Implementing the Next Accreditation System for Neurological Surgery Programs

Hunt Batjer, MD, RRC Chair
Pamela Derstine, PhD, MHPE, RRC Executive Director
Nathan Selden, MD, PhD, Milestones Group Chair

ACGME Webinar
May 22, 2013
Topics

- **RRC Update**
  - New Program Requirements
  - Case Logs
- **Next Accreditation System Basics**
  - Overview
  - Timeline
  - Annual Data Reviews
- **Neurological Surgery Milestones**
RRC Update
Program Requirement Revision

- Length must be 84 months
- Provide 54 months clinical neurological surgery education (min. 21 months at primary institution) to include:
  - 6 months general patient care education
  - First 18 months to include min. 3 months clinical neuroscience education and 3 months critical care education applicable to the neurosurgical patient
  - Minimum 42 months operative neurological surgery
  - 12 months as chief resident
- Remaining months used for elective clinical education and/or research (up to 30 months)
Program Requirement Revision

- Resident experiences must include:
  - Management and surgical care of adult and pediatric patients
  - Outpatient evaluation for elective surgery
  - Continuity of care (pre/post/surgical care)
  - Clinical experience in neuroradiology including endovascular surgical neuroradiology and neuropathology specifically for NS patients

- ABNS written exam: 85% taking it for the first time for credit during the past 7 years must pass
- ABNS oral exam: 80% taking it for the first time during the past 7 years must pass
Frequently Asked Questions

- What is expected of programs with regard to the requirement for structured education in general patient care?

The required six months of structured education in general patient care needs to ensure that residents have the experiences that enable them to demonstrate outcomes as required in Program Requirements IV.A.6.a).(1)-(5). The clinical and didactic activities the program provides are not specified so as to give each program the flexibility to take maximal advantage of available resources (patients, faculty, services, etc.). While not worded so as to require the six months of structured education in general patient care during the PG1 year, it is highly unlikely that a program would not ensure that every resident demonstrate these fundamental skills by the end of the PGY-1.
Frequently Asked Questions

• What types of rotations will fulfill the requirement for 3 months of basic clinical neuroscience?

There are a variety of rotations that will fulfill this requirement, including rotations in neurology, additional rotations in critical care beyond the required three months of critical care, or rotations in related specialties, such as neuropathology, medical neurooncology, neurorehabilitation, neuro-ophthalmology, or neuroradiology. Programs may choose to utilize a combination of rotations in these various specialties, including composite rotations (e.g., concurrent rotations in neuropathology and neuro-ophthalmology); however, each rotation must be at least one month in duration. The intent of the requirement is to provide programs with maximal flexibility to take advantage of institutional assets to best educate residents in this area.
Frequently Asked Questions

- Does either the required 3 months of clinical neuroscience education of the required 3 months of critical care fulfill part of the requirement for 6 months of general patient care during the first 18 months of education?

Neither the required 3 months of clinical neuroscience education nor the required 3 months of critical care may be counted toward fulfilling the requirement for 6 months of general patient care.
Frequently Asked Questions

• What are the RRC’s expectations for electives?

There are no specific expectations for the type of electives residents should have, but all permanent electives must receive prior approval by both the Review Committee and the ABNS. For example, a program may propose an international elective, a transition-to-practice elective, or a research elective, which will be offered as a regular component of the program. Please contact the executive director for additional information. Contact information is available on the Review Committee web page on the ACGME website.

Alternatively, a program may create a one-time elective to meet the needs of one or more specific residents. For example, a program may direct a resident to have an additional outpatient elective or specific rotation(s) to gain more experience in particular surgical procedures. Such electives must receive prior approval by the ABNS. Programs must inform the Review Committee, but Review Committee approval is not required.
Frequently Asked Questions

• What are the RRC’s expectations regarding participation in the pre- and post-operative continuum of care?

Residents are expected to have significant experiences following the same patients through all phases of care to demonstrate competence in providing a continuum of care, including evaluation and diagnosis, making pre-operative decisions, participating in operative and other procedures, and post-operative care and counseling. While a minimum number of such patients has not been specified in the requirements, these abilities are included in the patient care milestones for all procedural areas. Programs should design their curricula and closely monitor each resident’s developing abilities in order to ensure that he or she is a competent provider of continuity care for neurological surgery patients by the time he or she graduates.
Frequently Asked Questions

• How will the pass rate on the ABNS certifying oral examination for program graduates be determined?

For each program, for the most recent seven years, the ABNS reports the number of graduates who took the oral exam and the number of residents who passed. Because there can be up to almost six years following graduation until a resident takes the oral exam, limiting the calculation to those residents would not provide meaningful data. Therefore, the Review Committee is not concerned with the date of graduation but rather with the number of graduates taking the exam who passed. Individual residents are not reported in the ABNS data.
Frequently Asked Questions

• What are the RRC’s expectations for 6-year programs transitioning to 7 year programs?

