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# Next Accreditation System: What it Means for Ophthalmology Programs

**John R. Potts III, M.D.**

Senior Vice-President, Surgical Accreditation, ACGME

**Anthony Arnold, M.D.**

Chair, Ophthalmology RRC

**R. Michael Siatkowski, MD**

Vice Chair, Ophthalmology RRC

ACGME Webinar  
12 December 2013



# Disclosures

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No financial disclosures



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# RRC—Ophthalmology Members

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Anthony C. Arnold, MD, **Chair**

R. Michael Siatkowski, MD, **Vice Chair**

- Claude L. Cowan, MD
- Paul D. Langer, MD
- Andrew Lee, MD
- Assumpta Madu, MD
- Howard D. Pomeranz, MD
- Joel S. Schuman, MD
- Laura L. Wayman, MD
- Tahira Mathen, MD, Resident
- John G. Clarkson, MD, ABO



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# Accredited Programs 2013-2014

	Total Programs	Cont. Accred.	Cont. Accred. w/warning	Initial Accred.	Probation
Ophthalmology	117	108	6	0	3
Ophthalmic Plastic	6	4	0	2	0
<b>TOTAL</b>	<b>123</b>	<b>112</b>	<b>6</b>	<b>2</b>	<b>3</b>



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# NAS & Milestones

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- **NAS: Background**
- **NAS: Goals**
- **NAS: Structural overview**
- **NAS: What's different?**
- **Milestones**



# NAS & Milestones

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- **NAS: Background**
- NAS: Goals
- NAS: Structural overview
- NAS: What's different?
- Milestones



# NAS Background

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The NEW ENGLAND JOURNAL of MEDICINE

## SPECIAL REPORT

### The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div.,  
and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,<sup>1</sup> 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<sup>8</sup>

N Engl J Med. 2012 Mar 15;366(11):1051-6



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# NAS Background

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- GME is a public trust
- ACGME accountable to the public



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# NAS Background

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- 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



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# NAS Background

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- 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



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# NAS Background

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

\*Term borrowed from Karen Horvath, M.D.



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# NAS & Milestones

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- NAS: Background
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- NAS: What's different?
- Milestones



# Next Accreditation System: Goals

- Produce physicians for 21<sup>st</sup> century



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# Next Accreditation System: Goals

- Produce physicians for 21<sup>st</sup> century
- Accredit programs based on outcomes



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# Next Accreditation System: Goals

- Produce physicians for 21<sup>st</sup> century
- Accredite programs based on outcomes
- Reduce administrative burden of accreditation



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# 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



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# NAS & Milestones

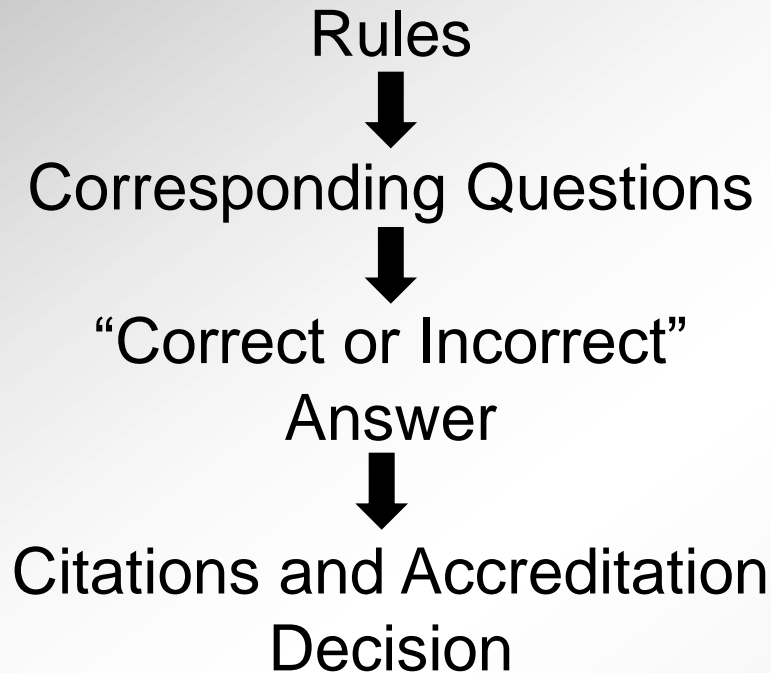
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- Milestones



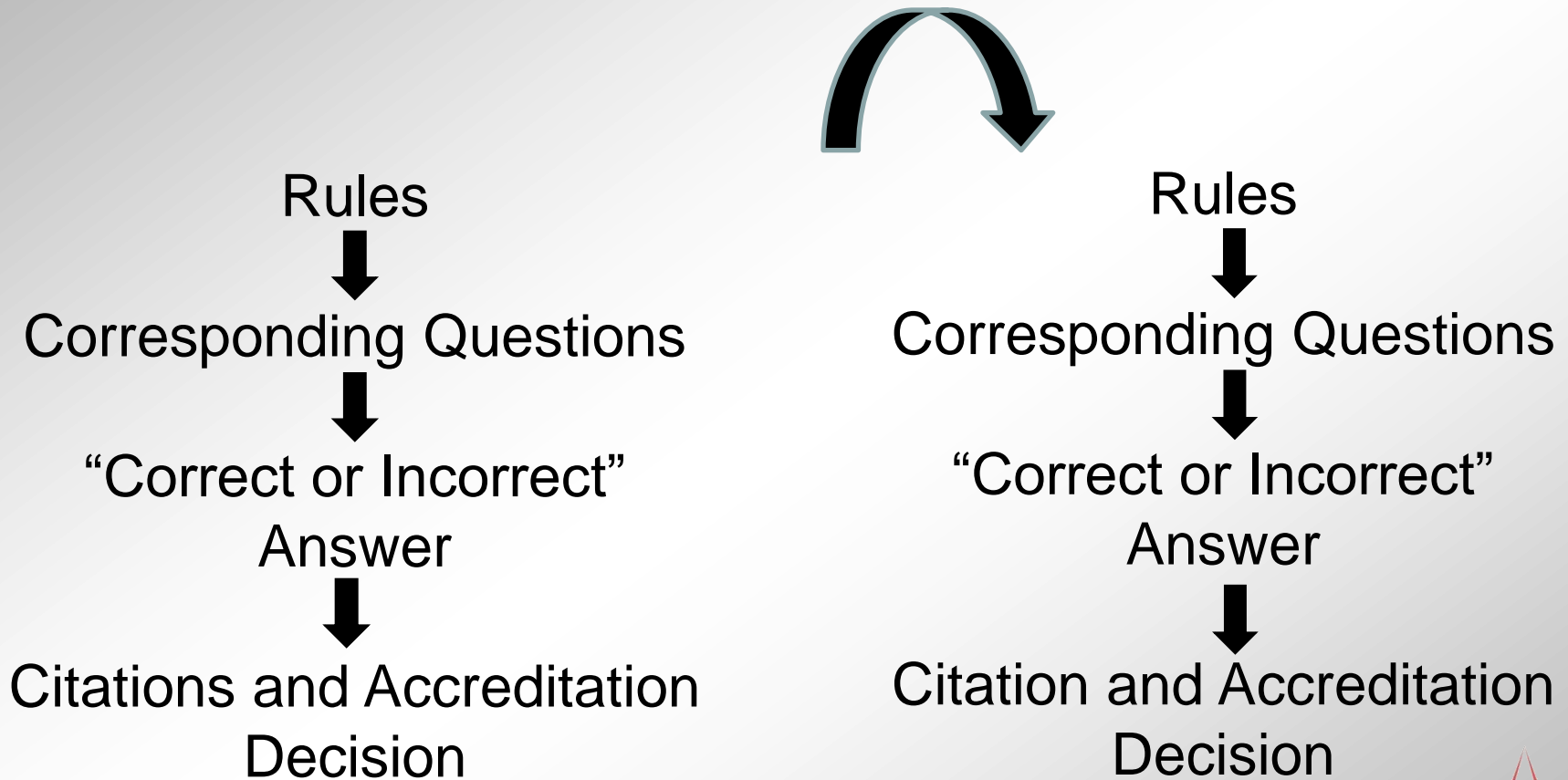
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# The “Old” Accreditation System



