

Milestones and The Clinical Competency Committee

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Topics for Discussion

- Understanding Milestones and the Evaluation Process
- Osteopathic Recognition
- Assessment Mapping – Why bother?
- Putting Together the Right CCC

Learning Objectives

- Describe the Milestone levels
- Identify common problems within the Clinical Competency Committee
- Resolve common problems within the Clinical Competency Committee

MILESTONE BACKGROUND

Milestones Background – What?

- Description of the performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six competency domains
- Framework of observable behaviors
- One indicator of a program's educational effectiveness

Milestones Background – What?

- What do they know?
- What can they do?
- How do they conduct themselves?

- Competencies must be in concert to demonstrate the competent graduate

Milestones Background – Why?

- Fulfill the promise of the Outcome Project
- Increased use of educational outcome data in accreditation
- ACGME accountability to public
- Support the educational process

Milestones Background – How are they used?

ACGME

- Accreditation – continuous monitoring of programs; lengthening of site visit cycles
- Public Accountability – report at a national level on competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

Residency Programs

- Guide curriculum development
- More explicit expectations of residents
- Support better assessment
- Enhanced opportunities for early identification of under-performers

Milestones

Certification Boards

- Research

Residents

- Increased transparency of performance requirements
- Encourage resident self-assessment and self-directed learning
- Better feedback to residents

Milestone Development – Who?

Working Group

- Review Committees
- Certification Boards
- Program Directors
- Residents/ Fellows
- Specialty Societies

Advisory Group

- Leaders within the specialty community

Milestone Development – How?

- Each specialty began the same way with a review of available documents:
 - Program Requirements
 - Certification Exam Outlines
 - Competency Statements created by specialty groups
 - National Curricula
 - Milestones created by other specialties

Milestone Development – How?

- Brainstorming of topics that were important to resident education
- Drafting, rejecting, redrafting, etc
- Development of what the Working Group believed was a near final product
- Review by the Advisory Group and Review Committee
- Survey of Program Directors
- Final edits and publication

Milestone Development – How?

Milestone Description: Template				
Level 1	Level 2	Level 3	Level 4	Level 5
What are the expectations for a beginning resident?	What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?	What are the key developmental milestones mid-residency? What should they be able to do well in the realm of the specialty at this point?	What does a graduating resident look like? What additional knowledge, skills & attitudes have they obtained? Are they ready for certification?	Stretch Goals – Exceeds expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

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

Competence in Invasive and Non-invasive Procedures				
Level 1	Level 2	Level 3	Level 4	Level 5
Understands indications and contraindications for neuroradiologic invasive and non-invasive procedures	Appropriately performs pre-procedural work-up (e.g., review of lab values and prior imaging, consent as defined by the institution)	Competently performs basic and advanced neuroradiologic invasive and non-invasive procedures	Competently performs basic and advanced neuroradiologic invasive and non-invasive procedure independently	Able to teach procedures to junior learners
Recognizes and manages complications of contrast reactions		Anticipates, recognizes, and manages complications of advanced procedures		Competently performs complex procedures, modifies procedures as needed, and anticipates and manages complications of advanced procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>
"Basic" and "Advanced" Milestones				

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

Option to select "Not yet achieved Level 1"

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

OPC Milestone Development - Who

- Natasha Bray, DO , Chair *Internal Medicine*
- John Bucholtz, DO *Family Medicine*
- Jane Carreiro, DO *Neuromusculoskeletal Medicine*
- Constance Cashen, DO *Surgery*
- Cameron Kielhorn, DO *Resident, Family Medicine*
- Jill Patton, DO *Internal Medicine*

