

Accreditation Council for Graduate Medical Education

# The Next Accreditation System

Specialty Specific Webinar: Pediatrics

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Senior Vice President for Medical Accreditation

# Aims of NAS

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- ✿ Enhance the ability of the peer-review system to prepare physicians for practice in the 21<sup>st</sup> century
- ✿ To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes
- ✿ Reduce the burden associated with the current structure and process-based approach
  - ✿ Note: this may not be evident right away

# Competencies/Milestones

## Mid-late this past decade

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- ✿ Competency evaluation stalls at individual programmatic definitions
- ✿ MedPac, IOM, and others question
  - ✿ the process of accreditation
  - ✿ preparation of graduates for the “future” health care delivery system
- ✿ House of Representatives codifies “New Physician Competencies”
- ✿ **MedPac recommends modulation of IME payments based on competency outcomes**
- ✿ Macy issues 2 reports (2011)
- ✿ IOM 2012-2013

# How is Burden Reduced?

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- ✿ Most data elements are in place (more on this later)
- ✿ Standards revised q 10y
- ✿ No PIFs
- ✿ Scheduled (self-study) visits every 10 years
- ✿ Focused site visits only for “issues”
- ✿ Internal Reviews no longer required



# NAS

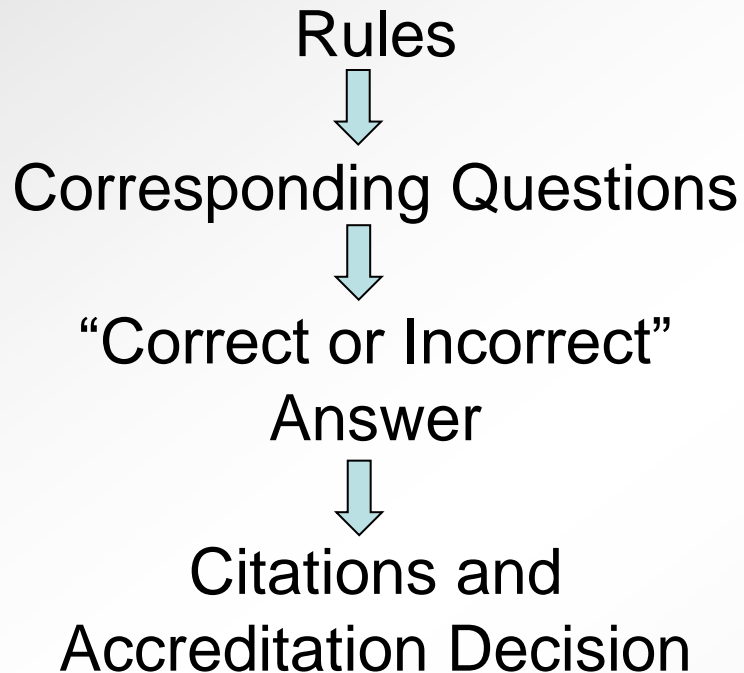
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- ✿ Instead of biopsies, annual data collection
  - ✿ Trends in annual data
  - ✿ Milestones, Residents, fellows and faculty survey
  - ✿ Scholarly activity template
  - ✿ Operative & case log data
  - ✿ Board pass rates
- ✿ PIF replaced by self-study
- ✿ High-quality programs will be freed to innovate:  
requirements have been re-categorized  
(core, detail, outcome)

# The Conceptual Change From...

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## The Current Accreditation System



“Do this or else.....”

# The Conceptual Change To...

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## *The “Next Accreditation System”*

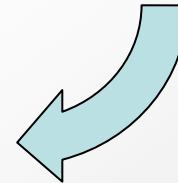
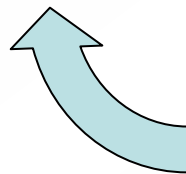
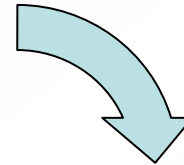
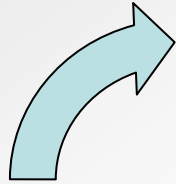
Continuous  
Observations

Assure that the  
Program Addresses  
the Areas that  
Need Improvement

**Promote  
Innovation**

Number of Opportunities  
For Improvement

Identify Areas  
that need  
Improvement



# The Next Accreditation System

July 1<sup>st</sup>, 2013

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# NAS Timeline

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## Phase I specialties

- ✱ Diagnostic Radiology
- ✱ Emergency Medicine
- ✱ Internal Medicine
- ✱ Neurological Surgery
- ✱ Orthopaedic surgery
- ✱ **Pediatrics**
- ✱ Urology

JGME 2012; 4:399

# Key Dates for Phase I specialties under NAS

ACGME News and Reviews, J Grad Med Educ, 2012; 4(3): 399

Month & Year	ACGME Activities	Program and Institutional Activities
Spring 2012	CPR & PR for Phase I specialties categorized into core, detail & outcomes <i>Completed</i>	
	SV for Phase I programs with cycle length 3,4,5y moved to NAS <i>Completed</i>	
7/1/12-6/30/13		Phase I programs provide data including the annual ADS update, resident survey, faculty survey, case log data, and data on scholarly activities <i>Ongoing</i>
July & Aug 2012	Alpha testing of CLER process <i>Completed</i>	
September 2012	Beta testing of CLER visits <i>Ongoing</i>	
<del>December 2012</del> February 2013	Milestones published for all core specialties <i>Completed</i>	

# Key Dates for **Phase I** specialties under NAS

ACGME News and Reviews, J Grad Med Educ, 2012; 4(3): 399

<http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf>

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Month & Year	ACGME Activities	Program and Institutional Activities
March 2013	Final SVs in current accreditation system are completed for Phase I programs with a short cycle length	Identify and train CCC members
June 2013		Phase I programs form CCC and faculty members prepare to assess milestones
<b>July 2013</b>	<b>NAS GO LIVE</b>	
7/1/13-6/30/14		Phase I milestones assessments begin for core programs
Fall 2013	RRC in Phase I specialties review annual data from Academic year 2012-2013 ( <u>without milestone data</u> )	
December 2013		

# Key Dates for **Phase I** specialties under NAS

ACGME News and Reviews, J Grad Med Educ, 2012; 4(3): 399

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<b>Month &amp; Year</b>	<b>ACGME Activities</b>	<b>Program and Institutional Activities</b>
June 2014		Core Programs submit the Phase I milestones assessments to ACGME
Fall 2014	RRCs in Phase I specialties review annual data from AY 2013-2014 (with milestones)	
<b>2015 - 2016</b>	First self-study SVs for Phase I Programs	

# Subspecialties under NAS

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Month & Year	ACGME Activities	Program and Institutional Activities
March 2013 – June 2014	Help convene milestones working groups	Milestones developed for subspecialty programs
December 2014??		First milestones reporting for subspecialty programs???
???	Milestones for Multidisciplinary Subspecialties: Sleep, HPM, PEM	

Note: Subspecialties might not need a full year to develop Milestones – work will focus on medical knowledge and patient care

# Decisions on Program Standing in NAS

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**Continued  
Accreditation**

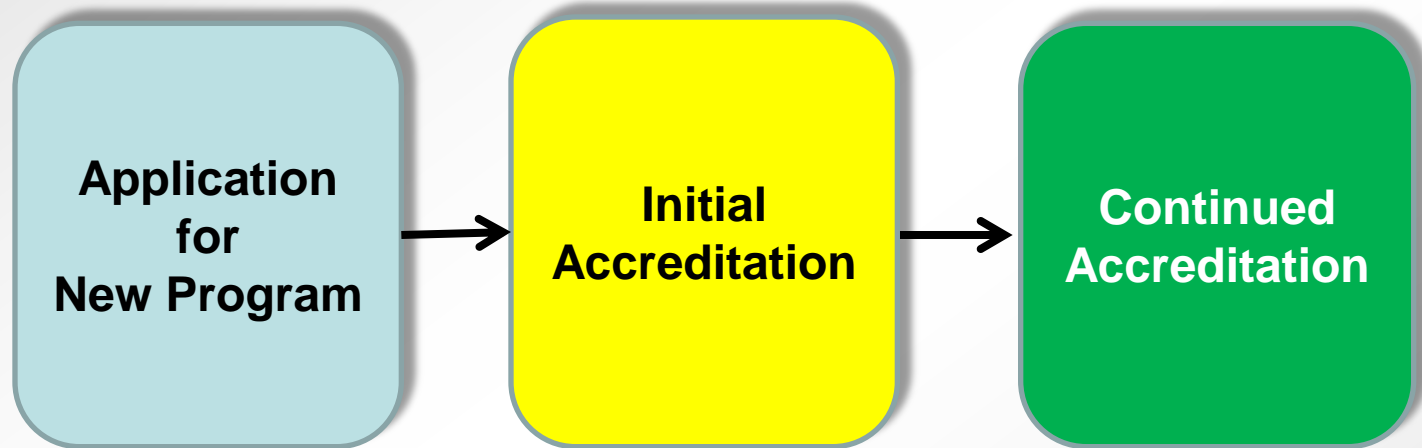
## STANDARDS

**Outcomes  
Core Process  
Detail Process**

**Outcomes  
Core Process**  
*Detail Process*

# Decisions on Program Standing in NAS

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## STANDARDS

**Outcomes  
Core Process  
Detail Process**

**Outcomes  
Core Process  
Detail Process**

**Outcomes  
Core Process  
Detail Process**

**Outcomes  
Core Process  
Detail Process**

# Decisions on Program Standing in NAS

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**Application  
for  
New Program**

