

# CRUNCHING MILESTONES FOR YOUR CCC

SAAA/AASPD

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**DISCLOSURES:** I have no financial disclosures.

### OBJECTIVES:

1. Explore the interaction between milestones and evaluations.
2. Discuss the ways in which core programs have prepared the milestones for their CCCs and suggest how those methods might be adapted to fellowships.
3. Describe the ways in which the fellowship milestones differ from the core program milestones.
4. Formulate ways in which fellowships might adapt the milestones for use as formative, summative, and self- evaluations.

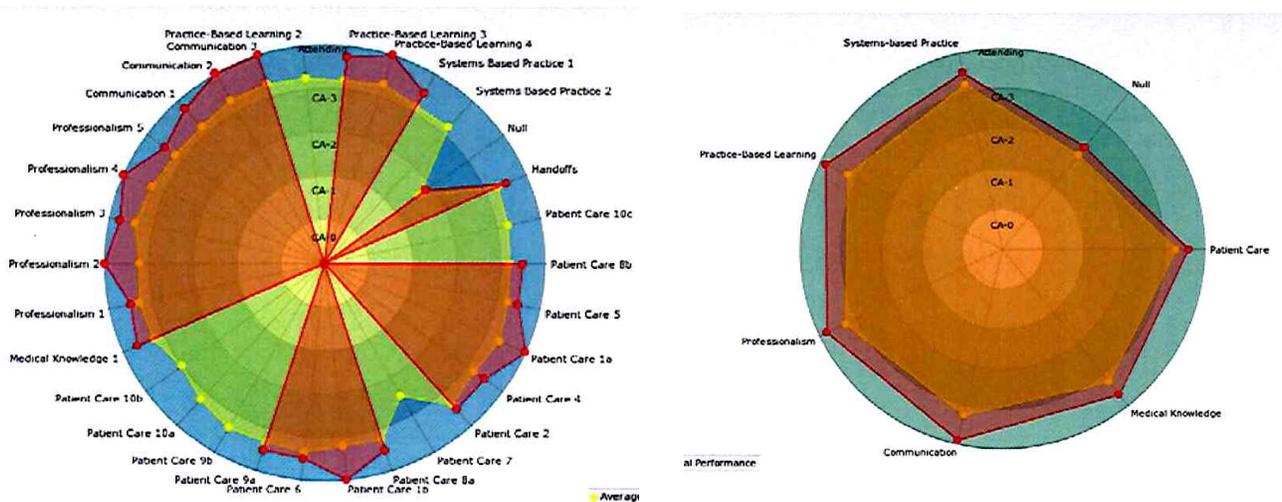
## My Experience as chair of the Core CCC for Medical College of Wisconsin

### Evaluation of the Core Program Milestones was clearly going to be a large task:

1. 1848 data points for CCC members to evaluate per required 6-mo evaluation period.
2. Too much for the CCC to handle without computer assistance or a lot of program-coordinator time to compile folders, and faculty non-clinical time to look at each folder.
3. Partnered with UW Whitewater students looking for a senior computer project. They created, and continue to work on, a specialized program for us which directly connected/linked our evaluations to the appropriate milestones.

### Computer Program Output:

1. Summary View: The Core CCC receives a summary view of the results for each resident that provides the average summary score for each milestone and for each competency.
2. Spider graphs: For each resident, a spider graph is generated that shows his/her evals for that quarter relative to classmates.
3. Example: Here's an example for a very strong CA3:  
Red is the resident. Yellow is the class average.



## Milestones for the Fellowships

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Each Fellowship created its own Milestones, completed in approximately Sept-Oct 2015.

### 1. First report: Due Jan 2016 (which is the report for July-Dec 2015).

### 2. Levels: Still 5 levels – level 4 is grad “target” not “requirement”

- a. From the Milestones documents description of Levels:
- b. Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.

### 3. Why do fellowships need milestones?

*Answers to Frequently Asked Questions about the Milestones are available on the Milestones web page: <http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf>.*

The Milestones are designed to help fellowships produce highly competent physicians to meet the 21st century health and health care needs of the public.