Milestone Template – Osteopathic Recognition

Milestone Description: Template for Osteopathic Recognition				
Level 1	Level 2	Level 3	Level 4	Level 5
What are the expectations for a resident in a TY program?	<p>What does a resident completing a TY or intern year look like?</p> <p>What additional knowledge, skills & attitudes have they obtained?</p> <p>What should they be able to do well at this point?</p>	<p>What does a graduating resident look like?</p> <p>What additional knowledge, skills & attitudes have they obtained?</p> <p>Are they ready for certification?</p>	<p>What does a graduating fellow look like?</p> <p>What additional knowledge, skills & attitudes have they obtained?</p> <p>Are they ready for certification?</p>	Stretch Goals – Exceeds expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Osteopathic Recognition

- 7 additional subcompetencies
- Evaluated in conjunction with the specialty specific milestones
- Only evaluated for osteopathic-focused Residents/Fellows

OPC Milestone Development

- Osteopathic Principles for Patient Care
- Examination, Diagnosis, and Treatment (Patient Care)
- Osteopathic Principles for Medical Knowledge

OPC Milestone Development

- Osteopathic Principles of Practice-based Learning and Improvement
- Osteopathic Principles for Interpersonal and Communication Skills
- Osteopathic Principles for Systems-Based Practice
- Osteopathic Principles for Professionalism¹⁸

How Osteopathic Milestones Will Be Used

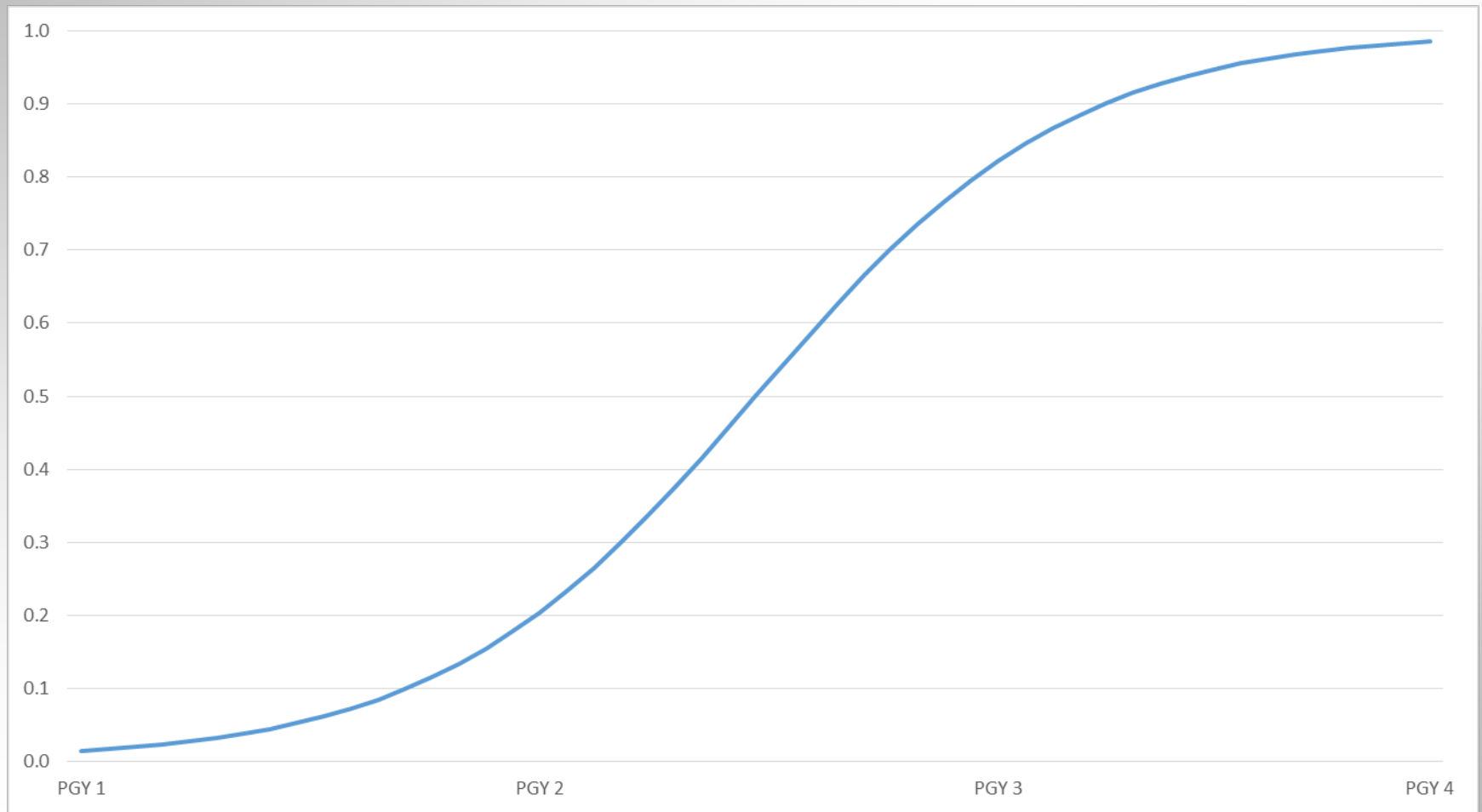
- Osteopathic Residents and Fellows will be evaluated by osteopathic-focused faculty for these skills, abilities, and behaviors
- Completed for all residents and fellows in the Osteopathic Recognition Track
- Completed by the Clinical Competency Committee in addition to specialty specific Milestones

