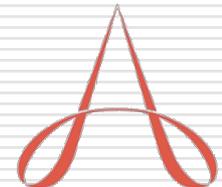


ACGME Milestones Project

How Will It Affect Residency Training?

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ACGME

Milestones

Their Rightful Place in Resident Education

- GME accreditation, 2011
 - The Milestones Project
 - Implications of milestones for anesthesiology training programs
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Evolution of GME Oversight

- Oversight of graduate medical education continues to evolve
 - Apprenticeship
 - Implementation of competencies
 - Integration of scholarship, critical thinking skills
 - Supervision vs autonomy
 - Goal is to improve the educational experience and transition to independent practice
 - Burdensome process – with limited data on outcomes
-

Ensuring Resident Competency

- ACGME competencies defined in late 1990s
 - Patient care (including procedural skills)
 - Medical knowledge
 - Practice-based learning and improvement
 - Interpersonal and communication skills
 - Professionalism
 - Systems-based practice
 - Implemented to clarify specific knowledge, skills, behaviors and attitudes expected of each resident and validate that they have been achieved
 - *Programs responsible for developing tools and documenting resident competencies*
-

Assessing Competence

Are We On the Right Track?

- Core competencies
 - Difficult to grasp for residents and faculty
 - Acquisition times vary; sustaining competencies challenging
 - Lacked “tools” to adequately assess competencies
 - Evaluation of competencies is superficial
 - Identifying appropriate outcome measures has been challenging
 - *We have limited data to demonstrate that a resident who achieves individual core competencies is prepared for independent practice*
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Continuum of Professional Development

