Milestones 2.0 & the Clinical Competency Committee
Assessing Milestones 2.0

Liana Puscas, MD, MHS, MA
## Where Items on Milestones 1.0 Fit in With 2.0

<table>
<thead>
<tr>
<th>Milestones 1.0</th>
<th>Milestones 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC1: Salivary Disease</td>
<td>PC3: Head and Neck Neoplasm</td>
</tr>
<tr>
<td>PC2: Aerodigestive Tract Lesions</td>
<td>PC6: Laryngologic Disease</td>
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<tr>
<td>PC3: Sleep Disordered Breathing</td>
<td>PC9: Sleep</td>
</tr>
<tr>
<td>PC4: Facial Trauma</td>
<td>PC2: Facial Trauma</td>
</tr>
<tr>
<td>PC5: Rhinosinusitis</td>
<td>PC5: Rhinologic Disease</td>
</tr>
<tr>
<td>PC6: Nasal Deformity</td>
<td>PC8: Facial Plastics and Reconstructive Surgery</td>
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<tr>
<td>PC7: Chronic Ear</td>
<td>PC4: Otologic Disease</td>
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<tr>
<td>PC8: Pediatric Otitis Media</td>
<td>PC7: Pediatric Otolaryngology</td>
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<tr>
<td>MK1: Upper Aerodigestive Tract Malignancy</td>
<td>PC1: Airway Emergency and Management</td>
</tr>
<tr>
<td>MK2: Hearing Loss</td>
<td>PC3: Head and Neck Neoplasm</td>
</tr>
<tr>
<td>MK3: Dysphagia-Dysphonia</td>
<td>PC4: Otologic Disease</td>
</tr>
<tr>
<td>MK4: Inhalant Allergy</td>
<td>PC6: Laryngologic Disease</td>
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<tr>
<td>SBP1: Patient Safety</td>
<td>MK2: Allergy</td>
</tr>
<tr>
<td>SBP2: Resource Utilization</td>
<td>MK1: Anatomy</td>
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<tr>
<td></td>
<td>MK3: Pathophysiology</td>
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<tr>
<td>PBLI: The ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning</td>
<td>PBLI1: Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>PROF: Professionalism</td>
<td>PBLI2: Reflective Practice and Commitment to Personal Growth</td>
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<tr>
<td></td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
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<td></td>
<td>PROF2: Accountability/Conscientiousness</td>
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<td></td>
<td>PROF3: Knowledge of Systemic and Individual Factors of Well-Being</td>
</tr>
</tbody>
</table>
Patient Care and Medical Knowledge have two options outside of the levels:

- Not yet completed Level 1
- Not yet assessable
Patient Care

PC1: Airway Emergency and Management
PC2: Facial Trauma
PC3: Head and Neck Neoplasm
PC4: Otologic Disease
PC5: Rhinologic Disease
PC6: Laryngologic Disease
PC7: Pediatric Otolaryngology
PC8: Facial Plastics and Reconstructive Surgery
PC9: Sleep
Medical Knowledge

 MK1: Anatomy

 MK2: Allergy

 MK3: Pathophysiology
Systems-Based Practice

SBP1: Patient Safety and Quality Improvement

SBP2: System Navigation for Patient-Centered Care

SBP3: Physician Role in Health Care Systems
Practice-based Learning and Improvement

PBLI1: Evidence-Based and Informed Practice

PBLI2: Reflective Practice and Commitment to Personal Growth
Professionalism

Professional Behavior & Ethical Principles

Accountability/
Conscientiousness

Systemic and Individual Factors of Well-Being
Interpersonal & Communication Skills

- Patient- and Family-Centered Interactions
- Interprofessional and Team Encounters
- Health Care System Level Communication
Supplemental Guide

EXAMPLES FOR LEVELS 1-5
POSSIBLE ASSESSMENT METHODS
RESOURCES FOR FURTHER FACULTY DEVELOPMENT AND IMPLEMENTATION
## Supplemental Guide Example

### Medical Knowledge 1: Anatomy

**Overall Intent:** To develop knowledge of surgically and pathophysiologic relevant anatomy to safely and effectively diagnose and treat otolaryngology — head and neck surgery patients

