The Next Accreditation System

Walter Merrill, MD  
Vice Chair  
Thoracic Surgery RRC

Ara Vaporciyan, MD  
TS Milestones Working Group

Peggy Simpson, EdD  
Executive Director  
Thoracic Surgery RRC

Stephen Yang, MD  
TS Milestones Working Group

TSDA  
Los Angeles, CA--January 28, 2013
Disclosures

- Financial
  - None
- Fiduciary
  - Full-time employee of ACGME
Agenda

• Next Accreditation System

• Milestones

• Milestones Beta Test Results
Next Accreditation System
Next Accreditation System

- Goals
- Program activities
- Overview of accreditation in NAS
- Timeline for transition
Next Accreditation System Goals

- Reduce the burden of accreditation
- Free good programs to innovate
- Assist poor programs to improve
- Realize the promise of Outcomes
- Provide public accountability for outcomes
Conceptual change from... The Current Accreditation System

- Rules
- Corresponding Questions
- “Correct or Incorrect” Answer
- Citations and Accreditation Decision

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To... The Next Accreditation System

Promote Innovation

- Continuous Observations
- Ensure Program Fixes the Problem
- Diagnose the Problem *(if there is one)*
- Potential Problems
NAS-Annual Inputs

- Board Pass Rate
- Case Logs/Clinical Experience
- ADS Annual Update
- Resident Survey
- Core Faculty Survey
- Milestone Semi Annual Reporting

NEW

RRC
Next Accreditation System

• No PIF’s
• No site visits (as we know them)
• Focused site visits for “issues”
• Self-study visits every ten years

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Internal Reviews

- Currently **required** at mid-cycle
- In NAS, NO requirement for **routine** IRs
- GMEC must demonstrate program oversight
  - Annual Program Reviews
  - Special Review for programs when warranted

NOTE: New Institutional Requirements available for comment on 11/19/2012
Streamlined ADS Annual Update

- 33 questions removed
- 14 questions simplified
- *Very* few essay questions
- Self-reported board pass rate removed
- Faculty CVs removed
- 11 MCQ or Y/N questions added

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Current PIF Faculty CV

First Name: John
Last Name: Smith

Current Position: Department Chairman
Medical School Name: North Univ, Roots, CA
Graduate Medical Education Program Name: State Program
Degree Awarded: MD
Year Completed: 1993

Specialty: Urology
Certification Information:
- Certification Year: 2001
- Original Certification: Valid
- Date of Expiration: 1/2014
- State: CA

Academic Appointments - List the past ten years, beginning with your current position.

Start Date | End Date | Description of Position(s)
--- | --- | ---
7/2009 | Present | State Program
7/1999 | Present | State Program
1/2002 | 6/2009 | State Program

Concise Summary of Role in Programs:
Fellowship-trained in female urology and urodynamics. Dr. Smith brings an expertise that is vital to resident training in urology. Along with Dr. James, he coordinates all resident research activities. He is an active participant in all urology conferences.

Current Professional Activities / Committees (limit of 10):
- [2009 - Present] Chairman, Department of Urology, Medical Center
- [2009 - Present] Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Urology, City Hospital
- [2009 - Present] President, Urological Society
- [2009 - Present] Co-Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Medical Center
- [1999 - Present] Member, American Urogynecologic Society
- [1999 - Present] Member, Society for Urodynamics and Female Urology
- [1999 - Present] Member, American Urological Association
- [1999 - Present] Member, International Continence Society
- [1999 - Present] Member, Section of the American Urological Association
- [1999 - Present] Member, American Urological Society

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):
- Multi-institutional experience with sacral neuromodulation in children for dysfunctional elimination syndrome or neurogenic bladder with incontinence. Urological Annual meeting 2010 (presented by Katherine Hubert)
- Overactive bladder and Interstim Therapy, Advanced-Advanced Medical Technology Association, Washington, DC, 2008
- Stress Urinary Incontinence and Prostate: Case presentations and complications Urology Society Annual meeting 2007
- Commercial Prostateb Repair “Kits” vs. Traditional Transvaginal Prostate Repair: A Comparison of Efficacy and Cost. A. Society for Urodynamics and Female Urology (SUFD), February 22, 2007 (Poster) Southeastern Section of the AUA, March 8-11, 2007 (Poster)
- Abdominal Sacral Colpophagy with Soft Polypropylene Mesh is Safe and Effective at Three-Year Follow-Up. Names. SUMMA Postgraduate Day, 2006
- The Correlation Between Valsalva Leak Point Pressure (VLPP) and MUCP in Determining Genuine Stress Urinary Incontinence and Intrudic Sphincter Deficiency. Names. Postgraduate Day, Locations, June 6, 2003 Section of the AUA, September 2005