All residents entering a program on or after July 1, 2013 must complete an 84-month educational program. This includes residents transferring into the program from other programs. Program directors may choose to offer current residents the opportunity to complete the planned 84-month curriculum but may not require current residents to do so.
Case Logs

• Defined case categories/minimum numbers
  o Case log system remapped to new case categories
  o Resident Operative Experience Report lists all cases to date by case category: USE THIS TO MONITOR PROGRESS
  o Effective date: July 1, 2013 (2013-2014 graduates)

• Resources
  o Institutional Case Report Form
  o Case Log System CPT Code Mapping
### New Case Categories: Adult Cranial

<table>
<thead>
<tr>
<th>CRANIAL</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC1  Craniotomy for brain tumors</td>
<td>60</td>
</tr>
<tr>
<td>DC2  Craniotomy for trauma</td>
<td>40</td>
</tr>
<tr>
<td>DC3a Craniotomy for intracranial vascular lesion</td>
<td>40</td>
</tr>
<tr>
<td>DC3b Endovascular surgery for tumors or vascular lesions</td>
<td>10</td>
</tr>
<tr>
<td>DC4  Craniotomy for pain</td>
<td>5</td>
</tr>
<tr>
<td>DC5  Transsphenoidal sellar/parasellar tumors (endoscopic and microsurgical)</td>
<td>15</td>
</tr>
<tr>
<td>DC6  Extracranial vascular procedures</td>
<td>5</td>
</tr>
<tr>
<td>DC7  Radiosurgery</td>
<td>10</td>
</tr>
<tr>
<td>DC8  Functional procedures</td>
<td>10</td>
</tr>
<tr>
<td>DC9  VP shunt</td>
<td>10</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td>205</td>
</tr>
</tbody>
</table>
## New Case Categories: Adult Spinal

<table>
<thead>
<tr>
<th>SPINAL</th>
<th>Description</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC10</td>
<td>Anterior Cervical Approaches for Decompression/Stabilization</td>
<td>25</td>
</tr>
<tr>
<td>DC11</td>
<td>Posterior Cervical Approaches for Decompression/Stabilization</td>
<td>15</td>
</tr>
<tr>
<td>DC12</td>
<td>Lumbar discectomy</td>
<td>25</td>
</tr>
<tr>
<td>DC13</td>
<td>Thoracic/lumbar instrumentation fusion</td>
<td>20</td>
</tr>
<tr>
<td>DC14</td>
<td>Peripheral Nerve procedures</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>SUBTOTAL</strong></td>
<td><strong>95</strong></td>
</tr>
</tbody>
</table>
New Case Categories: Pediatric and Adult/Pediatric

<table>
<thead>
<tr>
<th>PEDIATRIC</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC15 Craniotomy for brain tumor</td>
<td>5</td>
</tr>
<tr>
<td>DC16 Craniotomy for trauma (uses adult trauma codes)</td>
<td>10</td>
</tr>
<tr>
<td>DC17 Spinal Procedures</td>
<td>5</td>
</tr>
<tr>
<td>DC18 VP shunt</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total Pediatric</strong></td>
<td><strong>30</strong></td>
</tr>
<tr>
<td>DC19 Adult and Pediatric Epilepsy</td>
<td>10</td>
</tr>
</tbody>
</table>
New Minor Categories: Critical Care

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC20 ICP monitor placement</td>
<td>5</td>
</tr>
<tr>
<td>DC21 External ventricular drain</td>
<td>10</td>
</tr>
<tr>
<td>DC22 VP shunt tap/programming</td>
<td>10</td>
</tr>
<tr>
<td>DC23 Cervical spine traction</td>
<td>5</td>
</tr>
<tr>
<td>DC24 Stereotactic frame placement</td>
<td>5</td>
</tr>
<tr>
<td>DC25 CVP line placement</td>
<td>10</td>
</tr>
<tr>
<td>DC26 Airway management</td>
<td>10</td>
</tr>
<tr>
<td>DC27 Arterial line placement</td>
<td>10</td>
</tr>
<tr>
<td>DC28 Arteriography</td>
<td>25</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>
Logging Cases

What level of involvement in a case will count toward the minimum case number?
Logging Cases: Participation Levels

• **Assistant Resident Surgeon**
  Positioning; Sterile preparation; Monitoring devices; Microscope preparation; Participates in the initial ("opening") or final ("closing") portions of the procedure; Assists resident or staff surgeon(s)

• **Senior Resident Surgeon**
  May include aspects of all of the above; Participates in the surgical procedure between opening and closing

• **Lead Resident Surgeon**
  May include aspects of all of the above; Participates in the critical portion of the procedure;
  LIMITED TO ONE LEAD RESIDENT PER PROCEDURE
Logging Cases

- Must scrub in (w/gloves; w/ or w/o gown)
- Must indicate level when logging case
- Only one level/procedure for each resident involved in the procedure
- All procedures under direct supervision
- **Senior and Lead Resident Surgeon participation counted towards minimum numbers**
- Must demonstrate progressive responsibility by logging as assistant surgeon as appropriate
Frequently Asked Questions

• What are the Review Committee’s expectations for compliance with the minimum numbers for the defined case categories?

The RRC will begin reviewing the case log reports for all programs beginning with the 2012-2013 graduates. These reports will include completed cases for each of the new defined case categories. Feedback will be provided to all programs, but no citations will be given related to non-compliance with minimum numbers. The 2013-2014 and 2014-2015 program graduates are expected to demonstrate compliance with all minimum numbers, except for the critical care procedures (DC20-28) and endovascular (DC3b). Beginning with the 2015-2016 graduates, all program graduates are expected to demonstrate compliance with all minimum numbers without exception.
Next Accreditation System Basics
Next Accreditation System Goals

- Help produce physicians for 21st century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation
- Free good programs to innovate
- Assist underperforming programs to improve
- Provide public accountability for outcomes
Next Accreditation System

Key Features

• Continuous accreditation model
• No PIF’s or cycle lengths
• Annual program review of core program data
• Scheduled (self-study) visits every ten years
• Focused site visits only for issues
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Core Process
Detail Process
Outcomes

Continued Accreditation

Outcomes
Core Process
Detail Process

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
Core Process
Detail Process
Outcomes

Accreditation with Warning

Continued Accreditation

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS
- Core Process
- Detail Process
- Outcomes