Osteopathic Recognition - Example

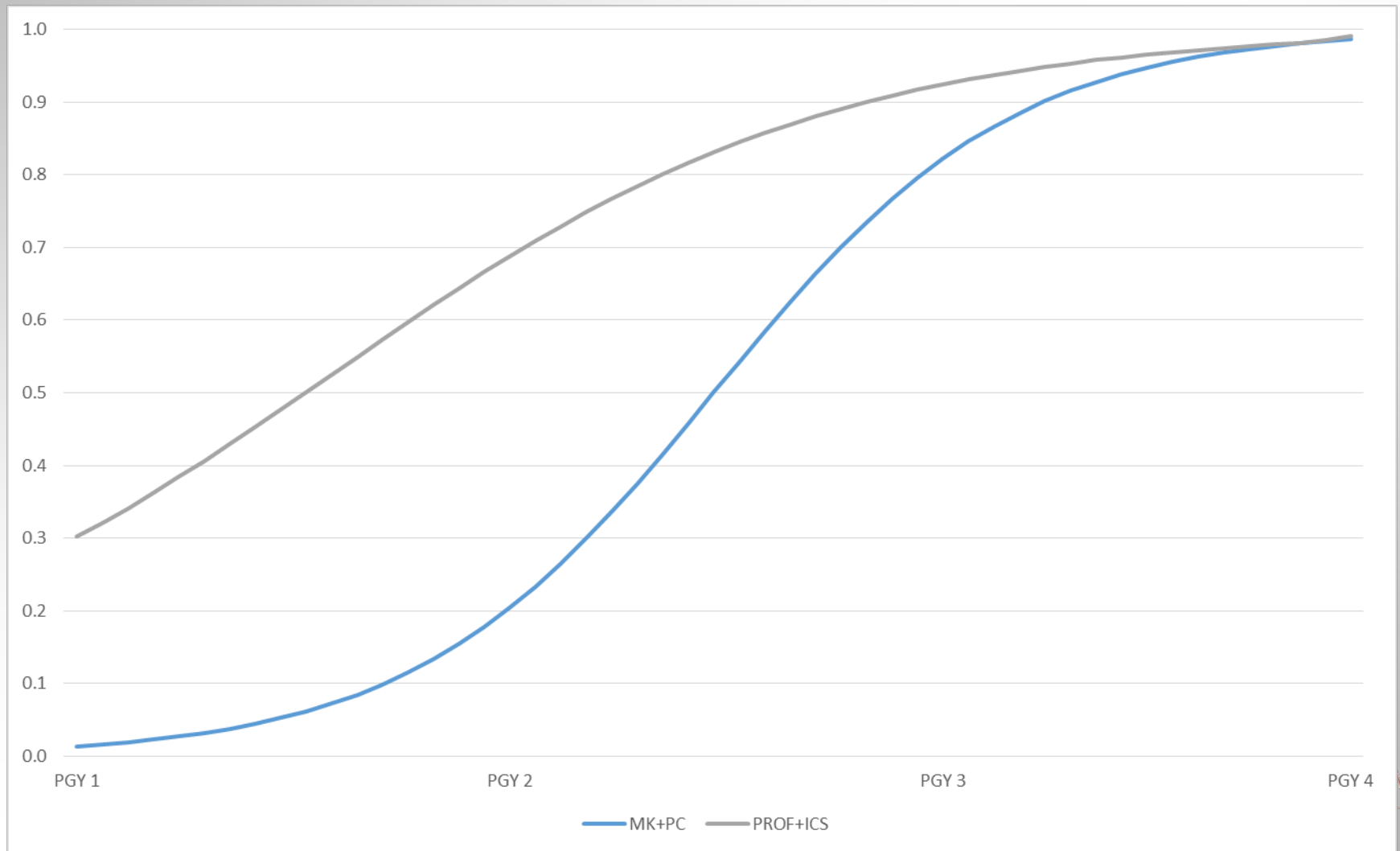
- Osteopathic-focused Family Medicine (FM) Resident
 - FM Patient Care 2: Cares for Patients with Chronic Conditions
 - OR Patient Care 2: Examination, Diagnosis, and Treatment
- These can be evaluated simultaneously
- You may need to re-evaluate your assessment tools to ensure you are capturing appropriate Osteopathic principles

