

Accreditation Council for Graduate Medical Education

The Next Accreditation System and Educational Milestones

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Disclosures

Speaking as self and specifically not for:

1.ACGME

- a. Member Anesthesiology RRC
- b. Member Milestones Project.

2.ASA

- a. Secretary
-

The “Next Accreditation System” in a Nutshell

- *Continuous Accreditation Model* – updated annually
 - Based on annual dashboard that includes data submitted, other data requested, and program trends
- Scheduled Site Visits replaced by 10 year Self Study Visit
- Standards (Program Requirements) revised every 10 years, organized by
 - Core Processes
 - Detailed processes
 - Outcomes

NAS - Annual Data Collected and Reviewed

Focus on Existing Data

1. Annual ADS Update - Streamlined
 1. Program Attrition
 2. Program Characteristics – Structure and Resources
 3. Scholarly Activity – Not full faculty CV' s
2. Board Pass Rate – Rolling Average
3. Clinical Experience – Case Logs
4. Resident Survey
5. Faculty Survey – Core Faculty
6. Semi-Annual Resident Evaluation and Feedback
 1. **Milestones**
 2. Clinical Competency Committee Assessments
7. Institutional (Sponsor) Site Visit (CLER)

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 the burden associated with the current structure and process-based approach.

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 more specific during the next 30 years.

The results have been largely salutary. Perform-

¹ Nasca, T.J., Philibert, I., Brigham, T.P., Flynn, T.C.

The Next GME Accreditation System: Rationale and Benefits.

New England Journal of Medicine. Published Electronically, February 22, 2012. In Print, March 15, 2012.

DOI:10.1056/nejmsr1200117 www.nejm.org.

NEJM. 2012.366;11:1051-1056.

Relevant ACGME Websites

1. www.acgme.org, click on “The Next Accreditation System”
2. <http://www.acgme-nas.org/>

Information:

1. Key Dates for Phase / Specialties
2. NAS FAQs
3. Newly ACGME Board Approved Policies and Procedures for NAS
4. NAS Slideshow
5. Review and Comment
6. Clinical Learning Environment Review (CLER) program

Next Accreditation System

- Seven specialties/RRC's begin training 7/2012
 - Pediatrics
 - Internal Medicine
 - Diagnostic Radiology
 - Emergency Medicine
 - Orthopedic Surgery
 - Neurological Surgery
 - Urological Surgery
- Sponsor Visit Program begins 9/2012
- The “Next Accreditation System” begins 7/2013
- These seven specialties “go live” 7/2013
- The remaining specialties begin training 7/2013
- All specialties/RRC's using the “Next Accreditation System” 7/2014
- Visits to IRC and all 7 RRC's this Spring

Background on Milestones

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**

What is a Milestone?

- Specific behaviors, attributes or outcomes 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 over time and *against a benchmark*

How Have Milestones Been Developed?

- Defined by a group of experts in GME in Anesthesiology
 - RRC members
 - Program Directors
 - Resident
- Final draft being pilot tested
- Final version of the Milestones will be posted on ACGME web site in December 2012
- Work on subspecialty milestones will begin in July 2013
 - Greater focus on medical knowledge and patient care skills

Anesthesiology Milestones Committee

- Deborah Culley, MD – Chair
- Neal Cohen, MD, MPH, MS
- Steven Hall, MD
- Catherine Kuhn, MD
- Linda Mason, MD
- Rita Patel, MD
- Scott Schartel, DO
- Brian Waldschmidt, MD
- Mark Warner, MD

Milestones Evaluation

- Initial implementation will provide experience with this new approach to assessing resident progression
 - Programs will have opportunity to determine best assessment tools, share best practices
 - Faculty and Clinical Competency Committees need experience in using Milestones
- After a full complement of residents has gone through a cycle of assessment using Milestones, a working group will be likely be convened to evaluate and potentially modify the narratives.

How Will the RRC Use Milestones?

- RRC will use data about Milestones as *one source* of information in assessing program performance
- RRC will only use de-identified aggregate Milestone data
- Focus will be on data *trends over several years*
- Milestone data will be used as *one measure of resident outcomes* that can be integrated with other sources of data
 - Board scores
 - Attrition
 - Faculty and resident survey results

Some Common Questions

- Can a resident graduate if s/he does not achieve every milestone?
 - The decision whether a resident is prepared to graduate from a residency program has not changed.
 - The program director determines if a resident is able to practice independently. The Milestones provide a framework and tools that should aid the program director in making that determination.

