

## Frequently Asked Questions The Milestones

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## **Quick Contacts**

Email Milestones development and content questions to: <u>Milestones@ACGME.org</u>.

For technical assistance, including questions about specific programs, email <u>ADS@acgme.org</u> and include the program number and question in the body of the email.

Email other specialty-specific questions to the staff of the applicable Review Committee.

Milestones – General	
What are the Milestones?	For accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents/fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.
What are the Supplemental Guides?	The Supplemental Guides are resources developed in conjunction with a set of Milestones that provide concrete examples, educational information, references, and assessment methods and tools identified to aid in the understanding and use of the Milestones for a given specialty. A Microsoft Word version of each Supplemental Guide is provided with the intent that programs customize the tables with examples, resources, and assessments that are used locally.
Can a resident/fellow graduate if Level 4 is not achieved on all milestones?	The ACGME has no required minimums for Milestones reporting. The determination of an individual's readiness for graduation is at the discretion of the program director.
Can a resident's/fellow's Milestones reports/assessments be shared with potential fellowship programs with which the individual is interviewing?	Milestones data should not be shared with programs that are interviewing residents/fellows. Once a resident/fellow has matriculated into a new program, the individual's final Milestones evaluation will be available automatically via the ACGME's Accreditation Data System (ADS) to aid in the educational hand-off of the learner and the development of an individualized learning plan.
Can programs use the Milestone tables as assessment tools?	The Milestone tables were not designed to be used as evaluation forms for specific rotations or experiences. The reporting Milestones are designed to guide a synthetic judgment of progress roughly twice a year. Utilizing language from the Milestones may be helpful as part of a mapping exercise to determine what competencies are best covered in specific rotation and curricular experiences. The reporting Milestones can also be used for self-assessment by a resident/fellow in preparation for feedback sessions and in creating individual learning plans. Residents and fellows should use the Milestones for self-assessment with input and feedback from a faculty advisor, mentor, or program director. It is imperative that programs remember that the Milestones are not inclusive of the broader curriculum, and that limiting assessments to the Milestones could leave many topics without proper and essential assessment and evaluation.

Reporting	
When does reporting take place?	For the most current reporting dates, check the <u>Milestones</u> section of the ACGME website. Typically reporting happens between November and mid-January, and again between April and mid-June each academic year. Note that after the reporting period ends, there is no mechanism to enter the reports.
How do combined programs report on the Milestones?	There are varying types of combined programs and Milestones reporting will be different for each.  If a combined program has a program number (e.g., medical genetics-pediatrics), it will have access to and will report annually on the Milestones for both specialties.  If a combined program does not have a program number, the Milestones to be reported will be for the specialty in which each resident is enrolled. For example, if a resident completing a rheumatology and pediatric rheumatology program is currently listed in the pediatric rheumatology program complement, the Milestones for Pediatric Rheumatology are those against which the resident should be assessed and which should be reported. However, it is recommended that the Milestones for Rheumatology also be evaluated and shared with the resident.
How should a program facilitate evaluation of an off-cycle resident?	Residents/fellows who are "off-cycle" will be reported at the same time as their peers. If a resident/fellow graduates prior to the reporting date, and ADS has been updated prior to the start of the reporting period, there will not be a final report. Programs must ensure that each resident's/fellow's record is updated appropriately, as a report is required for every resident/fellow with an "active" status.  It is understood that the evaluation of these residents/fellows will differ from those of their peers. If an off-cycle resident/fellow misses a significant portion of the evaluation period, the Clinical Competency Committee (CCC) may choose to hold over the same evaluations as the previous reporting period. If the applicable Review Committee has any concern, it will be able to determine whether an off-cycle resident/fellow is indeed enrolled in the program.
	All residents/fellows, regardless of when they graduate, should receive a final Milestones evaluation.  If a learner begins on or after September 1 but before or on January 15 – the program will first report that learner's Milestones in the April-June (year-end) reporting period of the current academic year. Note that this includes learners with an "Off-Cycle" status.  If a learner completes or ends the program on or after September 1 but before or on January 15 – the program will report that learner's final Milestones evaluation in the November-January (mid-