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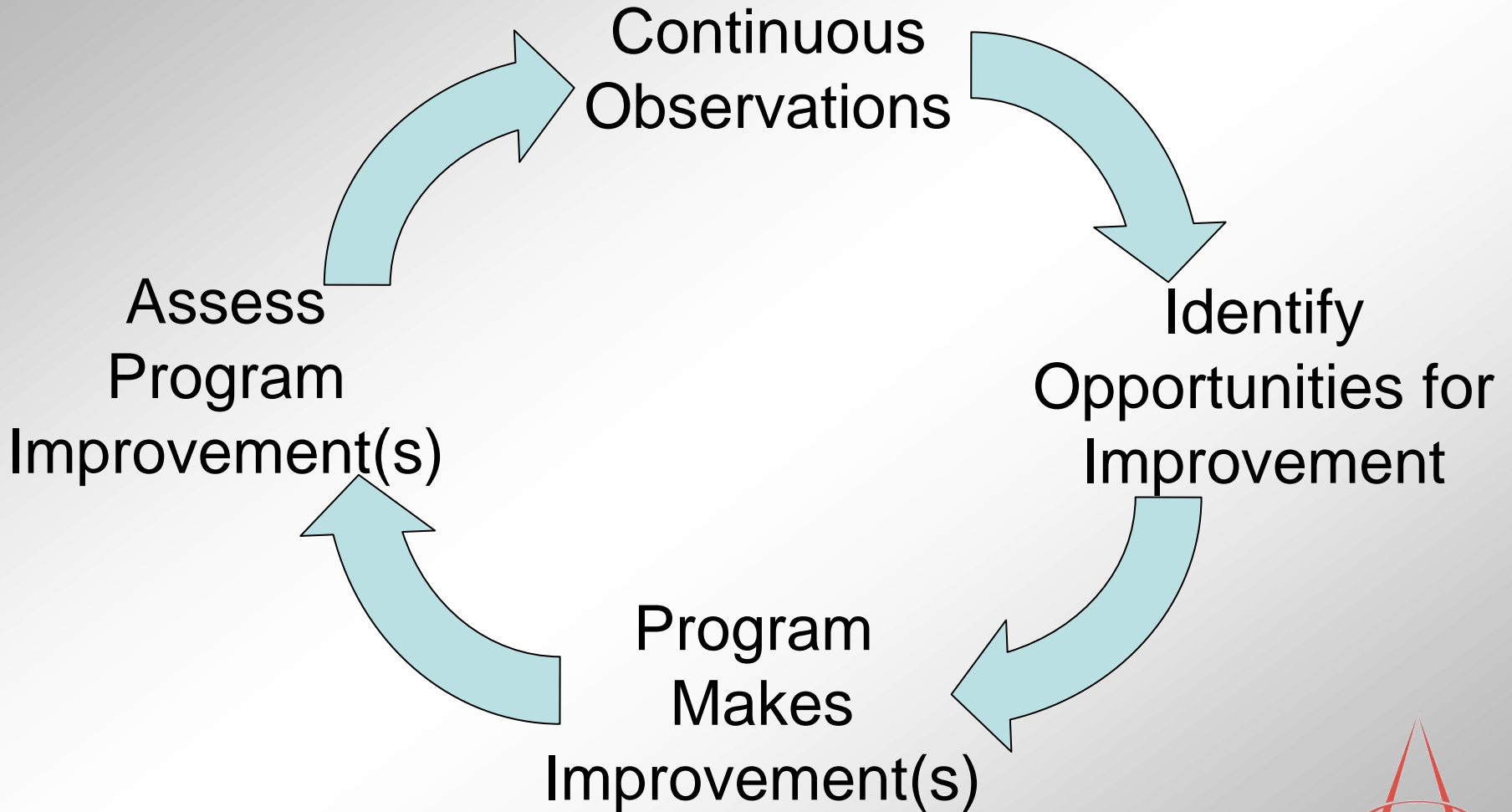
# The “Old” Accreditation System



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# The Next Accreditation System

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# The Next Accreditation System

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# NAS & Milestones

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- NAS: Background
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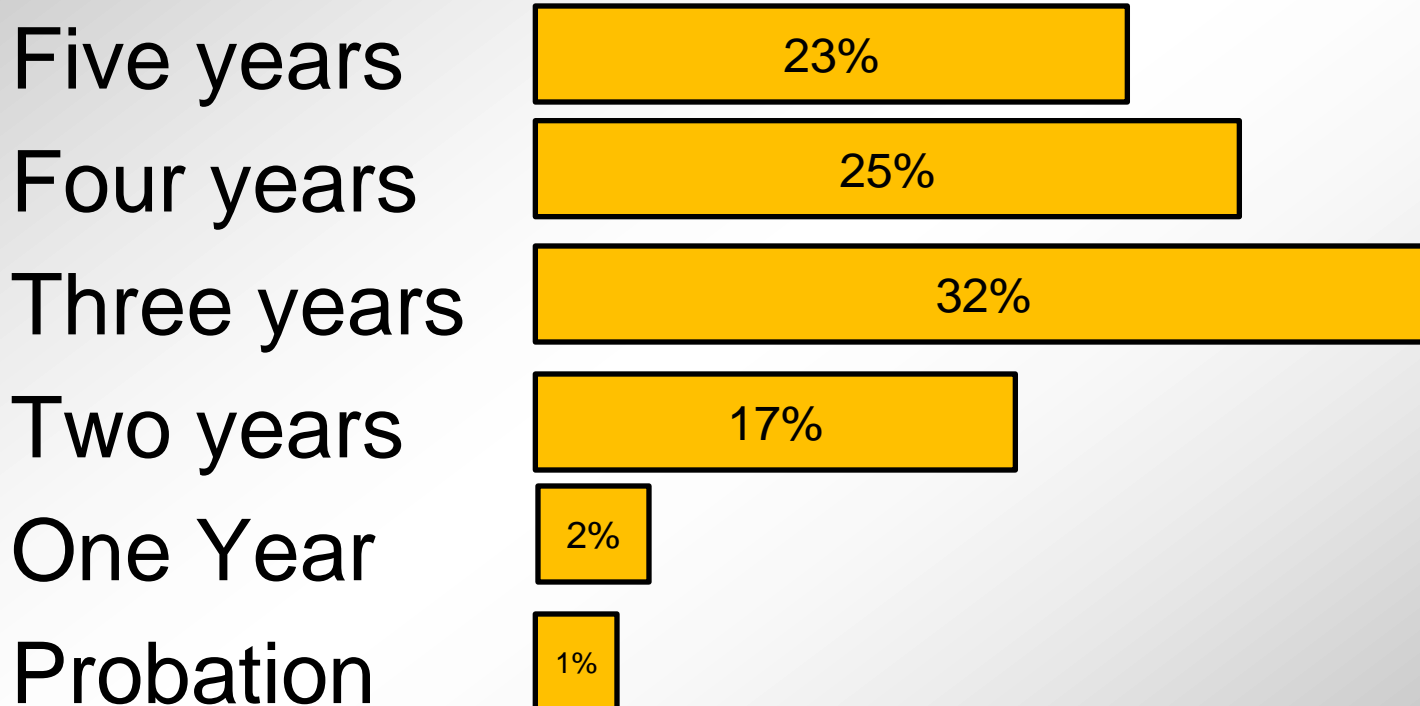
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# The Old Accreditation System

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Accreditation  
Status

Percentage of Programs



# NAS: What's Different?

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- Continuous accreditation model
- No cycle lengths

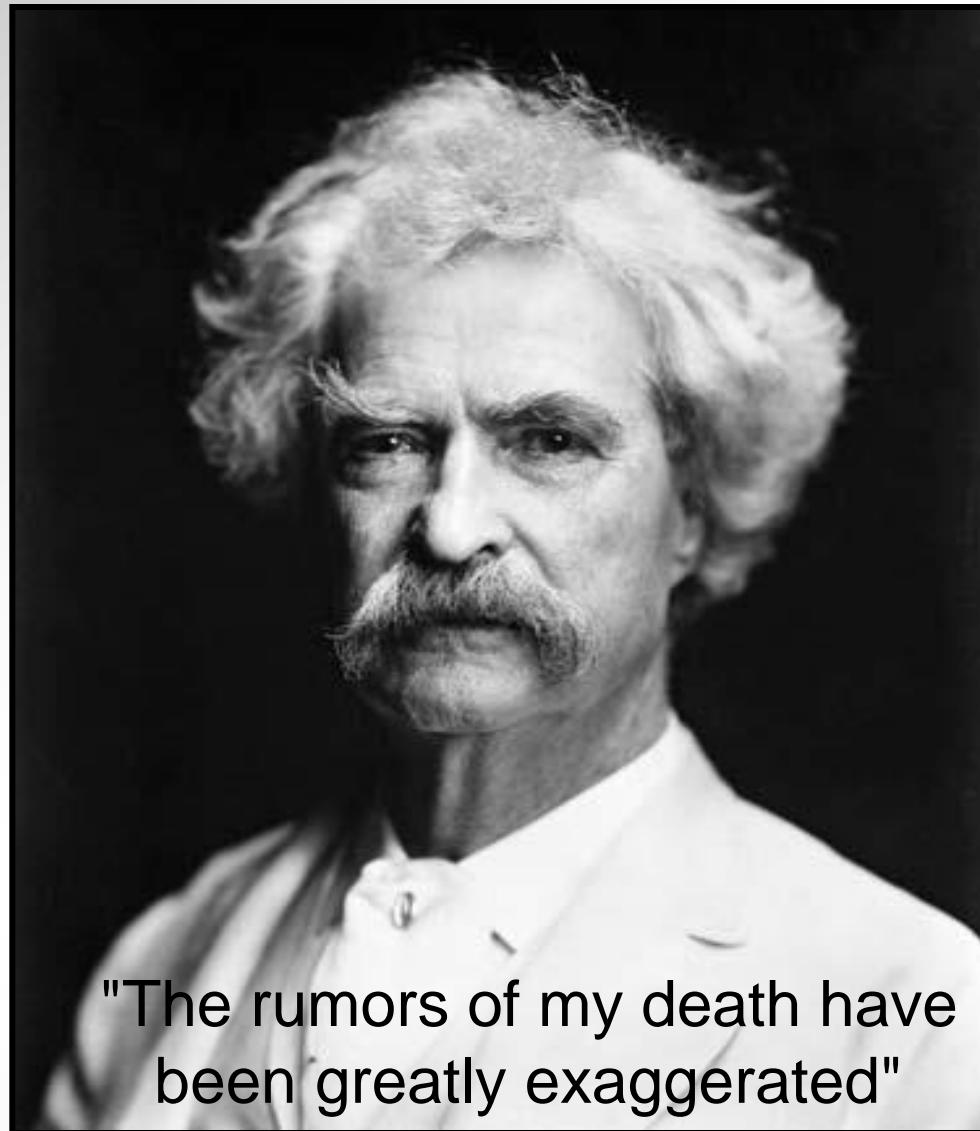


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# NAS: What's Different?