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
 - ABMS Board has the opportunity to track the identified individual
 - ACGME Review Committee tracks unidentified individuals' trajectories
- ACGME and ABMS are able to provide accountability for effectiveness of educational program in producing outcomes, and achieved outcomes of individual trainees
- ACGME can work with AAMC to improve graduation level preparation

Anesthesiology Milestones

Core Competency Milestone	
Patient Care	1. Preanesthetic Evaluation, Assessment, and Preparation
	2. Anesthetic Choice and Conduct
	3. Periprocedural pain management
	4. Management of perianesthetic complications
	5. Crisis management
	6. Triage and management of the critically ill patient in a non-operative setting.
	7. Acute, chronic, and cancer-related pain consultation and management
	8. Technical skills: Airway management
	9. Technical skills: Monitoring and Equipment
	10. Technical skills: Regional anesthesia

Patient Care 1: Preanesthetic Evaluation, Assessment, and Preparation

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Performs comprehensive histories and physical examinations.	Identifies disease processes and medical issues relevant to anesthetic care.	Identifies disease processes and medical or surgical issues relevant to subspecialty anesthetic care. May need guidance in identifying unusual clinical problems and their implications for anesthesia care.	Performs assessment of complex or critically ill patients without missing major issues that impact anesthesia care with conditional independence.	Independently performs assessment for all patients.
Identifies general health issues that may affect anesthetic care.	Optimizes preparation of non-complex patients receiving anesthetic care.	Optimizes preparation of patients with complex problems or requiring subspecialty anesthesia care.	Optimizes preparation of complex or critically ill patients with conditional independence.	Independently serves as a consultant to other members of the health care team regarding optimal preanesthetic preparation.
Identifies the elements and process of informed consent.	Obtains informed consent for routine anesthetic care. Discusses likely risks, benefits, and alternatives in a straightforward manner; responds appropriately to patient's or surrogate's questions. Recognizes when assistance is needed.	Obtains appropriate informed consent tailored to subspecialty care or complicated clinical situations with indirect supervision.	Obtains appropriate informed consent tailored to subspecialty care or complicated clinical situations with conditional independence.	Consistently ensures that informed consent is obtained by using all available resources.

Patient Care 2: Anesthetic Choice and Conduct

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
	<p>Formulates anesthetic plans that include consideration of underlying clinical conditions, past medical history, patient and surgical risk factors and patient choice for patients undergoing routine procedures.</p> <p>Conducts routine anesthetics, including management of commonly encountered physiologic alterations associated with anesthetic care, with indirect supervision.</p>	<p>Formulates anesthetic plans that include consideration of medical and surgical risk factors and takes into consideration patient preference for patients undergoing common subspecialty procedures</p> <p>Conducts subspecialty anesthetics with indirect supervision, but may require direct supervision for more complex procedures and patients.</p>	<p>Formulates anesthetic plans that include consideration of medical and surgical risk factors and patient preference for patients with complex medical issues undergoing complex procedures with conditional independence</p> <p>Conducts complex anesthetics with conditional independence. May supervise others in the management of complex clinical problems.</p>	<p>Independently formulates anesthetic plans that include consideration of -medical and surgical risk factors and patient preference for complex patients and procedures.</p> <p>Conducts complex anesthetic management independently.</p>

Patient Care 3: Periprocedural pain management

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Recognizes and initiates management of common pain states. Seeks advice for pain that does not respond to routine therapies.	Manages uncomplicated periprocedural pain with indirect supervision; requires direct supervision for complex pain situations.	Manages complex periprocedural pain with indirect supervision. Consults with a pain medicine specialist when appropriate.	Manages complex periprocedural pain for all patients, including those with chronic pain, with conditional independence.	Independently manages periprocedural pain states.

Patient Care 4: Management of perianesthetic complications

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
	Performs postanesthetic assessment to identify complications of anesthetic care. Begins initial management with direct supervision.	Manages perianesthetic complications unique to subspecialty or medically complex patients and requests appropriate consultations with indirect supervision.	Manages perianesthetic complications of all types with conditional independence.	Independently manages all periprocedural complications

Patient Care 5: Crisis management

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Recognizes acutely ill or medically deteriorating patients. Initiates basic medical care for common acute events. Calls for help appropriately.	Constructs prioritized differential diagnoses that include the most likely etiologies. Initiates treatment with indirect supervision and seeks direct supervision appropriately.	Manages clinical crises with indirect supervision. May require direct supervision in complex situations.	Manages clinical crises appropriately with conditional independence. Assumes increasing responsibility for leadership of crisis response team.	Coordinates crisis team response.