ASSESSMENT AND MAPPING

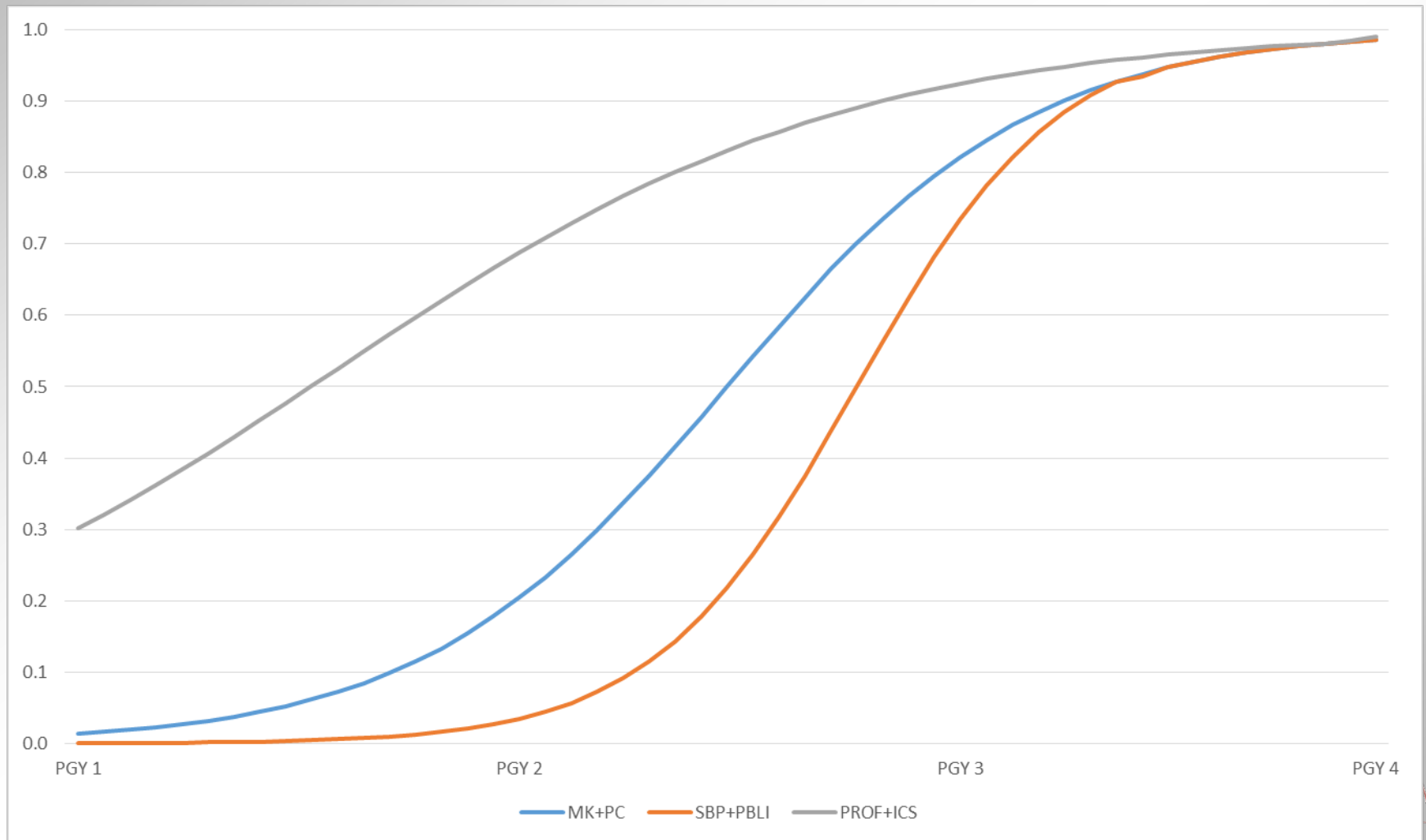
Learning Curves (theoretical)