Probationary Accreditation

Continued Accreditation

Outcomes
- Core Process
- Detail Process

Outcomes
- Core Process
- Detail Process

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

Accreditation with Warning → Continued Accreditation

Probationary Accreditation

Withdrawal of Accreditation

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

Application for New Program

STANDARDS
Core Process
Detail Process
Outcomes

Outcomes
Core Process
Detail Process

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

Application for New Program ➔ Initial Accreditation

STANDARDS
Core Process
Detail Process
Outcomes

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

Application for New Program → Initial Accreditation → Continued Accreditation

STANDARDS
Core Process
Detail Process
Outcomes

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty
Conceptual Model of Standards Implementation Across the Continuum of Programs in Neurosurgery

STANDARDS
Core Process
Detail Process
Outcomes

Application for New Program
1-2%

Accreditation with Warning
5-10%

Probationary Accreditation

Continued Accreditation
90-95%

Outcomes
Core Process
Detail Process

Withdrawal of Accreditation
<1%

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Annual 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 – 7 year rolling average
✓ Resident Survey – Common and specialty elements
✓ Clinical Experience – Case logs
✓ Semi-Annual Resident Evaluation and Feedback
  ➢ Milestones
➢ Faculty Survey
Streamlined ADS Annual Update

- 33 questions removed
- 14 questions simplified
- Very few essay questions
- Self-reported board pass rate removed
- Faculty CVs removed
- 11 MCQ or Y/N questions added
Current PIF Faculty CV

<table>
<thead>
<tr>
<th>First Name</th>
<th>John</th>
<th>Last Name</th>
<th>Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Position</td>
<td>Department Chairman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical School Name</td>
<td>North Univ, Roots, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Awarded</td>
<td>MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year Completed</td>
<td>1993</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate Medical Education Program Name: Urology

<table>
<thead>
<tr>
<th>Specialty/Field</th>
<th>Urology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Information</td>
<td>Date From: 7/1993</td>
</tr>
<tr>
<td>Certification Year</td>
<td>2001</td>
</tr>
<tr>
<td>Certification Status</td>
<td>Original Certification Valid</td>
</tr>
<tr>
<td>Re-Cert Year</td>
<td>CA</td>
</tr>
<tr>
<td>State</td>
<td>1/2014</td>
</tr>
</tbody>
</table>

Academic Appointments - List the past ten years, beginning with your current position:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Description of Position(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2009</td>
<td>Present</td>
<td>State Program</td>
</tr>
<tr>
<td>7/1999</td>
<td>Present</td>
<td>State Program</td>
</tr>
</tbody>
</table>

Concise Summary of Role in Program:
Fellowship-trained in female urology and urodynamics. Dr. Smith brings an expertise that is vital to resident training in urology. Along with Dr. James, he coordinates all resident research activities. He is an active participant at all urology conferences.

Current Professional Activities / Committees (limit of 10):

- [2009 - Present] Chairman, Department of Urology, Medical Center
- [2009 - Present] Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Urology, City Hospital
- [2009 - Present] President, Urological Society
- [2009 - Present] Co-Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Medical Center
- [1999 - Present] Member, American Urological Society
- [1999 - Present] Member, International Continence Society
- [1999 - Present] Member, Section of the American Urological Association
- [1999 - Present] Member, American Urological Association

Selected Bibliography - Most representative peer reviewed publications / journal articles from the last 5 years (limit of 10):

- Names. Two popular treatment options for neurogenic bladder therapy 2009 6:2,133-134

Selected Review Articles, Chapters and/or Textbooks from the last 5 years (limit of 10):


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

- Multi-institutional experience with sacral neuromodulation in children for dysfunctional elimination syndrome or neuropgenic bladder with incontinence. Urological Annual meeting 2010 (presented by Kathleen Hubert)
- Observative bladder and interstim therapy, Advamed-Advanced Medical Technology Association, Washington, DC 2008
- Stress urinary incontinence and prolapse, Case presentations and complications Urogynecology Society Annual meeting 2007
- Acute urinary retention status post cystectomy, staging Names. Urology Society Annual meeting 2007
- Abdominal Sacral Colpopexy with Soft Polymesh Prosthesis is Safe and Effective at Three-Year Follow-Up Names. SUMMA Postgraduate Day, 2006
- The correlation between Valsalva Leak Point Pressure (VLPP) and MUCP in determining genuine stress urinary incontinence and intrinsic sphincter deficiency. Names. Postgraduate Day, Locations, June 6, 2005 Section of the AUA, September 2005

If not ABMS board certified, explain equivalent qualifications for RC consideration:

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
## Scholarly Activity as Performance Indicator

### Templates for Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty Member</strong></td>
<td><strong>PMID</strong></td>
</tr>
<tr>
<td>John Smith</td>
<td>12433 32411</td>
</tr>
<tr>
<td></td>
<td><strong>Conference Presentations</strong></td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident Scholarly Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident</strong></td>
<td><strong>PMID</strong></td>
</tr>
<tr>
<td>June Smith</td>
<td>12433</td>
</tr>
<tr>
<td></td>
<td><strong>Conference Presentations</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

### Categories for points:
- Peer Review Publication
- Other Scholarly
- Grantsmanship
- Leadership / Peer Review
- Education
Enter Pub Med ID #’s
### Faculty Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Enter a number

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Faculty Scholarly Activity

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

Enter a number

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Faculty Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters / Textbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32414</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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

Enter a number

Chapters / Textbooks

1
Faculty Scholarly Activity

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

Grant Leadership

Enter a number

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Faculty Scholarly Activity

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.

Leadership or Peer-Review Role

Y

Answer Yes or No

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
Faculty Scholarly Activity

Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants’ 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.

