Disclosure

- No financial interests
- No other conflict of interest

- Member, Anesthesiology Milestones Committee

Milestones vs Competencies

- More explicit description of expected knowledge, skills, attitudes, performance
- "an important point in the progress or development of something : a very important event or advance" (Merriam-Webster)
- "Specific behaviors, attributes or outcomes in the six general competency domains to be demonstrated by residents during residency." (ACGME)

Milestones

- Benefit For Residents
  - Explicit expectations of residents
  - Identifies areas to work on
  - Improve evaluation of residents in all 6 general competencies
  - More defined feedback from faculty to residents
  - Earlier identification of under-performers
  - Provides aspirational goals for over-achievers

N. Cohen 2013 ACGME presentation

Milestones

- Benefit For the Program
  - Guide curriculum development
  - Guide accreditation requirement revision
  - Earlier identification of under-performers
- Benefit For the Public
  - Better definition of graduating resident
  - Use for Program Accreditation
  - Possible use for Board Certification

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Desirable Characteristics of Milestones

- Manageable number
- Meaningful items
- Measurable

- We tried!

ACGME Core Competencies

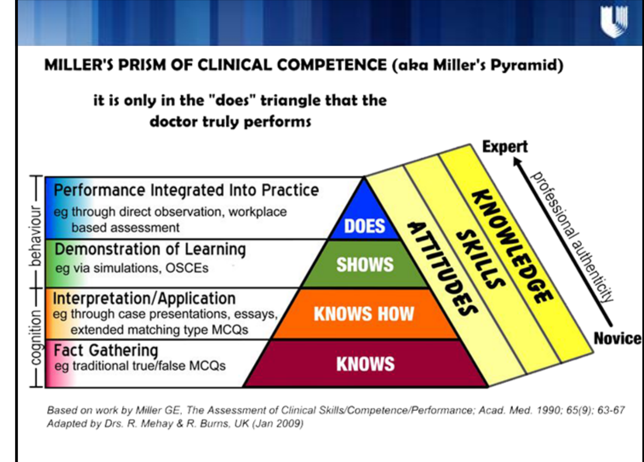
- Medical Knowledge
- Patient Care
- Interpersonal Communication
- Professionalism
- Systems-Based Practice
- Practice-Based Learning and Improvement

Competencies/milestones of interest

- Professionalism
- Systems-Based Practice
  - (health) System Improvement
- Practice-Based Learning and Improvement
  - Personal improvement

Assessment of Milestones

- Requires observation of behavior
- Requires judgment of performance
- Rater training, development, and practice is more important than the tools used to assess
- Knows vs Does attributes
  - Especially for SBP, PR, PBLI



Pitfalls in Pursuit of Objectivity

- Objectifying risks loss of authenticity
- Can't evaluate competencies in isolation from each other
- Assessing clinical performance has strong subjective influences
- Holistic impressions have validity and should be incorporated into evaluations

Ginsburg et al. Acad Med 2010; 85:780-786.

Assessment of "Does"

- Start with what is observable, not the competency
- Elicit explanations for ratings
- Value all ratings
  - Inexperienced vs experienced faculty
  - Hawks and Doves
  - Avoid halo effect
- Balance ratings by increasing number of assessments

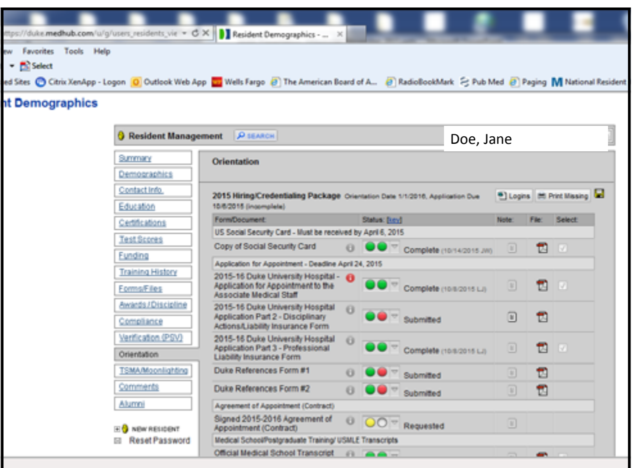
Ginsburg et al Acad Med 2010;85: 780-786