Master

Expert

Proficient

Competent

Advanced
Beginner

Novice

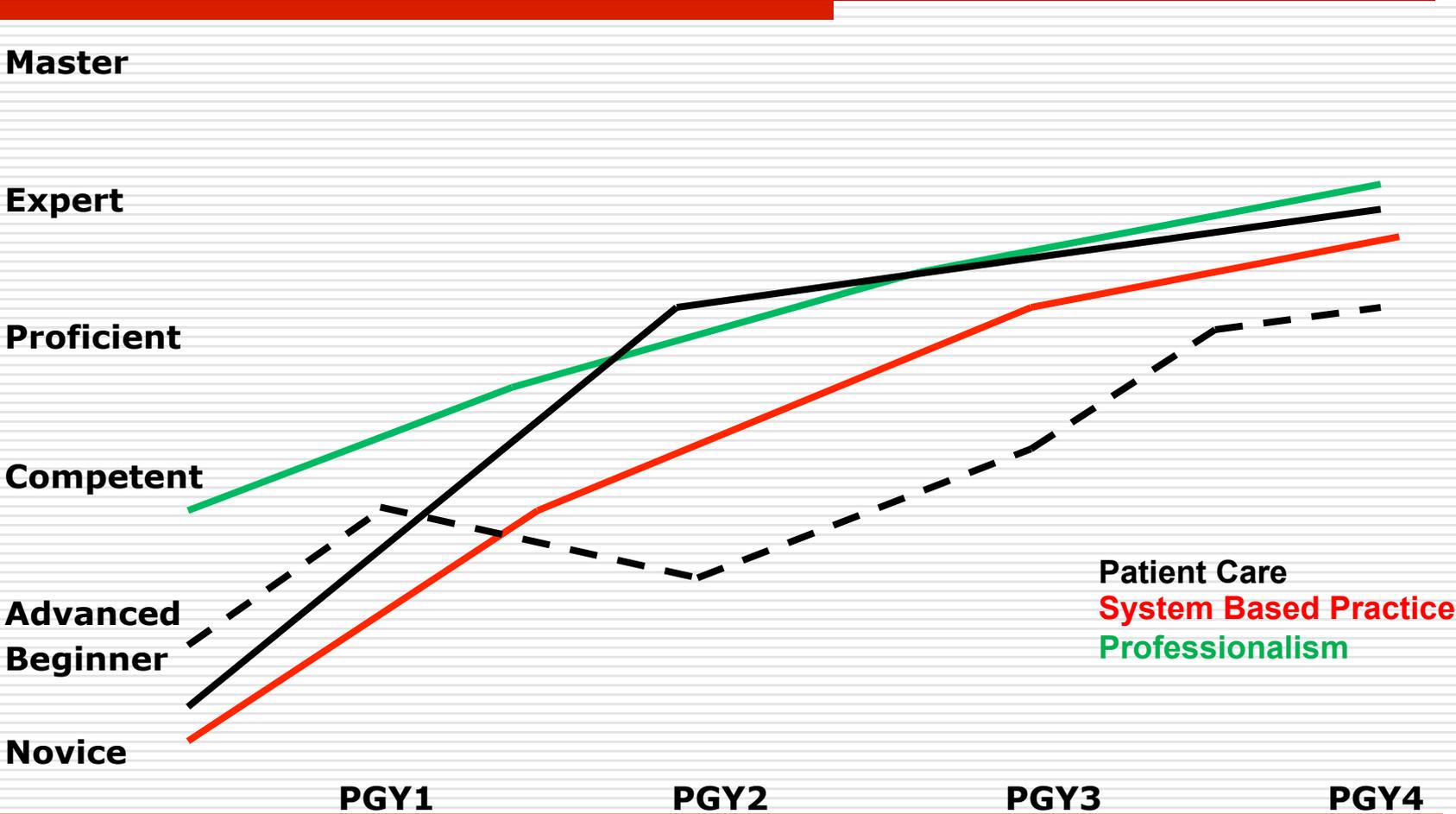
PGY1

PGY2

PGY3

PGY4

Patient Care
System Based Practice
Professionalism



Assessing Competence

Increasing Scrutiny

- Increasing public concern about quality of care, patient safety and accountability of health care in general
 - Health Care Reform codified “physician competencies”
 - Emphasis on quality of medical education
 - Supervision of trainees
 - Duty hours
 - Transitions to independent practice
 - Increased scrutiny has financial ramifications
 - IOM, MedPac question the quality of preparation of graduates
 - MedPac called on CMS to base IME payments on “outcomes”
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ACGME Milestones Project

- *Goal is to identify specific outcome measures*
 - Improve the **quality of assessment**
 - Individual resident learning, performance, progression
 - Residency program
 - Utilize program level educational outcome data to **gauge programs' educational effectiveness** and identify areas for improvement
 - Enable the ACGME to better ensure the public that residency programs provide effective education and preparation for independent practice
-

ACGME Milestones Project

- What is a milestone?
 - How can milestones optimize training and assessment?
 - What have we learned so far?
 - What are the implications for anesthesia residency programs?
-

Educational Milestone

- Specific behavior, attribute or outcome to be acquired by a resident at a *particular point* during residency training
 - *Distinct, observable* set of behaviors which *support the achievement of one or more of the six competencies* for an individual learner
 - Represents a “notable accomplishment”
 - Provides a method for *assessing* resident learning and performance *against a benchmark*
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ACGME Milestones Project

Objectives

- Create a **single set of learning and performance expectations** for resident achievement *in each competency domain* for use by all residency programs within the specialty, the Review Committee and the certification board
 - Provide residents with an **explicit, clear description of what is expected** of them at each level of training to enable self-assessment and facilitate their ability to seek learning opportunities
 - Enhance opportunities for **early identification of under-performers** so that appropriate action can be taken
 - Enable creation of a national database and **comparison of program performance against specialty norms**
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Milestones

What is their Value?

- Improve educational process for residents and faculty
 - More precise and transparent performance expectations
 - Optimize resident self-assessment and self-directed learning
 - Objectivity in evaluation process
 - Provide better feedback
 - Foster better and earlier detection of deficiencies
 - Guide curriculum development
 - Standardize teaching
 - Clarify the “entrustable professional activities” (EPAs) expected of each physician in the specialty
 - *Goal* to improve quality of patient care
-

Milestones, 2011

- Despite many unanswered questions, ACGME has committed to incorporating milestones into the accreditation process to ensure that resident acquire the necessary skills to transition to independent practice
- ABMS has committed to utilize the same process to assess continued competence
- A number of “pilots” are underway

So, what have we learned?