If not ABMS board certified, explain equivalent qualifications for RC consideration:

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# Scholarly Activity as Performance Indicator

**Faculty Scholarly Activity**

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters / Textbooks</th>
<th>Grant Leadership</th>
<th>Leadership or Peer-Review Role</th>
<th>Teaching Formal Courses</th>
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<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
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<td>3</td>
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<td>3</td>
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**Resident Scholarly Activity**

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<tr>
<th>Resident</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations</th>
<th>Chapters / Textbooks</th>
<th>Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012</th>
<th>Teaching / Presentations</th>
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<tr>
<td>June Smith</td>
<td>12433</td>
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<td>1</td>
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<td>Y</td>
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</table>
Scholarly Activity Template

• For each **core** faculty member enter:
  – x Pub Med ID’s
  – Four numbers
  – Answer two Y/N questions

• For each resident **with scholarly activity** enter:
  – x Pub Med ID’s
  – Two numbers
  – Answer two Y/N question

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NAS Timeline

Phase I specialties

• Neurological Surgery
• Orthopedic Surgery
• Urology

• Diagnostic Radiology
• Emergency Medicine
• Internal Medicine
• Pediatrics
• Subspecialties of all above
# NAS: Program Activities

## Milestones

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<tr>
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<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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<th>Apr</th>
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</table>

## Faculty Survey

- **Yr 1**

## Resident Survey

- **Yr 1**

## ADS Update

- **Yr 1**

## Case Logs

- **Yr 0**

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Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Application for New Program

Initial Accreditation
Accreditation with Warning
Probationary Accreditation

2-4%
10-15%
75-80%

Continued Accreditation

Withdrawal of Accreditation
<1%

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NAS in a Nutshell

• **Continuous Accreditation Model**
  - Based on review of annually submitted data
• SVs replaced by 10-year Self-Study Visit
• Program Requirements revised every 10 yrs.
• Program Requirements organized by:
  - Outcomes
  - Core Processes
  - Detailed Processes
Summary: NAS

• Focus on outcomes
• Reduce burden
• Allow programs to innovate
Milestones

**Via Ignatia**

**Yorkshire Moors**

**Portadon Ireland**

**Key West, FL**

**Gemas Malaysia**

**Milion of Constantinople**

**Boston, MA**

**County Cork**

**Apian Way**
Creation of Milestones

- ABTS
- RRC
- TSDA
- Residents
- AATS
- STS
- JCTSE

Milestones

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TS Milestones

Advisory Group
- Douglas Wood, MD
- William Baumgartner, MD
- John Calhoon, MD
- David Fullerton, MD
- John R. Potts, III, MD
- Peggy Simpson, EdD

Working Group
- Carolyn E. Reed, MD
- Edward Bove, MD
- Andrea J. Carpenter, MD
- Robert Higgins, MD
- Richard Lee, MD
- J. Wayne Meredith, MD
- Walter Merrill, MD
- Tom C. Nguyen, MD
- Peggy Simpson, EdD
- Ara Vaporciyan, MD
- Thomas Varghese, MD
- Edward Verrier, MD
- Cameron Wright, MD
- Stephen Yang, MD
Timeline of Activities

- Kick-Off Meeting for Working Group
  - March 30-31, 2012
- Conference Calls
  - April 11, 2012
  - May 16, 2012
  - May 23, 2012
- Working Group Meetings
  - September 7-8, 2012
  - January 25, 2013
- Beta Test
  - November-December 2012
Milestones Creation Status

### Completed
- CRS
- GS
- IM
- MG
- Neuro
- OB/Gyn
- Ophthal
- OS
- Path
- Peds
- PS
- Radiology
- TY
- Urology
- Expert Panel

