Teaching Residents in Practice

Some new evaluation ideas, how to interact with a resident, and how to guide them to independence

Stuart G. Hannah, MD
Program Director
Baraboo Rural Training Track
Baraboo, Wisconsin

Disclosures

- A combined educational program in cooperation with:
    - Dean Health System
    - SSM Healthcare of Wisconsin
    - UW – Madison Department of Family Medicine

- I have no conflicts of interest

Objectives

- Ideas about how to evaluate residents using Milestones

- Small groups to discuss and present specific examples

- Discussion of specific events or issues you have seen or experienced

Residency Accreditation, Competency, and Accountability

Next Accreditation System (NAS)

Next Accreditation System (NAS)

- New Paradigm in ACGME Accreditation of graduate medical training programs

- Based on Educational Outcomes of the 6 Clinical Competency Domains:

  - Medical Knowledge

  - Patient Care

  - Professionalism

  - Interpersonal and Communication Skills

  - Systems-Based Practice

  - Practice-Based Learning and Improvement

Milestones in Resident Education

- The milestones are competency-based developmental outcome expectations that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialty.

- Milestones are specific benchmarks of skills, knowledge, and behaviors that each resident is expected to achieve at identified stages of residency training.

Milestones in Resident Education

- Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as the resident moves from entry into residency through graduation. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

Milestones in Resident Education

- Residents' performance on milestones will become a source of specialty-specific normative data for the specialty Review Committees to use in assessing the quality of residency programs and facilitating improvements to program curriculum and resident performance if and when needed.

Milestones in Resident Education

○ The milestones will also be used by the ACGME to demonstrate accountability of the effectiveness of graduate medical education within ACGME-accredited programs in meeting the needs of the public.

○ http://www.acgme-nas.org/milestones.html

Where Did The Milestones Come From?

What Are FM Milestones?

How Do We Use FM Milestones?

Will Our Residency Be Evaluated Based On Reporting Milestones Data?

Family Medicine Milestones

FM Milestones

- 14-member Committee
- Committee Meetings
  - March, July, October 2012
  - Conference calls between meetings
- Comment Period
  - Late 2012/Early 2013
  - Presentation at RPS/PDW
- Final Document – Summer 2013
- Implementation – Summer 2014

FM Milestones

- Stages for the FM Milestones:
  - Has not achieved level 1
  - level 1, level 2, level 3, level 4 and level 5.

- Observable developmental steps describing a trajectory of progress from level 1 to level 5

- Provide a "roadmap" for learning

- "Intuitively" known by experienced family medicine educators

FM Milestones

- **Level 1**: The resident demonstrates milestones expected of a resident who has had some education in family medicine.

- **Level 2**: The resident is advancing and demonstrating additional milestones.

- **Level 3**: The resident continues to advance and demonstrate additional milestones; the resident consistently demonstrates the majority of milestones targeted for residency.

- **Level 4**: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.

- **Level 5**: The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

FM Milestones

- Designed to allow tracking of discrete and measurable educational "outcomes"

- Build upon existing evaluation tools and observations of the faculty

- Additional evaluation tools and techniques may be developed, as needed

- Progress of each resident to be assessed by local program's Clinical Competency Committee (CCC)

FM Milestones

- **"Level 4"** is designed as <u>the graduation target</u> **but does not represent a graduation requirement**. Making decisions about readiness for graduation is the purview of the residency program director. (See the following NAS FAQ for educational milestones on the ACGME's NAS microsite for further discussion of this issue: "Can a resident graduate if he or she does not reach every milestone?") Study of milestone performance data will be required before the ACGME and its partners will be able to determine whether Graduating Resident milestones and milestones in lower levels are in the appropriate level within the developmental framework and whether milestone data are of sufficient quality to be used for high stakes decisions.

FM Milestones

- Some milestone descriptions include statements about performing independently. These activities must follow the ACGME supervision guidelines. For example, a resident who performs a procedure or takes independent call must, at a minimum, be supervised through oversight.

FM Milestones

- Residents do not need to achieve level 4 in every milestone to graduate but should substantially demonstrate the milestones targeted for this level as it is designed as the graduation target

- Residents do not need to achieve competency at level 2 in each milestone to advance to their second year of training but should achieve that level in the majority of milestones

FM Milestones

- Residents are not expected to achieve competency at level 5 during residency

- Residents may achieve a level of competency in specific milestones sooner than expected

Evaluating Residents on Rotation

- Residents develop at different rates.
    - unless a resident understands what the expected outcome is, then he/she doesn't know what is needed to get to that point.

- Fairness in evaluation
    - it is vital that the resident has an understanding of where he/she stands in their development.

Evaluating Residents on Rotation

- Current vs. New rotation evaluation
  - Current evaluation
    - **Assessment based on "relative to expected level of training"**

  - New evaluation
    - **Assessment based on "specific criteria relative to development as a physician"**

Comparing Evaluations

Current evaluation questions (examples)

New evaluation questions (examples)

- ○ Patient Care
  - ○ Resident's discharge instructions including medications, labs, imaging, and outpatient follow-up.

- ○ Systems-Based Practice
  - ○ The Resident demonstrates a cost-effective approach to patient care.

- ○ PC-7. Arrange for follow-up that fits Guidelines or Standards of Care and attends to special needs of the patient and family

- ○ SBP-5. Consider appropriate costs and potential risks when ordering testing and treatments.

Reporting Milestones

- CCC will review **each resident's progress in each competency and enter assessments on the milestones reporting form** for each resident *twice a year*

- The program will provide **feedback to each resident regarding their progress in each milestone**

Communication – C1

Develops meaningful, therapeutic relationships with patients and families

Resident _____   **Faculty**_____

Date:_____

Level of Training	Expectation	BE	ME	EE
PGY1	Recognizes that effective relationships are important to quality care			
PGY2	Creates a non-judgmental, safe environment to actively engage patients and families to share information and their perspectives			
PGY3	Effectively builds rapport with a growing panel of continuity patients and families Respects patients' autonomy in their health care decisions and clarifies patients' goals to provide care consistent with their values			

BE – Below Expectations ME – Meets Expectations EE – Exceeds Expectations

Feedback/Specific Examples:

I HAVE/HAVE NOT shared this evaluation with the resident

Faculty Signature: _____

Small Group Activities

- Each Group will be given a scenario

- Discuss the scenario as written based on your experience / understanding of evaluating residents

- Prepare to give a review of how your group would evaluate the resident within the Milestones framework
  - For practice, you can just limit evaluation to two milestones for each scenario, try to use different categories

Specific Examples From You

- Any specific issues you have seen or experienced
  - As a supervisor?
  - As a resident yourself?
  - As a staff or support member working with learners?

Questions?