**STANDARDS**

**Outcomes  
Core Process  
Detail Process**

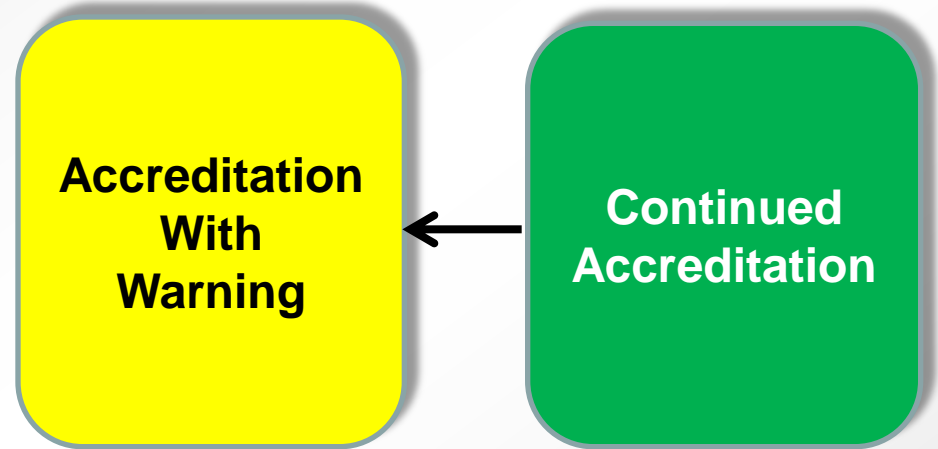
**Outcomes  
Core Process  
Detail Process**

**Withhold Accreditation**



# Decisions on Program Standing in NAS

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## STANDARDS

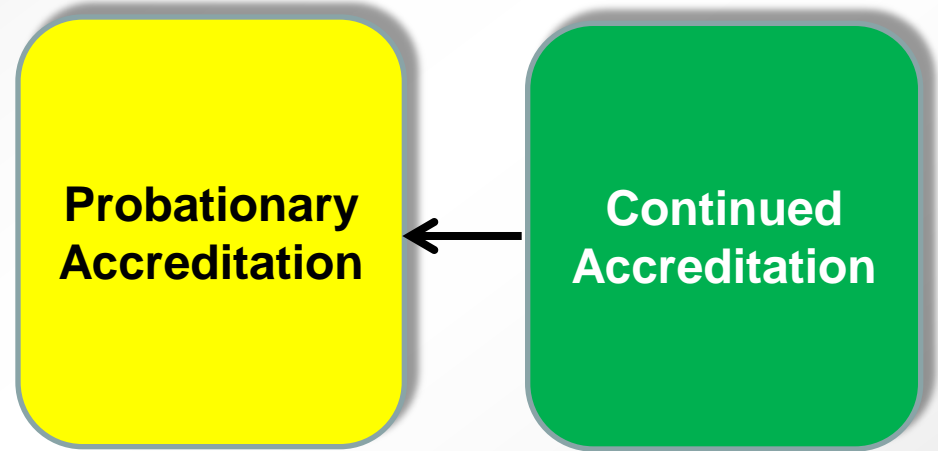
Outcomes  
Core Process  
Detail Process

Outcomes  
Core Process  
Detail Process

Outcomes  
Core Process  
Detail Process

# Decisions on Program Standing in NAS

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## STANDARDS

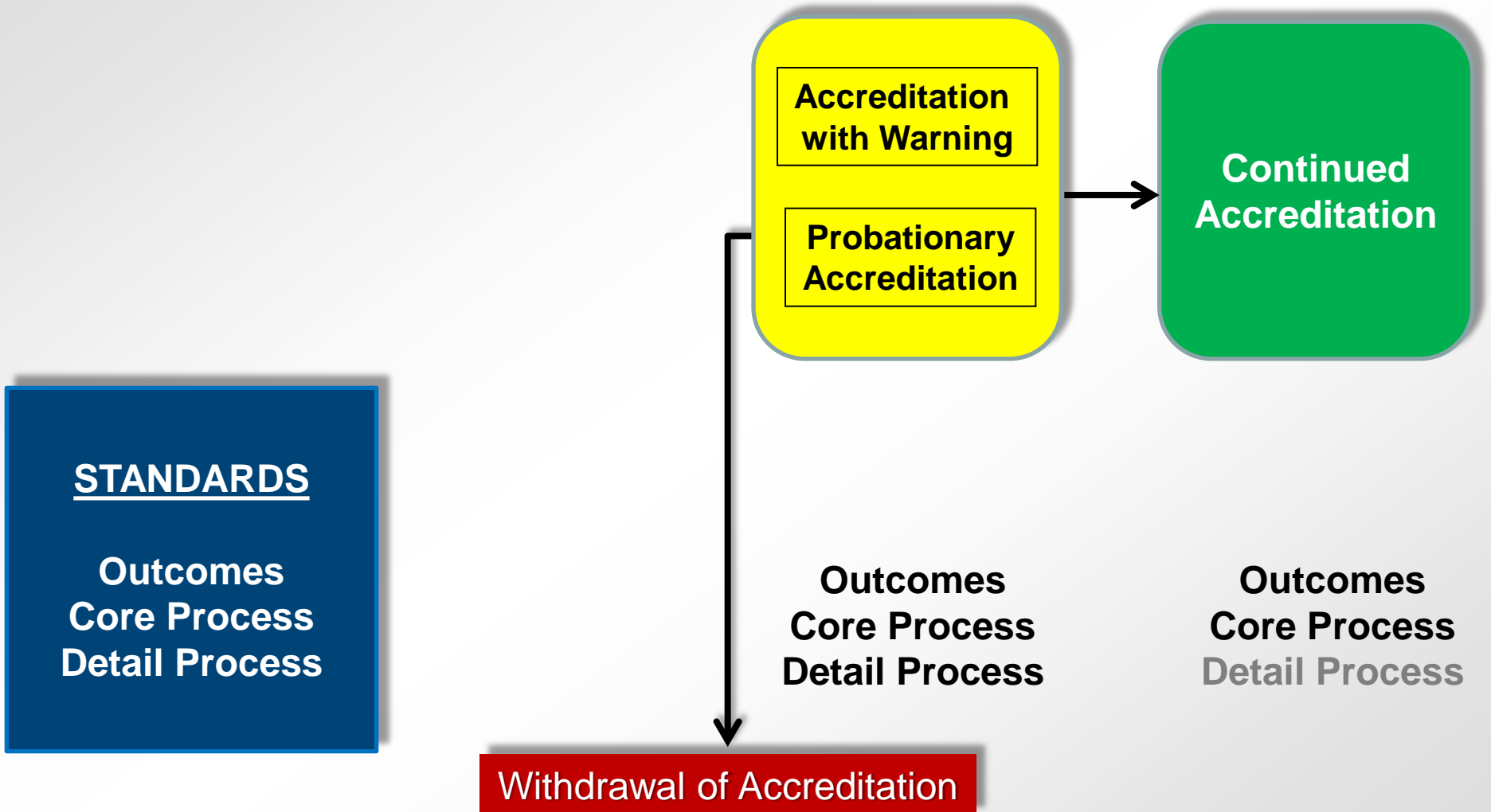
Outcomes  
Core Process  
Detail Process

Outcomes  
Core Process  
Detail Process

Outcomes  
Core Process  
Detail Process

# Decisions on Program Standing in NAS

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# Decisions on Program Standing in NAS

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Application for  
New Program

2-4%

Accreditation  
with Warning

Probationary  
Accreditation

10-15%

Continued  
Accreditation

75-80%

## STANDARDS

Outcomes  
Core Process  
Detail Process

NAS: No Cycle Lengths

Withdrawal of Accreditation

<1%

# How Can Programs Innovate?

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- ✿ Program Requirements classified:
  - ✿ Outcome
  - ✿ Core
  - ✿ Detail
- ✿ Programs in good standing\*:
  - ✿ May freely innovate in detail standards

\* “Green Bucket”



# How can programs “innovate?”

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✿ Program Requirements (PRs) classified:

✿ Outcome

✿ Core

✿ Detail

✿ Programs in good standing:

✿ May freely innovate in detail standards

# Examples of “Core” PRs

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- ✿ Faculty qualifications (e.g. certification)
- ✿ Minimum number of faculty/minimum hours devoted to program
- ✿ Overall resources needed “for resident/fellow education” (e.g. sufficient patient population)
- ✿ Continuity ambulatory experience
- ✿ Major duty hours rules

# Examples of “Detail” PRs

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- ✿ Specific categories of disorders
- ✿ Specifics of continuity ambulatory experience
- ✿ Specific conference/didactics structure



# Examples of “Outcome” PRs

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- ✿ Sections listed under the 6 competencies, particularly PC and MK
  - ✿ (e.g., “*must demonstrate competence in diagnosis and management of patients specific disorders in outpatient/inpatient settings*”)
- ✿ Board take/pass rate
- ✿ “newer” PR’s related to professionalism, supervision, and clinical environment

# What Happens at *My* Program?

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- ✿ Annual data submission
- ✿ Annual Program Evaluation (PR V.C.)
  - ✿ Program Evaluation Committee
- ✿ Self-study visit every ten years
- ✿ Possible actions following RRC Review:
  - ✿ Progress reports for potential problems
  - ✿ Focused site visit
  - ✿ Full site visit
  - ✿ Site visit for potential egregious violations

