Next Accreditation System: What it Means for Thoracic Surgery Programs, Residents, and GME

Walter H. Merrill, M.D.
Chair, Thoracic Surgery RRC
Disclosures

- None
RRC—Thoracic Surgery Members

• Walter H. Merrill, MD, Chair
• Carl L. Backer, MD, Vice Chair
• Thomas A. D’Amico, MD
• Robert S.D. Higgins, MD
• HelenMari Merritt, DO, Resident

• William Baumgartner, MD, Ex-Officio ABS
• Ajit Sachdeva, MD, Ex-Officio ACS

Incoming Members
• Jennifer Lawton, MD
• Ara Vaporciyn, MD
## Accredited Programs 2013-2014

<table>
<thead>
<tr>
<th></th>
<th>Total Programs</th>
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<th>Initial Accred.</th>
<th>Probation</th>
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<td>Thoracic Surgery</td>
<td>65</td>
<td>48</td>
<td>10</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Thoracic Surgery-Integrated</td>
<td>23</td>
<td>8</td>
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<tr>
<td>Congenital Cardiac Surgery</td>
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<td>1</td>
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NAS & Milestones

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What’s different?
- Milestones
NAS & Milestones

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NAS Background

NAS Background

• GME is a public trust
• ACGME accountable to the public
NAS Background

• Patients & payers expect doctors to be:
  • Health information technology literate
  • Able to use HIT to improve care
  • Sensitive to cost-effective care
  • Involve patients in their own care
NAS Background

• ACGME created 1981

• From inception, emphasized:
  • Program structure
  • Increase in quality & quantity of formal teaching
  • Balance between service and education
  • Resident evaluation & feedback
  • Financial & benefit support for trainees
NAS Background

- Efforts rewarding by many measures
- But:
  - Program requirements increasingly prescriptive
  - Innovation squelched
  - PDs have become “Process Developers”*

*Term borrowed from Karen Horvath, M.D.
NAS & Milestones

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• Milestones
Next Accreditation System: Goals

- Produce physicians for 21st century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation
Next Accreditation System: Goals

• Free *good* programs to innovate
• Help *underperforming* programs improve
• Realize the promise of “Outcomes Project”
• Provide public accountability for outcomes
• Reduce the burden of accreditation
NAS & Milestones

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The “Old” Accreditation System

Rules

Corresponding Questions

“Correct or Incorrect”

Answer

Citations and Accreditation Decision

Rules

Corresponding Questions

“Correct or Incorrect”

Answer

Citation and Accreditation Decision
The Next Accreditation System

Promote Innovation

Continuous Observations

Assess Program Improvement(s)

Identify Opportunities for Improvement

Program Makes Improvement(s)
NAS & Milestones

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The Old Accreditation System - Sample of RRC Data

<table>
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<tr>
<th>Accreditation Status</th>
<th>Percentage of Programs</th>
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<tbody>
<tr>
<td>Five years</td>
<td>23%</td>
</tr>
<tr>
<td>Four years</td>
<td>25%</td>
</tr>
<tr>
<td>Three years</td>
<td>32%</td>
</tr>
<tr>
<td>Two years</td>
<td>17%</td>
</tr>
<tr>
<td>One Year</td>
<td>2%</td>
</tr>
<tr>
<td>Probation</td>
<td>1%</td>
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</tbody>
</table>
NAS: What’s Different?

- Continuous accreditation model
- No cycle lengths
NAS: What’s Different?

- No PIFs
- No Internal Review
- Programs notified of status *at least* annually
- Requirements revised every ten years
NAS: What’s Different?

- Citations *can* be levied annually by RRC
- But, *could* be removed quickly based upon:
  - Progress report
  - Site visit (focused or full)
  - New annual data from program
NAS: What’s Different?