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
</tr>
</tbody>
</table>

Teaching Formal Courses

- N

Answer Yes or No
Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' 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.

Teaching Formal Courses

N
# Scholarly Activity as Performance Indicator

## Templates for Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th>Scholarly Activity as Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMID</td>
<td>Conference Presentations</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>John Smith</td>
<td>12433</td>
</tr>
<tr>
<td>June Smith</td>
<td>12433</td>
</tr>
</tbody>
</table>

---

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
## Scholarly Activity as Performance Indicator

### Templates for Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th>Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012</th>
<th>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)</th>
<th>Number of chapters or textbooks published between 7/1/2011 and 6/30/2012</th>
<th>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</th>
<th>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</th>
<th>Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' 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.</th>
<th>Teaching Formal Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Member</td>
<td>PMID 1</td>
<td>PMID 2</td>
<td>PMID 3</td>
<td>PMID 4</td>
<td>Conference Presentations</td>
<td>Other Presentations</td>
<td>Chapters / Textbooks</td>
</tr>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Resident Scholarly Activity

<table>
<thead>
<tr>
<th>Resident Scholarly Activity</th>
<th>Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012</th>
<th>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)</th>
<th>Number of chapters or textbooks published between 7/1/2011 and 6/30/2012</th>
<th>Participated in funded or unfunded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012</th>
<th>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</th>
<th>Teaching / Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
<td>PMID 1</td>
<td>PMID 2</td>
<td>PMID 3</td>
<td>Conference Presentations</td>
<td>Chapters / Textbooks</td>
<td>Participated in research</td>
</tr>
<tr>
<td>June Smith</td>
<td>12433</td>
<td></td>
<td></td>
<td>1</td>
<td>0</td>
<td>N</td>
</tr>
</tbody>
</table>
# Scholarly Activity as Performance Indicator

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th>Scholarly Activity Template</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mouse-over definitions:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters / Textbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident Scholarly Activity</th>
<th>Scholarly Activity Template</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mouse-over definitions:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations</th>
<th>Chapters / Textbooks</th>
<th>Participated in research</th>
<th>Teaching / Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>June Smith</td>
<td>12433</td>
<td></td>
<td></td>
<td>1</td>
<td>0</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minutes duration within the sponsoring institution or program between July 1, 2011 and June 30, 2012.

Teaching / Presentations: Y
# NAS: Annual Data Submission

<table>
<thead>
<tr>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul</td>
</tr>
<tr>
<td>Aug</td>
</tr>
<tr>
<td>Sep</td>
</tr>
<tr>
<td>Oct</td>
</tr>
<tr>
<td>Nov</td>
</tr>
<tr>
<td>Dec</td>
</tr>
<tr>
<td>Jan</td>
</tr>
<tr>
<td>Feb</td>
</tr>
<tr>
<td>Mar</td>
</tr>
<tr>
<td>Apr</td>
</tr>
<tr>
<td>May</td>
</tr>
<tr>
<td>Jun</td>
</tr>
<tr>
<td>Sep</td>
</tr>
</tbody>
</table>

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
# NAS: Annual Data Submission

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
</tr>
<tr>
<td><strong>Case Logs</strong></td>
<td><strong>Yr 0</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
</tr>
</tbody>
</table>

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
## NAS: Annual Data Submission

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADS Update</td>
<td>Yr 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Logs</td>
<td>Yr 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
### NAS: Annual Data Submission

<table>
<thead>
<tr>
<th></th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident Survey</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ADS Update</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Yr 1</strong></td>
</tr>
<tr>
<td><strong>Case Logs</strong></td>
<td><strong>Yr 0</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Yr 1</strong></td>
</tr>
</tbody>
</table>

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
## NAS: Annual Data Submission

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADS Update</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Logs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
# NAS: Annual Data Submission

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Faculty Survey</th>
<th>Resident Survey</th>
<th>ADS Update</th>
<th>Case Logs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 0</td>
<td></td>
<td></td>
<td>Yr 1</td>
<td>Yr 0</td>
</tr>
</tbody>
</table>

| Yr 1       |                 |                 | Yr 1       | Yr 0      |

<table>
<thead>
<tr>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Sep</th>
</tr>
</thead>
</table>

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
NAS Program Activities

• Annual data submission
• Annual Program Evaluation
• Self-study visit every ten years
• Other possible RRC requests:
  • Progress reports for potential problems
  • Focused site visit
  • Full site visit
  • Site visit for potential egregious violations

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
NAS: Annual Program Evaluation

New proposed Common Program Requirements for Annual Program Evaluation (V.C.1)

- Program director must appoint Program Evaluation Committee (PEC)
- PEC members: at least 3 program faculty; representation from residents
- Written description of PEC responsibilities
- PEC plans, develops implements evaluates program activities, develops competency-based goals and objectives, conducts annual program review, ensures areas of non-compliance are corrected
NAS: Annual Program Evaluation

New proposed Common Program Requirements for Annual Program Evaluation (V.C.2)

• The program, through 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).
New proposed Common Program Requirements for Resident Evaluation (V.A.1)

- The program director must appoint the Clinical Competency Committee.
- CCC must have at least three program faculty.
- CCC members may also include non-physician members of the health care team and residents in their final year.
New proposed Common Program Requirements for Resident Evaluation (V.A.1)

- CCC activities include:
  - reviewing all resident evaluations completed by all evaluators semi-annually
  - preparing and ensuring the reporting of Milestones evaluations of each resident semi-annually to the ACGME
  - making recommendations to the program director for resident progress, including promotion, remediation, and dismissal
NAS: RRC Accreditation Activities