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
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<tr>
<td><strong>Level 1</strong> Identifies normal anatomy during common operations</td>
<td>- Recognizes common operations including tonsillectomy, adenoidectomy, myringoplasty, and direct laryngoscopy</td>
</tr>
<tr>
<td>Articulates the steps of common operations</td>
<td></td>
</tr>
<tr>
<td><strong>Level 2</strong> Identifies variations in anatomy during common operations</td>
<td>- Recognizes submucosal clefting or bifid uvula while performing tonsillectomy and adenoidectomy</td>
</tr>
<tr>
<td>Articulates the implications of varying anatomy on the steps of common operations</td>
<td>- Describes the implications of non-recurrent laryngeal nerve on performance of thyroidectomy</td>
</tr>
<tr>
<td><strong>Level 3</strong> Identifies normal anatomy during complex operations</td>
<td>- Recognizes complex operations such as tympanomastoidectomy, flap harvest and reconstruction, endoscopic sinus procedures, neck dissections, facial trauma repair, and thyroidectomy</td>
</tr>
<tr>
<td>Articulates the steps of complex operations</td>
<td></td>
</tr>
<tr>
<td><strong>Level 4</strong> Identifies variations in anatomy during complex operations</td>
<td>- Describes anatomic variation in temporal bone anatomy and the impact on the surgical approach and view</td>
</tr>
<tr>
<td>Articulates the implications of varying anatomy on the steps of complex operations</td>
<td>- Describes oncologic resection based on tumor size/location and the options available for repair of the defect based on the anatomy impacted</td>
</tr>
<tr>
<td><strong>Level 5</strong> Leads anatomy instruction for students and co-residents</td>
<td>- Teaches surgical approaches in anatomy lab for specific procedures</td>
</tr>
<tr>
<td>Teaches complex variations of anatomy and implications for surgical approaches</td>
<td>- Leads case-based teaching sessions with surgical anatomy topics</td>
</tr>
</tbody>
</table>

**Assessment Models or Tools**
- Cadaver or similar labs
- Direct observation

**Curriculum Mapping**

**Notes or Resources**
### Supplemental Guide Example

**Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice**

**Overall Intent:** To incorporate evidence and patient values into clinical practice

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<tr>
<td><strong>Level 1</strong> Demonstrates how to access available evidence, and incorporate patient preferences and values to take care of a routine patient</td>
<td>• Identifies evidence-based guidelines for acute sinusitis from American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNSF)</td>
</tr>
<tr>
<td><strong>Level 2</strong> Articulates clinical questions and elicits patient preferences and values to guide evidence-based care</td>
<td>• In a patient with subacute sinusitis, appropriately selects antibiotic regimen</td>
</tr>
<tr>
<td><strong>Level 3</strong> Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients</td>
<td>• Obtains, discusses, and applies evidence for the treatment of a patient with chronic sinusitis and multiple medication allergies</td>
</tr>
<tr>
<td></td>
<td>• Understands and appropriately uses clinical practice guidelines in guiding decisions for surgical intervention while eliciting patient preferences</td>
</tr>
<tr>
<td><strong>Level 4</strong> Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care to the individual patient</td>
<td>• Evaluates the primary literature to identify biologic and topical treatments for refractory sinus disease</td>
</tr>
<tr>
<td><strong>Level 5</strong> Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines</td>
<td>• Leads clinical teaching on application of best practices in critical appraisal of balloon sinuplasty criteria</td>
</tr>
</tbody>
</table>

**Assessment Models or Tools**
- Direct observation
- Oral or written examinations
- Presentation evaluation
- Research portfolio

**Curriculum Mapping**

**Notes or Resources**
- Institutional IRB guidelines
- Various journal submission guidelines
Review

Review the Milestones with your CCC, faculty, and residents

Identify

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

Determine

Determine which rotation(s) the Milestone will be evaluated

Implementing Milestones 2.0
With your CCC, determine what the resident would need to do/know for the Milestone at each level

Be certain that there is a shared mental model of the meaning of the Milestone and the various levels

What does YOUR PROGRAM expect to see at each level

Spend the time now, save time later!!
Assessing for the Desired Outcome

Work-based assessment is mostly accomplished through the observations and questions of faculty, team members, peers and other co-workers.