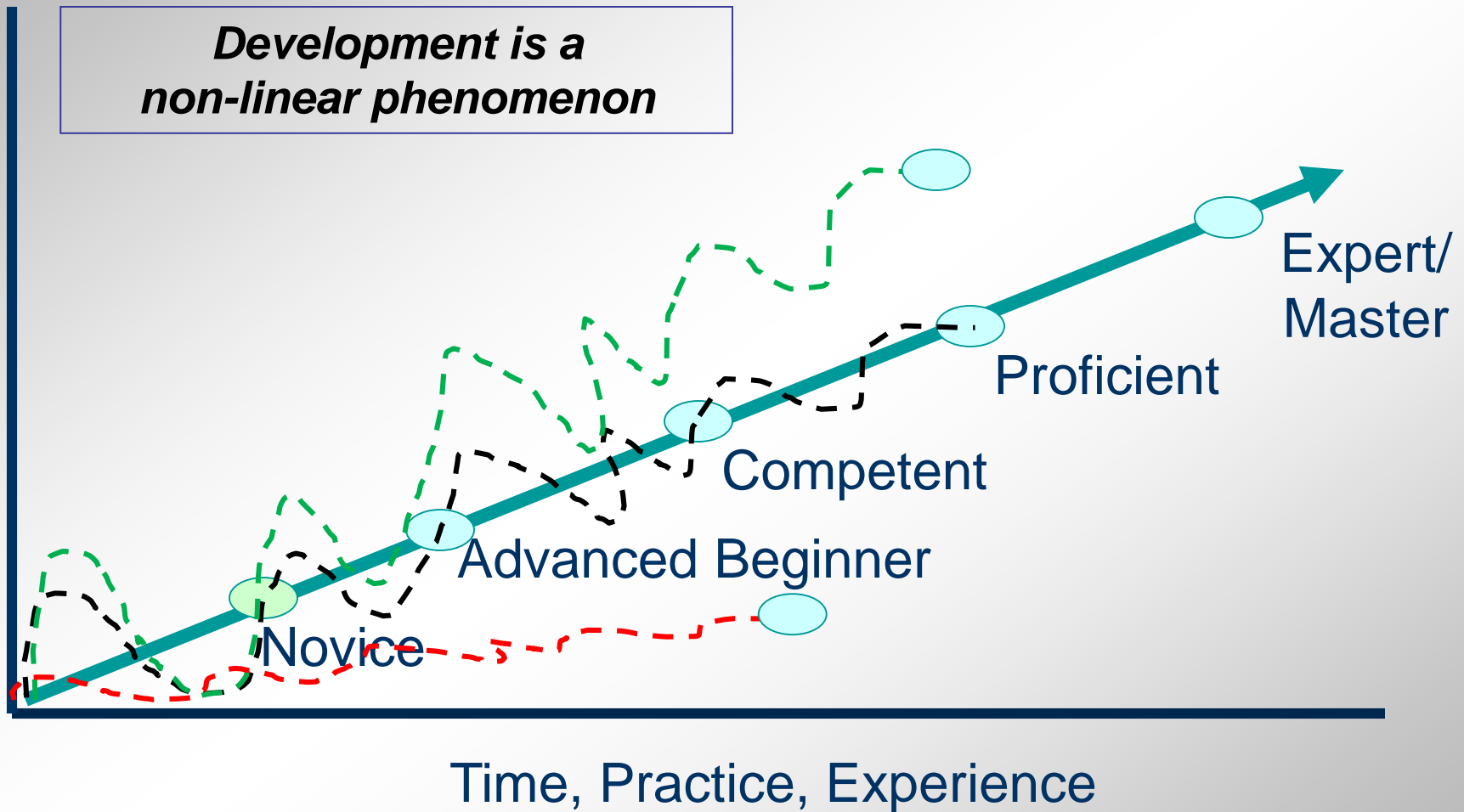
Learning Curves (theoretical)