### Drafts
- A&I
- Derm
- EM
- NS
- NM
- TS
- PMR
- Psych
- PQ
- TS
- Anes
- FM

### Dec 2012
- All specialties to have first draft of milestones

### July 2013
- Implement
  - EM
  - IM
  - NS
  - Ortho
  - Ped
  - Diag rad
  - Urology

### July 2014
- Implement All Remaining Specialties (i.e. THORACIC SURGERY)
CT Surgery Milestones

ACGME
ABTS
Thoracic Milestones
Advisory Group

- William Baumgartner
- John Calhoon
- David Fullerton
- John Potts
- Peggy Simpson
- Doug Wood
CT Surgery Milestones

ACGME
ABTS

Advisory Group
Thoracic Milestones Group

Carolyn Reed/ Walter Merrill (Chair)

- Andrea J. Carpenter
- Jim Fann
- Robert Higgins
- Rick Lee
- J. Wayne Meredith
- Tom Nguyen (TSRA)

- Peggy Simpson
- Ara Vaporciyan
- Tom Varghese
- Ed Verrier
- Cam Wright
- Steve Yang
- Laura Edgar (ACGME)
Milestone Development

Sponsorship
- ACGME
- Certification Boards

Who
- Working Group
- Advisory Group

When/How
- 4 meetings
- Weekly conf calls
- Pre/Post meeting briefings
Guiding Principles

Feasibility

- Balance costs with benefits
- Manageable number of milestones - <36 (actually have 26)
The Six Competencies, and the Continuum of Clinical Medical Education – Dreyfus (modified) Conceptual Model

- Medical Knowledge
- Patient Care and Procedural Skills
- Interpersonal and Communication Skills
- Professionalism
- Practice Based Learning and Improvement
- Systems Based Practice

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert
- Master

- Undergraduate
- Graduate
- Continuing

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1 as presented by Leach, D., modified by Nasca, T.J.
American Board of Internal Medicine Summer Retreat, August, 1999.
2 Patient Care Competency modified 9/2010 by ACGME and ABMS
Framework Options

- Anatomic area
- Disease states/Diagnoses
- Disease classification
- Domains
- Subspecialty areas
CT Surgery Milestones

Each resident will be evaluated on the following milestones:

**Patient Care and Medical Knowledge**
- Ischemic Heart Disease
- CPB, Myocardial Protection and Temporary Circulatory Support
- Valvular Disease
- Great Vessel Disease
- End Stage Cardiopulmonary Disease
- Congenital Heart Disease
- Critical Care
- Esophagus
- Lung and Airway
- Chest Wall/Pleura/Mediastinum

**General Competencies**
- Professionalism – Ethics and Values; Personal Accountability
- Practice Based Learning and Improvement – Learning; Research and Teaching
- Interpersonal and Communication Skills
- Systems Based Practice – Patient Safety; Resource Allocation; Practice Management

ACGME
Key Points

• The levels DO NOT correspond to year of residency
• Residents are expected to reach Level 4 by the end of training (NOT level 5)
### Milestone Description: Template

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</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>
</tr>
<tr>
<td></td>
<td></td>
<td>What should they be able to do well in the realm of the specialty at this point?</td>
<td>What additional knowledge, skills &amp; attitudes have they obtained?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are they ready for certification?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Stretch Goals – Exceeds expectations</td>
</tr>
</tbody>
</table>

Comments:
Medical Knowledge: Esophagus

Level 1

- Knows basic anatomy and pathology (e.g., identifies gastrointestinal anatomy innervation and blood supply, endoscopic landmarks)

Level 2

- Understands common variations in anatomy and pathology (e.g., lymphatic drainage)

Level 3

- Understands complex integrations between anatomy and pathology (e.g., fascial planes in descending mediastinitis)

Level 4

- Understands complex variations in anatomy and pathology, including congenital (e.g., esophageal atresia)

Level 5

- Understands imaging for colon interposition
- Understands need for colon interposition
- Understands databases and clinical trials
### Valvular Disease

<table>
<thead>
<tr>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Orders basic diagnostic and preoperative assessment tests for valvular heart disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Interprets and prioritizes diagnostic and physiologic assessment tests for routine patient with valvular heart disease (e.g., echocardiogram, cardiac cath)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Provides a diagnostic and assessment plan for patients with routine valvular heart disease (e.g., intra-operative transesophageal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Forms a diagnostic and assessment plan for complex patients with valvular heart disease (e.g., intra-operative mitral regurgitation on a patient scheduled for isolated coronary artery bypass)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Selects ideal plan for a patient with prior transcatheter valve, minimally invasive valve</td>
</tr>
</tbody>
</table>
Sample Milestone 3