- RRC spring meeting: **annual data review** for all programs
  - ADS update
  - Resident and faculty survey
  - Milestone reports
  - Case log reports
  - Board pass rate data (aggregated rolling average)
- RRC spring meeting: follow-up reports and focused site visits from previous meeting
- RRC spring meeting: smaller number of self-study visit reports
NAS: RRC Accreditation Activities

- RRC fall meeting: larger number of self-study visit reports
- RRC fall meeting: follow-up reports and focused site visits from previous meeting
NAS Site Visits: Self-Study

- *Not* fully developed
- Scheduled every ten years
- Conducted by a team of visitors
- Minimal document preparation
- Interview residents, faculty, leadership
- Self-study visit program begins July 2015
NAS Site Visits: Self-Study

- Examine annual program evaluations
  - Response to citations
  - Faculty development
- Focus: Continuous improvement in program
- Learn future goals of program
- *May* verify compliance with Core requirements
NAS Site Visits: Self-Study

Self-Study Process

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

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
NAS Site Visits: Focused

• 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
NAS Site Visits: Focused

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

• 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
Accreditation Cycle: Next

- Begin July 1, 2013
- First Milestone reports: December 2013
- First annual program data review (no milestones): January 2014
- First annual program data review with milestones: January 2015
- Self-study visits begin July 2015
- First RRC review of program self study: January 2016

© 2013 Accreditation Council for Graduate Medical Education (ACGME)
NAS: Policies and Procedures

• Policies and Procedures: 7/1/2013
  http://www.acgme-nas.org/assets/pdf/FinalMasterNASPolicyProcedures.pdf

  ➢ NO proposed adverse actions
  ➢ Potential Actions (if currently accredited):
    progress report; focused site visit; continued accreditation; accreditation with warning; probation; complement reduction
Neurosurgery Milestones

Nathan R. Selden, MD, PhD
Campagna Chair of Pediatric Neurosurgery
Residency Program Director
Chair, Milestones Group for Neurosurgery
Milestones - Key features

• Minimal standards of experience by detailed competency based categories
• Objective and reproducible, consensus assessments of key milestones within every competency
  – Clinical Competency Committee
  – Development of additional assessment tools
• Developmental progression across training
  – Extends to practice: ‘Lifelong Learning’
## Matrix vs. Milestones

<table>
<thead>
<tr>
<th>Competency</th>
<th>Objective</th>
<th>Teaching Methods</th>
<th>Assessment Tools</th>
<th>Educational Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>Lumbar Puncture, Ventriculostomy, CSF Sample, Shunt tap, Traction, Stereotactic frame placement</td>
<td>AANS/SNS On-line modules, Conferences, Supervised learning, Bootcamp</td>
<td>Faculty and Program Director evaluations</td>
<td>Proficient (4)</td>
</tr>
<tr>
<td>(Technical Skills)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The “Matrix” is a comprehensive curriculum for neurological surgery
- Reflects RRC case categories and ABNS written examination question content categories
- SNS CoRE, Curriculum Subcommittee (Chair: Tim Mapstone)
Matrix vs. Milestones

- The Milestones are a reporting tool for the developmental stage of individual residents with regards to skills, knowledge and attitudes
- Created by all specialties as part of ACGME reform initiative
Assessment vs. Reporting

• Assessments: Specific tools to objectively evaluate knowledge and skills
  – Some we have:
    • ABNS written examination, SANS
    • 360 degree evaluations
    • Clinical/operative observation & proctoring
  – Some we may adopt:
    • OSCI (objective structured clinical interview)
    • Surgical skill simulator assessment
• Milestones: Reporting instrument
Milestones Group: Principles

• Synthesizing PD & Advisory Group Input
  – Economize
    • One page per milestone
    • Fewer milestones
  – Milestones are representative biopsies, not comprehensive curricula
  – Individual competencies should be repeated across levels consistent with development
  – Milestones should be systematically organized across subspecialty
  – Stick with the core
Milestones

• Published by the ACGME
  – 24 one page milestones
  – 16 Medical Knowledge and Patient Care for subspecialties (including Critical Care)
  – 8 ‘General’ Competencies: Professionalism, Communications, PBL, SBP

_Journal of Graduate Medical Education, March 2013_
# Neurological Surgery Milestones

<table>
<thead>
<tr>
<th>Neurological Surgery Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathan R. Selden, MD, PhD</td>
</tr>
<tr>
<td>Aviva Abosch, MD, PhD</td>
</tr>
<tr>
<td>Richard W. Byrne, MD</td>
</tr>
<tr>
<td>Robert E. Harbaugh, MD, FAANS, FACS, FAHA</td>
</tr>
<tr>
<td>William E. Krauss, MD</td>
</tr>
<tr>
<td>Timothy B. Mapstone, MD</td>
</tr>
<tr>
<td>Oren Sagher, MD</td>
</tr>
<tr>
<td>Gregory J. Zipfel, MD</td>
</tr>
<tr>
<td>Pamela L. Derstine, PhD, MHPE</td>
</tr>
<tr>
<td>Laura Edgar, EdD, CAE</td>
</tr>
</tbody>
</table>

---

# Educational Milestone Development in the First 7 Specialties to Enter the Next Accreditation System

<table>
<thead>
<tr>
<th>Educational Milestone Development in the First 7 Specialties to Enter the Next Accreditation System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan R. Swing, PhD</td>
</tr>
<tr>
<td>Michael S. Beeson, MD, MBA</td>
</tr>
<tr>
<td>Carol Carraccio, MD, MA</td>
</tr>
<tr>
<td>Michael Coburn, MD</td>
</tr>
<tr>
<td>William Jobst, MD</td>
</tr>
<tr>
<td>Nathan R. Selden, MD, PhD</td>
</tr>
<tr>
<td>Peter J. Stern, MD</td>
</tr>
<tr>
<td>Kay Vydareny, MD</td>
</tr>
</tbody>
</table>

