Making milestones meaningful: managing mastery or maddingly mandatory?

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The GME Assessment “System”

**Assessments within Program:**
- Direct observations
- Audit and performance data
- Multi-source FB
- Simulation
- ITExam

**Qual/Quant “Data” Synthesis:**
- Committee

**MILESTONE JUDGMENTS**
- Residents
- Faculty, PDs and others

**Unit of Analysis: Program**
- Accreditation
- Certification and Credentialing

**Unit of Analysis: Individual**
- PUBLIC
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The History

2012 PROJECT STRUCTURE
MILESTONES

Milestones = Performance levels residents expected to demonstrate for skills, knowledge and behaviors

Help programs operationalize 6 Core Competencies
Describe learning trajectory from beginner to highly proficient
Move away from high-stakes MK tests and numeric evaluation rating scales
Allows deeper, shared & transparent understanding of expectations
Guide program curriculum development
Identify individual learner “gaps” to provide individualized coaching
Framework for the Clinical Competency Committee

YES

Represent just the core of the discipline, not the totality
Targets, not Requirements
Formative intent for resident and program, not accreditatory
Not a single-source or short-term assessment tool

NO
OTOHNS MILESTONES DEVELOPMENT

• 19 → 8 PC + 4 MK + 6 Supplemental “disease-based” Milestones (Milestones Appendix) in 6 OTOHNS Surrogate Dz Areas
  – ABOto Scope of Knowledge Summary Report
  – ABOto OTOHNS Comprehensive Core Curriculum
  – ABOto Core Surgical Procedures
  – ACGME OTOHNS RRC Program Requirements
  – ACGME OTOHNS KIPs
  – MWG & MAG Consensus Opinion

• Different Milestones designated for EARLY and LATE PGY-level expectations for evaluation & promotion
<table>
<thead>
<tr>
<th>Category</th>
<th>Early PC</th>
<th>Late PC</th>
<th>Early MK</th>
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<td>Peds neck masses</td>
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<td>Yr 2</td>
<td>Yr 3</td>
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</table>
Otolaryngology Specific

- Milestone vs SMART goals, (specific, measurable, achievable, relevant, timely)
- Correlations to in-service
- Individualized learning plans
  - Pgy level and gender differences
Milestones 2.0
Planning our future
Neurosurgery has done 2.0
The Process
• 104 unique studies
• Stakeholder survey (1195 participants) that provided feedback on the draft 2.0 harmonized milestones

Interpersonal Communication Skills
Common across disciplines

• Intrapersonal communication Skills
  – Patient and Family Centered Communication
  – Interprofessional and Team communication
  – Communication within healthcare Systems

• Practice Based Learning and Improvement
  – Evidence Based and informed medicine
  – Reflective practice and commitment to learning
Common across disciplines

- **Professionalism**
  - Professional behavior and Ethical Principles
  - Accountability/Conscientiousness
  - Self-awareness and help seeking

- **System-Based Practice**
  - Patient Safety and Quality Improvement
  - System Navigation for Patient centered care
  - The physician’s role in healthcare systems
Next Steps

• Implementation Guidebook that highlights planning, change management, and continuous quality improvement is being written by the ACGME and will be available February/March 2019
• OHNS is scheduled to start the review and revision process Fall 2019 producing a specialty specific guide that will provide insights into the intent of the sub competencies, with examples for each level, sample assessment methods, and other available resources
• Review groups will consist of representatives from the RC; OPDO, ABOHNS and AOBOHNS will each appoint one person. The RC resident and public member will participate in addition to a call for volunteers from anyone associated with GME
• Likely implementation of 2.0 version for OHNS: 2021.
Discussion and Questions