# What Happens at *My* Program?

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- ✿ Core and subspecialty programs together
- ✿ Independent subspecialty programs subject to:
  - ✿ Program Requirements and program review
  - ✿ Institutional Requirements and institutional review
  - ✿ CLER visits
- ✿ No new independent subspecialty programs allowed after 7/2013

# What is a Self-Study Visit?

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- ✿ Format – under development
- ✿ Scheduled every ten years
- ✿ Conducted by a team of visitors
- ✿ Minimal document preparation
- ✿ Interview residents/fellows, program directors, faculty, leadership

# What is a Self-Study Visit?

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- ✿ Examine annual program evaluations (APE)
  - ✿ Response to citations
  - ✿ Faculty development
  - ✿ Strengths/Weaknesses/Opportunities/Threats  
(SWOT)
- ✿ Focus: Continuous improvement in program
- ✿ Learn future goals of program
- ✿ Verify compliance with Core requirements

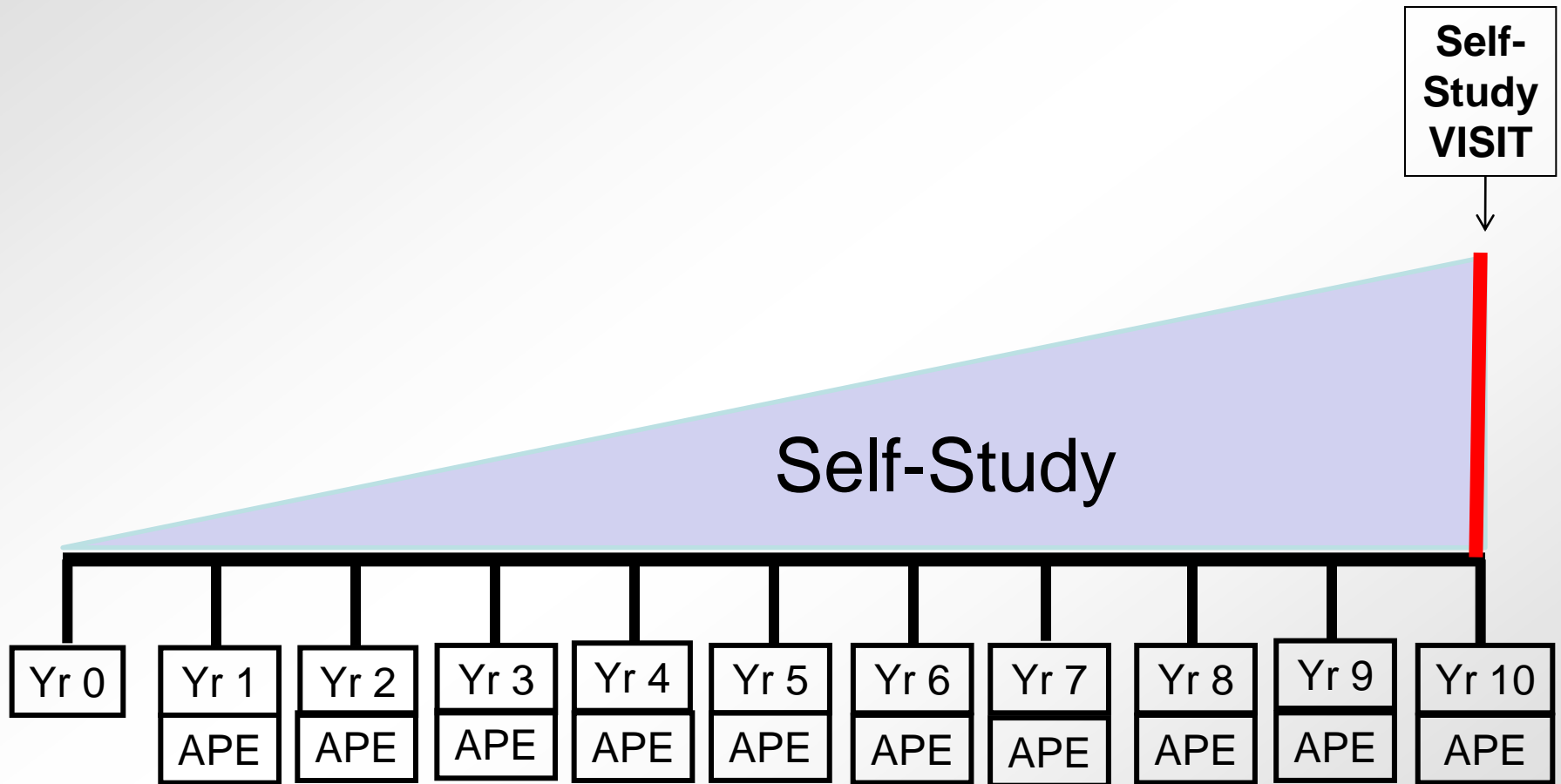
# Human Nature: “Why do today what you can put off until tomorrow?”

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# Ten Year Self-Study Visit

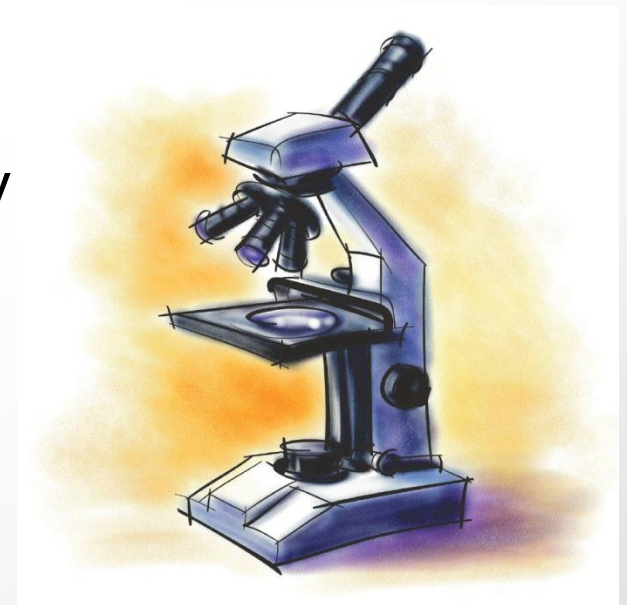
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# What is a Focused Site Visit?

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- ✿ 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





# What is a Focused Site Visit?

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- ✿ Minimal notification given
- ✿ Minimal document preparation expected
- ✿ Team of site visitors
- ✿ Specific program area(s) investigated as instructed by the RRC



# When do Full Site Visits Occur?

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- ✿ Application for new program
- ✿ At the end of a program's initial accreditation period
- ✿ RRC identifies broad issues/concerns
- ✿ Other serious conditions or situations identified by the RRC

# When Is My Program Reviewed?

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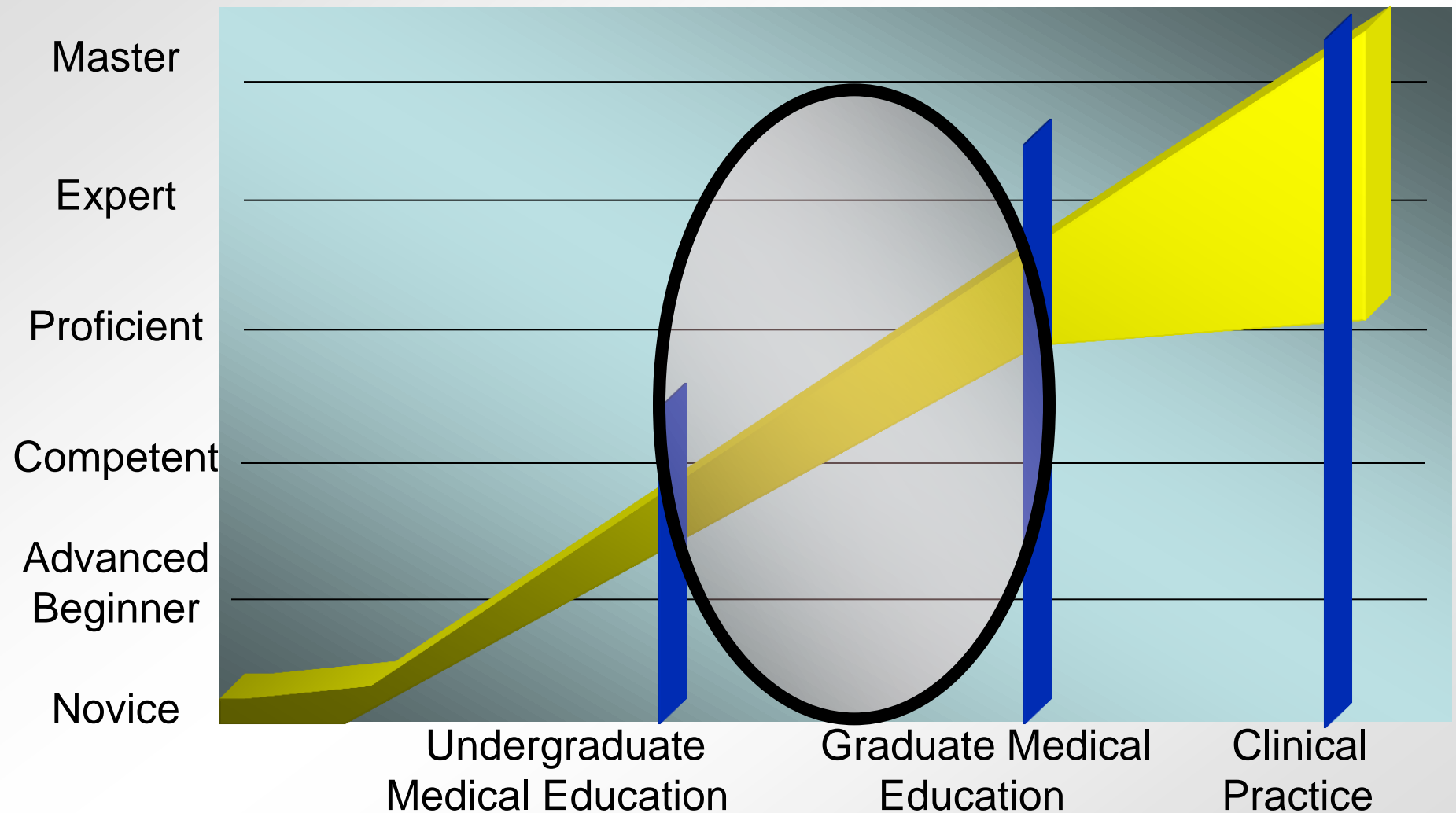
- ✿ *Each* program reviewed *at least* annually
- ✿ NAS is a continuous accreditation process
  - ✿ Review of annually submitted data
  - ✿ Supplemented by:
    - ✿ Reports of self-study visits every ten years
    - ✿ Progress reports (when requested)
    - ✿ Reports of site visits (as necessary)