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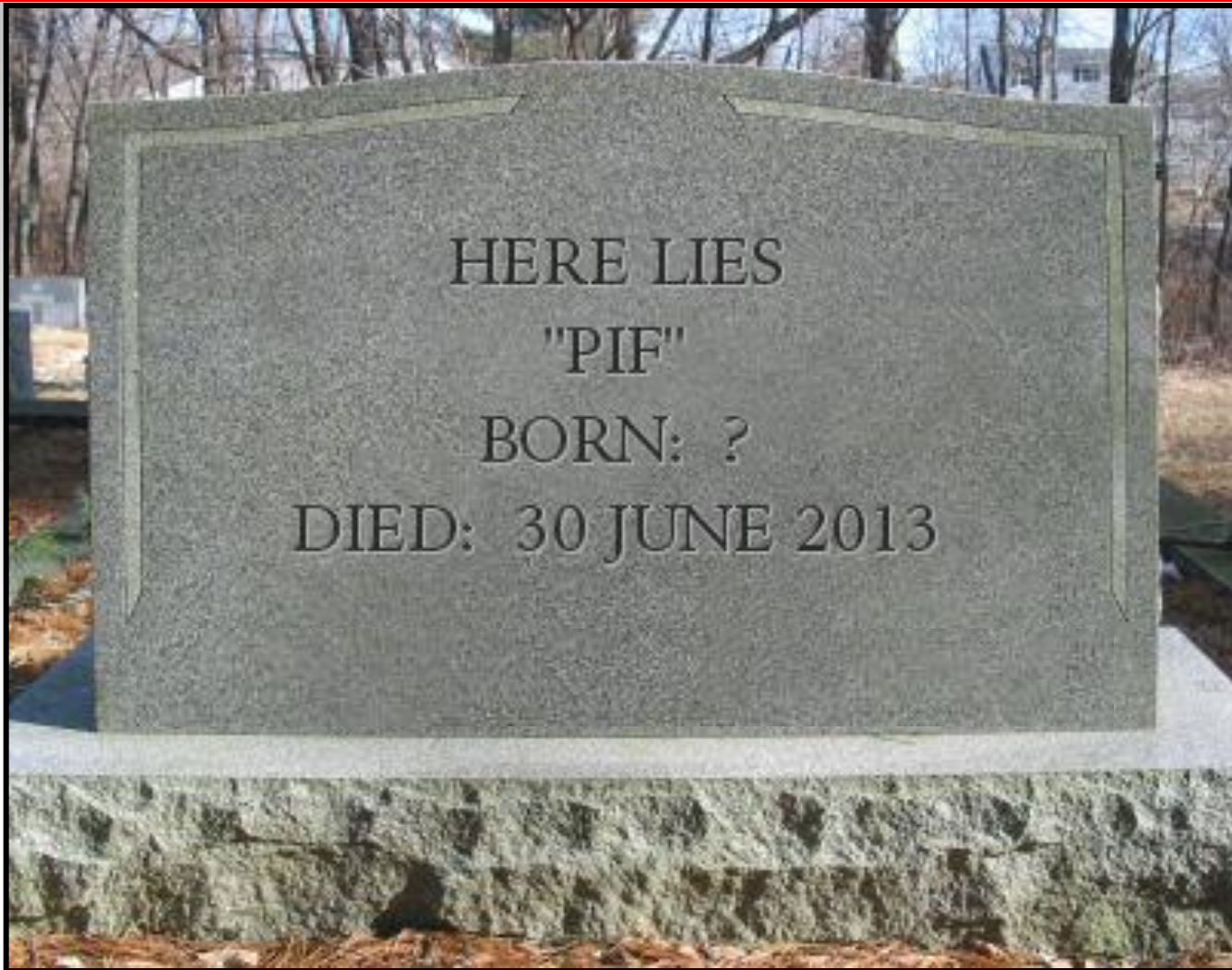
"The rumors of my death have  
been greatly exaggerated"



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# NAS: What's Different?

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# NAS: What's Different?

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- No PIFs
- No Internal Review
- Programs notified of status *at least* annually
- Requirements revised every ten years



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# NAS: What's Different?

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- Citations
  - *Can* be levied annually by RRC
  - Will be reviewed annually by RRC
  - Could be removed quickly based upon:
    - Progress report
    - Site visit (focused or full)
    - New annual data from program



# NAS: What's Different?

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- 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

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



# Focused Site Visits

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



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# Full Site Visits

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- 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



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# Full Site Visits

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- Minimal notification given (60 days)
- Minimal document preparation expected
- Team of site visitors



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# Ten Year Self-Study Visit

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- Not fully developed



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# Ten Year Self-Study Visit

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- Not fully developed
- Not a traditional site visit



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# Ten Year Self-Study Visit

---

- Not fully developed
- Not a traditional site visit
- Begin 2015 Phase 1 specialties



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# Ten Year Self-Study Visit

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- Not fully developed
- Not a traditional site visit
- Begin 2015 Phase 1 specialties
- Begin 2016 Phase 2 specialties



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# Ten Year Self-Study Visit

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- Will review core residency program and any dependent subspecialty program(s) together



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# Ten Year Self-Study Visit

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- Team of site visitors
- Review Self-Study Document
- Review annual program evaluations (PR-V.C.)
- Judge program success at CQI
  - Evaluate program performance against goals
  - Effectiveness of program modifications
- Learn future goals of program



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# Ten Year Self-Study Visit

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- Conduct a “PIF-less” Site Visit
- Validate most recent Annual Data
- Verify compliance with Core Requirements
- Potential vehicle for:
  - Description of salutary practices
  - Accumulation of innovations in the field

