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
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

**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 Description: Template

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the expectations for a beginning resident?</td>
<td>What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?</td>
<td>What are the key developmental milestones mid-residency?</td>
<td>What does a graduating resident look like?</td>
<td>Stretch Goals – Exceeds expectations</td>
</tr>
<tr>
<td>What should they be able to do well in the realm of the specialty at this point?</td>
<td></td>
<td></td>
<td>What additional knowledge, skills &amp; attitudes have they obtained?</td>
<td></td>
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<tr>
<td>Are they ready for certification?</td>
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<td></td>
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Comments:
Osteopathic Recognition

- 7 additional subcompetencies
- Evaluated in conjunction with the specialty specific milestones
- Only evaluated for Residents/Fellows in the Osteopathic Recognition Track
Osteopathic Recognition - Example

- Family Medicine (FM) Resident in the Osteopathic Recognition (OR) Track
  - 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

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### Analyze to Understand → Synthesize to Educate and Evaluate → Physicians competent to meet the health care needs of the population

<table>
<thead>
<tr>
<th>Competency</th>
<th>Milestones</th>
<th>Regular Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>MK&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Observe in Clinic</td>
</tr>
<tr>
<td></td>
<td>MK&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Observe in Patient Unit</td>
</tr>
<tr>
<td>Patient Care</td>
<td>PC&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Nursing and Peer Assessment</td>
</tr>
<tr>
<td></td>
<td>PC&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Medical Student Assessment</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Prof&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Patient and Family Comments</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>ISC&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>ISC&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
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<tr>
<td>Systems-based Practice</td>
<td>SBP&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>SBP&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
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<tr>
<td>Practice-based learning</td>
<td>PBLI&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>PBLI&lt;sup&gt;2&lt;/sup&gt;</td>
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</tbody>
</table>

**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
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 Competency Committee

• Composed of a minimum of 3 faculty members
  • If also including Osteopathic Recognition, must have at least 2 members who are osteopathically focused

• Non-physician members can be appointed

Clinical Competency Committee

• 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

Milestones Guidebook
http://www.acgme.org/Portals/0/MilestonesGuidebook.pdf

Milestone Resources – Coming Soon

Milestone National Report - to be released in the next few weeks!

Milestone Guidebook for Residents and Fellows

Assessment Toolkit

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Milestone 2.0 – Coming Soon, but not too soon

• Process will be slow

• Learning what works and what does not

• Listening tours and - tell us what you want to keep and what needs to change

• Inclusion of more members of the community throughout the process

Milestone 2.0 – Coming Soon, but not too soon

• Starting with ICS, PBLI, PROF, and SBP

• Developing common themes across specialties

• Multidisciplinary
THANK YOU!!

QUESTIONS?

We are here to help

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