# When Is My Program Reviewed?

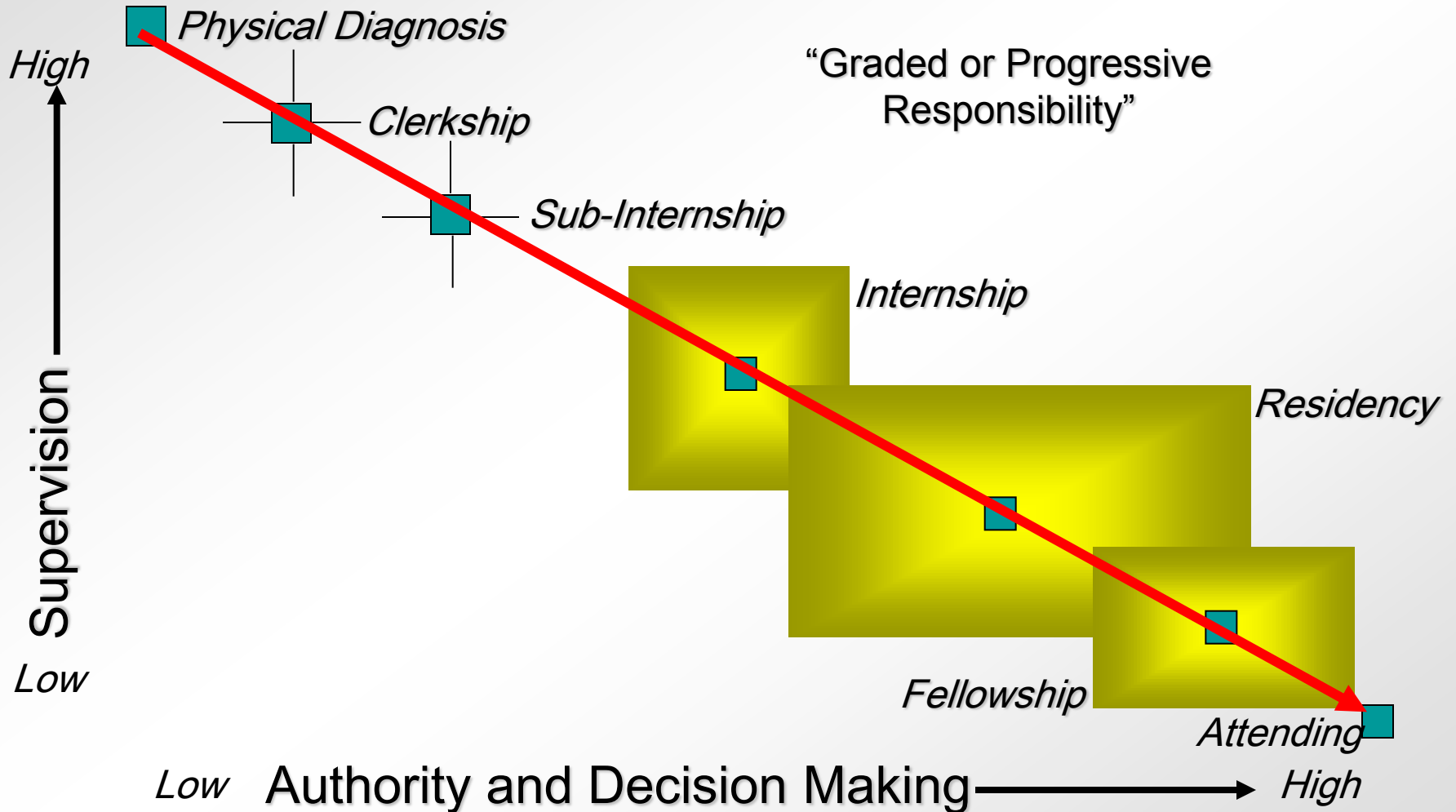
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- ✿ “Cycle Lengths” will not be used
- ✿ Programs will receive feedback from RRC each time they are reviewed
- ✿ Status:
  - Continued Accreditation ■
  - Accreditation with Warning ■
  - Probationary Accreditation ■
  - Withdrawal of Accreditation ■

# The Goal of the Continuum of Clinical Professional Development



# The Continuum of Clinical Professional Development Authority and Decision Making versus Supervision



# Competence: Teenagers and Driving

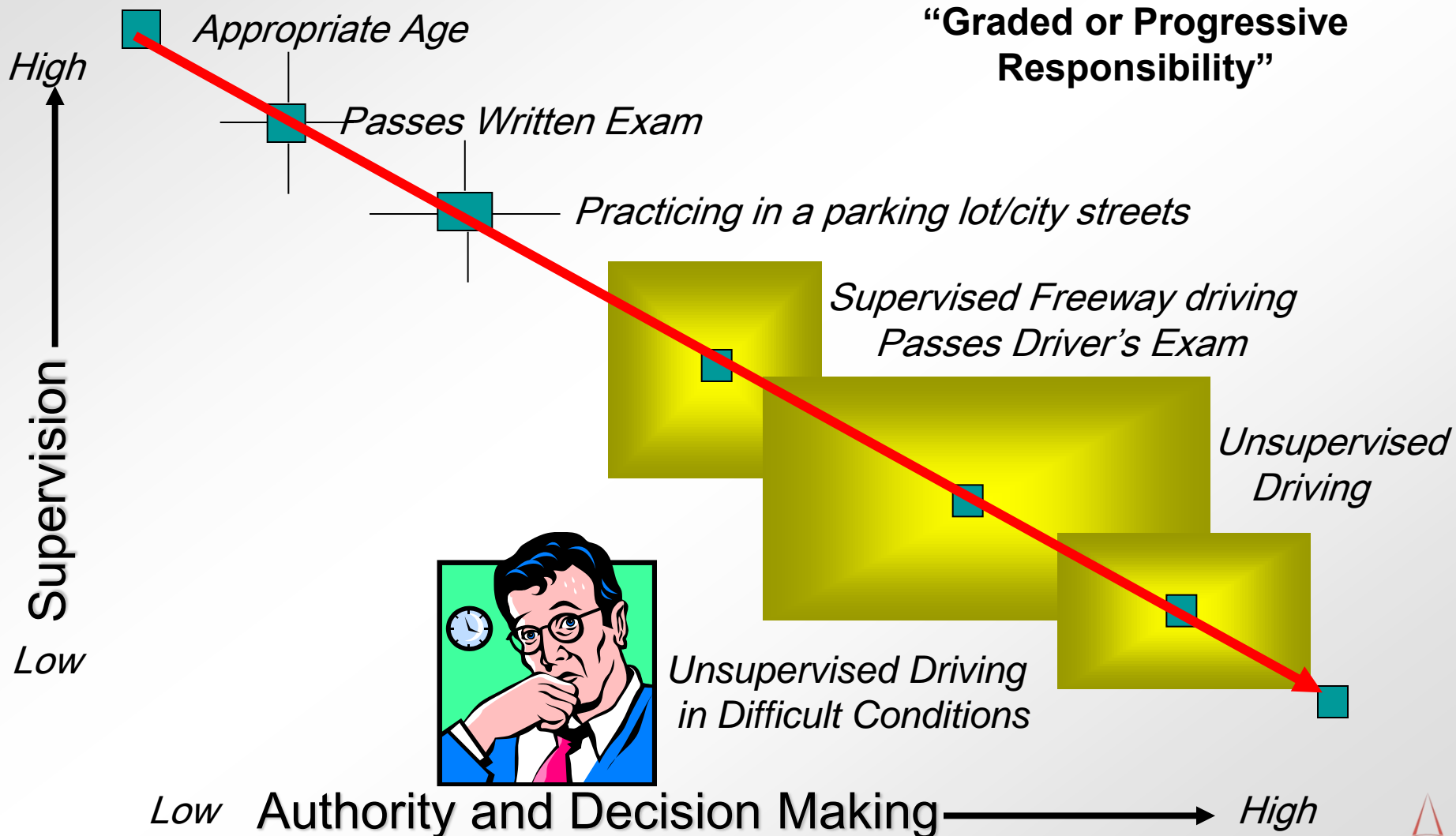
(Adapted from Dr. Kelly Caverzagie – AAIM Education Redesign Committee)

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When do you  
hand over  
the car keys  
to your teenager?



