@acgme.org

Laura Edgar
ledgar@acgme.org