---

*OHSU Brain Institute*  
*March 2013*  
*Oregon Health & Science University*
Neurosurgery Milestones

• Specialty based
  – Tumor: MK & PC
  – Functional & Epilepsy: MK & PC
  – Vascular Neurosurgery: MK & PC
  – Pain & Peripheral Nerve: MK & PC
  – Pediatrics: MK & PC
  – Critical Care: MK & PC
  – TBI: PC
  – Spine: MK, MK & PC
Neurosurgery Milestones

• General
  – Professionalism
    • Compassion, Accountability
  – Interpersonal Skills & Communication
    • Relational, Technology
  – Practice-based learning
    • Lifelong learning, Research
  – Systems-based practice
    • Safety and Systems, Economics

• Total: 24 milestones
Safety and Systems – Systems-based Practice

Sub-Competency

General Competency

Developmental Progression
Or ‘Milestone Set’

Milestone
Surgical Treatment of Epilepsy and Movement Disorders – Patient Care
Surgical Treatment of Epilepsy and Movement Disorders – Patient Care

ment disorders
Traumatic Brain Injury – Patient Care
Safety and Systems – Systems-based Practice
Safety and Systems – Systems-based Practice
Milestones Reporting

• Goals
  – Objective
  – Reproducible
  – Transparent to public and stakeholders
  – Enforceable (only competent residents advance)
Milestones Reporting

• Method
  – Sources of information about residents
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
Milestones Reporting

• Method
  – **Sources of information about residents**
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
Milestones Reporting

• Method
  – Sources of information about residents
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – **Synthesis and decision-making**
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
Milestones Reporting

• Method
  – Sources of information about residents
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
I. Evaluations for Milestones

• Goals
  – Provide information specific to the milestones developmental level descriptions
I. Evaluations for Milestones

• Goals
  – Provide information *specific* to the milestones developmental level descriptions
I. Evaluations for Milestones

• Goals
  – Provide information specific to the milestones developmental level descriptions
  – Assist the PD and PC in drafting milestone levels prior to CCC meeting
I. Evaluations for Milestones

• Goals
  – Provide information specific to the milestones developmental level descriptions
  – Assist the PD and PC in drafting milestone levels prior to CCC meeting
  – Provide consistency in evaluation of residents between programs
I. Evaluations for Milestones

• Summative (‘rotation’) evaluations
  – General competencies
    • Faculty
    • 360 degree (Self, Nurse, Peer)
  – Patient care
    • Subspecialty specific (8)

• Formative (‘on the fly’) evaluations
  – Clinical encounter
  – Surgical procedure
I. Evaluations for Milestones

• Typical faculty evaluation duties
I. Evaluations for Milestones

- Typical faculty evaluation duties
  - For residents you supervise during a 6 month duty period:
    - 1 general competencies evaluation
    - 1 targeted clinical competency evaluation in your specialty area
I. Evaluations for Milestones

• Typical faculty evaluation duties
  – For residents you supervise during a 6 month duty period:
    • 1 general competencies evaluation
    • 1 targeted clinical competency evaluation in your specialty area
  – On the fly
    • Whatever your program is already doing
I. Evaluations for Milestones

• Typical faculty evaluation duties
  – For residents you supervise during a 6 month duty period:
    • 1 general competencies evaluation
    • 1 targeted clinical competency evaluation in your specialty area
  – On the fly
    • Whatever your program is already doing
  – These can all be automated using your external contracted or institutional system
I. Evaluations for Milestones

• Summative (‘rotation’) evaluations
  – General competencies
    • Faculty
    • 360 degree (Self, Nurse, Peer)
  – Patient care
    • Subspecialty specific (8)

• Formative (‘on the fly’) evaluations
  – Clinical encounter
  – Surgical procedure
Relational – Interpersonal and Communication Skills

Boot Camp
Evaluation question

- Breaking bad news
  - Not observed
  - Unsatisfactory
  - Participates breaking bad news
  - Leads breaking bad news
  - Manages communication of unexpected outcome
Evaluation question

• Breaking bad news
  - Not observed
  - Unsatisfactory
  - Participates breaking bad news
  - Leads breaking bad news
  - Manages communication of unexpected outcome

Accountability – Professionalism

ram, or

IRB
Accountability – Professionalism

Program Director
Evaluation question

- Accountability
  - Not observed
  - Unsatisfactory
  - Recognizes personal limits
  - Assumes ownership
  - Leads team
Evaluation question

- Accountability
  - Not observed
  - Unsatisfactory
  - Recognizes personal limits
  - Assumes ownership
  - Leads team
Evaluation question

• Errors and near misses
  ❑ Not observed
  ❑ Unsatisfactory
  ❑ Defines
  ❑ Uses protocols and checklists to avoid
  ❑ Reports
  ❑ Analyzes and corrects systems
Evaluation question

• Errors and near misses
  □ Not observed
  □ Unsatisfactory
  □ Defines
  □ Uses protocols and checklists to avoid
  □ Reports
  □ Analyzes and corrects systems
Method

- Why not use the milestones forms directly as evaluation forms?
Method

• Why not use the milestones forms directly as evaluation forms?
  – They don’t function well
Safety and Systems – Systems-based Practice