# Competence: Teenagers and Driving





# Milestones and Competencies:

## No need to freak out

- ✿ Implications of terms - high stakes/low stakes
  - ✿ Neither – milestones are important
- ✿ Do it and do it well
- ✿ It does not have to be perfect

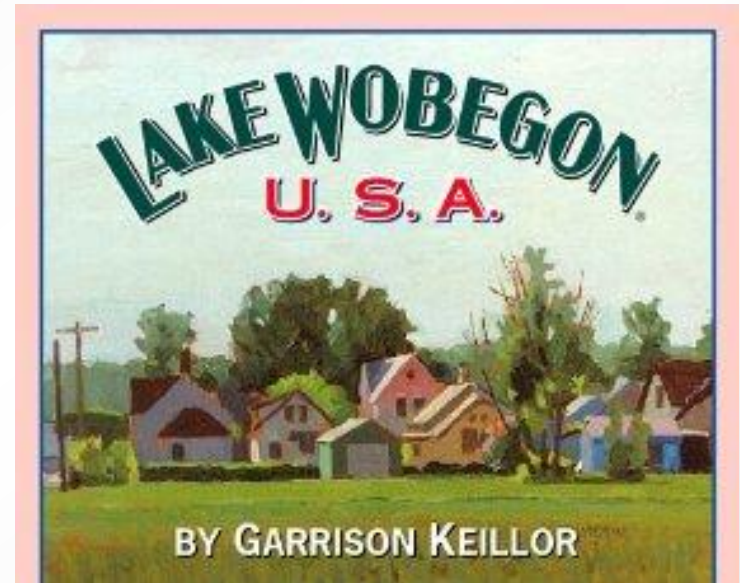


“Do or do not,  
there is no try”

# Lake Wobegon

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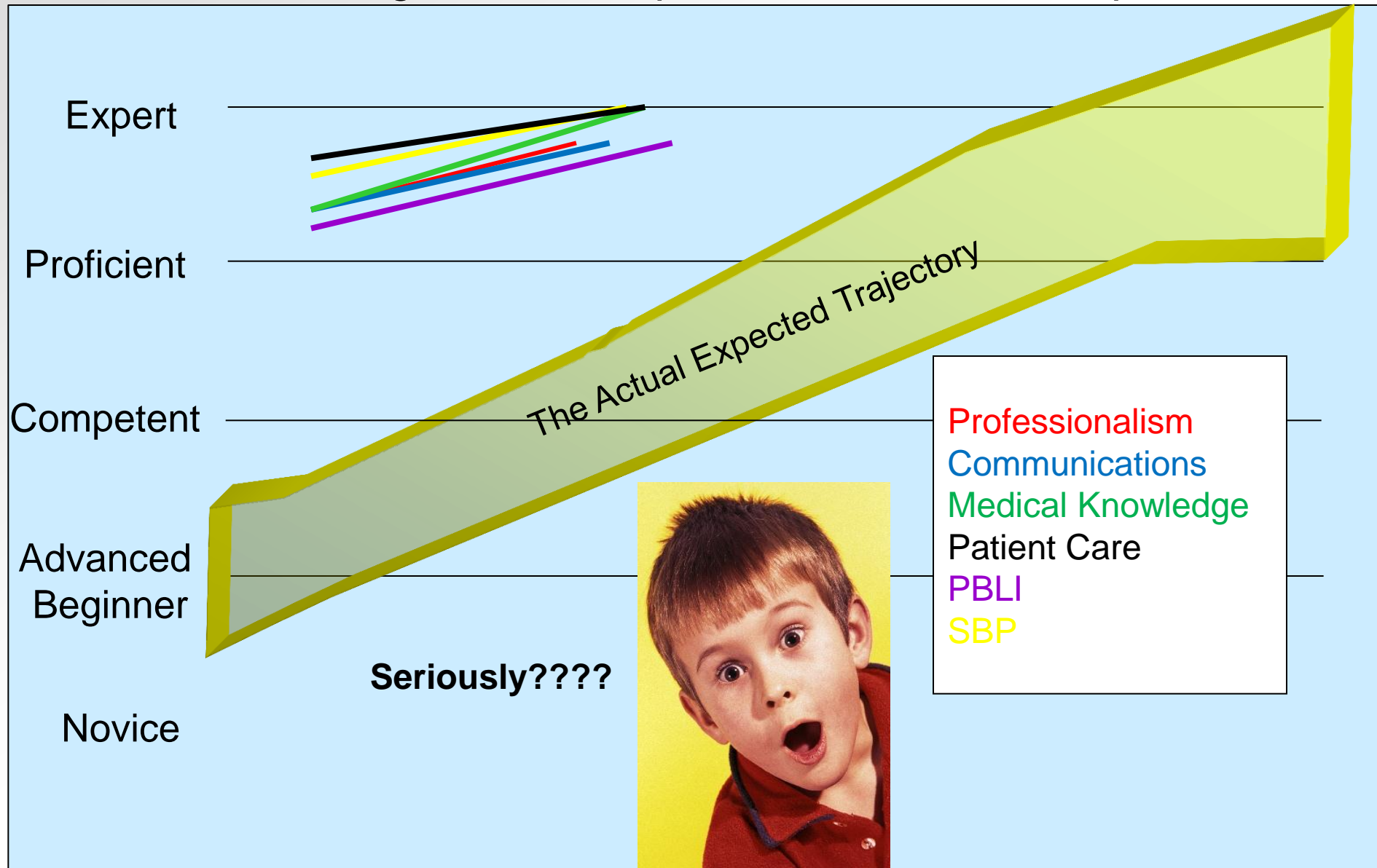
☀ "Well, that's the news from Lake Wobegon, where all the women are strong, all the men are good looking, and all the *residents* are above average."



a fictional town in the [U.S. state](#) of [Minnesota](#), said to have been the boyhood home of [Garrison Keillor](#), who reports the *News from Lake Wobegon* on the radio show [A Prairie Home Companion](#).