Patient Care 6: Triage and management of the critically ill patient in a non-operative setting

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Performs a focused evaluation of the critically ill patient. Monitors patient's clinical status to identify acute changes and trends. Communicates pertinent findings to supervisor.</p> <p>Participates in development and initiation of a treatment plan as directed by supervisor.</p>	<p>Identifies relevant critical disease processes requiring urgent or emergent intervention. Seeks assistance to identify appropriate care setting (e.g., ICU, transitional care unit.)</p> <p>Develops, implements, and appropriately modifies treatment plan based on patient's response with direct supervision</p>	<p>Identifies appropriate care setting and coordinates patient's disposition with direct supervision.</p> <p>Prioritizes clinical management of clinical problems with indirect supervision.</p>	<p>Identifies appropriate care setting and coordinates patient's disposition with indirect supervision.</p> <p>Integrates management choices taking into account long-term impact of therapeutic decisions with indirect supervision.</p> <p>May supervise other members of the health-care team.</p>	<p>Coordinates transition of care to appropriate care setting.</p> <p>Serves as a consultant to other members of the health care team regarding initial evaluation and management of the critically ill patient.</p>

Patient Care 7: Acute, chronic, and cancer-related pain consultation and management

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Performs targeted history and physical examination for patients with pain, including the use of common pain scales.	Recognizes common acute and chronic pain syndromes. Evaluates efficacy of current medication regimen.	Formulates differential diagnoses of acute and chronic pain syndromes. Identifies appropriate diagnostic evaluation.	Acts as consultant for pain management to junior residents and other health care providers with conditional independence.	Participates in coordination of care for patient with acute, chronic, or cancer-related pain.
Initiates noninterventional therapy for common pain problems.	Implements noninterventional pain treatment plans with indirect supervision. Performs simple interventional pain procedures (eg, epidural) with direct supervision.	Observes performance of complex procedures (eg, celiac plexus block) for alleviating acute, chronic, or cancer-related pain under direct supervision.	Coordinates multidisciplinary team approaches to treatment. Recognizes treatment failures and obtains appropriate consultations	Serves as a consultant to other members of the health care team regarding initial evaluation and management of the patient with acute, chronic, or cancer-related pain

Patient Care 8: Technical skills: Airway management

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Recognizes airway patency and adequacy of ventilation based on clinical assessment.</p> <p>Positions patient for airway management. Places oral and nasal airways; performs bag-valve-mask ventilation.</p>	<p>Applies knowledge of the ASA difficult airway algorithm to prepare equipment and supplies for airway management.</p> <p>Performs basic airway management in patients with normal airways, including endotracheal intubation, supraglottic airways, videolaryngoscopy.</p> <p>Recognizes need for assistance and/or equipment and seeks help.</p>	<p>Prepares appropriate equipment and supplies for management of difficult airways, including cricothyroidotomy.</p> <p>Performs advanced airway management techniques, including awake intubations, fiberoptic intubations, and lung isolation techniques.</p>	<p>Identifies and corrects problems and complications associated with airway management (e.g., hypoxemia during one-lung ventilation, airway hemorrhage) with conditional independence</p> <p>Manages all airways, including under special situations (eg, trauma, patients with tracheostomies, loss of airway) with conditional independence.</p>	<p>Independently assesses and manages the airway for all clinical situations utilizing appropriate advanced airway techniques including cricothyroidotomy.</p> <p>Independently supervises and provides consultation to other members of the health care team for airway management.</p>

Patient Care 9: Technical skills: Monitoring and Equipment

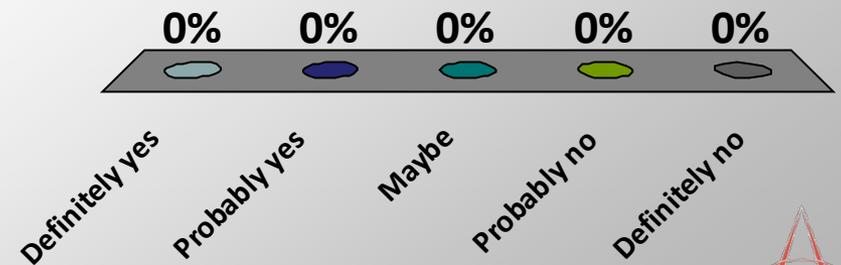
Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Demonstrates the correct use of standard monitoring devices, including BP cuff, ECG, pulse oximeter, and temperature monitors.</p> <p>Interprets data from standard monitoring devices, including recognition of artifacts.</p>	<p>Performs pre-anesthetic equipment and machine checks.</p> <p>Inserts arterial and central venous catheters with direct supervision.</p> <p>Demonstrates use of ultrasound for placement of invasive monitoring catheters.</p> <p>Interprets data from arterial and central venous catheters.</p>	<p>Inserts arterial catheters with conditional independence and central venous catheters with indirect supervision.</p> <p>Performs advanced monitoring techniques for assessing cardiac function (e.g., pulmonary artery catheterization, transesophageal echocardiography) with direct supervision.</p> <p>Applies data from advanced monitoring devices (eg, EEG, MEPs, SSEPs, fetal monitors) with indirect supervision.</p>	<p>Obtains vascular access in complex or difficult situations conditional independence.</p> <p>Uses echocardiography for patient monitoring with indirect supervision.</p> <p>Supervises other members of the health care team in the placement and interpretation of monitoring techniques.</p> <p>Recognizes equipment malfunctions and troubleshoots appropriately</p>	<p>Independently uses basic and advanced monitoring techniques.</p>