Assessor/Faculty training

- Deliberate practice to develop expertise in assessment
- Assessors need a shared mental model, not just knowledge of the form or the instrument

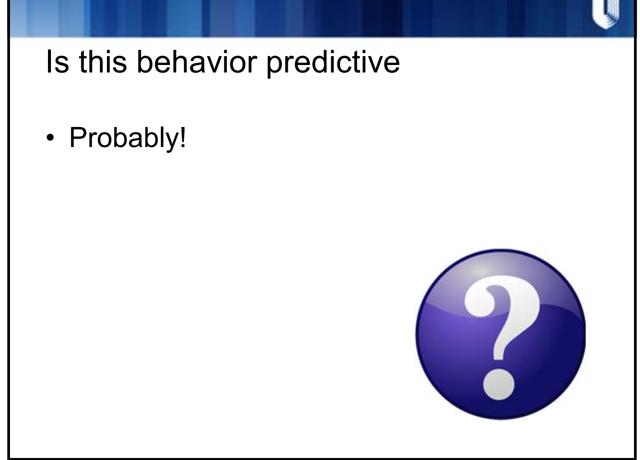
Professionalism 3: Commitment to institution, department and colleagues

- Ability to establish employment and licensure
- Onboarding/registration process for hospital (and program)
  - Timeliness
  - Attention to detail
  - Communication with staff
  - Predictors?



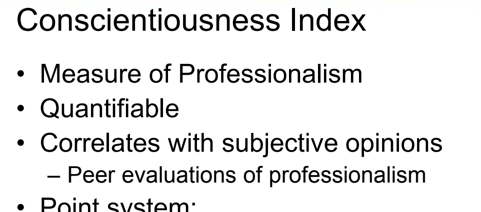
Use data that already exists to create an assessment tool

- Program onboarding
- Institutional onboarding
- License renewals, compliance with ACLS, training modules, etc.



Is this behavior predictive

- Probably!



Conscientiousness Index

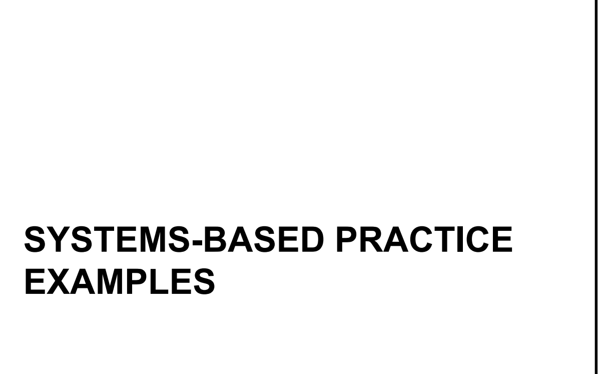
- Measure of Professionalism
- Quantifiable
- Correlates with subjective opinions
  - Peer evaluations of professionalism
- Point system:
  - Attendance
  - Turning in documentation (evals)*
  - Compliance with policies (flu vaccine)*
  - Submission of data