• No site visits (as we know them)
  but...
• Focused site visits for an “issue(s)” (no PIF)
• Full site visit (no PIF)
• Self-study visits every ten years
Focused Site Visits

- Assesses *selected* aspects of a program and may be used:
  - to address *potential* problems identified during review of annually submitted data;
  - to diagnose factors underlying deterioration in a program’s performance
  - to evaluate a complaint against a program
Focused Site Visits

• Minimal notification given (30 days)
• Minimal document preparation expected
• Team of site visitors
• Specific program area(s) investigated as instructed by the RRC
Full Site Visits

- Application for new program
- At the end of the initial accreditation period
- RRC identifies broad issues / concerns
- Other serious conditions or situations identified by the RRC
Full Site Visits

- Minimal notification given (60 days)
- Minimal document preparation expected
- Team of site visitors
Ten Year Self-Study Visit

- *Not* fully developed
- *Not* a traditional site visit
- Will be implemented in 2015
Self Study
A Departmentally Coordinated Effort

- Respond to any Active Citations
- Evaluate Programmatic Performance against Goals (written plans of action)
- Review Previous 10 year “Annual Program Evaluations” (APE’s)
- Demonstrate effectiveness of modifications of the Program over time
- Establish Programmatic Goals for the future
Ten Year Self-Study Visit

• Will review core and any affiliated sub programs together
  • Thoracic Surgery-Independent
  • Joint Programs (4+3)
  • Thoracic Surgery-Integrated (I-6)
    • Congenital Cardiac Surgery
Self Study Visit *(Draft)*

- Team of site visitors
- Review the Self Study of the Departmental Educational Effort (Core and Subs)
- Conduct a “PIF-less” Site Visit
- Validate most recent Annual Data submitted
- Potentially serve as a vehicle for:
  - Description of Salutary Practices
  - Accumulation of Innovations in the field
Ten Year Self-Study Visit

- Review annual program evaluations (PR-V.C.)
  - Response to citations
  - Faculty development
- Judge program success at CQI
- Learn future goals of program
- *Will* verify compliance with Core and Outcome Requirements
Ten Year Self-Study Visit
Ten Year Self-Study Visit

Yr 0  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  Yr 7  Yr 8  Yr 9  Yr 10

Self-Study VISIT
Ten Year Self-Study Visit

Yr 0  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  Yr 7  Yr 8  Yr 9  Yr 10

APE
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Yr 0
APE

Yr 1

Yr 2

Yr 3

Yr 4

Yr 5

Yr 6

Yr 7

Yr 8

Yr 9

Yr 10

Self-Study VISIT

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Self-Study VISIT

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APE  APE  APE  APE  APE  APE  APE  APE  APE  APE  APE
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement

Yr 0
Yr 1
Yr 2
Yr 3
Yr 4
Yr 5
Yr 6
Yr 7
Yr 8
Yr 9
Yr 10
APE
APE
APE
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APE
Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ten Year Self-Study Visit

Ongoing Improvement
Going beyond minimum standards

Self-Study VISIT

Yr 0 APE
Yr 1 APE
Yr 2 APE
Yr 3 APE
Yr 4 APE
Yr 5 APE
Yr 6 APE
Yr 7 APE
Yr 8 APE
Yr 9 APE
Yr 10 APE
Ten Year Self-Study Visit

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APE

Yr 10
APE

Self-Study PROCESS

Self-Study VISIT

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Ten Year Self-Study Visit

- Not fully developed
- Not a traditional site visit
- Implementation:
  - 2015 for Phase 1
  - 2016 for Phase 2
AY 2013 Top Citation Types

- 7 DH/Work Environment
- 4 Evaluation
- 3 Goal & Objectives
- 3 ACGME Competencies
- 3 Procedural Experience
- 4 Faculty Responsibilities

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Next Accreditation System

- Program Requirements revised every ten years

- Each standard categorized:
  - Outcome - All programs must adhere
  - Core - All programs must adhere
  - Detail - Good programs may innovate
Some Data Reviewed by RRC
Most already in place

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
    - Scholarly Activity – Faculty and residents
    - Omission of data
- Board Pass Rate – 5 year rolling averages
- Resident Survey – Common and specialty elements
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
  - Faculty Survey
  - Ten year self-study
Review of Annual Data

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

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RRC Actions in NAS

- Programs notified of status *at least* annually
- Citations *may* be levied by RRC based on annual data provided
  - *Could* be removed quickly based upon
    - Progress report
    - Site visit (focused or full)
    - New annual data from program
After Review of Annual Data RRC can...

- Request Progress Report
- “Resolve” Citations
  - Need to continue to respond is removed
- “Continue” Citations
  - Need to respond with updates continues
- Change Accreditation Status, e.g.:
  - Continued Accreditation with Warning
    → Continued Accreditation
- Require Focused or Full Site Visit
  - All Site Visits are PIFLess
After Review of Annual Data RRC will...

