



Milestones: 1.0, 2.0, and Oh My!



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Disclosure

- Full-time employee of ACGME



THANK YOU!

Osteopathic Recognition Milestones

Work Group

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Milestones

- A milestone is a significant point in development
- Milestones follow an individual's developmental trajectory across a range of knowledge, skills, and attitudes





Milestone Levels – A Brief Review

Level	Dreyfus Stage	Description
1	Novice	Rule driven; analytic thinking; little ability to prioritize information
2	Advanced beginner	Able to sort through rules based on experience; analytic and non-analytic for some common problems
3	Competent	Embraces appropriate level of responsibility; dual processing of reasoning for most common problems; can see big picture; Complex problems default to analytic reasoning. Performance can be exhausting.
4	Proficient	More fully developed non-analytic and dual process thinking; comfortable with evolving situations; able to extrapolate; situational discrimination; can live with ambiguity
5	Expert	Experience in subtle variations; distinguishes situations



Milestone Levels – A Brief Review

Level	Dreyfus Stage	Description
1	Novice	Reliance on analytic thinking; little ability to prioritize
2	Advanced beginner	Able to sort through rules based on experience; analytic and non-analytic for some common problems
3	Competent	Efficient processing of information; can see big picture; can handle complex situations. Performance
4	Proficient	More fluid process thinking; comfortable with evolving situations, able to extrapolate; situational discrimination; can live with ambiguity
5	Expert	Experience in subtle variations; distinguishes situations

LEVEL

PGY



Milestone Template

Competency: Subcompetency				
Level 1	Level 2	Level 3	Level 4	Level 5
Novice Resident/Fellow	Advanced Beginner Resident/Fellow	Competent Resident/Fellow	Proficient Resident/Fellow	Resident/Fellow Expert
Brand new to the specialty	Performs some tasks with limited autonomy	Performs common tasks with autonomy	Target for graduation (not a requirement)	Exceeds their peers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STORY
DEFINITION
ALLUSIONS ANCIENT MEANING
MUSICAL POETRY
READER LIFE INCITING
CONTEXTUAL ROLE LITERARY TOLD
IDENTITY ARGUMENTATION
NOVELS RESTITUTION
SEQUENCE
IMPOSITION CONTEXT BIOGRAPHIES NARROWNESS ELEMENTS VERDICT SURVIVORSHIP
COMPLEX EXPOSITION HISTORIANS FORM HUMANS DATA SENSE

NARRATIVE

IN VETERATE DEVELOPMENT HISTORICAL ANALYTICAL COHERENT
FICTIONALIZED EVIDENCE ANALYSIS PROGRAMMATIC
INQUIRY FOUNDATION ILLNESS MUSIC CULTURAL DEFINED
FIGURAL NARRATION RESEARCHER CASE GENESHED EVENT
EPISTEMOLOGICAL DIALECTIC REFERENCE SOCIAL WRITTEN ARGUED
CONSTRUCTED LITERATURE SUGGESTIONS



458 579 993 702 105 704 97 65 90 16 95 3
220 503 601 423 524 93 452 142 25
741 506 014 265 149 326 287 162
423 093 585 704 263 549 326 287 162
284 209 358 570 040 268 351 746 310 8
582 585 054 740 250 716 817 591 6
939 130 269 09 871 308 713 350 129 47
549 267 781 087 543 102 593 450 0
294 673 873 087 543 102 593 450 0
842 541 302 568 237 498 672 125 615
571 101 815 602 880 470 213 904 949 013
205 160 815 602 880 470 213 904 949 013
621 684 604 945 361 453 006 270 423 792 560 165 3

Milestones are progressive over time. There is no prescribed speed at which residents must complete a milestone set.

Patient Care 1: History				
Level 1	Level 2	Level 3	Level 4	Level 5
Elicits and reports a comprehensive history for common patient presentations, with guidance	Elicits and concisely reports a hypothesis-driven patient history for common patient presentations	Elicits and concisely reports a hypothesis-driven patient history for common patient presentations	Efficiently elicits and concisely reports a patient history, including pertinent social and other aspects of health	Efficiently and effectively tailors the history taking, including relevant historical subtleties,
Seeks data from secondary sources, with guidance	Independently seeks data from secondary sources	Independently seeks data from secondary sources	Independently seeks secondary data to guide the need for further diagnostic testing	Independently seeks data to guide the need for further diagnostic testing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
				Not Yet Completed Level 1 <input type="checkbox"/>
				Not Yet Assessable <input type="checkbox"/>

Selecting a response box on the line in between levels implies that milestones in previous levels have been substantially demonstrated as well as some milestones at higher levels.