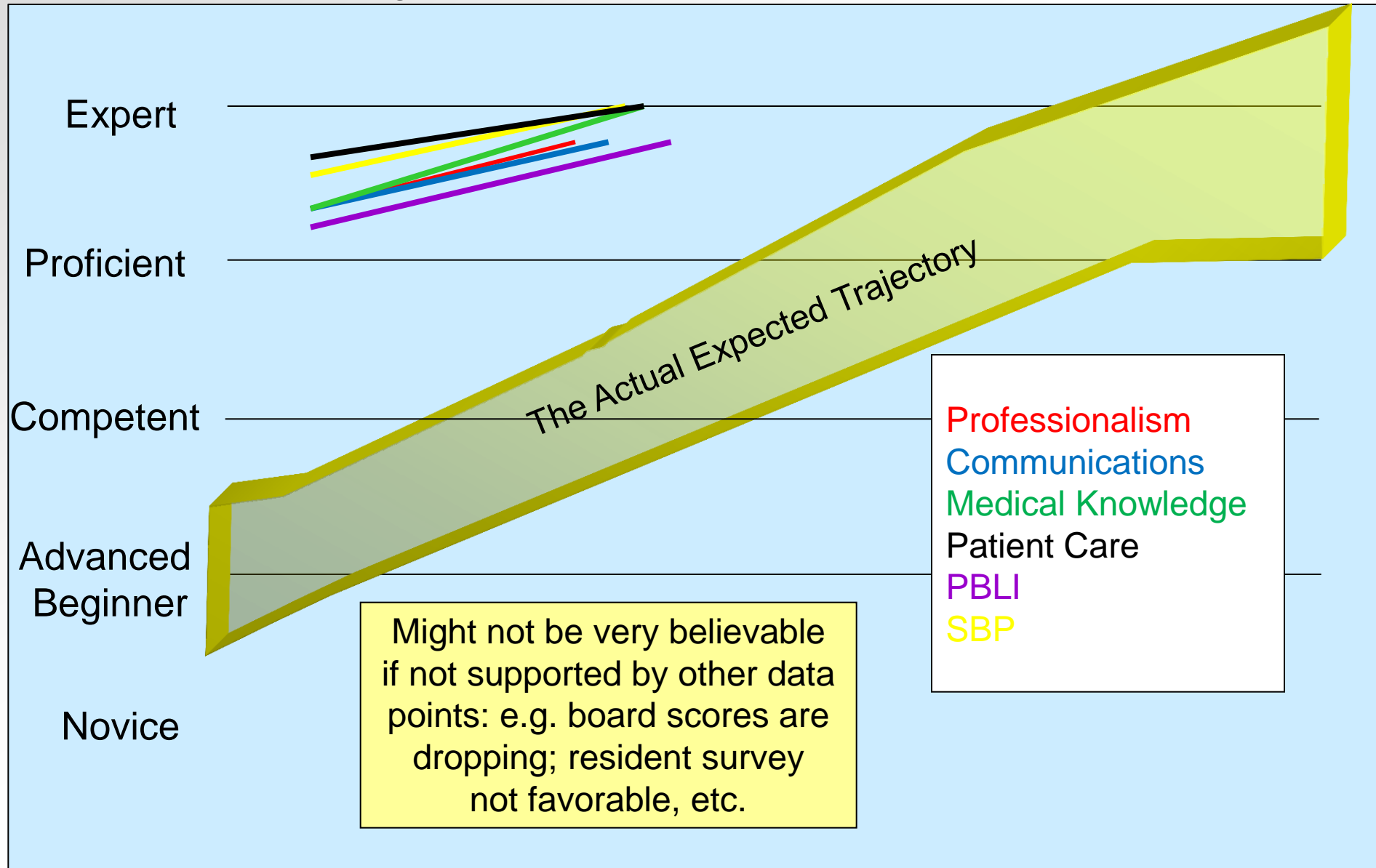
# Lake Wobegon Residency Program

## Overall Rating of Six Competencies across All Specialties

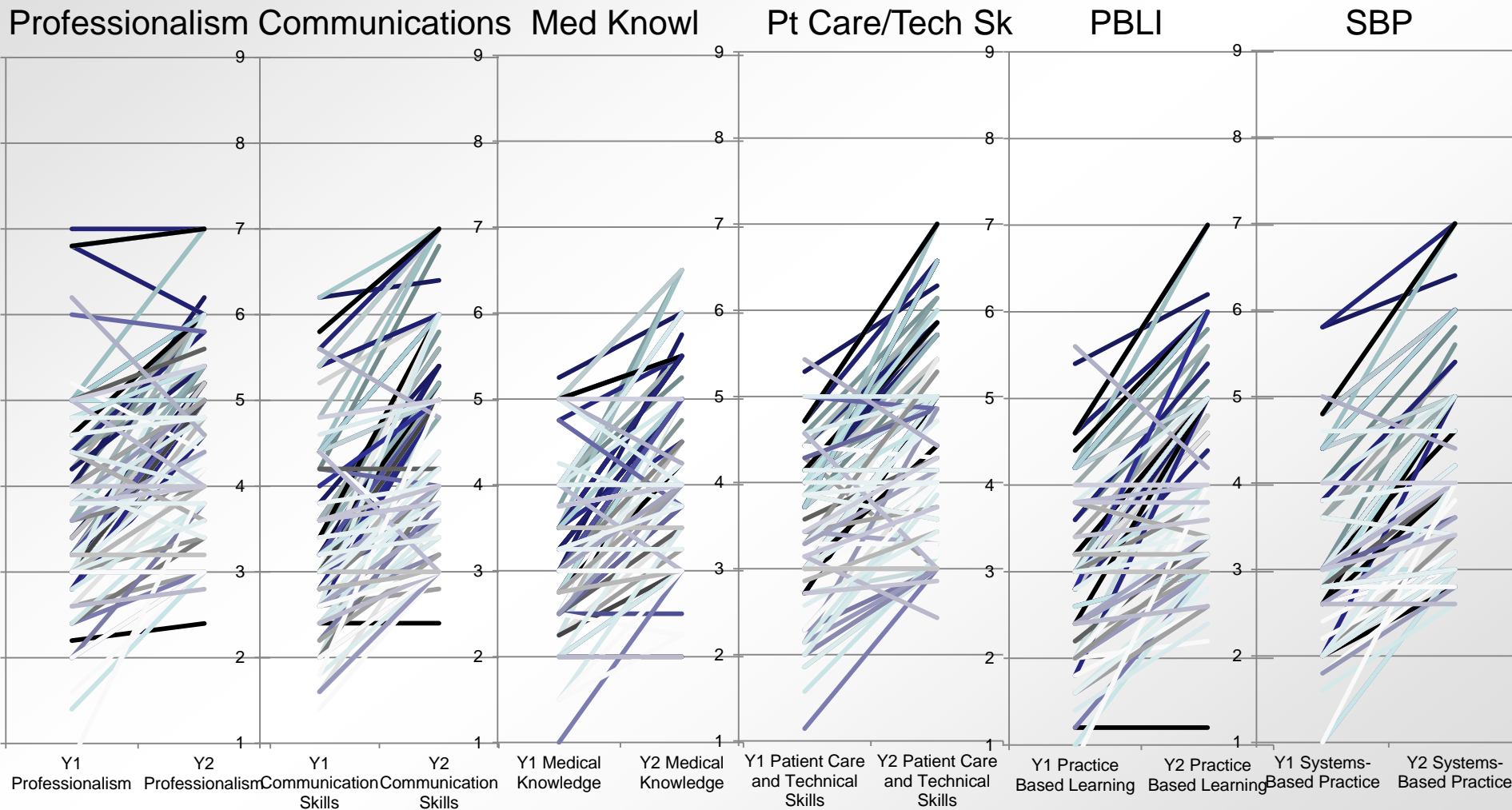


# Lake Wobegon Residency Program

## Overall Rating of Six Competencies across All Specialties



# Singapore Milestone Data, End of PGY 1 to Mid Year PGY 2 All Specialties (n=122, 100%)



# In closing.....

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“Fear is the path to the dark side.  
Fear leads to anger.  
Anger leads to hate.  
Hate leads to suffering”

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“All great changes are  
preceded by chaos”

Deepak Chopra

# Educational Sessions - Webinars

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- ✿ Completed/posted: CLER, NAS Milestones/CCC
- ✿ Future ACGME webinars
  - ✿ Phase 1 specialties
  - ✿ Self-study: September 2013?
- ✿ Previous webinars available for review at:  
<http://www.acgme-nas.org/index.html> under “ACGME Webinars”.





**Accreditation Council for Graduate Medical Education**

**Thank You!**

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# Pediatrics Webinar

Joseph Gilhooly, MD  
*Chair, RRC for Pediatrics*

# Overview

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- Annual Data Review Elements
- Milestones
  - Reporting Milestones to ACGME
- Entrustable Professional Activities (EPAs)
- Clinical Competency Committee (CCC)
- Program Evaluation Committee (PEC)
  - Annual Program Evaluation (APE)

# Annual Data Review Elements

A Mix of “Old” and “New” – Many, are “Old”

Annual review of the following indicators:

- 1) Program Attrition
- 2) Program Changes
- 3) Scholarly Activity
- 4) Board Pass Rate
- 5) Clinical Experience
- 6) Resident Survey
- 7) Faculty Survey
- 8) Milestones
- 9) Omission of Data

- Collected now as part of the program’s annual ADS update.
- ADS streamlined this year:
  - 33 fewer questions
  - more multiple choice or Y/N

- Clinical Experience Variable to be generated via annual administration of survey

# *Annual Data Review Element #1:*

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## *Program Attrition*

- *General Definition*: Composite variable that measures degree of personnel and trainee changes within a program.
- *How measured*: Has the program experienced any of the following:
  - *PD Change*
  - *Decrease in core faculty*
  - *Residents withdraw/transfer/dismitted*
  - *Chair Change*
  - *DIO Change*
  - *CEO Change*

# Annual Data Review Element # 2:

## Program Changes

- General Definition: Composite variable that measures the degree of structural changes to the program.
- How measured: Has the program experienced any of the following:
  - *Participating sites added or removed*
  - *Resident complement changes*
  - *Block diagram changes*
  - *Major structural change*
  - *Sponsorship change*
  - *GMEC reporting structural change*

# Annual Data Review Element # 3:

## Scholarly Activity

- General Definition: Indicator that measures scholarly productivity within a program for faculty and for trainees.
- ACGME has eliminated faculty CVs and replaced them with a new “table” to collect scholarly activity information.
  - Primarily text that is not quantifiable
  - Currently used by RC only at time of site visit
  - Takes up significant amounts of space in ACGME database
    - 35% of support calls related to faculty CVs
- Expectations for faculty and trainees w/ regard to scholarly activity will be different for core and subspecialty programs.

# Annual Data Review Element # 3:

## Faculty Scholarly Activity

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012

Faculty Scholarly Activity										
Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012. Articles without PMIDs should be listed in this section. This will include publications which are peer reviewed but not recognized by the National Library of Medicine.

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012

Between 7/1/2011 and 6/30/2012, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant's performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.



# Annual Data Review Element # 3:

## Resident/Fellow Scholarly Activity

Resident Scholarly Activity							
Resident	PMID 1	PMID 2	PMID 3	Conference Presentations	Chapters Textbooks	Participated in Research	Teaching Presentations
John Smith	12433			1	0	N	Y

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.

Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012

Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012

# *Annual Data Review Element #4:*

## *Board Pass Rates*

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- **Pediatrics Requirements** *(Effective July 1, 2013)*
  - V.C.1.c).(1) - At least 80% of those who completed the program in the preceding five years should have taken the certifying examination.
  - V.C.1.c).(2) - At least 70% of a program's graduates from the preceding five years who are taking the certifying examination for the first time should have passed.
- **Aggregate data provided by the American Board of Pediatrics**

# *Performance Indicator #4:*

## *Board Pass Rates – Subspecialties*

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- V.C.3. A program will be judged deficient if, over a six year period, fewer than 75% of fellows eligible for the certifying examination take it and of those who take it, fewer than 75% pass it on the first attempt.
- The Review Committee will take into consideration noticeable improvements or declines during this same period. An exception may be made for programs with small numbers of fellows.
- Working with the American Board of Pediatrics to receive annual aggregate data

# *Annual Data Review Element #5:*

## *Clinical Experience Data*

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- Composite variable on 3<sup>rd</sup> year residents' perceptions of clinical preparedness based on the specialty specific section of the resident survey.
- This is in lieu of case logs
- Residents' responses will be aggregated to create a score