For fellowship programs the Milestones will:

- Provide a rich descriptive, developmental framework for CCCs.
- Guide curriculum development of the residency or fellowship
- Support better assessment practices
- Enhance opportunities for early identification of struggling residents/fellows

For residents/fellows, the Milestones will:

- Provide more explicit and transparent expectations for performance
- Support better self-directed assessment and learning
- Facilitate better feedback for professional development

### 4. Can Fellowships have only Milestones, or, Can Milestones be Metrics?

*Quotes from ACGME:*

- a. “Milestones do not represent the totality of any discipline, but rather form a robust foundational core.”
- b. “Milestones *should not* be used as the sole criteria for these important decisions.”
- c. “The assessment program will need to include multiple forms of assessment and utilize multiple assessors. No single assessment method or tool is sufficient to judge something as varied and complex as clinical competence.”
- d. That said, can align evals with Milestones, and/or create evals that map to Milestones

### 5. What the Milestones Can Do for your Program: Clarify requirements

- a. Program requirements for OB Anesthesia require both QI and research projects: What are the requirements in a practical sense?
- b. OB Milestone for QI (SBP2)
  - i. Level 4: Substantially participates and utilizes data
  - ii. Level 5: Leads a pt safety initiative and ensures implementation
- c. OB Milestone for Research (PBLI1)
  - i. Level 4: Designs and Implements a clinical research study
  - ii. Level 5: Presents an abstract at a meeting or submits a manuscript
- d. Pain Milestone QI (PBLI2)
  - i. Level 4: Demonstrates the ability to apply principles of QI to improve care
  - ii. Level 5: Able to lead projects [that] utilize common principles and techniques of quality improvement to continuously improve pain care for a panel of patients
- e. Pain Milestone for Research (MK3)

- i. Level 4: Presents scholarly activity at local or regional meetings, and/or submits an abstract summarizing scholarly work to regional/state/ national meetings, and/or publishes non-peer- reviewed manuscript(s) (reviews, book chapters)
- ii. Level 5: Presents at a national meeting or publishes a peer-reviewed manuscript

**6. What the Milestones Can Do for your Program: Clarify requirements for Milestones not present in core**

- a. Cost Awareness: Peds Anesthesia
  - i. Level 4: Consistently incorporates cost awareness and cost-benefit analysis into clinical practice. Initiates programs to reduce costs and improve efficiency of clinical care.
  - ii. Level 5: Leads a team or teams to determine the most cost-effective strategies for all aspects of a procedure. Participates in LEAN and other reengineering projects to improve clinical care and reduce costs.

**7. What the Milestones Can Do for your Program: Clarify graduation requirements**

- a. Can a fellow graduate if they have not met every milestone at the required level?
- b. Level 4 is a target and not a requirement.
- c. “Making decisions about readiness for graduation is the purview of the fellowship program director.”

**8. What the Milestones Can Do for your Program: Identify fellows in need of early help.**

- a. “Milestones are intended to be used as a *formative* framework to guide curricula, assessment, and CCC deliberations in programs.”
- b. While the requirement is to evaluate fellow Milestones every 6 mos, we have both fellow and faculty complete a milestone evaluation 2 months into the fellow’s year.
- c. This gives a good idea of where the fellow is starting, and whether there are disconnects between what the fellow v. the faculty think regarding fellow performance.

**9. Preparing for Milestone Evaluations**

- a. New Math:
  - OB: 4 PC, 2 MK, 3 SBP, 2 PBLI, 3 Prof, 1 ICS = 15 total
  - Peds: 3 PC, 2 MK, 3 SBP, 2 PBLI, 3 Prof, 1 ICS = 14 total
  - Pain: 6 PC, 3 MK, 4 SBP, 4 PBLI, 4 Prof, 3 ICS = 24 total
  - Cardiac: 2 PC, 4 MK, 3 SBP, 2 PBLI, 3 Prof, 1 ICS = 15 total
  - CCM: 5 PC, 2 MK, 3 SBP, 2 PBLI, 3 Prof, 1 ICS = 15 total
- b. For me: One fellow x 15 milestones = 15 (not 1800)
- c. Fifteen doesn’t seem too many Milestones for one evaluation?
- d. We kept all of our previous evaluations
- e. We use our core-program electronic system with the OB milestones exactly as written.
- f. Faculty then access the Milestones at 2, 6 and 12 mos to evaluate each resident.