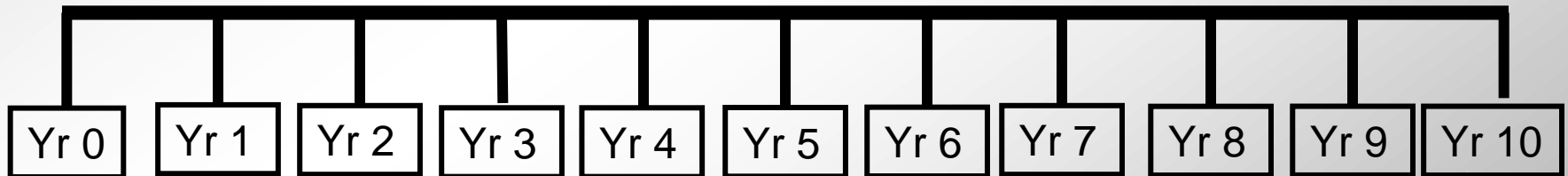


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# Ten Year Self-Study Visit

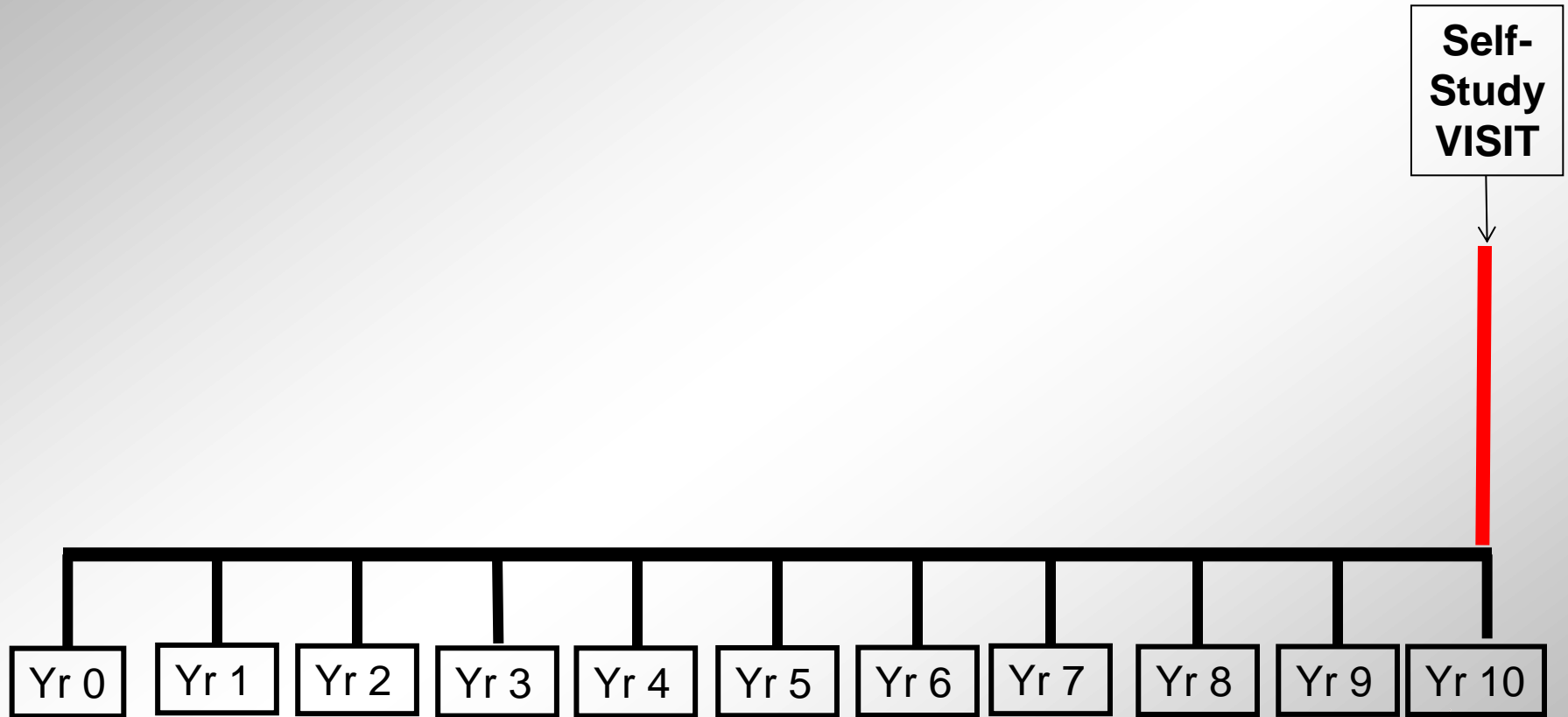
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# Ten Year Self-Study Visit

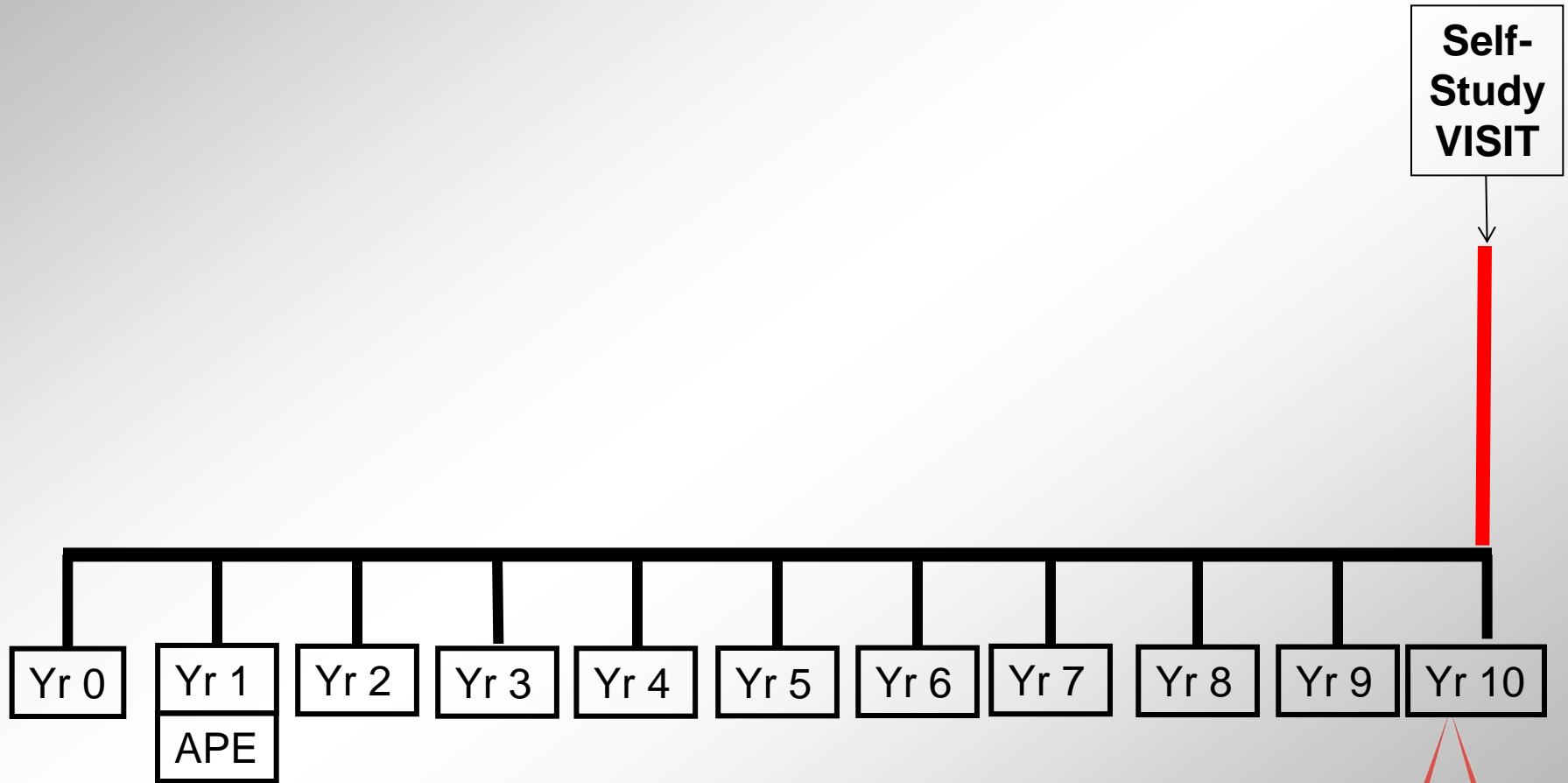
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# Ten Year Self-Study Visit

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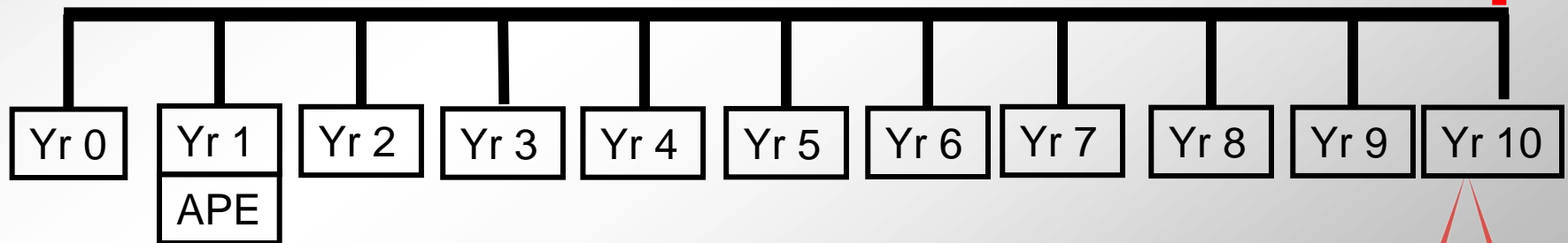
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# Ten Year Self-Study Visit

## Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-  
Study  
VISIT



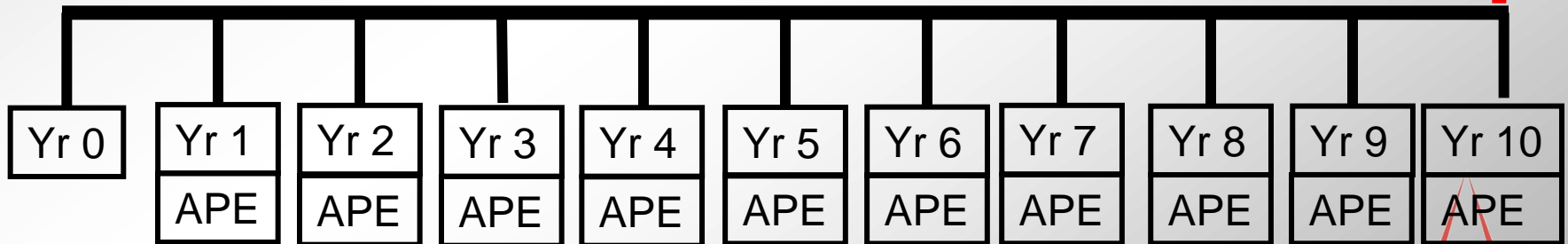
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# Ten Year Self-Study Visit

## Annual Program Evaluation (PR-V.C.)

- Resident performance
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Self-  
Study  
VISIT