# Clinical Experience Data

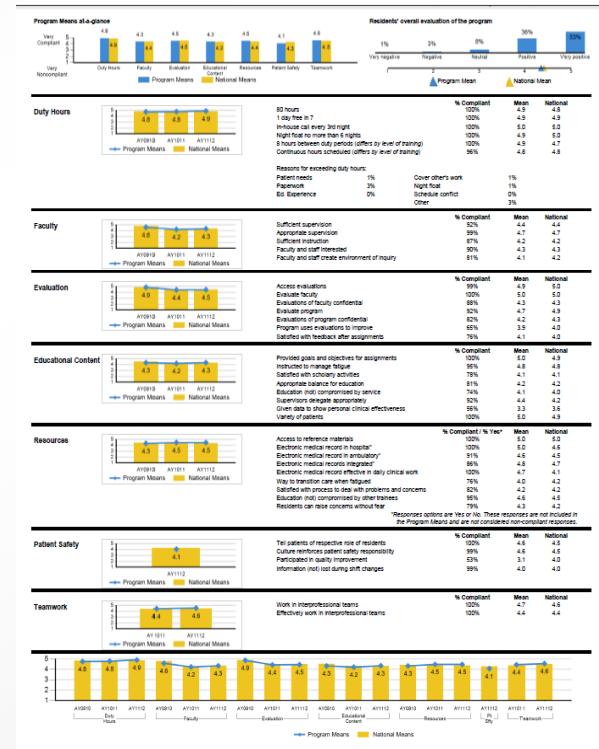
- *Preparedness to perform procedures without supervision*
- *Preparedness to perform patient care activities without supervision*
- *Satisfaction with the patient volume, range of patient ages, variety of medical conditions, and extent of progressive responsibility in the care of patients*
- *Satisfaction with the educational experiences to achieve competency in patient care skills*
- *Satisfaction with aspects of the longitudinal outpatient experience*
- *Preparedness for next stage of career*

# Annual Data Review Element #6: ACGME Resident Survey

- Administered annually Jan-May
- Questions on RS relate to 7 areas:

1. *Duty Hours*
2. *Faculty*
3. *Evaluation*
4. *Educational Content*
5. *Resources*
6. *Patient Safety*
7. *Teamwork*

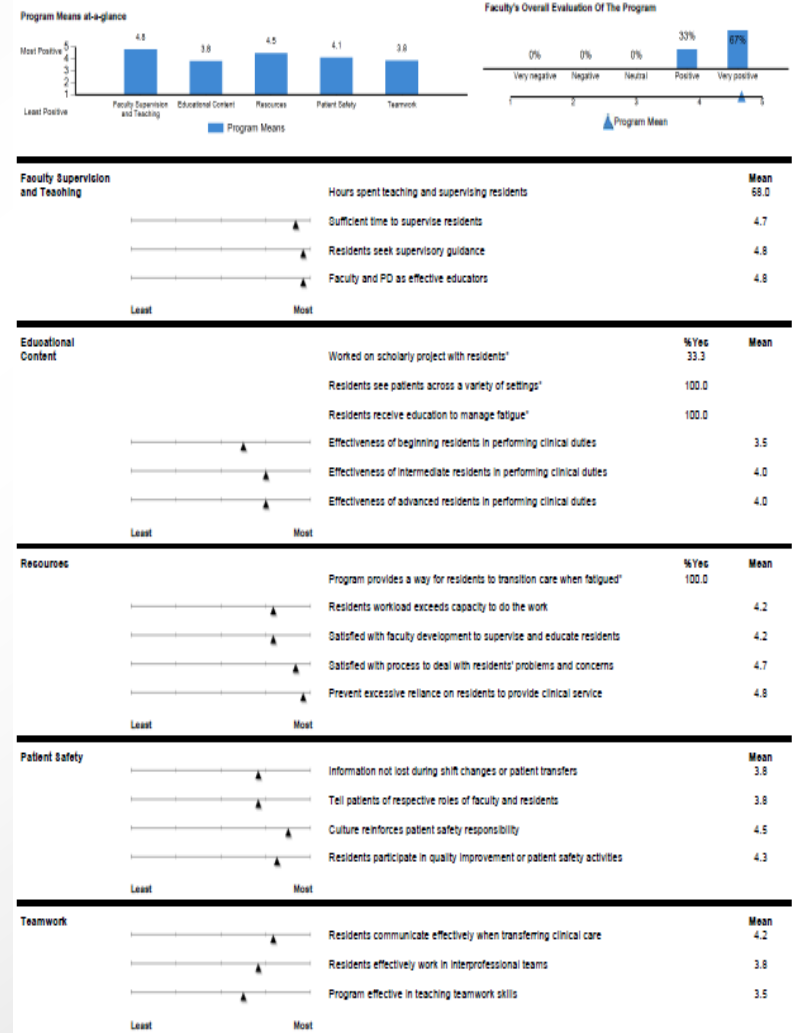
- In 2012: RS revised to align with new CPRs
- Survey administered to all residents & fellows



# Annual Data Review Element #7:

## Faculty Survey

- Administered for the first time to all Phase 1 faculty
  - December 2012 - January 2013*
- Similar domains as the Resident/Fellow Survey
  - Faculty supervision & teaching*
  - Educational Content*
  - Resources*
  - Patient Safety*
  - Teamwork*



# *Performance Indicator #7:*

## *Faculty Survey*

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- For Pediatrics Program
  - “Core” faculty only because they are most knowledgeable about the program
    - dedicate an average of 15 hours/week
    - trained in the evaluation and assessment of the competencies
    - spend significant time in the evaluation of the residents
    - advise residents w/ respect to career and educational goals
- For Pediatric Subspecialty Programs
  - All physician faculty in the division
  - Do not identify physician faculty from other disciplines on the faculty roster (i.e. research mentors from other divisions)



# *Annual Data Review Element #8:*

## *ACGME **REPORTING** Milestones*

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Be right back!

# *Annual Data Review Element #9:*

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## *Omissions of Data*

- The annual assessment by the RRC of these data elements will be used to make accreditation decisions
- We cannot assess data that we don't have

# *Annual Data Review Element #9:*

## *Omissions of Data*

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- II.A.4.g) The program director must prepare and submit all information required and requested by the ACGME. (core)
  - This includes but is not limited to the...annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete. (core)

# *Annual Data Review Element #8:*

## *ACGME REPORTING Milestones*

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- Milestones created by each specialty
- Organized under 6 domains of competency
- Observable steps on continuum of increasing ability
- Provide a framework and language to describe the progress of physician development
- Articulate a shared understanding of expectations

# *Reporting on Milestones:*

## *Documenting Trainee Outcomes*

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- Programs to track a resident's Milestone achievement for 21 Pediatric Competencies
  - The 21 competencies were chosen to ease burden as we transition to NAS
  - Don't ignore the rest (the other 27)
- Milestone sets for the 21 competencies posted on the ACGME-NAS website
  - <http://www.acgme-nas.org/assets/pdf/Milestones/PediatricsMilestones.pdf>

# *Reporting on Milestones:*

## *Documenting Trainee Outcomes*

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- Report Form will be available in ADS
- Reporting of the Milestones to ACGME for pediatric programs begins June 2014
- Reporting of the Milestones to ACGME for pediatric subspecialty programs begins December 2014
  - At this time it has not been decided which of the Competencies with their Milestones will be reported to the ACGME

# PBLI Milestones

Level	1	2	3	4	5
a.) Identify strengths, deficiencies, and limits in one's knowledge and expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.) Identify and perform appropriate learning activities to guide personal and professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.) Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.) Incorporate formative evaluation feedback into daily practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# PBLI Milestones cont.

Level	1	2	3	4	5
a.) Identify strengths, deficiencies, and limits in one's knowledge and expertise					
b.) Identify and perform appropriate learning activities to guide personal and professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.) Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.) Incorporate formative evaluation feedback into daily practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sets learning activities based on readily available curricular materials, irrespective of learning style, preferences, appropriateness of activity, or any outcome measure





# PBLI Milestones cont.

Level	1	2	3	4	5
a.) Identify strengths, deficiencies, and limits in one's knowledge and expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div style="border: 2px solid red; border-radius: 15px; padding: 5px; display: inline-block;">                     Learning resources are sought based on analysis of learning needs assessment and constructed goals, and with consideration of the nature of the learning content and method                 </div>	
b.) Identify and perform appropriate learning activities to guide personal and professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.) Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.) Incorporate formative evaluation feedback into daily practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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[http://acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/320\\_PedsMilestonesProject.pdf](http://acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/320_PedsMilestonesProject.pdf)

# The Pediatrics Milestone Project



*A Joint Initiative of*

the Accreditation Council for Graduate Medical Education  
and  
the American Board of Pediatrics



# *Development of Pediatrics Milestones: A Collaborative Effort*

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- Advisory Group
  - Physician Education Leaders
  - Multiple specialties and disciplines
- Working Group
  - ACGME, ABP, APPD
  - Extensive literature search
- Content Expert Input

# *Deconstruction of What Physicians Do*

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- 6 Domains of Competence
  - Procedural competency added to Patient Care
- 7<sup>th</sup> domain of Personal and Professional Development incorporated into Professionalism
- 48 Competencies for Pediatrics
  - Milestones defined for each of these competencies



# *Pediatric Milestones:*

## ~~*Narrative Descriptors of Observed Behaviors*~~

- Not necessarily tied to the Dreyfus model
- More analogous to developmental stages
  - He sits up, he crawls, he cruises, he walks
- Allows the Milestones to be used across the continuum from medical student to practicing physician

Regher, G, et al. Using Standardized Narratives to Explore New Ways to Represent Faculty Opinions of Resident Performance. *Acad Med* 2012;87:419-427

# *Pediatric Milestones*

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“The Milestones provide the narrative descriptions of behaviors that represent the developmental progression of performance along a continuum from student to expert practitioner and should be used to guide trainee assessment and ultimately entrustment decisions.”