Patient Care 10: Technical skills: Regional Anesthesia

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Prepares sterile field.</p> <p>Administers infiltrative local anesthetics for procedures under indirect supervision.</p>	<p>Applies appropriate monitors and prepares resuscitative equipment prior to procedures.</p> <p>Performs spinal and epidural anesthesia under direct supervision.</p>	<p>Performs peripheral nerve blocks and regional anesthesia under direct supervision, including both upper and lower extremity blocks and thoracic epidurals.</p> <p>Uses ultrasound or nerve stimulator guided techniques appropriately.</p> <p>Performs common pediatric regional (e.g., caudal blockade) with direct supervision.</p>	<p>Performs spinal, epidural, and peripheral nerve blocks with conditional independence</p> <p>Supervises junior residents in performing regional anesthetics and other health care providers on issues related to regional anesthesia.</p>	<p>Independently performs peripheral and neuraxial regional anesthesia techniques.</p>
<p>Identifies physiologic changes associated with local anesthesia administration and seeks help appropriately.</p>	<p>Recognizes problems or complications associated with regional anesthesia and manages them with direct supervision</p>	<p>Recognizes problems or complications associated with regional anesthesia and manages them with indirect supervision</p>	<p>Manages problems or complications associated with regional anesthesia with conditional independence</p>	<p>Independently manages problems or complications associated with regional anesthesia.</p>

The PC Milestones are relevant and measurable

- A. Definitely yes
- B. Probably yes
- C. Maybe
- D. Probably no
- E. Definitely no



Anesthesiology Milestones

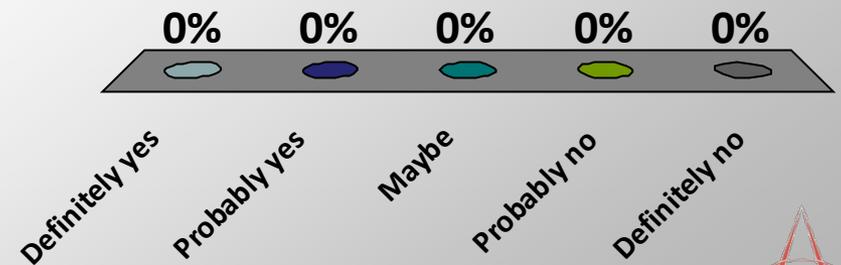
Core Competency	Milestone
Medical Knowledge	1. Knowledge of biomedical, clinical, epidemiological, and social-behavioral sciences as outlined in the American Board of Anesthesiology Content Outline

Medical Knowledge 1: Knowledge of biomedical, clinical, epidemiological, and social-behavioral sciences as outlined in the American Board of Anesthesiology Content Outline.

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Demonstrates knowledge of the etiology, pathophysiology, diagnosis, and treatment of common medical and surgical problems.</p> <p>Has passed Steps 1 and 2 of USMLE or COMLEX.</p>	<p>Achieves satisfactory medical knowledge rating by the Clinical Competence Committee related to the anesthetic care of healthy patients undergoing routine procedures.</p> <p>Achieves a program-defined score on the ABA- In-Training Examination or equivalent examination.</p> <p>Has passed all steps of USMLE or COMLEX</p>	<p>Achieves satisfactory medical knowledge rating by the Clinical Competence Committee related to the anesthetic care of subspecialty or medically complex patients.</p> <p>Achieves a program-defined score on the ABA- In-Training Examination or equivalent examination.</p> <p>Passes the ABA Basic Examination</p>	<p>Achieves satisfactory medical knowledge rating by the Clinical Competence Committee related to anesthetic care of all patients.</p> <p>Achieves a program-defined score on the ABA- In-Training Examination or equivalent examination.</p>	<p>Passes the ABA Advanced and Applied Examinations and participates in MOCA.</p>

The MK Milestone is relevant and measurable

- A. Definitely yes
- B. Probably yes
- C. Maybe
- D. Probably no
- E. Definitely no