McLachlan et al Acad Med 2009; 84:559-565
Finn et al. Med Educ 2009;43:960-7

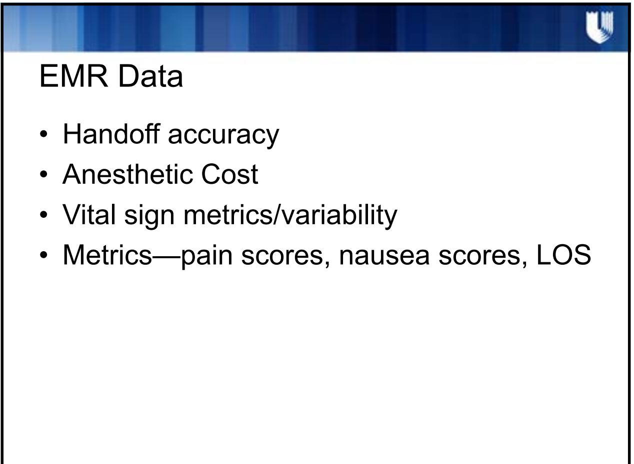
Professionalism: multiple determinants

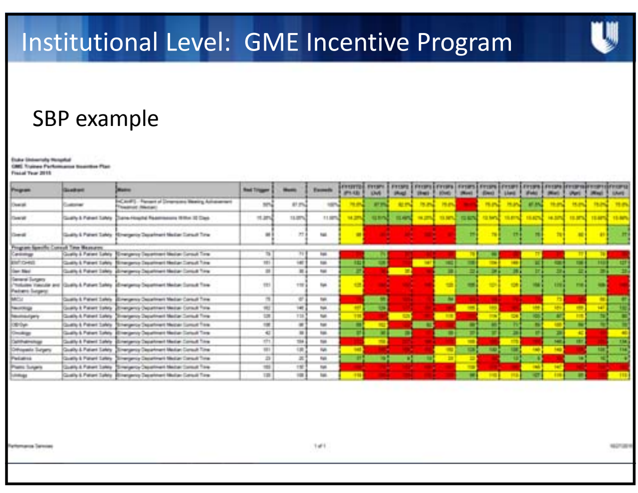
- Positive association between resident knowledge, clinical skills, and conscientious behaviors (evaluation completion)
- Included:
  - Multirater assessment
  - ITE scores
  - Mini-CEX scores
  - Completion of evaluations*

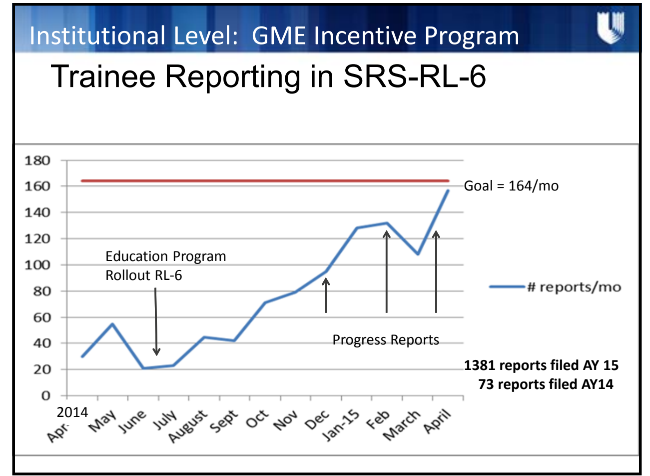
Reed et al, JAMA 2008; 300:1326-1333



SYSTEMS-BASED PRACTICE EXAMPLES







Other ideas for SBP

- Complicated clinical rotations (surg, OHN)
  - VA or similar with less resources
  - Patients with less support
  - Rotations with conditional independence
- Faculty observation
  - Psych (inpatient services)
- Elements of QI projects
  - IM, peds, psych, Urology, OHN

Making the milestones relevant

- Incorporation of Milestone language into corrective action documents
- "Your performance was judged to fall short of expected competencies in professionalism."
- Demonstrated by the following specific issues (source)
  - Dishonest about reasons for missed time from work
  - Failure to comply with program policy for time off

- These concerns are translated into the Pediatric Milestones for further clarification.
- The following pediatric milestone is found to be below that expected for your level of training:
- Professionalism Conduct—(Milestone level 2)
- Demonstrates lapses in professional conduct under conditions of stress or fatigue, that lead others to engage in reminding about and, enforcing professional behaviors as well as resolving conflicts; there may be some insight into behavior, but an inability to modify behavior when placed in stressful situations

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- You will be expected, at a minimum, to demonstrate the following behavior (Professionalism level 3)
- Conducts interactions in nearly all circumstances with a professional mindset, sense of duty, and accountability; demonstrates conduct that illustrates insight into her own behavior, as well as likely triggers for professionalism lapses, and is able to use this information to remain professional
- This means no further issues with dishonesty and no unexcused absences

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Summary

- Competencies and milestones can't be assessed in isolation
- There is value in subjectivity--assuming sufficient raters and information
- Make use of existing processes and systems to identify links to Milestone assessments
- Link Milestones to performance reviews

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