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

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Executive Director, RRCs for Plastic Surgery, Surgery, and Thoracic Surgery, ACGME
Disclosures

- Fiduciary
  - Full-time employee of ACGME (Potts, Simpson)
- Financial
  - None (Potts, Merrill, Simpson)
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
- Helen Mari Merritt, DO, Resident
- William Baumgartner, MD, Ex-Officio ABS
- Ajit Sachdeva, MD, Ex-Officio ACS
- Incoming Member
  - Jennifer Lawton, MD
- Ara Vaporciyn, MD
## Accredited Programs 2013-2014

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### Accredited Programs 2013-2014

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NAS & Milestones

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

- NAS: Background
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The Next GME Accreditation System — Rationale and Benefits

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession, and in 2009, it began a multiyear process of restructuring its accreditation system to be

LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education

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

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

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

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The “Old” Accreditation System

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

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

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The Next Accreditation System

Promote Innovation

- Identify Opportunities for Improvement
- Program Makes Improvement(s)
- Assess Program Improvement(s)
- Continuous Observations

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NAS & Milestones

- NAS: Background
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### The Old Accreditation System - Sample of RRC Data

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Percentage of Programs</th>
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<tbody>
<tr>
<td>Five years</td>
<td>23%</td>
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<tr>
<td>Four years</td>
<td>25%</td>
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<tr>
<td>Three years</td>
<td>32%</td>
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<tr>
<td>Two years</td>
<td>17%</td>
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<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?

"The rumors of my death have been greatly exaggerated"
NAS: What’s Different?

HERE LIES
"PIF"
BORN: ?
DIED: 30 JUNE 2013
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

• Assess a broader unit of the GME educational environment

• Will review core and any affiliated sub programs together
  • Thoracic Surgery-Independent
  • 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

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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
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
Ten Year Self-Study Visit

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

Yearly Schedule:
- Yr 0
- 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

Self-Study VISIT

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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
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

Self-Study VISIT
Ten Year Self-Study Visit

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

Ongoing Improvement
Going beyond minimum standards

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

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

Self-Study PROCESS
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
AY 2013 Top Citation Types

- DH/Work Environment (7)
- Evaluation (2)
- Goal & Objectives (3)
- ACGME Competencies (3)
- Procedural Experience (4)
- Faculty Responsibilities (3)
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
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Continued Accreditation

Outcomes
Core Process
Detail Process
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Outcomes
Core Process
Detail Process

Accreditation With Warning

Continued Accreditation

Outcomes Core Process Detail Process

Outcomes Core Process Detail Process
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

- **STANDARDS**
  - Outcomes
  - Core Process
  - Detail Process

- **Probationary Accreditation**
  - Outcomes
  - Core Process
  - Detail Process

- **Continued Accreditation**
  - Outcomes
  - Core Process
  - Detail Process

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

STANDARDS
- Outcomes
- Core Process
- Detail Process

Accreditation
- with Warning
- Probationary Accreditation

Continued Accreditation

Outcomes
- Core Process
- Detail Process

Withdrawal of Accreditation

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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
- Core Faculty Survey
- Resident Survey
- Milestone Semi Annual Reporting
- ADS Annual Update
- RRC

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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
  • Indicated which citations are continued and which citations are resolved
  • Indicated 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
- NAS: Goals
- NAS: Structural overview
- NAS: What’s different?
- Milestones
Milestones

• Why?
• What?
• Who?
• When?
Milestones

• Why?
• What?
• Who?
• When?
The Continuum of Clinical Professional Development

Physical Diagnosis
The Continuum of Clinical Professional Development

- Physical Diagnosis
- Clerkship
- Sub-internship
- PGY-1 year
- Residency
- Fellowship
- Attending
The Continuum of Clinical Professional Development

- Physical Diagnosis
- Clerkship
- Sub-internship
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The Continuum of Clinical Professional Development

- Physical Diagnosis
- Clerkship
- Sub-internship
- PGY-1 year
- Residency
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- Attending

Supervision to Independence
The Continuum of Clinical Professional Development

Supervision → Independence

Low Authority and Decision Making → High

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

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The Continuum of Clinical Professional Development

"Graded or Progressive Responsibility"

Physical Diagnosis

Clerkship

Sub-internship

PGY-1 year

Residency

Fellowship

Attending

Supervision

Independence

Low Authority and Decision Making → High

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The Continuum of Professional Development
The Three Roles of the Physician\textsuperscript{1}

\begin{itemize}
  \item Clinician
  \item Teacher
  \item Manager of Resources
\end{itemize}

The Continuum of Professional Development
The Three Roles of the Physician

 Clinician
 Teacher
 Manager of Resources

The Continuum of Professional Development
The Three Roles of the Physician

Clinician
Teacher
Manager of Resources


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The Continuum of Professional Development
The Three Roles of the Physician

1


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Sample Professional Development in the l-6 Preparation of the Thoracic Surgeon
Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon
Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon

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<td>PGY 3</td>
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<td>PGY 4</td>
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<tr>
<td>PGY 5</td>
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<tr>
<td>PGY 6</td>
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Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon

- Systems-Based Practice, OR Team Skills
- TS Related Technical Skills
- Patient Care, Non-Procedural

Performance Ability

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5  PGY 6
Sample Professional Development in the I-6 Preparation of the Thoracic Surgeon

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- Systems-Based Practice, OR Team Skills
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- Patient Care, Non-Procedural

Performance Ability

PGY 1  PGY 2  PGY 3  PGY 4  PGY 5  PGY 6
Miller’s enthusiasts' Pyramid of Clinical Competence

