Thoracic Surgery Milestone Project
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Milestone Project

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Milestone Project

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Outcome Project Timeline

1999 - Outcome Project Begins

- General Competencies Defined
- Increasing emphasis on educational outcomes (vs. process)

2001 - Quadrads (Board, PD, RRC, Res) Convened

- Translate core competencies into specialty-specific competencies

2002-2008 – Implementation of 6 Competency Domains

- Residency programs expected to develop instructional and assessment methods for integrating the competencies in their curricula
- ACGME assessment “toolbox” developed
Milestones – the next step in the Outcome Project

Dr. Nasca’s Seminal Column in May 2008 ACGME Bulletin

• Vows to achieve outcomes-based accreditation
• Introduces concept of milestones as part of the vision
• Frames the milestone development initiative as a specialty community effort
• Charge = each specialty to identify milestones of competency development
Rationale for Competency-Based Medical Education

• Focus on outcomes
• Emphasis on abilities
• De-emphasis on time-based training
• Promotion of learner centeredness
Competency

• An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes

• Dynamic

• Competencies can be assembled like building blocks to facilitate progressive development

• Can be measured and assessed
Milestones Defined

General Definition

• Skill and knowledge-based developments that commonly occur by a specific time

Milestone Project Definition

• Specific behaviors, attributes, or outcomes in the general competency domains to be demonstrated by residents by a particular point during residency
Guiding Principles

Feasibility
- Balance costs with benefits
- Manageable number of milestones

Quality
- Improvement over current approaches
- Meaningful & substantive
- “Measurable”

Reporting
- Specialty-wide use of 5-level template for milestones reporting
- Central data repository
# Milestone Framework for Laparoscopic Surgery

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Steps are omitted, partially completed, or done out of sequence and/or done with too much or too little force, speed, depth, distance.</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>A step is repeated or done out of sequence. A step is done with too much or too little force, speed, depth, distance.</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>Steps are completed in sequence. Steps are done with appropriate force, speed, depth, and distance for routine cases.</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>Steps are completed in sequence and done with appropriate force, speed, depth, and distance for routine and complicated cases.</td>
</tr>
<tr>
<td><strong>Level 5</strong></td>
<td>Technical performance for complicated cases, including improvised movements, is fluid and error free.</td>
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Next Accreditation System

Case Logs

Resident and Faculty Opinions

Milestone Reporting (semi-annually)

Continuous Oversight & Improvement Emphasis

Program & Institutional Information
Uses and Implications

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
- Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams

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