### General Competencies

- **Professionalism – Ethics and Values; Personal Accountability**
- **Practice Based Learning and Improvement – Learning; Research and Teaching**
- **Interpersonal and Communication Skills**
- **Systems Based Practice – Patient Safety; Resource Allocation; Practice Management**

### Systems Based Practice – Patient Safety

<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>• Understands the differences between medical errors, near misses, and sentinel events.</td>
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<tr>
<td>• Understands the roles of care team members.</td>
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</tbody>
</table>

Leads curriculum design to teach teamwork and communication skills to healthcare professionals.

Leads multidisciplinary teams (e.g., human factors engineers, social scientists) to address patient safety issues.
# Assessment Toolbox Matrix (modified ACGME, 2000)

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>EVALUATION METHOD</th>
<th>Record Review</th>
<th>Chart Stimulation</th>
<th>Recall</th>
<th>Check List</th>
<th>Global Rating</th>
<th>Standardized Patients</th>
<th>OSCE/CASPE</th>
<th>Simulations and Models</th>
<th>360 Global Rating</th>
<th>Learning Portfolios</th>
<th>ITE</th>
<th>Mock Oral Exam</th>
<th>Procedures and Case Logs</th>
<th>Patient Survey</th>
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</thead>
<tbody>
<tr>
<td>Patient Care/Technical Skills</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<td>Medical Knowledge</td>
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</table>

Key:
- 1 = most desirable
- 2 = next best method
- 3 = potentially applicable

Adapted from Toolbox of Assessment Methods, ACGME and ABMS, v 1.1, Sept 2000
## Assessment Toolbox Matrix

### Specific for CT Surgery

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>Simulation / Video Assessment</th>
<th>Database Pt Outcomes</th>
<th>M&amp;M presentation</th>
<th>Residents as Educators Assessment</th>
<th>Chart Audit</th>
<th>Mock orals</th>
<th>?Senior Tour Assessments</th>
<th>Apple Apps</th>
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<td>Medical Knowledge</td>
<td>Moodle Courses</td>
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<td>Practice-Based Learning and Improvement</td>
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<tr>
<td>Evaluate care/Self-Improvement</td>
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</tbody>
</table>
CT Surgery Milestones

ACGME
ABTS

Advisory Group

Thoracic Surgery Milestones Group
Future Strategies

- Beta testing on larger scale
- Publish manuscript:
  - Intro, Background, Assessment Tools
  - Pilot results, Implementation Guidelines
- Produce manual like Int Med
- Faculty development on a large scale
- Make links to WebBrain Curriculum
How will the milestones affect me?

► This is a COMPOSITE Review for the RRC for program review effectiveness (not end of rotation, does not replace rotation evaluation)

► Assesses resident’s progression through the program

► RRC WILL NOT look at individual resident reports
When will the Milestones be implemented?

► “Go live” with TS Milestones in 7/2014
► Begin preparatory effort and faculty development with PD/rep
  ● Beta testing 10 more institutions
  ● Sessions at AATS’13/STS’14
  ● Educate the Educator’13 and ‘14
  ● Webinars
Goals of the Pilot Study

- Assess their adequacy
- Assess time requirements
- Assess feasibility/methods
- Collect general feedback

All collected from end users
Results

• What was the time burden?

<table>
<thead>
<tr>
<th></th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longest time spent on a single trainee?</td>
<td>15.7</td>
<td>10</td>
</tr>
<tr>
<td>Shortest time spent on a single trainee?</td>
<td>12.3</td>
<td>5</td>
</tr>
</tbody>
</table>
Results

- What tools were used to assign milestones?