X  X  X  X  
X

s: Not yet rotated
Evaluation question

• Errors and near misses
  - Not observed
  - Unsatisfactory
  - Defines
  - Uses protocols and checklists to avoid
  - Reports
  - Analyzes and corrects systems
Safety and Systems – Systems-based Practice
Safety and Systems – Systems-based Practice

S:

Not yet rotated ☐
Method

• Why not use the milestones forms directly as evaluation forms?
  – They don’t function well
  – Too much work
- 24 forms to fill out
• 24 forms to fill out
• *Lots* of missing information
Instead

• Typical faculty evaluation duties
  – For residents you supervise during a 6 month duty period:
    • 1 general competencies evaluation
    • 1 targeted clinical competency evaluation in your specialty area
Method

• Why not use the milestones forms directly as evaluation forms?
  – They don’t function well
  – Too much work
  – They don’t allow narrative comments
Method

• Why not use the milestones forms directly as evaluation forms?
  – They don’t function well
  – Too much work
  – They don’t allow narrative comments
    • Narrative comments are amongst the most valuable information for trainees
    • May be the most useful to drive self-improvement
    • Are built in to these example evaluations
OHSU Evaluation Process

• Multiple observers complete general competencies and 360 degree evaluations
  – PC translates evaluations to ‘credit’ for individual milestones in developmental progression
  – PD reviews the roll up
  – The Clinical Competency Committee (CCC) can focus efficiently
OHSU Evaluation Process

• Multiple observers complete general competencies and 360 degree evaluations
  – PC translates evaluations to ‘credit’ for individual milestones in developmental progression
  – PD reviews the roll up
  – The Clinical Competency Committee (CCC) can focus efficiently

• Discrepancies between different observers
OHSU Evaluation Process

• Multiple observers complete general competencies and 360 degree evaluations
  – PC translates evaluations to ‘credit’ for individual milestones in developmental progression
  – PD reviews the roll up
  – The Clinical Competency Committee (CCC) can focus efficiently
    • Discrepancies between different observers
    • Residents failing to progress appropriately
OHSU Tracking Process

- Progress across developmental levels tracked from rotation to rotation
  - PC reviews the completed milestones and assesses the overall level grade for each milestone set
  - PC and PD can concentrate on milestones on ‘the margin’ of each resident’s previous progress
I. Evaluations for Milestones

• Summative (‘rotation’) evaluations
  – General competencies
    • Faculty
    • 360 degree (Self, Nurse, Peer)
  – Patient care
    • Subspecialty specific (8)

• Formative (‘on the fly’) evaluations
  – Clinical encounter
  – Surgical procedure
Patient Care Milestones

• 8 subspecialty milestone sets
• Evaluations divided into phases of care
  – Clinical evaluation and work-up
  – PARQ
  – Technical skills
  – Peri-operative care
Evaluation question

• Work-up and treatment plan
  □ Not observed
  □ Unsatisfactory
  □ Initiates work-up
  □ Formulates work-up and treatment plan
  □ Formulates plan for patient with co-morbidities
Evaluation question

• Work-up and treatment plan
  ❑ Not observed
  ❑ Unsatisfactory
  ❑ Initiates work-up
  ❑ Formulates work-up and treatment plan
  ✔ Formulates plan for patient with co-morbidities
Technical Skill Milestones

• For each specialty specific procedure type (routine or complex), skill evaluated for 4 components:
  – Positioning, set-up, prep & drape
  – Approach
  – Key portion
  – Closure and transfer to care setting
Evaluation question

- Perform **routine** procedures competently
  - Observer
  - **Assistant**
  - Surgeon with staff assist
  - Surgeon with staff observer
Evaluation question

- Perform **routine** procedures competently
  - Observer
  - Assistant
  - Surgeon with staff assist
  - Surgeon with staff observer
  
  [Level 3]
Evaluation question

• Perform complex procedures competently
  - Observer
  - Assistant
  - Surgeon with staff assist
  - Surgeon with staff observer
  - Level 3
Evaluation question

- Perform complex procedures competently
  - Observer
  - Assistant
  - Surgeon with staff assist
  - Surgeon with staff observer [Level 4]
Multiple observers complete PC evaluations in various specialties
- PC translates evaluations to ‘credit’ for individual milestones in each specialty
- PD reviews pattern across specialties
- Significant discrepancies between specialties/evaluators are reviewed in the Clinical Competency Committee
I. Evaluations for Milestones

• Summative (‘rotation’) evaluations
  – General competencies
    • Faculty
    • 360 degree (Self, Nurse, Peer)
  – Patient care
    • Subspecialty specific (8)

• Formative (‘on the fly’) evaluations
  – Clinical encounter
  – Surgical procedure
‘On-the-fly’ evaluations

• Evaluate a single clinical care episode
• Help formulate and corroborate summative end of rotation evaluation impressions
• Two types:
  – *Operative* (case description; pre-op, consent, operative, & post-op performance; areas for improvement)
  – *Clinical* (case description; medical eval, neurological E&M, counseling & teaching; areas for improvement)
Milestones Reporting

• Method
  – **Sources of information about residents**
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
Milestones Reporting

• Method
  – Sources of information about residents
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
II. Portfolio

- Some milestones fulfillment material is part of the resident portfolio
Research – Practice-based Learning and Improvement

clinical outcomes registry
II. Portfolio

• PC and PD portfolio review
  – *Contributes peer reviewed literature*
  – Accurate/timely ACGME case log
  – Accurate/timely duty hours log
  – Receives patient praise notices
  – Punctual for conferences
  – Organizes educational activities
  – Prepares for transition to practice
II. Portfolio

- May require specific educational resource
  - Lists E&M code elements
  - Implements EMR template
  - Creates/updates order set
  - Participates in QI
  - Basic clinical epidemiology
  - Study design and quality
  - Utilizes registry data
II. Portfolio