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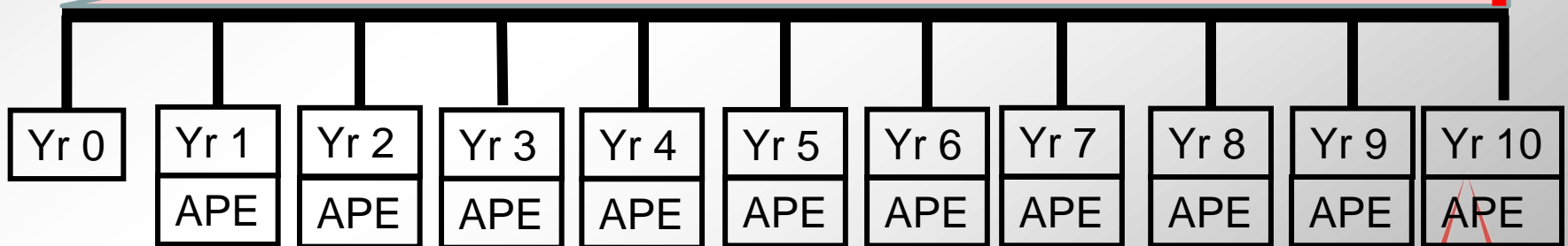
# Ten Year Self-Study Visit

## Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-  
Study  
VISIT

*Ongoing Improvement*



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# Ten Year Self-Study Visit

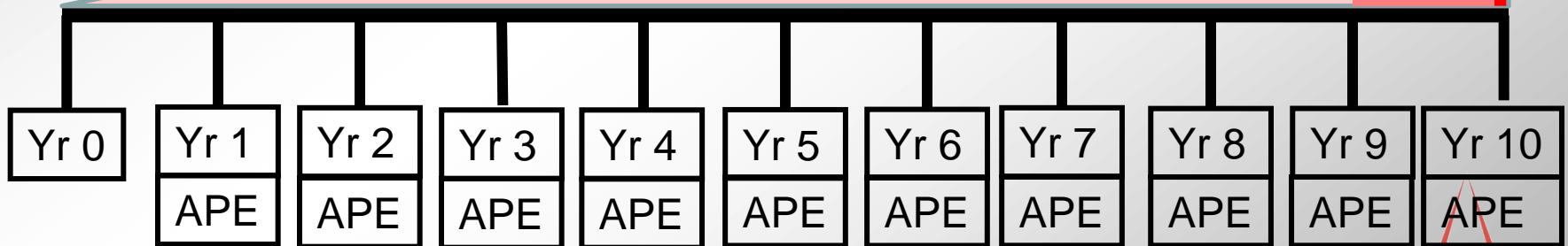
## Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-Study  
PROCESS

Self-Study  
VISIT

*Ongoing Improvement*



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# Next Accreditation System

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- Major PR revision every ten years



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# Next Accreditation System

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- Major PR revision every ten years
- *Each* standard categorized:
  - Outcome
  - Core
  - Detail



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# Next Accreditation System

---

- Major PR revision every ten years
- *Each* standard categorized:
  - Outcome - All programs must adhere
  - Core
  - Detail



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# Next Accreditation System

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  - Core - All programs must adhere
  - Detail



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# Next Accreditation System

---

- Major PR revision every ten years
- *Each* standard categorized:
  - Outcome - All programs must adhere
  - Core - All programs must adhere
  - Detail - Good programs may innovate



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# Program Accreditation in NAS

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## STANDARDS

Outcomes  
Core Process  
Detail Process



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# Program Accreditation in NAS

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**Continued  
Accreditation**

## STANDARDS

**Outcomes  
Core Process  
Detail Process**



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# Program Accreditation in NAS

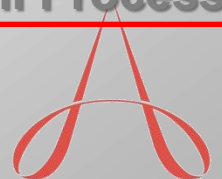
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**Continued  
Accreditation**

## STANDARDS

**Outcomes  
Core Process  
Detail Process**

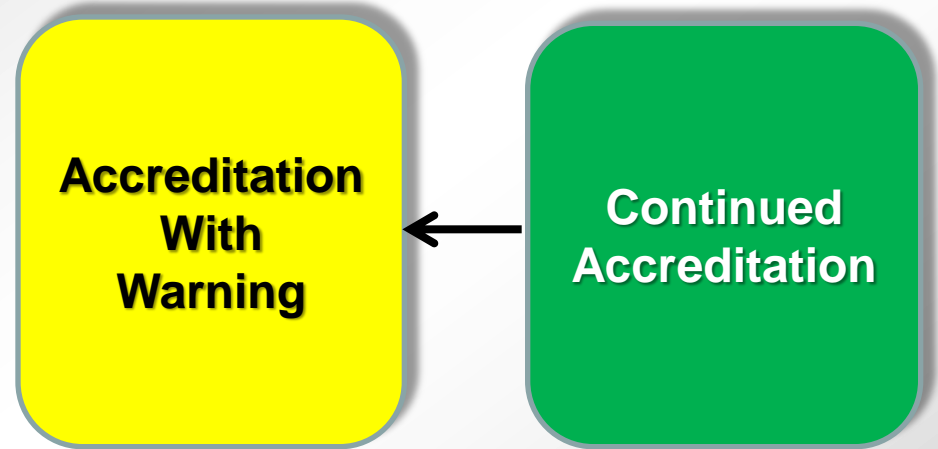
**Outcomes  
Core Process  
Detail Process**



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# Program Accreditation in NAS

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## STANDARDS

Outcomes  
Core Process  
Detail Process

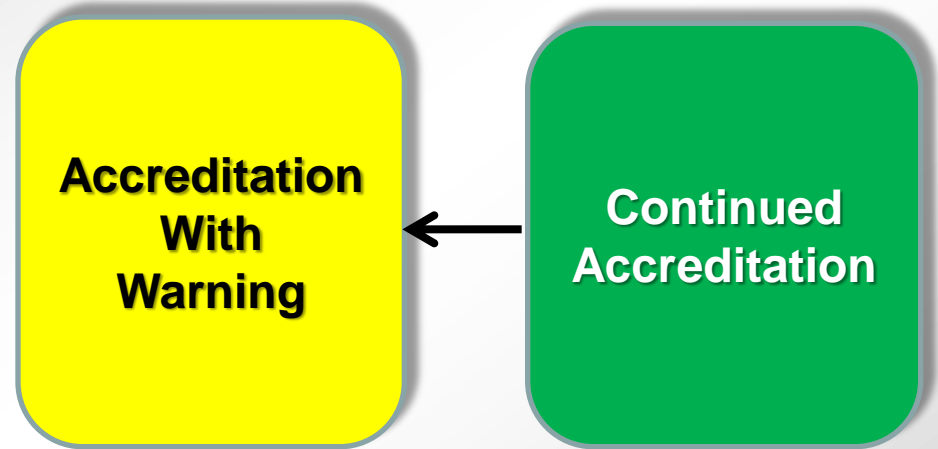


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# Program Accreditation in NAS

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## STANDARDS

Outcomes  
Core Process  
Detail Process

Outcomes  
Core Process  
Detail Process

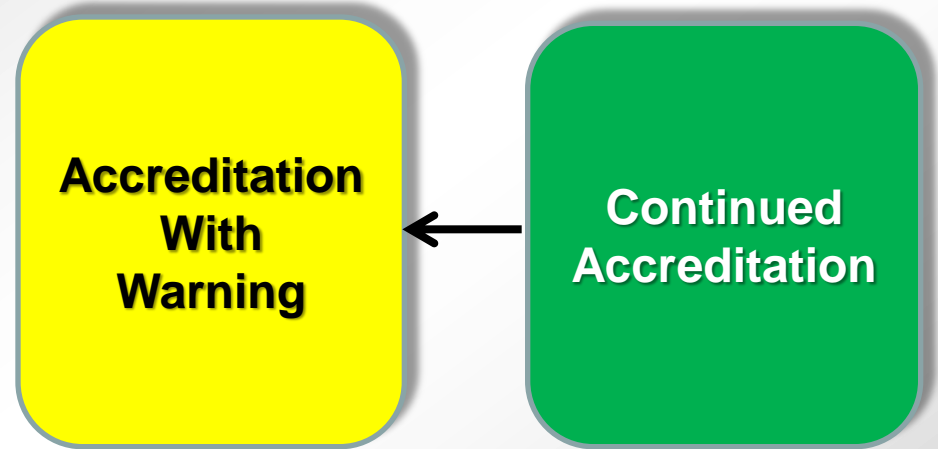


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# Program Accreditation in NAS

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Programs with  $\leq 2$  year cycles  
Enter NAS with this status



## STANDARDS

Outcomes  
Core Process  
Detail Process

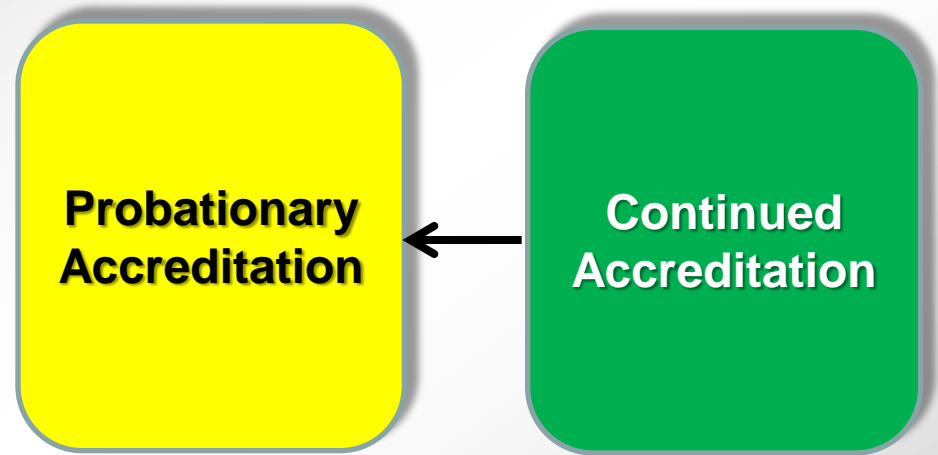
Outcomes  
Core Process  
Detail Process