- Performance in Practice/Multi-source feedback/ Direct Observation
- Standardized Patients/Simulation
- Diagnostic Reasoning using clinical vignettes or CSR
- Multiple choice Questions

Knows How (competence)

Shows How (performance)

Does (action)
Multi-source Feedback

Opportunity to get well-rounded perspective

Completed by multiple individuals from different perspectives based upon observations in different contexts

Applies to raters, tools, setting, etc.
Creating a Shared Mental Model

- Time: learn the milestones
- Define terms
- Get input from other faculty and learners
Clinical Competency Committee

John D. McGinn, MD, FACS
Professor of Otolaryngology – Head & Neck Surgery
Residency Program Director
Vice Chair
Penn State Health
Clinical Competency Committee

- ACGME Requirements
  - Specialty Program Requirement V.A.1. Feedback and Evaluation

- Structure
  - Appointed by the program director
  - At minimum, must include 3 program faculty, at least one of whom is core faculty
    - Additional members must be faculty members from the the same or other programs, or other health professionals who have extensive contact and experience with the program’s residents
CCC Functions

• Duties
  • Must review all resident evaluations at least semi-annually
  • Must determine each resident’s progress on achievements of the specialty-specific Milestones
  • Must meet prior to the residents’ semi-annual evaluations and advise the program director regarding each resident’s progress

• PD, with input from the CCC, must:
  • Meet with residents to review semi-annual evaluation of performance and Milestones
  • Assist residents in developing individualized learning plans to capitalize on strengths and identify areas for growth
  • Develop plans for residents failing to progress, following institutional policies and procedures

• Final Decisions are made by the PD
CCC Purpose

• The ultimate purpose is to demonstrate accountability as medical educators to the public: that graduates will provide high quality, safe care to patients while in training, and be well prepared to do so once in practice.

• ACGME Clinical Competency Committee: Guidebook for Programs
Recommendations

• Structure
  • Size
    • 3-10 members, based on program structure and size
      • Consider subcommittees
  • Diversity
    • Academic rank, gender, race/ethnicity, program role, professional focus
  • Other members – should have extensive contact
    • Nurses, advanced practice providers, social workers, audiologists, speech pathologist
  • Osteopathic Representation
    • If program has osteopathic recognition and osteopathic-focused residents, must have 2 osteopathic-focused faculty
    • Residents – none

• PD role
  • Member or not?
  • Chair?

• Meeting frequency

• Conflict of Interest – advisors and mentors
CCC Logistics

• Shared mental model
  • What does resident performance look like
  • Meaning of Milestones narrative
  • Proper assessment tools & how they are used
  • How are decisions made

• Faculty Development

• Legal Issues
  • Reasonable decision-making process for academic performance assessment
  • Conscientious
  • Careful deliberation
  • Recordkeeping – minutes
    • Milestones
Resources

• Clinical Competency Committees: A Guidebook for Programs
  ACGME website under Milestones
• Common / Specialty Program Requirements
Questions?
Panelists

Cristina Cabrera-Muffly, MD, FACS
- Associate Professor of Otolaryngology – Head and Neck Surgery
- Residency Program Director
- Vice Chair Education
- University of Colorado Anschutz Medical Campus

Orly Coblens, MD, FACS
- Associate Professor of Otolaryngology – Head and Neck Surgery
- Residency Program Director
- Director of Simulation
- The University of Texas Medical Branch

Jo-Lawrence Bigcas, MD
- Assistant Professor of Otolaryngology – Head and Neck Surgery
- Residency Program Director
- Kirk Kerkorian School of Medicine at UNLV

Liana Puscas, MD, MHS
- Associate Professor of Otolaryngology – Head and Neck Surgery & Communication Sciences
- Associate Chief of Staff - Education
- Duke University School of Medicine
- Immediate Past-chair of ACMGE RC
Disclosures

• No panelists have any disclosures
Questions

• Who makes up your CCC and how was that decided?
• Who chairs the CCC?
• Does your CCC Chair just run meetings or do they have a greater role in the program?
• How often does your CCC meet?
• Have you done specific faculty development to develop a shared mental model of resident performance?
• What efficiencies has your CCC instituted to streamline meetings?
• What other roles beyond Milestones has your CCC been involved?
  • Evaluation tool development, resident remediation, resident dismissal process