- Post a letter to every program
  - Confirming accreditation status
    - Self-Study Visit Dates do not change
  - Indicate which citations are continued and which citations are resolved
  - Indicate if additional information is needed
    - Via a progress report
    - Clarifying report
    - Interim Site Visit
      - Focused visit (Letter will specify areas of focus)
      - Full visit
NAS & Milestones

• NAS: Background
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• NAS: What’s different?
• Milestones
Milestones

Via Ignatia

Key West, FL

Yorkshire Moors

Portadon, Ireland

Gemas, Malaysia

Milion of Constantinople

Boston, MA

County Cork

Aplian Way

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The Continuum of Clinical Professional Development

"Graded or Progressive Responsibility"

Low Authority and Decision Making → High

Supervision → Independence

Physical Diagnosis → Clerkship → Sub-internship → PGY-1 year → Residency → Fellowship → Attending
Milestones

- Organized under six domains of clinical competency
- Observable steps on continuum of increasing ability
- Describe trajectory from neophyte to practitioner
- Intuitively known by experienced specialty educators
- Provide framework & language to describe progress
- Articulate shared understanding of expectations
ACGME Goals for Milestones

• Permits fruition of the promise of “Outcomes”
• Track what is important
• Uses *existing tools for observations*
• Clinical Competence Committee *triangulates* progress of each resident
  • Essential for valid and reliable clinical evaluation system
• RRCs track aggregated program data
• ABMS Board *may* track the identified individual
ACGME Goals for Milestones

- Specialty specific normative data
- Common expectations for individual resident progress
- Development of specialty specific evaluation tools
Uses for the Milestones

- Program Director
  - Provide feedback to residents
  - Benchmark his/her residents to program mean
  - Determine program strengths
  - Determine program opportunities for improvement
  - Benchmark his/her residents nationally
  - Benchmark his/her program nationally
Uses for the Milestones

- Resident
  - Get specific feedback
  - Benchmark one’s self against peers in program
  - Determine individual strengths
  - Determine individual opportunities for improvement
  - Benchmark one’s self against peers nationally
## Milestones: Mapped to Competencies

<table>
<thead>
<tr>
<th>Patient Care &amp; Procedural Skills</th>
<th>Medical Knowledge</th>
<th>Practice-based Learning &amp; Improvement</th>
<th>Interpersonal &amp; Communication Skills</th>
<th>Professionalism</th>
<th>Systems-Based Practice</th>
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</thead>
<tbody>
<tr>
<td>Ischemic HD</td>
<td>Ischemic HD</td>
<td>Research/Teaching</td>
<td>Interpersonal Communication</td>
<td>Ethics &amp; Values</td>
<td>Patient Safety</td>
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<tr>
<td>Cardiopulmonary BP/MC Protection/Temp Circulatory Support</td>
<td>Cardiopulmonary BP/MC Protection/Temp Circulatory Support</td>
<td>Evaluate Care/Scientific Evidence, CQI</td>
<td>Accountability</td>
<td>Resource Allocation</td>
<td></td>
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<tr>
<td>Valvular Disease</td>
<td>Valvular Disease</td>
<td></td>
<td></td>
<td>Practice Management</td>
<td></td>
</tr>
<tr>
<td>Great Vessel Disease</td>
<td>Congenital Heart Disease</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Esophagus</td>
<td>Esophagus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung &amp; Airway</td>
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<td></td>
<td></td>
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<tr>
<td>Chest Wall/Pleura/Mediastinum</td>
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<td>Critical Care</td>
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<td></td>
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**Medical Knowledge: Ischemic Heart Disease**