Anesthesiology Milestones

Core Competency	Milestone
Professionalism	1. Responsibility to patients, families, society and profession
	2. Honesty, integrity, and ethical behavior
	3. Commitment to one's institution, department, and colleagues
	4. Receiving and giving feedback
	5. Responsibility to maintain personal emotional, physical, and mental health

Professionalism 1: Responsibility to patients, families, society and profession

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Acts responsibly and reliably. Demonstrates a commitment to patient care that emphasizes the best interests of the patient.</p> <p>Completes most assigned tasks on time. May occasionally require direct supervision to ensure all tasks are completed appropriately.</p> <p>Recognizes a patient's right to confidentiality, privacy, and autonomy. Treats patients and families with compassion and respect.</p> <p>Seeks assistance appropriate to the needs of the clinical situation while taking into consideration one's own experience and knowledge.</p> <p>Displays sensitivity and respect for the needs of diverse patient populations and the challenges of limited access to health care</p> <p>Identifies when conflicts exist between patient, personal, and institutional goals and seeks out supervisor to assist with conflict resolution.</p>	<p>Completes routine tasks reliably in uncomplicated circumstances with indirect supervision.</p> <p>Identifies issues of importance to diverse patient populations and limited resources that may impact patient care.</p> <p>Manages some conflicts between patient, personal, and institutional goals with indirect supervision, but may need direct supervision for more complex issues.</p>	<p>Completes tasks reliably in complex clinical situations or unfamiliar environments with indirect supervision. Is able to use available resources.</p> <p>Identifies options to address issues of importance to diverse patient populations and creates strategies to provide care when patient resources are limited.</p> <p>Formulates alternative treatment plans when patient's beliefs/values conflict with standard care plan with indirect supervision.</p>	<p>Completes all work assignments. Supports other providers to ensure optimal patient care. Supervises junior residents on time and task management with conditional independence.</p> <p>Advises junior residents about responsibilities to diverse patient populations and strategies to provide care when patient resources are limited.</p> <p>Formulates alternative treatment plan when patient/s beliefs/values conflict with standard care plan with conditional independence.</p>	<p>Manages the health care team to ensure patient care as the first priority while balancing the needs of team members.</p> <p>Completes all work assignments independently. Supports other providers to ensure optimal patient care. Demonstrates leadership in managing multiple competing tasks.</p> <p>Manages the health care team in a manner that is respectful of patient confidentiality, privacy, autonomy. Ensures that patients and families are treated with compassion and respect.</p> <p>Demonstrates leadership regarding responsibilities to diverse patient populations and optimizing patient care when resources are limited.</p> <p>Participates in the development of organizational policies and procedures that aid in conflict resolution between patient personal, and institutional goals.</p>

Professionalism 2: Honesty, integrity, and ethical behavior

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Is truthful in all forms of communication.</p> <p>Addresses ethical issues relevant to entry level rotations with direct supervision.</p>	<p>Addresses ethical issues common to anesthesiology with direct supervision (eg. Jehovah's Witness)</p>	<p>Addresses ethical issues in complex and challenging circumstances, including in the subspecialties of anesthesiology, with indirect supervision.</p>	<p>Develops a systematic approach to managing ethical dilemmas in clinical care setting with conditional independence.</p>	<p>Serves as a role model and mentors others about bioethical principles. Works within a team to develop a systematic approach to managing ethical dilemmas.</p>

Professionalism 3: Commitment to one's institution, department, and colleagues

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Complies with institutional policies and regulations, including work schedule rules	Acts as a reliable team member, recognizing the impact of one's own work responsibilities on the institution and on one's colleagues.	Volunteers to assist colleagues when appropriate to cover illnesses / absences in order to ensure quality patient care.	Demonstrates responsibility and counsels junior residents regarding their personal choices and behavior.	Models responsibility and accountability in one's personal choices and behavior.

Professionalism 4: Receiving and giving feedback

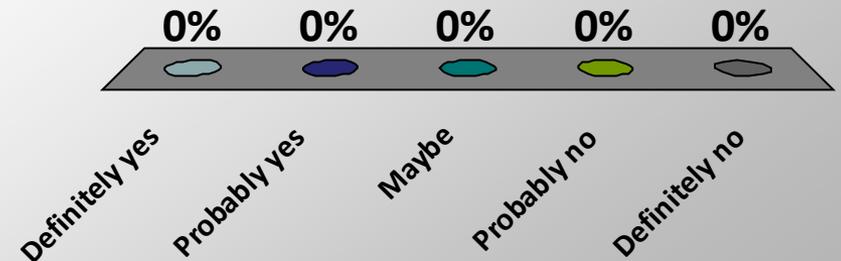
Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Accepts constructive feedback, but occasionally demonstrates resistance to feedback.		Consistently seeks and accepts feedback and incorporates suggestions into practice.		