- **Knows**: MCQ, Oral Examinations
- **Knows How**: Standardized Patients, Mini CEX
- **Shows How**: Clinical Observation, Simulation, Standardized Patients, Mini CEX
- **Does**: Clinical Observations, Multi-Source Feedback, Teamwork Evaluation, Operative (Procedural) Skill Evaluation, Mini CEX

---

1 Miller, GE. Assessment of Clinical Skills/Competence/Performance. Academic Medicine (Supplement) 1990. 65. (S63-S67)


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Move from Numbers to Narratives

- Numerical systems produce range restriction
- Narratives:
  - easily discerned by faculty
  - shown to produce data without range restriction

1 Hodges and others

The Power of Narratives

The illustration above shows:
The illustration above shows:

| A. | A prolate spheroid which is 725 mm in long circumference and 550 mm in transverse circumference. It is similar to a rugby ball but slightly smaller, more rounded at the ends and more elongated. Red balls are used for day matches and yellow for night matches. |  |  |  |  |  |
The illustration above shows:

B. This has the form of a prolate spheroid, 11 inches long axis; 28 inches long circumference; 21 inches short circumference. It is less rounded at the ends than a rugby ball and has a pebble grained leather case of natural tan color.
The illustration above shows:

C. A prolate spheroid ball which is 28 cm long, 60 cm in circumference at its widest point and 76 cm in circumference end to end.
The illustration above shows:

D. A spherical ball with a circumference of 68-70 cm, which may be white, consisting of 32 panels of leather or plastic including 12 panels that are regular pentagons and 20 panels that are hexagons.
The illustration above shows:

E. A white spherical ball which is of 25 cm diameter. The pattern of panels consists of six groups perpendicular to each other, each group being composed of two trapezoidal and one rectangular panel; 18 panels in all.
Milestones

- Why?
- What?
- Who?
- When?
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

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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 her residents to program mean
  - Determine program strengths
  - Determine program opportunities for improvement
  - Benchmark her residents nationally
  - Benchmark her program nationally
Uses for the Milestones

- Resident
  - Get specific feedback
  - Benchmark herself against peers in program
  - Determine individual strengths
  - Determine individual opportunities for improvement
  - Benchmark herself against peers nationally
The “Envelope of Expectations”

Professionalism

1. Is punctual for conferences, rounds, pages, and operating room (OR)
2. Manages fatigue and sleep deprivation
3. Reports duty hours in a timely and accurate manner
4. Presents appropriate attire and respectful demeanor
5. Seeks patient information with reliability, industry, and confidentiality
6. Recognizes individual limits in clinical situations and asks for assistance when needed
7. Manages personal emotional, physical, and mental health
8. Seeks and accepts professional criticism
9. Demonstrates personal ownership of complications and patient outcomes
10. Acts as a role model for other practicing and resident physicians for standards of ethical behavior and professionalism
11. Assumes leadership role in clinical care team
12. Mediates conflicts in the health care team
13. Recognizes and responds to physician impairment in self or others
14. Serves as a role model for other practicing and resident physicians for standards of ethical behavior and professionalism
15. Participates in or lead institutional ethics board or program, or IRB
# 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>
</tr>
</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>
</tr>
<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>
</tr>
<tr>
<td>Valvular Disease</td>
<td>Valvular Disease</td>
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<td></td>
<td></td>
<td>Practice Management</td>
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<tr>
<td>Great Vessel Disease</td>
<td>Congenital Heart Disease</td>
<td></td>
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<td></td>
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<tr>
<td>Esophagus</td>
<td>Esophagus</td>
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<tr>
<td>Lung &amp; Airway</td>
<td>Lung &amp; Airway</td>
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<tr>
<td>Chest Wall/Pleura/Mediastinum</td>
<td>Chest Wall/Pleura/Mediastinum</td>
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<td>Critical Care</td>
<td>Critical Care</td>
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<td></td>
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<tr>
<td>End Stage Cardiopulmonary Disease</td>
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## TS Milestones MK-IHD

### Medical Knowledge: Ischemic Heart Disease

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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</thead>
<tbody>
<tr>
<td></td>
<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 implications of SYNTAX score</td>
</tr>
<tr>
<td></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>• Presents on outcomes of ischemic heart disease at local, regional or national meeting</td>
</tr>
<tr>
<td></td>
<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>• Adapts therapeutic management based on understanding of physiology of complications of ischemic heart disease (e.g., post infarct VSD, ischemic mitral regurgitation)</td>
</tr>
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## Medical Knowledge: Ischemic Heart Disease

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### TS Milestones MK-IHD

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**Comments:**

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Milestones

- Why?
- What?
- Who?
- When?
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.
Evaluation of Miller’s “Does”

- Trained observers
  - Common understanding of the expectations
  - Sensitive “eye” to key elements
  - Consistent evaluation of levels of performance
- Requires certain number of observations
- Interpreter/Synthesizer Experts
  - Clinical Competency Committee (Resident Evaluation Committee)
Clinical Competence Committee

Assessment of Milestones

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
ITE
Sim Lab
OSCE
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
# Sample Professionalism Milestones

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- Resident frequently fails to recognize or actively avoids opportunities for compassion or empathy. On occasion demonstrates lack of respect, or overt disrespect for patients, family members, or other members of the health care team.
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Resident demonstrates compassion and empathy in care of some patients, but lacks the skills to apply them in more complex clinical situations or settings. Occasionally requires guidance in how to show respect for patients, family members, or other members of the health care team.
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Resident seeks out opportunities to demonstrate compassion and empathy in the care of all patients; and demonstrates respect and is sensitive to the needs and concerns of all patients, family members, and members of the health care team.
Milestones

- Why?
- What?
- Who?
- When?
Milestones: When?

Publication:
Thoracic Surgery: September 2013

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

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

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  psimpson@acgme.org

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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
• November 2013