Option to select "Not Yet Completed Level 1" or "Not Yet Assessable"

Selecting a response box in the middle of the level implies that milestones in that level and previous levels have been substantially demonstrated.





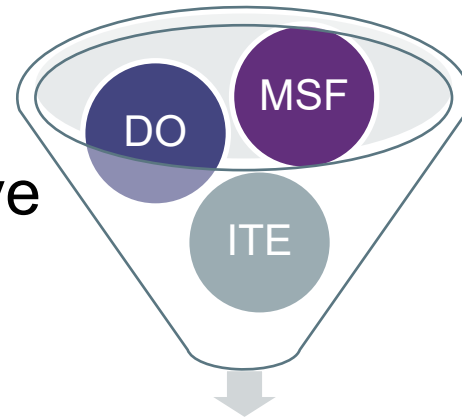
Milestones as Assessments

Milestones were designed to be formative

A repository for other assessments

Not every Milestone can or should be evaluated on every rotation

Not everything that should be evaluated is included in the Milestones



Milestone Evaluation



We 

Milestones

2.0



What have we learned?

Too much!

Dissatisfaction
with non-
PC/MK

More people
want to
participate



Differences

Patient Care and Medical Knowledge have two options outside of the levels:

- Not yet completed Level 1/Critical deficiencies
- Not yet rotated/Not yet assessable



What changed?

Patient Care 2: Osteopathic Evaluation and Treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
Obtains a history and performs an osteopathic examination with direct supervision	Obtains a history and performs an osteopathic examination with limited supervision	Independently obtains a history and performs an osteopathic examination for patients with common conditions	Independently obtains a history and performs an osteopathic examination for patients with complex conditions	Role models the complete integration of an osteopathic history and examination
Diagnoses and treats somatic dysfunction with direct supervision	Diagnoses and treats somatic dysfunction with limited supervision	Independently diagnoses and treats somatic dysfunction in patients with common conditions	Independently diagnoses and treats somatic dysfunction in patients with complex conditions	Role models diagnosis and treatment of somatic dysfunction in all patient populations

Patient Care 2: Examination, Diagnosis, and Treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Performs general osteopathic structural examination, including assessment for somatic dysfunction, through identification of tenderness, asymmetry, restricted range of motion, and tissue texture abnormalities with direct assistance from supervisor</p> <p>Performs treatment of somatic dysfunction with direct assistance from supervisor</p>	<p>Performs osteopathic structural examination and diagnoses somatic dysfunction appropriate to patient condition, with supervision</p> <p>Performs treatment of somatic dysfunction in common conditions, with supervision</p>	<p>Independently performs accurate and complete osteopathic structural examination and diagnoses somatic dysfunction appropriate to patient condition</p> <p>Independently performs treatment of somatic dysfunction in common conditions</p>	<p>Mentors others to diagnose and treat somatic dysfunction</p> <p>Independently performs accurate and complete osteopathic structural examination and diagnoses somatic dysfunction appropriate to complex patients</p> <p>Independently performs treatment of somatic dysfunction in complex conditions in a patient with multiple comorbidities</p>	<p>Role models and teaches accurate and complete osteopathic structural examination and diagnoses somatic dysfunction appropriate to complex patients</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: Not Yet Achieved level 1 <input type="checkbox"/></p>				