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# Program Accreditation in NAS

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## STANDARDS

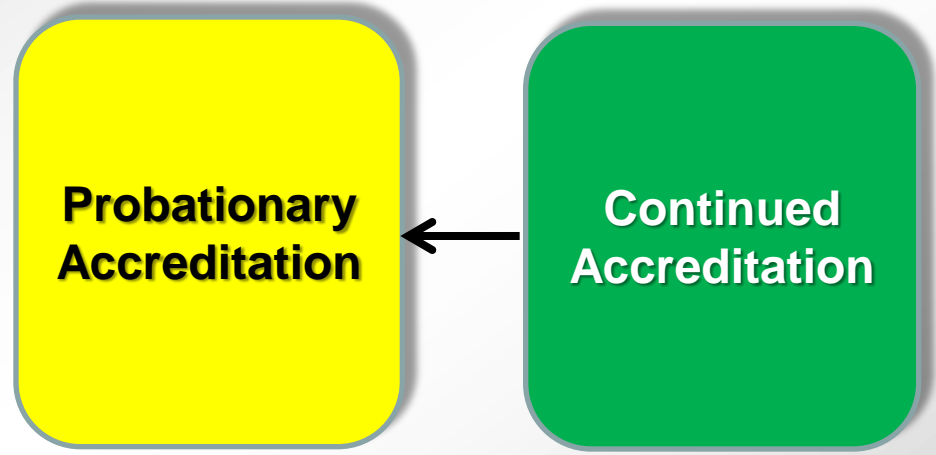
Outcomes  
Core Process  
Detail Process



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# Program Accreditation in NAS

---



**STANDARDS**

Outcomes  
Core Process  
Detail Process

Outcomes  
Core Process  
Detail Process



# Program Accreditation in NAS

---

No longer a *proposed* status

**Probationary  
Accreditation**

**Continued  
Accreditation**



## STANDARDS

**Outcomes  
Core Process  
Detail Process**

**Outcomes  
Core Process  
Detail Process**



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# Program Accreditation in NAS

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**Accreditation  
with Warning**

**Probationary  
Accreditation**

**Continued  
Accreditation**

## STANDARDS

**Outcomes  
Core Process  
Detail Process**

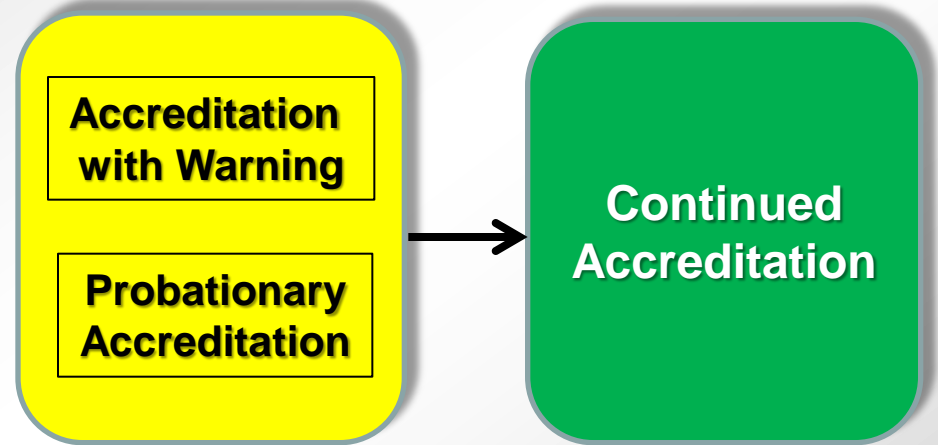
**Outcomes  
Core Process  
Detail Process**



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# Program Accreditation in NAS

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**STANDARDS**

Outcomes  
Core Process  
Detail Process

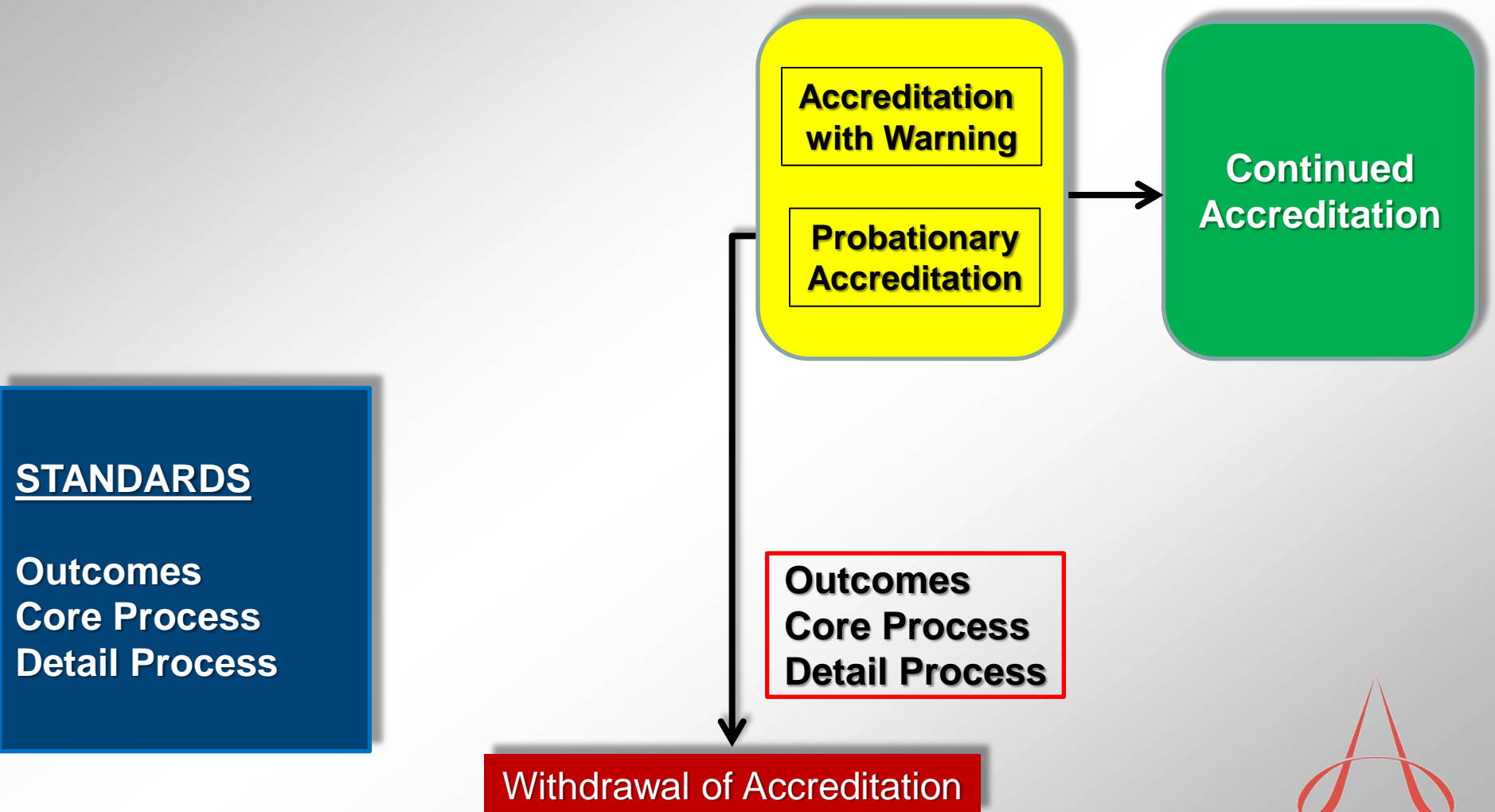
Outcomes  
Core Process  
Detail Process



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# Program Accreditation in NAS

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# Data Reviewed Annually by RRC

*Most already in place*

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- ✓ Annual ADS Update
  - ✓ Program Characteristics – Structure & resources
  - ✓ Program Changes – PD / core faculty / residents
  - ✓ Participating Sites
  - ✓ Educational Environment including duty hours
    - Scholarly Activity – Faculty and residents
    - Response to Citations
    - Block schedule
    - Omission of data

- |                    |
|--------------------|
| ✓ Already in place |
| ➤ New or changed   |



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# Data Reviewed Annually by RRC

*Most already in place*

---

- ✓ Board Pass Rate
- ✓ Resident Survey
- ✓ Clinical Experience (Case logs)
- ✓ Semi-Annual Resident Evaluation & Feedback
  - Milestones
  - Faculty Survey

- |                    |
|--------------------|
| ✓ Already in place |
| ➤ New or changed   |



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# ADS Annual Update

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- Direct communication with the RRC
- PD:
  - Is responsible for information entered
  - Should assure entries are:
    - Timely
    - Accurate
    - Complete



# ADS Annual Update

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- Scholarly activity should be carefully and *fully* documented