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<td>• Knows basic anatomy and pathology (identifies coronary anatomy on angiogram)</td>
<td>• Understands common variations in anatomy and pathology (e.g., left dominant system)</td>
<td>• Understands complex integrations between anatomy and pathology (e.g., anomalous coronary artery)</td>
<td>• Understands complex variations in anatomy and pathology, including congenital (e.g., able to identify coronary anatomy in reoperative surgery)</td>
<td>• Understands implications of SYNTAX score</td>
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<td>• Knows basic cellular and vascular physiology</td>
<td>• Understands physiologic changes accompanying ischemic heart disease (e.g., ischemia, ischemia reperfusion injury, infarction, recovering myocardium)</td>
<td>• Understands the role of treatment on physiology of ischemic heart disease</td>
<td>• Adapts therapeutic management based on understanding of physiology of complications of ischemic heart disease (e.g., post infarct VSD, ischemic mitral regurgitation)</td>
<td>• Presents on outcomes of ischemic heart disease at local, regional or national meeting</td>
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<td>• Lists clinical manifestations of ischemic heart disease (e.g., angina, myocardial infarction)</td>
<td>• Generates differential diagnosis of disease with similar manifestations (e.g., esophageal and aortic problems, pleurisy)</td>
<td>• Identifies the common variants of the clinical manifestations of ischemic heart disease (e.g., unstable angina, acute myocardial infarction, silent ischemia)</td>
<td>• Distinguishes the complex clinical manifestations and complications of ischemic heart disease</td>
<td>• Listens to messages from the heart through auscultation</td>
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<td>• Lists diagnostic tools available for evaluation of ischemic heart disease</td>
<td>• Understands advantages and disadvantages of diagnostic tools in evaluating ischemic heart disease (e.g., EKG vs. echocardiogram vs. angiogram)</td>
<td>• Interprets normal and common abnormalities associated with ischemic heart disease (e.g., reads coronary angiogram, complex EKG)</td>
<td>• Interprets and integrates complex abnormalities associated with ischemic heart disease</td>
<td>• Identifies appropriate treatment for complex patient with ischemic heart disease (e.g., hybrid CABG)</td>
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<tr>
<td>• Lists treatment options for ischemic heart disease (e.g., CABG, PCI)</td>
<td>• Understands advantages and disadvantages of various treatment options for ischemic heart disease</td>
<td>• Identifies appropriate treatment for routine patient with ischemic heart disease.</td>
<td>• Knows outcomes for all treatment modalities and complications, including databases and clinical trials (e.g., STS Database)</td>
<td>• Not yet rotated</td>
</tr>
<tr>
<td>• Knows basic complications for ischemic heart disease</td>
<td>• Understands risks, benefits and complications of treatment modalities</td>
<td>• Familiar with ACC/STS/AATS guidelines</td>
<td>• Knows outcomes for all treatment modalities and complications, including databases and clinical trials (e.g., STS Database)</td>
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## TS Milestones MK-IHD

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**Comments:**

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<td>- Distinguishes the complex clinical manifestations and complications of ischemic heart disease</td>
</tr>
<tr>
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<td>- Interprets and integrates complex abnormalities associated with ischemic heart disease</td>
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<td>- Identifies appropriate treatment for complex patient with ischemic heart disease (e.g., hybrid CABG)</td>
</tr>
<tr>
<td></td>
<td>- Knows outcomes for all treatment modalities and complications, including databases and clinical trials (e.g., STS Database)</td>
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</tbody>
</table>