Not Yet Completed Level 1



Supplemental Guide

Examples for Levels 1-5

Assessment methods

Resources



Supplemental Guide

Patient Care 1: Osteopathic Principles and Practice (OPP) for Patient Care	
Overall Intent: To utilize osteopathic principles and practices to promote health and wellness	
Milestones	Examples
Level 1 <i>Describes the inclusion of OPP to promote health and wellness when caring for patients</i>	<ul style="list-style-type: none"> Each of these examples incorporate the osteopathic philosophic approach to the whole patient through addressing mind, body, and spirit (I) Identifies the need to ask a surgical patient about current living situation, emotional health, spiritual needs, and care givers to ensure appropriate after care (O) Identifies the need to ask a patient if there are enough food available or access to WIC to support the patient's recovery needs, including emotional and spiritual resources
Level 2 <i>Incorporates OPP to promote health and wellness in patients with common conditions</i>	<ul style="list-style-type: none"> (I) Incorporates lymphatic drainage in the treatment of upper respiratory infection (O) Incorporates smoking cessation in how it will allow the body's ability to heal restore normal function and decrease progression of cardiopulmonary disease with patients
Level 3 <i>Effectively manages patients with common conditions using OPP to promote health and wellness</i>	<ul style="list-style-type: none"> (I) Prepares asthma action plan and discuss elimination of household triggers on hospital discharge disposition planning (O) Demonstrates shared decision making while explaining the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines on cervical cancer screening
Level 4 <i>Effectively manages patients with complex or chronic conditions using OPP to promote health and wellness</i>	<ul style="list-style-type: none"> (I) Effectively manages and prevents delirium in the geriatric patient with attempting to limit utilization of chemical and physical restraints (O) Counsels patient on optimizing their nutrition and exercise to support the body's function during chemotherapy
Level 5 <i>Role models the incorporation of OPP to optimize patient and community health and wellness</i>	<ul style="list-style-type: none"> (I) Role models the incorporation of mental health, sleep hygiene, and osteopathic manipulative treatment (OMT) protocols in the medical system approach to alcohol withdrawal treatment (O) Role models the facilitation of group visits on the management on diabetes through nutrition, exercises and meal planning
Assessment Models or Tools	<ul style="list-style-type: none"> Chart review Direct observation Multisource feedback Patient satisfaction scores Simulation
Curriculum Mapping	<ul style="list-style-type: none">
Notes or Resources	<ul style="list-style-type: none"> American Association of Colleges of Osteopathic Medicine (AACOM). Glossary of Osteopathic Terminology. https://www.aacom.org/docs/default-source/insideome/got2011ed.pdf. 2021. American College of Physicians (ACP). Caring with Compassion. https://www.acponline.org/cme-moc/online-learning-center/caring-with-compassion. 2021.



Supplemental Guide

Patient Care 1: Osteopathic Principles and Practice (OPP) for Patient Care

Overall Intent: To utilize osteopathic principles and practices to promote health and wellness

Milestones	Examples
	<ul style="list-style-type: none">• Each of these examples incorporate the osteopathic philosophic approach to the whole patient through addressing mind, body, and spirit
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Supplemental Guide



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Notes or Resources	<ul style="list-style-type: none">● American Association of Colleges of Osteopathic Medicine (AACOM). Glossary of Osteopathic Terminology. https://www.aacom.org/docs/default-source/insideome/got2011ed.pdf. 2021.● American College of Physicians (ACP). Caring with Compassion. https://www.acponline.org/cme-moc/online-learning-center/caring-with-compassion. 2021.



Supplemental Guide



Review the Milestones with your CCC, faculty, and residents



Identify the assessment method in your toolbox that will provide the best information



Determine which rotation(s) the Milestone will be evaluated



Supplemental Guide



Consider how the Osteopathic Recognition Milestones work WITH the specialty Milestones



Be certain that there is a shared mental model of the meaning of both sets of Milestones



Identify opportunities where both sets of Milestones can be observed and assessed



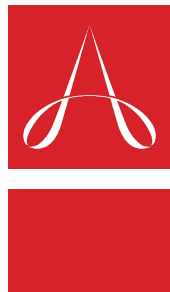
Spend the time now, save time later!!



CHANGE IS HARD

...BUT IT DOESN'T HAVE TO BE

StephanieDalton.com



Implementing Changes

Identify and address obstacles

- a) Be open and listen to concerns
- b) Answer what you can – Call ACGME if not
- c) For content – remind them that their specialty community created them



Implementing Changes

Identify programs who already switched to 2.0

- a) Let your champions demonstrate
- b) Offer additional faculty development
- c) Begin development of new shared mental model



Implementing Changes

Share success stories and document what strategies worked best

- a) Each specialty should have its own champion
- b) Share experiences at GME meetings
- c) Share experiences at specialty meetings



Implementing Changes



Accreditation Council for Graduate Medical Education

New resource made available in 2020

**A GUIDEBOOK FOR IMPLEMENTING AND CHANGING
ASSESSMENT IN THE MILESTONES ERA**



Where do I find...?