Learning Curves (theoretical)



Dreyfus & Dreyfus Development Model

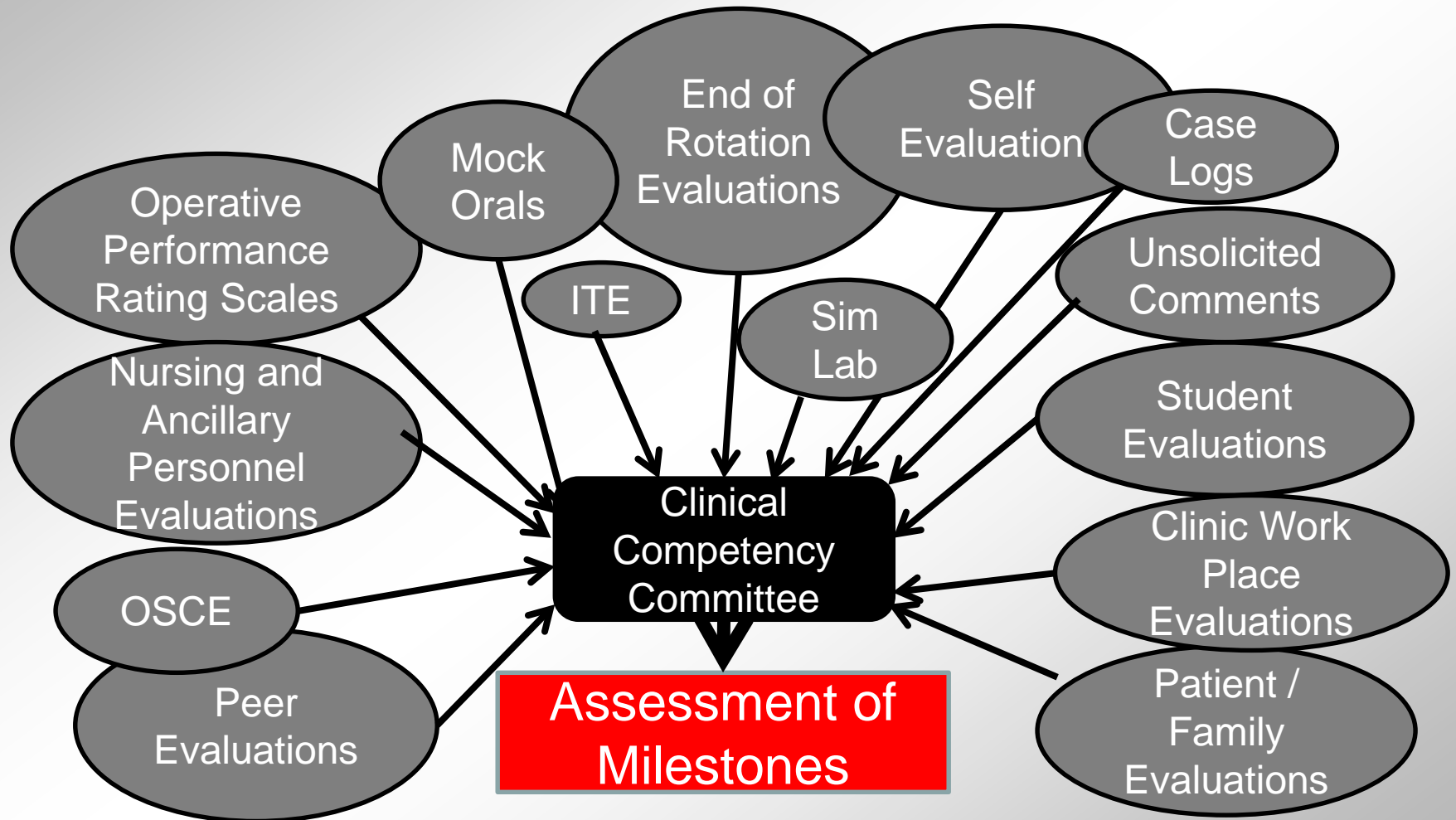


*Dreyfus SE and Dreyfus HL. 1980
Carraccio CL et al. Acad Med 2008;83:761-7*

Why Can't We Use Milestones for Regular Evaluations?

- 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

Clinical Competence Committee



Analyze to Understand



Synthesize to Educate and Evaluate



Physicians competent to meet the health care needs of the population

Competency	Milestones		Regular Assessment
Medical Knowledge	MK ¹	[Solid line]	Observe in Clinic Observe in Patient Unit
	MK ²		
Patient Care	PC ¹	[Solid line]	Observe in Clinic Observe in Patient Unit
	PC ²		
Professionalism	Prof ¹	[Solid line]	Nursing and Peer Assessment Medical Student Assessment
	Prof ²		
Interpersonal Skills	ISC ¹	[Dashed blue line]	Nursing and Peer Assessment Medical Student Assessment
	ISC ²		
Systems-based Practice	SBP ¹	[Dashed red line]	Patient and Family Comments
	SBP ²		
Practice-based learning	PBLI ¹	[Dashed red line]	Patient and Family Comments
	PBLI ²		

Shared Mental Models and Frameworks

Benefits of Mapping

- Multiple points and types of assessment used in determination of Milestone evaluation
- Multiple assessors - lessen effect of hawks and doves
- If a resident is not performing as expected easier to pinpoint where the problem lies
- Identifies assessment gaps

Benefits of Mapping

- Process forms more coherent shared mental model of Milestones and the value of assessment
- Excellent opportunity for faculty development

CLINICAL COMPETENCY COMMITTEE

Purpose of the Clinical Competency Committee – Role of the Program Director

- Residents who successfully complete program can practice the specialty-specific core professional activities without supervision
- Create greater “buy-in” from a group of faculty members to make decisions regarding performance
- Enhance credibility of judgments about resident performance
- Facilitate role of “advocate” for the resident

Purpose of the Clinical Competency Committee – Role of the Program

- Develop shared mental model of what resident/ performance should “look like” and how it should be measured and assessed
- Ensure assessment tools sufficient to effectively determine performance across the competencies
- Increase quality, standardize expectations, and reduce variability in performance assessment
- Contribute to aggregate data that will allow programs to learn from each other by comparing residents’ and fellows’ judgments against national data

Purpose of the Clinical Competency Committee – Role of the Program

- Improve individual residents along developmental trajectory
- Serve as system for early identification of residents who are challenged
- Improve program
- Model “real time” faculty development