Milestones Project

- Milestones can be defined for each competency
 - Some milestones are common for all residents
 - Professionalism
 - Interpersonal and Communication Skills
 - Practice Based Learning and Improvement (Gary Loyd)
 - Systems Based Practice
 - This project is real! -- Implementation
 - Core Milestones – July 1, 2012
 - Sub Milestones – July 1, 2015
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Surgery Milestones

- Define the conceptual framework
 - Describe the desired characteristics of residents as they progress through training
 - Identify existing tools that can be used for milestone measurement
 - Most focus on **medical knowledge, patient care**
 - Represents single point in time **pass/fail assessment**
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General Surgery Milestone Practice-Based Learning

Care for Diseases and Conditions

Level 0	
Level 1	Resident is able to perform an efficient and accurate initial history and physical examination of all patients admitted to the hospital, including critically ill patients
Level 2	In addition to performing an accurate history and physical examination, the resident can accurately diagnose most “broad” surgical conditions and recommend appropriate management for some common conditions
Level 3	In addition, the resident can accurately diagnose all “broad” conditions and some “focused” conditions and recommend appropriate management for all common surgical conditions
Level 4	<p>The resident can lead a team of persons who can care for common and complex conditions and can delegate appropriate clinical tasks to other team members</p> <p>The resident recognized atypical presentations of a large number of conditions and can recommend overall management for all “broad” diseases and initial management for “focused” diseases</p>

General Surgery Milestone Patient Care

Laparoscopic Surgery

Level 1 (6 months)	Steps are omitted, partially completed, or done out of sequence and/or done with too much or too little force, speed, depth, distance
Level 2 (12 months)	A step is repeated or done out of sequence A step is done with too much or too little force, speed, depth, distance
Level 3 (18 months)	Steps completed in sequence Steps are done with appropriate force, speed, depth and distance for <i>routine</i> cases
Level 4 (24 months)	Steps are completed in sequence and done with appropriate force, speed, depth and distance for <i>routine and complicated</i> cases
Level 5 (36 months)	Technical performance for complicated cases, including improvised movements is fluid and error free

Milestones

Lessons Learned

- Operationalizing the milestones is challenging
 - Approaches vary by specialty
 - Some key elements
 - Defined milestones should be correlated with competence
 - Development of milestones should be evidence-based, “rational”
 - Milestones should take advantage of existing assessment tools
 - Make them simple – to understand and implement
 - Faculty development is essential
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Milestones

Implications for Anesthesiology

- Milestones are here to stay, *at least for now*
 - Milestones represent an *additional* method for assessment
 - Clinical competence of our residents
 - Preparation for independent practice
 - Quality of our training program
 - Milestones represent an incremental step in transition to the Next Accreditation System
 - Anesthesiology will participate in the milestones development process, but also be cognizant of the specific needs of our training programs and specialty
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Milestones

Critical Issues for Anesthesiology

- Educational realities
 - Variable competencies at entry to residency program
 - Limited “control” over clinical experiences
 - Timing of clinical rotations, graded experiences
 - Implementation of milestones will have significant implications for residency programs
 - Scheduling (rotations and case assignments) may be affected
 - Remedial actions will be required
 - Duration of training could be modified
 - Collaboration with ABA is critical
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Milestones Project Status

- Joint effort of ACGME and ABA
 - Milestones committee
 - Appointment finalized in November
 - Broad representation
 - Advisory committee
 - ACGME staff support (Steve Nestler)
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Key Questions

1. Are milestones barriers or hurdles?
 - Should the in-training examination be used as a milestone for advancement?
 - Should the phased Part 1 examination be used as a milestone for advancement?
 - Should residents be required to pass a clinical competency evaluation to progress through program?
 2. What are the points in residency training at which each resident should acquire a milestone?
 - Can/should it vary by resident?
 - Can/should it vary by program?
 3. What is the role of simulation in fulfilling milestones and documenting maintenance of skills?
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