Milestone Webcasts

Less than 15
minutes

Provides updates
on changes to
format and
content

Explains use of
the
Supplemental
Guide

Great for Faculty
Development

Soon available
on the Specialty
page

Milestones Resources

Guidebooks

Assessment Guidebook



Milestones Implementation Guidebook



Milestones Guidebook



Milestones Guidebook for Residents and Fellows



Clinical Competency Committee Guidebook



Clinical Competency Committee Guidebook Executive Summaries



Other Resources

Resources for Assessment in the Learn at ACGME Online Learning Portal



Use of Individual Milestones Data by External Entities for High Stakes Decisions



Milestones FAQs



The ACGME for Residents and Fellows

The resources listed on this page provide information about the ACGME, its purpose, and the importance of its work to all physicians in training. We encourage you to learn more, ask questions, and get involved.

The mission of the ACGME is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.

Through accreditation, innovations, and initiatives, the ACGME strives to ensure that residents and fellows train in educational environments that support patient safety, resident and fellow education, and physician well-being.

Accreditation

Recognition

Initiatives




The ACGME is a private, 501(c)(3), not-for-profit organization that sets standards for US graduate medical education (residency and fellowship) programs and the institutions that sponsors them, and renders a decision on accreditation based on compliance with these standards. Accreditation is achieved through a voluntary peer review based on published accreditation standards. ACGME accreditation provides assurance that an institution or program meets the quality standards (Institutional and Program Requirements) for a specialty or subspecialty practice(s) for which it prepares its graduates. ACGME accreditation is overseen by a board of members made up of volunteer specialty experts from the field that set accreditation standards and

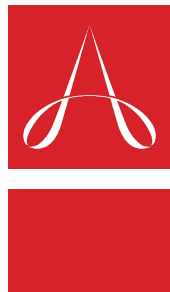
Quick Links

- ACGME AWARE Well-Being Resources »
- Back to Bedside Project List »
- Back to Bedside Initiative »
- Back to Bedside Project Highlights »
- Report an Issue »

• Milestones »

As the ACGME began to move toward its current continuous accreditation model, specialty groups developed outcomes-based Milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

-  [Milestones Guidebook for Residents and Fellows »](#)
-  [Milestones Guidebook for Residents and Fellows Presentation »](#)
-  [Milestones 2.0 Guide Sheet for Residents and Fellows »](#)



Virtual and Live Educational Opportunities

DEVELOPING
FACULTY
COMPETENCIES
IN ASSESSMENT

**A Course to Help
Achieve the Goals of
Competency-Based
Medical Education
(CBME)**





Assessment Tools

TEAM – Multisource Feedback

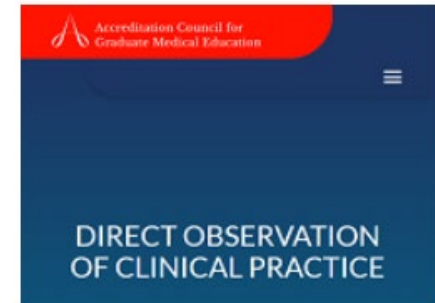
DOCC – Direct Observation

Available for free on Learn at
ACGME



**TEAM: Teamwork
Effectiveness Assessment
Module**

A web-based assessment tool for
residency and fellowship programs.



**DIRECT OBSERVATION
OF CLINICAL PRACTICE**



ACGME

Accreditation Council for
Graduate Medical Education

MILESTONES

REPORT 2021

Use of Bibliography

The bibliography is organized according to the categories below, and is presented by year of publication (in descending order) within each category. Note: some articles are coded in more than one category.

Audience:	Category	Number of Articles
Program Directors	<i>Assessment Tools/Processes for Collecting Milestones Data</i>	119
	<i>CCCs – Structure and Function</i>	25
	<i>How to Use Milestones Data to Improve your Program</i>	53
	<i>Using Milestones to Guide Curriculum</i>	58
	<i>Rationale for Milestones</i>	69
	<i>Trends in Milestones Data</i>	39
	<i>Content - Do the Milestones Represent my Specialty/Program?</i>	60
	<i>How Residents Can Use Milestones Data</i>	19
Policymakers	<i>Impact of Milestones</i>	222
	Total # of Articles	374



<https://meridian.allenpress.com/jgme/issue/13/2s>





Here to help

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