Purpose of the Clinical Competency Committee – Role of the Faculty

- Facilitate more effective assessment that may be easier for evaluators
- Help faculty develop a shared mental model of the competencies
- May result in simplified “more actionable” assessment tools to help faculty document more effectively and efficiently what they observe trainees doing in clinical settings

Purpose of the Clinical Competency Committee – For the Resident

- Improve quality and amount of feedback; normalize constructive feedback
- Offer insight and perspectives of a group of faculty members
- Compare performance against established competency benchmarks (rather than only against peers in the same program)

Purpose of the Clinical Competency Committee – For the Resident

- Allow earlier identification of sub-optimal performance that can improve remedial intervention
- Improve stretch goals for residents/fellows to achieve higher levels of performance
- Provide transparency around performance expectations

Clinical Competency Committee

- Composed of a minimum of 3 faculty members
 - If also including Osteopathic Recognition, must have at least 2 members osteopathic-focused faculty
- Non-physician members can be appointed
- Reviews all evaluations by all evaluators semi-annually
- Reviews residents against milestones semi-annually
- Make recommendations for progress – promotion, remediation and dismissal

Who should be on the CCC?

- Decision for the Program Director
- *Consider:*
 - Representation from each major site
 - Subspecialty representation
 - Dedication to education

How to prepare for an Effective CCC Meeting

- Develop shared Mental Model – does everyone understand the purpose and aims of the review
- Review Assessment mapping – are there any gaps
- Organize assessment data and comments – are assessments missing

CCC Cautions

- ‘Group think.’ Group think can occur when the group overly favors cohesiveness, unanimity, and the desire to avoid confrontation. Group think can also occur with more senior leaders or committee chairs with strong opinions, especially if they suppress other opinions and discussion.
 - To help avoid this issue, the CCC Chair, Program Director and/or Department Chair should be the last to state their opinions.

CCC Cautions

- Most of your time is spent on residents who are underperforming or inconsistent
- Be careful not to overlook residents who are performing better than their peers – the Milestones encourage residents to reach for the aspirational goals. Can the CCC recommend a project to help the resident go further?

CCC Cautions

Avoid common problematic issues:

- “I don’t like to give negative evaluations”
- “I spent little time working with this resident”
- “Herd” mentality: positive or negative
- Grade inflation
- Vague statements:
 - “I just didn’t like this resident, but I can’t put my finger on it”
 - Hearsay: I’ve heard she is lazy

During the CCC Meeting

- Understand the milestones & their use
- Leave personal bias at the door
- Review all evaluations for each resident
- “Consider the source(s)”
- For each resident, decide the milestone narrative that best fits that resident

What happens after the CCC Meeting

- The minutes, evaluations, and recommendations should be shared with the Program Director ASAP
- Program Director should share results with Resident in a timely manner – may be impacted by semi-annual review schedule
- Program Director (or resident mentor) should have plan to follow-up with the resident in a timely manner to determine if next steps were taken

CCC Tips

- It is okay to meet more than once and it is okay to have multiple CCCs
 - If you do either of the above, be sure you have some way to verify that the same criteria were used in making decisions
- It is okay to do the Milestone evaluations more frequently
 - Shorter fellowships may want to review quarterly due to consequences of waiting until month 6 to determine the problem

CCC Tips

- It is okay to change the membership of the CCC
 - If the CCC is not working as it should, membership should be changed
 - You may want to have a planned CCC member rotation so that members do not go off the committee at the same time
- It is okay to seek guidance from others.
 - If the CCC does not feel they have enough information, they should seek it out in a systematic fashion (avoid gossip)

Where do I find...?



Milestone Resources

Milestone Webpage:

<http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview>

Milestone FAQs: <http://www.acgme.org/Portals/0/MilestonesFAQ.pdf>

Clinical Competency Committee Guidebook:

<http://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf>

The Milestones Guidebook:

<http://www.acgme.org/Portals/0/MilestonesGuidebook2016.pdf>

THANK YOU!!

QUESTIONS?

We are here to help

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