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# ADS Annual Update

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- Response to active citations
  - Update annually
  - Update fully



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# RRC Actions After Annual Review

- Continue current accreditation status
- Change Accreditation Status (↑ or ↓)
- “Resolve” Citations
- “Continue” Citations
- New citations
- Request Progress Report
- Request Site Visit (Focused or Full)



# RRC Actions After Annual Review

- Post a letter to every program
  - Confirm accreditation status
  - Indicate citations which are:
    - Resolved
    - Continued
    - New
  - Indicate if additional information needed:
    - Progress Report
    - Focused Site Visit
    - Full Site Visit



# NAS & Milestones

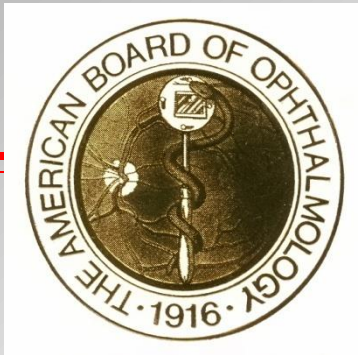
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- NAS: Background
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- NAS: Structural overview
- NAS: What's different?
- **Milestones**



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Accreditation Council for  
Graduate Medical Education

# Ophthalmology Milestones Project: A Combined ABO- ACGME Initiative

Anthony C. Arnold, MD, Chair  
Ophthalmology Milestones Group



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# Background

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- THE PLAN (2000):
  - ACGME (RRC's) to create standards and core methods to teach and evaluate specialty-specific competencies
  - Each specialty to create “outcomes” for their specific competencies and metrics by which RRC would evaluate the effectiveness of programs in teaching, assessing, and achieving “outcomes”
    - **Outcomes-Based Accreditation**



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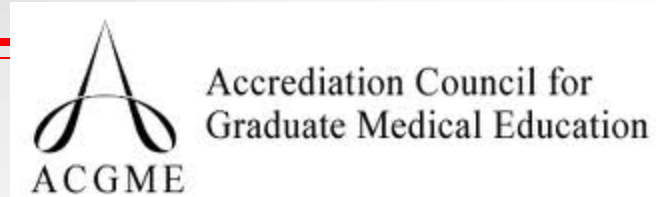
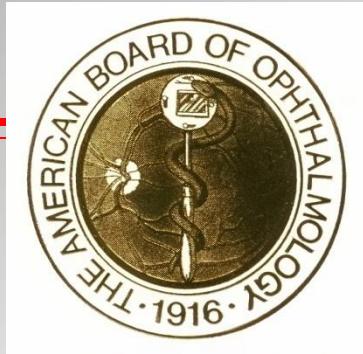
# Background

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- BUT
  - Core competencies have not been translated in an organized way into specialty-specific competencies on a national level
  - Standards, core methods, outcomes, and metrics (benchmarks, “milestones”) have not been established



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# MILESTONES PROJECT = OUTCOME PROJECT



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# Ophthalmology Milestones Working Group

---

- Anthony Arnold
- Maria Aaron
- James Dunn, Jr.
- Karl Golnik
- Richard Harper
- Paul Langer
- Andrew Lee
- James Orcutt
- John Pitcher
- Alfredo Sadun
- Michael Siatkowski
- Tara Uhler
- Nicholas Volpe



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# ACGME Goals for Milestones

## “Cohesion for the Continuum”

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- Able to provide accountability for effectiveness of educational program in producing outcomes
- ACGME can work with:
  - AAMC, LCME to focus graduation level preparation
  - ABMS, AHA, ACCME, others to identify areas for milestone improvement at graduation from residency/fellowship



# ACGME Milestones Project

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- KEY FEATURES\*\*
  - 1. Emphasize core competencies
  - 2. Provide PD's and others something concrete on which to base formative and summative evaluations
  - 3. Move accreditation from structure and process-based to outcomes-based



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# ACGME Residency Milestones

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- Definition
  - Developmental milestones define the level of performance required for each specialty-specific educational objective (“competency,” “domain of practice,” “entrustable professional activity”)
    - 1. At specified intermediate points during training
    - 2. At completion of training and entry into unsupervised practice (Board-eligible)





# ACGME Residency Milestones

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- Milestones are an ACCREDITATION tool
- RRC's will receive aggregate and de-identified data
- Programs may receive individual reports
- There is tentative agreement to provide individual data to the ABO



# Milestones Document

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- Template for evaluating physician performance at various career points
- Based on the 6 core competencies
  - Divided into subcompetencies
  - Each has performance language to allow categorization ranging from Level 1 (entry) through Levels 2, 3, 4 (competent to graduate), and Level 5 (aspirational)



# Milestones Document

Version 7/2013

PC-2 Patient Examination					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	1. Describes components of complete ophthalmic examination  2. Performs the basic parts of a screening or bedside eye examination without special equipment	1. Performs and documents a complete ophthalmic examination targeted to a patient's ocular complaints and medical condition  2. Distinguishes between normal and abnormal findings	1. Performs problem-focused exam and document pertinent positive and negative findings  2. Consistently identifies common abnormalities; may identify subtle findings	1. Identifies subtle or uncommon findings of common disorders and typical or common findings of rarer disorders	1. Incorporates into clinical practice new literature about exam techniques
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

**Assessment Tools:** 360 degree global evaluation, OCEX, chart audit/review, chart-stimulated recall, OSCE, focused skills assessment, simulation

The milestones are a product of the Ophthalmology Milestone Project, a Joint Initiative of the Accreditation Council for Graduate Medical Education and the American Board of Ophthalmology.

2

## Tier 1: Reporting items; generic

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# Milestones Document

Ophthalmology Milestones Group 11-4-2013

PC-2 (APPENDIX) Patient Examination (SPECIFIC SKILLS): Ocular Motility					
Level 1	Level 2	Level 3	Level 4	Level 5	Assessment Tools
1. Describe components of ocular motility exam; test versions and ductions	1. Accurately test and record ductions, versions, saccadic and pursuit movements; detect obvious ocular misalignment; identify nystagmus	1. Accurately measure alignment with prisms; detect less obvious misalignment; distinguish phoria and tropia	1. Detect or verify subtle motility abnormalities; classify common nystagmus patterns	1. Recognize and classify complex eye movement abnormalities at subspecialty level	

PC-2 (APPENDIX) Patient Examination (SPECIFIC SKILLS): Pupils					
Level 1	Level 2	Level 3	Level 4	Level 5	Assessment Tools
1. Describe components of pupil testing, including test for relative afferent pupillary defect (RAPD)	1. Accurately grade pupil size and reactivity; detect obvious asymmetry and RAPD	1. Detect less obvious abnormalities (eg mild RAPD, efferent defect, sympathetic denervation); perform and interpret pharmacologic testing	1. Detect or verify subtle abnormalities (eg light-near dissociation); search for associated neurologic findings; (eg lid or motility abnormalities)	1. Recognize and classify pupillary abnormalities at subspecialty level	

Tier 2: Appendices; granular



# Milestones Document

Version 7/2013

PC-7 OR Surgery					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	1. Describes essential components of care related to OR surgery, e.g., informed consent, indications and contraindications for surgery, pertinent anatomy, anesthetic and operative technique, potential intra- and postoperative complications	For each procedure: 1. Lists indications for, procedure selection, describe relevant anatomy, instrumentation for procedures, including calibration and operation of the microscope, and necessary postoperative care  2. Identifies common intra-operative and post-operative complications and perform postoperative care managing common complications  3. Prepares and drapes for extraocular & intraocular procedures  4. Describes methods for regional and general anesthesia  5. Performs portions of selected Level 2 procedures	1. Obtains informed consent and performs selected Level 3 procedures  2. Identifies and manages less common intraoperative and postoperative complications	1. Obtains informed consent and performs selected Level 4 procedures  2. Identifies and manages uncommon intraoperative and postoperative complications	1. Reviews individual outcome & process measures and participates in practice improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

**Assessment Tools:** 360 degree global evaluation, OSEX, chart audit/review, chart-stimulated recall, oral/written examination, portfolio, OSCAR, focused skills assessment (ESSAT), case logs, OASIS, GRASIS, OR Surgical Skills assessment, video review

The milestones are a product of the Ophthalmology Milestone Project, a Joint Initiative of the Accreditation Council for Graduate Medical Education and the American Board of Ophthalmology.