<table>
<thead>
<tr>
<th>Tool</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>360° feedback</td>
<td>26%</td>
</tr>
<tr>
<td>Direct observation w immediate written assessment</td>
<td>19%</td>
</tr>
<tr>
<td>Peer evaluation</td>
<td>13%</td>
</tr>
<tr>
<td>Structured case w immediate written assessment</td>
<td>10%</td>
</tr>
<tr>
<td>End of rotation evaluations</td>
<td>10%</td>
</tr>
<tr>
<td>Simulators w built in or faculty assessment</td>
<td>6%</td>
</tr>
<tr>
<td>Mock orals/Milestones as an assessment tool</td>
<td>5%/5%</td>
</tr>
<tr>
<td>Patient Survey/In-training exam</td>
<td>3%/3%</td>
</tr>
<tr>
<td>Chart audit or review</td>
<td>2%</td>
</tr>
<tr>
<td>Other written tests/QI projects</td>
<td>0%</td>
</tr>
</tbody>
</table>
Results

• Adequacy and feasibility

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>They allow discrimination between levels of competency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They accurately represent the scope of our practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I thoroughly read and reviewed each description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They represent a realistic progression of knowledge,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>skills and behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They provide a meaningful evaluation of the trainee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have enough information about my residents to assign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to select the single best level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results

- Positive findings, generally accepted

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>They allow discrimination between levels of competency.</td>
<td>90% (15/75)</td>
<td>10% (10/0)</td>
</tr>
<tr>
<td>They accurately represent the scope of our practice</td>
<td>98% (25/73)</td>
<td>2% (2/0)</td>
</tr>
<tr>
<td>I thoroughly read and reviewed each description</td>
<td>95% (38/57)</td>
<td>5% (5/0)</td>
</tr>
<tr>
<td>They represent a realistic progression of knowledge, skills and behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They provide a meaningful evaluation of the trainee</td>
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<td></td>
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</tr>
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<td></td>
</tr>
</tbody>
</table>
### Results

- Less agreement, some outliers

<table>
<thead>
<tr>
<th>Description</th>
<th>Positive (SA/A)</th>
<th>Negative (D/SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>They allow discrimination between levels of competency.</td>
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<tr>
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<td>2% (2/0)</td>
</tr>
<tr>
<td>I thoroughly read and reviewed each description</td>
<td>95% (38/57)</td>
<td>5% (5/0)</td>
</tr>
<tr>
<td>They represent a realistic progression of knowledge, skills and behaviors</td>
<td>90% (10/80)</td>
<td>10% (8/2)</td>
</tr>
<tr>
<td>They provide a meaningful evaluation of the trainee</td>
<td>82% (8/74)</td>
<td>18% (18/0)</td>
</tr>
<tr>
<td>I have enough information about my residents to assign a level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to select the single best level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Results

- **Least agreement, more evenly split**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Positive (SA/A)</th>
<th>Negative (D/SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>They allow discrimination between levels of competency.</td>
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<tr>
<td>They provide a meaningful evaluation of the trainee</td>
<td>82% (8/74)</td>
<td>18% (18/0)</td>
</tr>
<tr>
<td>I have enough information about my residents to assign a level</td>
<td>71% (5/64)</td>
<td>19 (19/0)</td>
</tr>
<tr>
<td>It is easy to select the single best level</td>
<td>51% (0/51)</td>
<td>49% (44/5)</td>
</tr>
</tbody>
</table>
## What Changes are Possible?

### What Can We Change
- Specifics within milestones
  - Refined
  - Moved up or down a level
  - Additional examples provided

### What Can’t We Change
- General categories
  - Must remain aligned with competencies
- 5 Levels
  - Common to all specialties
Pilot Summary

- The majority of pilot participants agreed that the milestones
  - discriminate trainees by competency
  - reflect what we want them to know.

- Must distinguish “Reporting of Competency” from “Assessment of Competency”
  - The Milestones are a reporting tool
  - Assessment must still be done locally, usually with multiple tools

- There is time for additional piloting and changes before we go live
  - Project initiation July 1, 2014
  - Initial report due approx. 6 months later
Summary: Milestones

• Created by the specialty
• Provide *narratives* to describe trajectory from neophyte to practitioner
• Uses *existing* tools to track *outcomes*
• Will soon provide normative data
What’s Next For NAS and Thoracic Surgery?

- Look for information on ACGME Monthly “Webinars”
  - General Information
  - Specialty Specific Webinars
- Live sessions for Q&A participation
  - Look for announcements in ACGME e-Communication
  - Registration required
  - Will be recorded for future use
What’s Next For NAS and Thoracic Surgery? (cont.)

- Educational Sessions for PDs, faculty, coordinators at AATS and STS
- Second set of Pilot testing
- Refinement of Milestones
- Publications
- Toolbox development
- Contact ledgar@acgme.org to volunteer your interest in second pilot ....
QUESTIONS???????????