- May require specific educational resource
  - Lists E&M code elements – *Coding module*
  - Implements EMR template – *EMR project*
  - Creates/updates order set – *EMR project*
  - Participates in QI – *QI project*
  - Basic clinical epidemiology – *HIP course*
  - Study design and quality – *HIP course*
  - Utilizes registry data – *Registry module*
II. Portfolio

- Help in systematic training & validation
  - ICP monitor placement
  - EVD placement
  - Central line placement
  - Breaking bad news
  - Informed consent
  - Hand offs
  - Critical event management
II. Portfolio

• Help in systematic training & validation
  – ICP monitor placement – SNS Boot Camp
  – EVD placement – SNS Boot Camp
  – Central line placement – SNS Boot Camp
  – Breaking bad news – SNS JR Course
  – Informed consent – SNS JR Course
  – Hand offs – SNS JR Course
  – Critical event management – SNS BC & JRC
Milestones Reporting

- **Method**
  - *Sources of information about residents*
    - I. Evaluations
    - II. Portfolio
    - III. Examinations
  - *Synthesis and decision-making*
    - Clinical Competency Committee
      - Judgment of content specialist who work with residents in clinical environment
      - Consensus
Milestones Reporting

• Method
  – Sources of information about residents
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
III. Examinations

- MK milestones require input from knowledge based examinations
  - What we have:
    - ABNS Primary Examination
    - SANS
    - Program based testing
  - What we plan to have soon:
    - SNS Portal (with didactic and assessment functions specific to Matrix and Milestones)
Milestones Reporting

• Method
  – Sources of information about residents
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
Milestones Reporting

• Method
  – Sources of information about residents
    • I. Evaluations
    • II. Portfolio
    • III. Examinations
  – Synthesis and decision-making
    • Clinical Competency Committee
      – Judgment of content specialist who work with residents in clinical environment
      – Consensus
Clinical Competency Committee

• New proposed Common Program Requirements for Clinical Competency Committee (V.A.1)
  ➢ Program director must appoint Clinical Competency Committee (CCC)
  ➢ CCC members: at least 3 program faculty; additional eligible members include non-physician members of the health care team, residents in their final year
  ➢ Written description of CCC responsibilities
  ➢ CCC reviews all resident evaluations by all evaluators semi-annually, prepares and ensures semi-annual milestone reports to ACGME, recommends to PD resident progress decisions (promotion, remediation, dismissal)
Synthesizing the data (OHSU)

• Clinical Competency Committee (CCC)
  – Six to eight senior faculty
  – Includes Program Director, Chair
  – Represents core subspecialties
  – Meets every six months to review assessments & resident portfolio and determine milestone levels
  – Works by *consensus*
CCC

- Evaluations
- Exams
  - Part I Boards
  - SANS

Portfolio

Case Data
Resident Promotion

• Determined by
  – Initially: Comparison to peers in program
  – Eventually: Comparison to national specialty benchmarks

• Tempo of individual resident development
  – Can vary within limits

• Endpoint for safe independent practice
  – Does not vary
  – Proficiency in the core competencies of the specialty as identified by the milestones is required (level 4)
Resident Promotion

- Failure to progress
  - Remediation or Probation
    - Assign mentor
    - Require additional readings, SANS, testing
    - Assign skills lab and/or simulator practice
    - Add or modify rotations
  - Repurposing to another specialty or separation from the training program
Program Evaluation

• Milestones progress by residents will be used as part of program quality evaluation and accreditation

• Why not ‘game the system’?
  – Milestones are biopsies of the broader field of neurosurgery: don’t ‘train to the test’
  – Milestones performance on key areas of the specialty assess the preparedness of the individual for unsupervised practice: this is our duty to safety and the excellence of neurosurgery
Program Director Concerns

• Faculty Burden
  – Time
    • One CCC meeting every 6 months
    • Combine with Residency Advisory Committee function
    • Milestones will inform and improve program quality
  – Benefits
    • Subspecialty milestones representation is mark of seniority, engagement with residency
    • Formal educational role for faculty P&T file
    • Ability to influence resident development and progress
    • Price of entry for teaching and clinical supervision
Program Director Concerns

• Will milestones affect length of training for individual residents (lengthen or shorten)?
  – *Not* envisioned immediately
  – Any proposed change to length of individual’s training period would need *prospective* consideration by the ABNS
Program Director Concerns

• No pediatric attending on site – how do we complete Pediatrics MK & PC milestones?
  – PD should collaborate with pediatric rotation director

• Important areas of my subspecialty are not represented
  – Milestones are an assessment reporting tool, not a curriculum (think ‘biopsy’ )
Program Director Concerns

- **Discoverability**
  - Discoverable according to existing state and federal laws for education and employment, *no change*

- **Liability**
  - Milestones data may be used for non-promotion or separation decisions
  - Properly employed, milestones *improve* the status quo:
    - Created in specialty wide consultative process
    - Implemented correctly, reflect transparent consensus of multiple expert faculty with access to formative data
Thanks

• Advisory Group
  – Dan Barrow – ABNS Past Chair
  – Hunt Batjer – Chair, RRC
  – Kim Burchiel – President-elect, SNS
  – Ralph Dacey – President, SNS
  – Arthur Day – SNS Past President
  – Fred Meyer – ABNS Secretary

• ACGME
  – Pam Derstine – Exec Dir, Neurosurgery RRC
  – Laura Edgar – Milestones Project Lead
Future Program Director Workshops

- June 8, 2013: (SNS-Boston MA)
- October, 2013: (CNS- San Francisco CA)