**Comments:** Not yet rotated
### Medical Knowledge: Ischemic Heart Disease

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>Knows basic anatomy and physiology (identifies primary anatomy on diagram)</td>
<td>Knows basic cellular and vascular physiology</td>
<td>Understands physiologic changes accompanying ischemic heart disease (e.g., ischemia, ischemia reperfusion injury, infarction, recovering myocardium)</td>
<td>Understands the role of treatment on physiology of ischemic heart disease</td>
<td>Understands implications of SYNTAX score</td>
</tr>
<tr>
<td>Lists clinical manifestations of ischemic heart disease (e.g., angina, myocardial infarction)</td>
<td>Lists diagnostic tools available for evaluation of ischemic heart disease</td>
<td>Generates differential diagnosis of disease with similar manifestations (e.g., esophageal and aortic problems, pleurisy)</td>
<td>Understands common variants of the clinical manifestations of ischemic heart disease (e.g., unstable angina, acute myocardial infarction, silent ischemia)</td>
<td>Prescribes on outcomes of ischemic heart disease at local, regional or national meetings</td>
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<tr>
<td>Lists treatment options for ischemic heart disease (e.g., CABG, PCI)</td>
<td>Knows basic complications for ischemic heart disease</td>
<td>Understands advantages and disadvantages of diagnostic tools in evaluating ischemic heart disease (e.g., EKG vs. echocardiogram vs. angiogram)</td>
<td>Identifies the common variants of the clinical manifestations of ischemic heart disease (e.g., unstable angina, acute myocardial infarction, silent ischemia)</td>
<td>Adapts therapeutic management based on understanding of physiology of complications of ischemic heart disease (e.g., post infarct VSD, ischemic mitral regurgitation)</td>
</tr>
<tr>
<td>Knows basic complications for ischemic heart disease</td>
<td></td>
<td>Understands advantages and disadvantages of various treatment options for ischemic heart disease</td>
<td>Interprets normal and common abnormalities associated with ischemic heart disease (e.g., reads coronary angiogram, complex EKG)</td>
<td>Distinguishes the complex clinical manifestations and complications of ischemic heart disease</td>
</tr>
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<td>Understands risks, benefits and complications of treatment modalities</td>
<td>Identifies appropriate treatment for routine patient with ischemic heart disease.</td>
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<td>Knows basic outcome literature for ischemic heart disease (e.g., SYNTAX Trial)</td>
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<td>Knows basic cellular and vascular physiology</td>
<td>Understands common presentations in anatomy and physiology (e.g., left dominant system)</td>
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Creation of Milestones

ABTS → RRC → TSDA → Residents → ACS

Milestones
TS Milestones Working Group

- Andrea J. Carpenter, MD, PhD
- Laura Edgar, EdD, CAE
- James Fann, MD
- Robert Higgins, MD
- Richard Lee, MD
- Tom C. Nguyen, MD
- Carolyn Reed, MD*
- Peggy Simpson, EdD
- Ara Vaporciyan, MD, FACS, MHPE
- Thomas Varghese, MD, FACS
- Edward Verrier, MD
- Cameron Wright, MD
- Stephen Yang, MD

*Acknowledgements: The Working Group and ACGME would like to honor Dr. Carolyn Reed for her significant contribution to the milestones as former chair of the Working Group, she will be greatly missed.
Clinical Competence Committee

Operative Performance Rating Scales

Mock Orals

End of Rotation Evaluations

Self Evaluations

Case Logs

Student Evaluations

Clinic Work Place Evaluations

Patient / Family Evaluations

Nursing and Ancillary Personnel Evaluations

OSCE

ITE

Sim Lab

Assessment of Milestones

Peer Evaluations

Operative Performance Rating Scales

Mock Orals

End of Rotation Evaluations

Self Evaluations

Case Logs

Student Evaluations

Clinic Work Place Evaluations

Patient / Family Evaluations

Nursing and Ancillary Personnel Evaluations

OSCE

ITE

Sim Lab

Assessment of Milestones

Peer Evaluations
ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

- Tracks what is important - Outcomes
- Begins using *existing tools and observations of the faculty*
- **Clinical Competency Committee** triangulates progress of each resident
  - Essential component of a valid and reliable clinical evaluation system
  - ABMS Board has the opportunity to track the identified individual
  - ACGME Review Committee tracks unidentified individuals’ trajectories
Milestones: When?

Publication:
Thoracic Surgery: September 2013

Implementation (data collection):
Thoracic Surgery Programs: AY 2014
Milestones

- Milestones will be an important accreditation tool
- BUT, cannot be fully used by RRC for a few years
- First, simply assure programs reporting them
- Second, check for “dry labbing”
- Ultimately, seek patterns indicating need for program improvement
Contact Information

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  312.755-5495  
  cruiz@acgme.org

• Allean Morrow-Young  
  Accreditation Assistant  
  312.755-5038  
  amh@acgme.org
Previous Webinars

- Previous webinars available for review at: http://www.acgme-nas.org/index.html under “ACGME Webinars”
  
  - CLER
  
  - Milestones, Evaluation, CCCs
  
  - Specialty specific Webinars (Phase 1&2)
  
  - Coordinators Webinars (Phase 1)
Upcoming Webinars

- Self-Study Process (what programs do)
- Self-Study Site Visit (what site visitors do)
- Specialty specific Webinars (Phase 2): Oct - May
Slide Decks

• For use by PDs and GME community:
  • NAS
  • CLER
  • CCC/PEC
  • Milestones
  • Update on new ACGME policies
  • Self Study
• <20 min each