7

## Tier 1: Reporting items; generic

# Milestones Document

Ophthalmology Milestones Group 11-4-2013

PC-7 (APPENDIX) OR Surgery (SPECIFIC PROCEDURES): Cataract					
Level 1	Level 2	Level 3	Level 4	Level 5	Assessment Tools
1. Describe indications and technique of cataract surgery	1. Perform selected portions of cataract surgery, including wound construction and microsurgical suturing	1. Perform informed consent for cataract surgery  2. Describe phacoemulsification instrument settings and how they facilitate the procedure  3. Describe categories of IOLs, advantages and disadvantages  4. Perform cataract surgery  5. Perform postoperative care of cataract surgery patients	1. Perform cataract surgery proficiently including complex technical aspects  2. Describe indications for and insertion techniques for premium IOLs to correct astigmatism and provide near correction	1. Perform cataract surgery at subspecialty level	

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Tier 2: Appendices; granular



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# Milestones Document

## Subcompetencies from the CPR

Version 7/2013

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PROF 2: Responsiveness to patient needs that supersedes self-interest					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	1. Recognizes and never demonstrates refusal to perform assigned tasks, answer pages or calls; avoidance of scheduled call duty	1. Almost always completes patient care tasks promptly and completely; punctual; appropriately groomed  2. Manages fatigue and sleep deprivation  3. Identifies impact of personal beliefs and values on practice of medicine	1. Consistently completes patient care tasks promptly and completely  2. Manages personal beliefs and values to avoid negative impact on patient care	1. Mentors junior members of the healthcare team to manage barriers to effective patient care	1. Role models behavior demonstrating compassion and respect for others  2. Develops organizational policies and education to support the application of these principles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

↑

**Assessment Tools:** 360 degree global evaluation, OCEX, OSCE, portfolio, OCAT

Multiple performance statements each level; NOT meant to be itemized

The milestones are a product of the Ophthalmology Milestone Project, a Joint Initiative of the Accreditation Council for Graduate Medical Education and the American Board of Ophthalmology.



# Milestones Document

## ACGME Report Form

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes the resident's performance in relation to the milestones
- or
- selecting the "Has not Achieved Level 1" option

PC-1 Patient Interview					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	1. Obtains and documents basic history for ophthalmic complaint	1. Acquires accurate and relevant problem-focused history for common ocular complaints 2. Obtains and integrates outside medical records	1. Obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient	1. Demonstrates role model interview techniques to obtain subtle and reliable information from the patient for junior members of the healthcare team, particularly for sensitive aspects of ocular conditions	1. Incorporates new information from literature to tailor interview questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

## Scoring



# Milestones Document

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- COMMENTS
  - Milestones are not the only measure of competency
    - Resident not required to meet EACH Level 4 item to graduate
    - Resident not assured of graduation solely on basis of Level 4 item achievement



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# Milestones Document

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- COMMENTS
  - Levels 2, 3, 4 do not necessarily correlate to PGY 2, 3, 4
  - Not all Level 4 items are expected to be achieved by 36 months; some are earlier
  - Milestones are designed as minimum goals; most will accomplish more



# Milestones Document

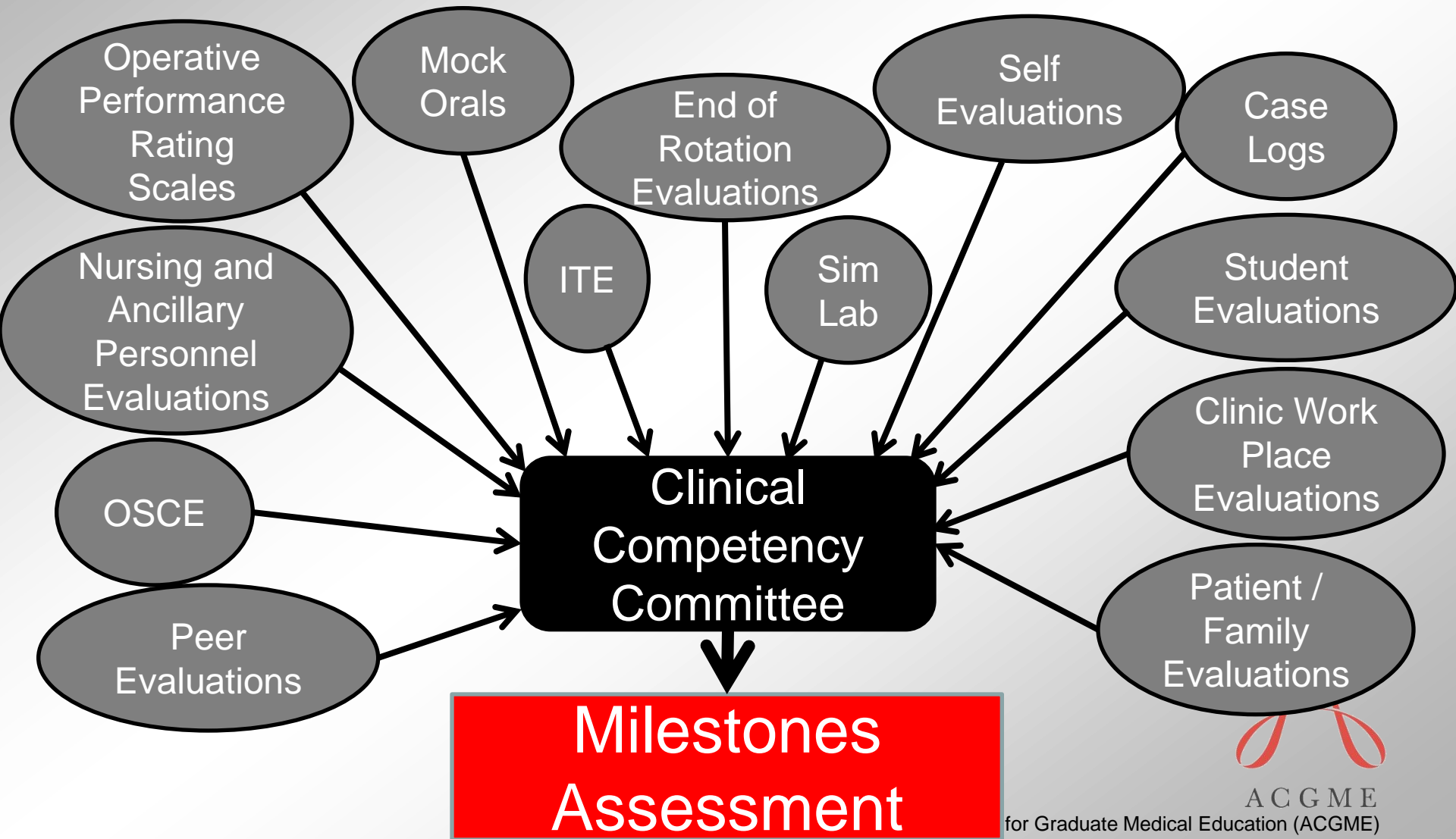
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- Designed for use by a Clinical Competency Committee which meets q 6 mo
  - Reviews data from various evaluation tools, categorizes each resident as Level 1-5 for each competency (24 reporting items)
    - Each subcompetency may have multiple performance items; these are meant to provide a richer description, NOT to be individually scored
- Individual data are NOT used for accreditation; milestones are not pass-fail items



# Clinical Competency Committee

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# Clinical Competency Committee

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V.A.1. The program director must appoint the Clinical Competency Committee. <sup>(Core)</sup>

V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. <sup>(Core)</sup>

V.A.1.a).(1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. <sup>(Detail)</sup>



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# **Clinical Competency Committee**

V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)



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# Clinical Competency Committee

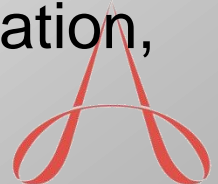
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V.A.1.b).(1) The Clinical Competency Committee should:

V.A.1.b).(1).(a) review all resident evaluations semi-annually; <sup>(Core)</sup>

V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, <sup>(Core)</sup>

V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. <sup>(Detail)</sup>



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# IMPLEMENTATION

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- PILOTING
  - Alpha test Feb 2013
  - Beta test May-June 2013
  - Re-evaluate tools
  - Finalize document Dec 2013
  - Form Clinical Competency Committees 2013-14
  - First RRC evals with NAS June 2014



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# 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 nationally normative data
- Common expectations for individual resident progress



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# Uses for the Milestones

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- Program Director
  - Provide feedback to residents
  - Benchmark residents to program mean
  - Benchmark residents nationally
  - Determine program strengths
  - Determine program opportunities for improvement
  - Benchmark program nationally



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# Uses for the Milestones

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- Resident
  - Get specific feedback
  - Determine individual strengths
  - Determine individual opportunities for improvement
  - Benchmark against peers in program
  - Benchmark against peers nationally



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# NAS & Milestones

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- **NAS: Background**
- **NAS: Goals**
- **NAS: Structural overview**
- **NAS: What's different?**
- **Milestones**



# Previous Webinars

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- 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)
  - Coordinators Webinars (Phase 1)



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# Upcoming Webinars

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



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# Slide Decks

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- For use by PDs and GME community:
  - NAS
  - CLER
  - CCC/PEC
  - Milestones
  - Updates on ACGME Policies
  - Self Study
- (<20 min each)
- On ACGME website November 2013





# ACGME Educational Conference

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- Gaylord National in National Harbor, MD
- February 27 to March 3, 2014
- Register on-line
- Updates on:
  - How milestones implemented
  - FAQs
  - Policy changes
  - Update from the RRC



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# Contact Information

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- Patricia Levenberg, PhD, Executive Director  
312.755-5048  
[plevenberg@acgme.org](mailto:plevenberg@acgme.org)
- Jenny Campbell. Accreditation Administrator  
312.755.5026  
[jcampbell@acgme.org](mailto:jcampbell@acgme.org)
- Linda Roquet  
Accreditation Assistant  
312.755-5494  
[lroquet@acgme.org](mailto:lroquet@acgme.org)



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# Thank you!



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