Professionalism 5: Responsibility to maintain personal emotional, physical, and mental health

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Demonstrates basic professional responsibilities such as reporting for work rested and prepared, with appropriate professional attire and grooming.</p>				
<p>Demonstrates knowledge of basic requirements related to fatigue management, sleep deprivation and principles of physician well-being.</p>	<p>Complies with requirements to assist with preservation of health and mitigation of fatigue (e.g., work hours rules)</p>		<p>Counsels junior residents about methods to preserve health and mitigate fatigue.</p>	<p>Serves as a resource for the development of organizational policies and procedures regarding professional responsibilities</p>
<p>Recognizes the need to balance patient, personal, institutional and societal needs when providing health care.</p>	<p>Demonstrates the ability to balance personal, institutional and societal goals with professional responsibilities in routine patient care situations.</p>	<p>Demonstrates the ability to balance personal, institutional and societal goals with professional responsibilities in complex and challenging patient care situations.</p>	<p>Demonstrates the ability to balance personal, institutional and societal goals with professional responsibilities in complex and challenging patient care situations with conditional independence.</p>	<p>Serves as a resource for the development of institutional policies on life-work balance.</p>
<p>Complies with training on physician impairment.</p>	<p>Complies with systems intended to prevent physician impairment, (e.g, controlled substance policies)</p>		<p>Reinforces importance of compliance with systems to prevent impairment to junior colleagues.</p>	<p>Serves as a resource for the development of organizational policies and procedures for impaired physicians.</p>
<p>Identifies departmental and institutional resources available for assistance with concerns about an impaired health care provider.</p>		<p>Reports concerns about the health or well-being of colleagues to a more experienced individual.</p>		<p>Assists with or leads management of suspected impaired colleagues. Serves as monitor/resource for colleagues returning from treatment for impairment.</p>

The Prof Milestones are relevant and measurable

- A. Definitely yes
- B. Probably yes
- C. Maybe
- D. Probably no
- E. Definitely no



Anesthesiology Milestones

Core Competency	Milestone
Interpersonal and Communication Skills	1. Communication with patients and families
	2. Communication with other professionals
	3. Team and leadership skills

Interpersonal and Communication Skills 1: Communication with patients and families

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Demonstrates empathy for patients and their families.</p> <p>Communicates routine information in straight forward circumstances with indirect supervision.</p> <p>Recognizes situations where communication of information requires the assistance of another individual and asks for help.</p> <p>Identifies situations where patient and family conflicts exist and appropriately seeks assistance with resolution.</p> <p>Discloses medical errors or complications with direct supervision.</p> <p>Recognizes that institutional resources are available to assist with disclosure of medical errors</p>	<p>Ensures that communication of information requiring the assistance of another individual occurs in a timely and effective manner.</p> <p>Negotiates simple patient and family conflicts.</p> <p>Differentiates between errors or complications that can be disclosed with indirect supervision and those that require direct supervision.</p>	<p>Communicates challenging information and addresses complex circumstances with indirect supervision.</p> <p>Consults appropriate institutional resources with indirect supervision.</p> <p>Negotiates and manages patient and family conflicts in complex situations (eg, psychiatric issues, blood transfusion, cultural factors) with indirect supervision.</p> <p>Discloses errors and complications with indirect supervision and asks for help in identifying other resources as necessary.</p>	<p>Communicates challenging information and addresses complex circumstances with conditional independence.</p> <p>Consults appropriate institutional resources with conditional independence.</p> <p>Negotiates and manages patient and family conflicts in complex situations, including end of life issues, with conditional independence.</p> <p>Discloses medical errors or complications with conditional independence. Uses institutional and other resources as necessary.</p>	<p>Consistently ensures effective communication and resolution of concerns with patients and/or families occurs.</p> <p>Negotiates and manages patient and family conflicts in all situations with independence.</p> <p>Discloses medical errors or medical complications with independence.</p>