*Carol Carraccio, MD, MA*

*Chair, Pediatric Milestones Working Group*

# *Operationalizing the Milestones: ~~Entrustable Professional Activities~~*

- Milestones are the deconstruction of physician behaviors, thus it may be easier to assess them in clusters within a clinical context.
- Is this required?
  - IV.A.2.c) The curriculum should incorporate the competencies into the context of the major professional activities for which residents should be entrusted. (detail)

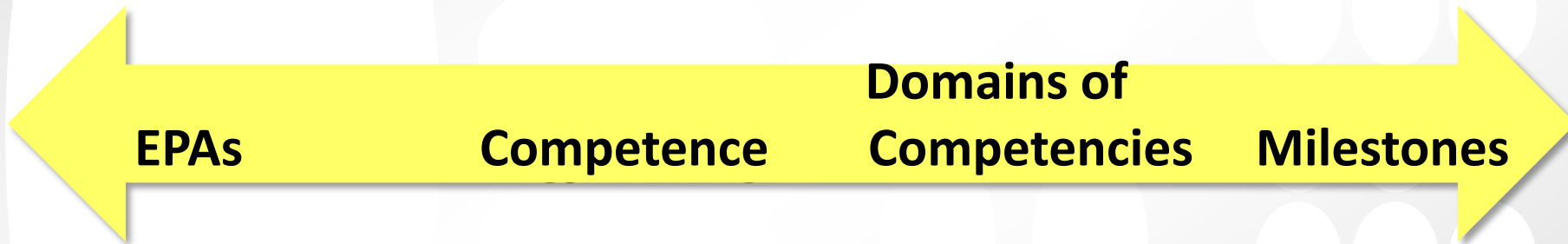
# *Reconstructing Assessment in Resident Education*

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*From Milestones to  
Entrustable Professional Activities*







**The Good Doctor:  
PUTTING IT ALL TOGETHER**

# *The Development of EPAs for Pediatrics is Well Underway*

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- Collaborative effort between the ACGME, ABP, APPD, and AAMC
- For Subspecialties, EPAs are being identified that:
  - Overlap with the EPAs for General Pediatrics
  - Common to all subspecialties
  - Unique to each subspecialty



# *Entrustable Professional Activities*

*Olle ten Cate, Fedde Scheel*

---

*Acad Med 2007;82:542-547*

- Cluster the competencies into the context of clinical “activities”
  - Activities: Constituting elements of professional work
  - i.e., Care of the Well Newborn
- Faculty increasingly “trust” residents to assume responsibility for the clinical activities in their field

# *Trust Allows the Adjustment of the Level of Supervision*

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- VI.D.3. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:
  - Direct Supervision
  - Indirect Supervision
    - With direct supervision immediately available
  - Indirect Supervision
    - With direct supervision available
  - Oversight

# *Trust Leads to Autonomy*

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Supervision close enough to provide informative feedback while allowing enough independence to challenge a trainee's abilities is necessary for the development of clinical expertise.

*TJT Kennedy, et al.  
Progressive Independence in Clinical Training.  
Acad Med. 2005;80:S106-S111*

# Assessment of the Milestones

- Direct Observation is key
  - You can't assess what you haven't seen
- VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.



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Assessment and Reporting of Milestones:

# **ROLE OF THE CLINICAL COMPETENCY COMMITTEE**

# *Clinical Competency Committee*

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- Must be composed of at least 3 faculty
  - Additional non-physician members may be included
  - Program Director can be a member in some capacity
- Written descriptions of responsibilities
  - Review all resident evaluations by all evaluators semi-annually
  - Prepare/assure reporting of milestones evals of each resident to ACGME
  - Make recommendations to the PD for resident progress, including, promotion, remediation and dismissal



# *Clinical Competency Committee*

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- Must understand the Milestones
- Leave personal bias at the door
- Review all evaluations for each resident
- Assess the quality of the source of information
- For each resident, decide for each milestone the narrative that best fits that resident

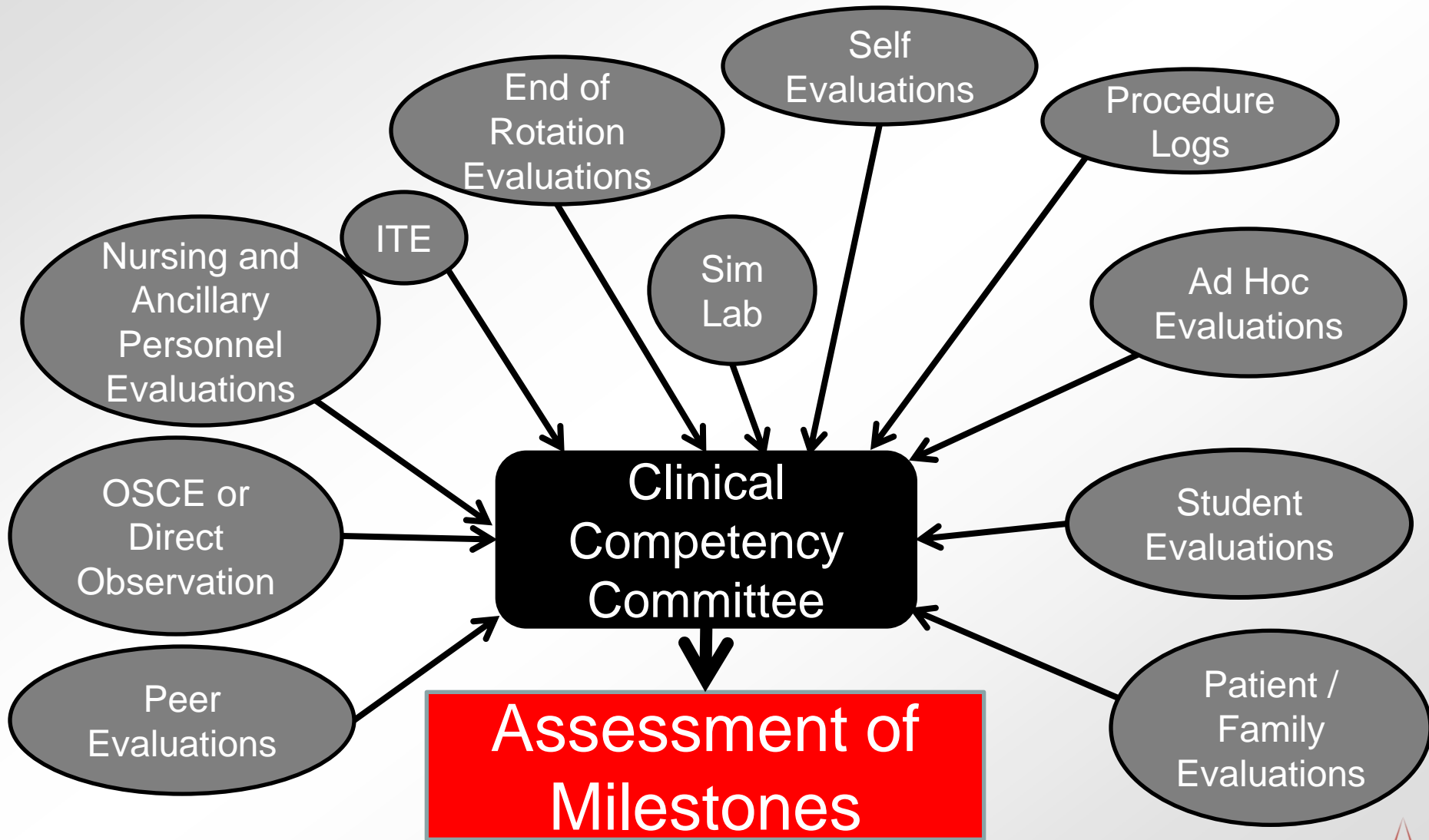
# *Assessment of Milestones*

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- Milestones are not an assessment tool
- They are descriptors of behavior along a continuum of performance.
  - Existing tools will need to be used and new tools will need to be developed to assess resident Milestone achievement

# Clinical Competency Committee

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# **ROLE OF THE PROGRAM EVALUATION COMMITTEE**

# *Program Evaluation Committee*

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- Should be composed of at least 3 faculty
- Resident representation
- Written description of responsibilities
  - Planning, developing, implementing and evaluating all significant activities of the program
  - “Develop” competency-based goals and objectives
  - Review the program, annually using evaluations from faculty, residents and others
  - Assure areas of non-compliance are corrected

# *Program Evaluation Committee*

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- The PEC must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a full, written, annual program evaluation (APE).
- The program must monitor and track:
  - Resident performance
  - Faculty development
  - Graduate performance
  - Program Quality
- The APE should include a written “plan of action”

# Information on NAS:

<http://www.acgme-nas.org/>



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Graduate Medical Education

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## The Next Accreditation System



The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits more than 9,000 residency programs in 135 specialties and subspecialties in the United States, affecting more than 116,000 residents. Its mission is to improve health care in the U.S. by assessing and advancing the quality of graduate medical education for physicians in training through accreditation.

This website shares background and detail regarding the ACGME's next accreditation system, an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21<sup>st</sup> century.

## Perspectives on the Next Accreditation System



**Thomas J. Nasca, MD, MACP**  
Chief Executive Officer  
Accreditation Council for  
Graduate Medical Education  
Professor of Medicine, Jefferson  
Medical College of Thomas  
Jefferson University



**Kathleen Klink, MD**  
Director, Division of Medicine  
and Dentistry  
Bureau of Health Professions  
Health Resources and Services  
Administration



**Eric Holmboe, MD**  
Chief Medical Officer  
American Board of Internal  
Medicine