	year) reporting period of the current academic year. Note that this includes learners with an "Off-Cycle" status.
How should a resident/fellow doing a six-month research rotation be evaluated?	Residents and fellows performing research for a duration of six months still need to be evaluated. It is recognized that many of the subcompetencies will not have been evaluated during this period, and as such, the Milestones evaluation would remain as it was during the previous assessment period.
How should a program facilitate the evaluation of a resident/fellow who is rotating through another specialty department?	Residents/fellows who are completing some of their learning in another specialty department (e.g., a categorical neurology resident in internal medicine, an integrated plastic surgery resident in general surgery) must have their Milestones evaluations completed by the program in which they are enrolled. The CCC must use evaluations from the other department to make its Milestones determinations.
	Some of the Medical Knowledge and Patient Care milestones will likely not have been taught/assessed and should be evaluated as such. The other subcompetencies should have been assessed and must be evaluated. The core program should work with the other specialty department to determine the most appropriate assessment method and tool to facilitate good assessment and feedback to both the resident/fellow and the program's CCC.
What does the report that the programs can print and place in residents'/fellows' files look like?	After a program submits Milestones data through ADS, a report is prepared (in PDF format) for each individual resident/fellow. The report includes all the milestones the resident achieved during the previous reporting cycle. The program director can choose to print this report and use it as part of the resident's/fellow's semiannual evaluation with the resident/fellow; there is a space for signatures if the program chooses to use it that way. It is not required that programs print these reports; the ACGME does not require any further action after the Milestones data is submitted.
When will the "resident report" be available for programs to print?	The individual detailed PDF documents are posted 10-14 days after the close of a reporting window. The reports are then permanently available in ADS.
When is it appropriate to indicate "Not Yet Rotated," "Not Yet Assessable," "Critical Deficiencies," or "Not Yet Completed Level 1" on the Milestones?	"Not Yet Rotated"/"Not Yet Assessable" are used when a resident/fellow has not had an opportunity to demonstrate or be observed demonstrating a specific subcompetency. These designations were created to allow CCCs an option to appropriately evaluate early learners; they are not intended to be an option used throughout a resident's/fellow's educational program. The ACGME strongly recommends that Milestone evaluations be carried over from the previous evaluation if a resident/fellow did not rotate through that Milestone area during the preceding six months, as the Milestones create a trajectory of knowledge, skills, and abilities. Use of these designations for a graduating resident/fellow is not appropriate, as the reporting should be used as part of the final evaluation of eligibility to graduate.
	"Not Yet Completed Level 1"/"Critical Deficiencies" can be used to indicate that a resident/fellow is not performing as expected at entry into the program – strongly suggesting that the resident/fellow

requires remediation
requires remediation.
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Osteopathic Recognition	
Which Milestones are programs with Osteopathic Recognition required to complete?	For each reporting period, programs with Osteopathic Recognition are required to submit resident/fellow assessments on the specialty-specific Milestones, as well as on the Osteopathic Recognition Milestones for those residents/fellows identified in ADS as osteopathic-focused.
For programs with Osteopathic Recognition, who is responsible for evaluating residents/fellows against the Osteopathic Recognition Milestones?	Each program with Osteopathic Recognition is required to have at least two osteopathic-focused physician faculty members serving on the CCC for the Osteopathic Recognition Milestones. These physicians may, but are not required to, serve on the specialty-specific CCC as well.

## **Available Milestones Resources**

Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021 - https://meridian.allenpress.com/jgme/issue/13/2s

Milestones Guidebooks: https://www.acgme.org/milestones/resources/

- Assessment Guidebook
- Clinical Competency Committee Guidebook
- Clinical Competency Committee Guidebook Executive Summaries
- Implementation Guidebook
- Milestones Guidebook

Milestones Guidebook for Residents and Fellows: https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/

- Milestones Guidebook for Residents and Fellows
- Milestones Guidebook for Residents and Fellows Presentation
- Milestones 2.0 Guide Sheet for Residents and Fellows

Milestones Research and Reports: <a href="https://www.acgme.org/milestones/research/">https://www.acgme.org/milestones/research/</a>

- Milestones National Report, updated each fall
- Milestones Predictive Probability Report, updated each fall
- Milestones Bibliography, updated twice each year

Developing Faculty Competencies in Assessment courses - <a href="https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/">https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/</a>

Assessment Tool: Direct Observation of Clinical Care (DOCC) - <a href="https://dl.acgme.org/pages/assessment">https://dl.acgme.org/pages/assessment</a>

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - <a href="https://team.acgme.org/">https://team.acgme.org/</a>

Improving Assessment Using Direct Observation Toolkit - <a href="https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation">https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation</a>

Remediation Toolkit - <a href="https://dl.acgme.org/courses/acgme-remediation-toolkit">https://dl.acgme.org/courses/acgme-remediation-toolkit</a>

Learn at ACGME has several courses on Assessment and Milestones - <a href="https://dl.acgme.org/">https://dl.acgme.org/</a>