Interpersonal and Communication Skills 2: Communication with other professionals

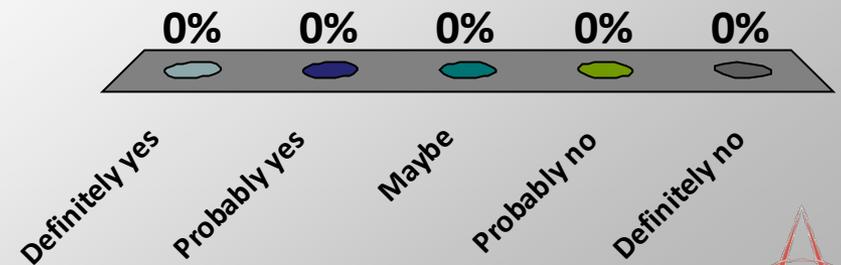
Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Communicates effectively and with respect for the skills and contributions of other members of the health care team.</p> <p>Identifies interpersonal conflicts and ineffective communication with other members of the health care team, and participates in their resolution as appropriate to level of training.</p> <p>Communicates patient status to supervisors and other providers effectively, including handoffs and transitions in patient care.</p> <p>Provides legible, accurate, complete, and timely documentation in written and electronic forms.</p> <p>Respects patient privacy in all environments.</p>	<p>Identifies institutional resources to assist in conflict resolution.</p> <p>Effectively communicates relevant patient issues during transitions or transfers of care.</p> <p>Uses the medical record to document medical decision making and facilitate patient care. Documentation is clear and concise, addressing key issues relevant to the care of the patient.</p>	<p>Adapts communication to the unique circumstances such as crisis management and subspecialty anesthesia care.</p> <p>Uses institutional resources to assist in conflict resolution.</p>	<p>Communicates effectively in crises and contentious situations.</p> <p>Participates in conflict resolution with conditional independence.</p>	<p>Mentors other members of the healthcare team to improve communication skills.</p> <p>Effectively manages conflict in all situations.</p>

Interpersonal and Communication Skills 3: Team and leadership skills

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Recognizes and respects the expertise of other members of the health care team</p> <p>Functions effectively as a member of the healthcare team.</p>	<p>Identifies team member with appropriate expertise to address clinical issues.</p> <p>Participates actively in team-based conferences or meetings related to patient care.</p>	<p>Coordinates team based care in routine circumstances.</p>	<p>Demonstrates leadership skills in relationships with members of the health care team.</p> <p>Facilitates team-based conferences or meetings related to patient care.</p>	<p>Effectively contributes to and leads team-based decision making and clinical care.</p> <p>Teaches team-based care principles.</p>

The IPC Milestones are relevant and measurable

- A. Definitely yes
- B. Probably yes
- C. Maybe
- D. Probably no
- E. Definitely no



Anesthesiology Milestones

Core Competency	Milestone
Practiced-based Learning and Improvement	1. Incorporation of quality improvement and patient safety initiatives into personal practice
	2. Analysis of practice to identify areas in need of improvement
	3. Self-directed learning
	4. Education of patient, families, students, residents, and other health professionals

Practiced-based Learning and Improvement 1: Incorporation of quality improvement and patient safety initiatives into personal practice.

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Identifies problems in the quality of health care delivery	Selects a topic for quality improvement project and develops implementation plan	Implements plan for quality improvement project.	Completes quality improvement project	Can define and construct process and outcome measures and lead quality improvement projects.

Practiced-based Learning and Improvement 2: Analysis of practice to identify areas in need of improvement

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Identifies critical incidents or harmful events pertaining to their patients.	Incorporates analysis of adverse events and near-misses to improve personal practice.	Compares personal performance and outcomes to accepted standards and comparative data	Compares personal performance and outcomes to accepted standards and comparative data and uses data to improve practice.	Uses comparative benchmark data about outcomes and clinical practice patterns within the department, facility, or health system to analyze performance of self and group.
	Uses multisource feedback to improve practice with faculty guidance		Uses multisource feedback to improve practice independently.	

Practiced-based Learning and Improvement 3: Self-directed learning

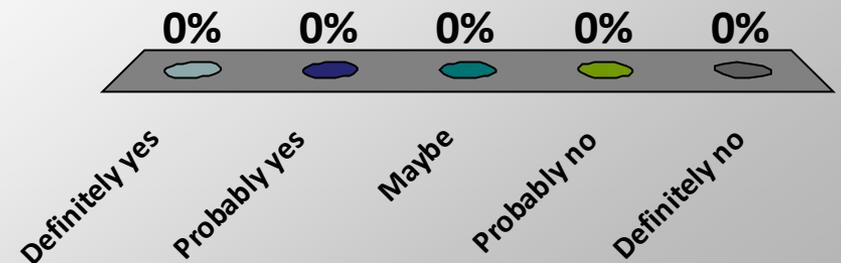
Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Completes assigned readings and prescribed learning activities</p>	<p>Reviews the literature and information relevant to specific clinical assignments.</p>	<p>Differentiates evidence-based information from non-evidence based resources to address specific patient management needs.</p>	<p>Incorporates evidence-based medicine practices into patient management.</p>	<p>Refines clinical practice based on evolving medical evidence.</p>
<p>Uses clinical opportunities to direct self-learning. Develops a learning plan relevant to clinical practice.</p>	<p>Periodically modifies learning plan based on analysis of multisource feedback, quality data, examination performance, and self-reflection with program guidance.</p>	<p>Incorporates experiences from subspecialty rotations to modify learning plan.</p>	<p>Integrates past experience, multiple learning activities, and self-reflection to direct life-long learning independently.</p>	<p>Continually analyzes personal practice to focus self-directed learning</p>

Practiced-based Learning and Improvement 4: Education of patient, families, students, residents, and other health professionals

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
<p>Discuss medical plan and responds to questions from patients and their families. Acknowledges limits and seeks assistance from supervisor.</p>	<p>Explains anesthetic care to patients and their families.</p>	<p>Effectively explains subspecialty anesthetic care to patients and families.</p>	<p>Explains anesthesia care and risk to patients and families with conditional independence.</p>	<p>Serves as an expert on anesthesiology to patients, families, and other health-care professionals, e.g, locally or nationally.</p>
	<p>Teaches basic anesthesia concepts to students and other health care professionals</p>	<p>Teaches anesthesia concepts to students and other residents.</p>	<p>Teaches anesthesia concepts, including subspecialty care to students, other residents, and other health professionals.</p>	<p>Participates in community education about anesthesiology</p>

The PBLI Milestones are relevant and measurable

- A. Definitely yes
- B. Probably yes
- C. Maybe
- D. Probably no
- E. Definitely no



Anesthesiology Milestones

Core Competency	Milestone
Systems-based Practice	1. Systems-based approaches to patient care
	2. Education of patient, families, students, residents, and other health professionals

Systems-based Practice 1: Systems-based approaches to patient care.

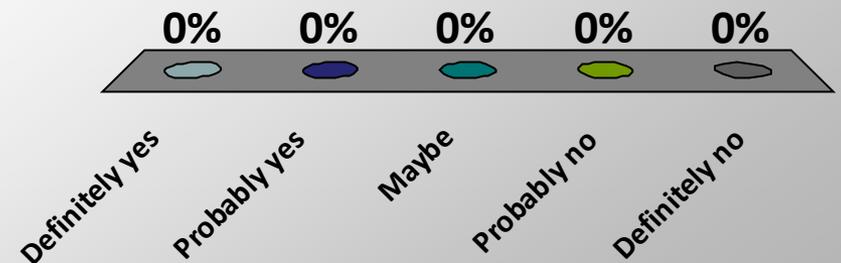
Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Identifies the role of patients, families, health care providers and systems in health care delivery and outcome.	Identifies impact of one's decisions on patient outcomes.	Tailors anesthetic plan to promote cost-effective, patient care that improves patient outcomes.	Identifies opportunities in the continuum of care to improve patient outcome and reduce costs.	Leads performance improvement efforts within health care systems to improve patient outcomes.
Incorporates national standards and guidelines into patient care.	Incorporates anesthesiology-specific national standards and guidelines into patient care.			
Identifies patient safety concerns and systems process that impact quality of care and communicates them through appropriate channels.	Identifies anesthesia-related patient safety concerns and systems process that impact quality of care and communicates them through appropriate channels.		Participates in performance improvement efforts within health care system to improve patient outcomes.	Addresses effectively areas in anesthesiology practice that pose potential danger to the patient and communicates them through appropriate channels.
Adapts to new settings for delivery of patient care.	Adapts to new settings for delivery of anesthetic care.			
Identifies institutional requirements for reporting medical errors, near misses, and complications.	Reports medical errors, near misses, and complications in accordance with institutional policies.			
Complies with regulatory and institutional requirements appropriate to training level				

Systems-based Practice 2: Coordination of patient care within the health-care system.

Entry Level	Junior Level	Mid Level	Senior Level	Advanced Level
Identifies priorities when caring for multiple patients.	Prioritizes multiple patient-care activities with indirect supervision for routine procedures.	Prioritizes multiple patient-care activities with indirect supervision for patients undergoing common subspecialty procedures.	Manages multiple patient-care activities with conditional independence.	Manages multiple patient-care activities independently.
Coordinates patient care within the health care system effectively and safely.	Uses system resources to facilitate cost-effective and safe non-subspecialty anesthesia care.	Uses system resources to facilitate cost-effective and safe subspecialty anesthesia care.	Uses system resources to facilitate and optimize cost-effective and safe longitudinal perioperative care.	

The SBP Milestones are relevant and measurable

- A. Definitely yes
- B. Probably yes
- C. Maybe
- D. Probably no
- E. Definitely no



Next Steps:

- Copy of the Milestones along with a link to Survey Monkey site for your feedback
- Pilot testing
 - Milestone Committee Members will participate in alpha testing
 - A random representation of programs will be asked by the committee to participate in Beta testing

THANK YOU!