



# Milestones 2.0: Are You Ready?

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# Disclosures

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No Financial Disclosures



# Milestones

- By definition a milestone is simply a significant point in development.
- Milestones should enable the learner and training program to know an individual's trajectory of competency development.

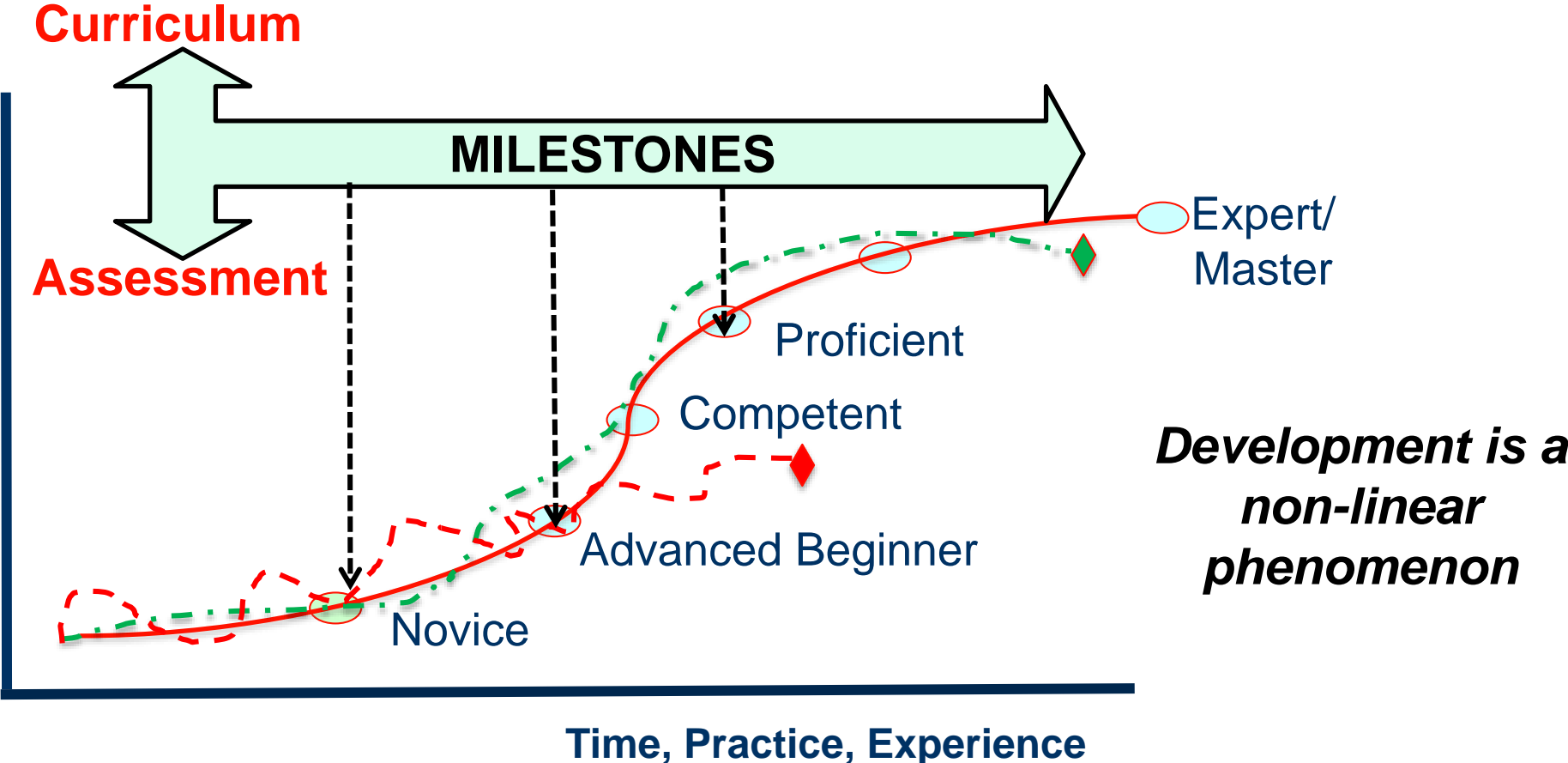


# Dreyfus Developmental Model Stages

Dreyfus Stage	Description
Novice	Rule driven; analytic thinking; little ability to prioritize information
Advanced beginner	Able to sort through rules based on experience; analytic and non-analytic for some common problems
Competent	Embraces appropriate level of responsibility; dual processing of reasoning for most common problems; can see big picture; Complex problems default to analytic reasoning. Performance can be exhausting.
Proficient	More fully developed non-analytic and dual process thinking; comfortable with evolving situations; able to extrapolate; situational discrimination; can live with ambiguity
Expert	Experience in subtle variations; distinguishes situations



# Milestones Guiding: Professional Development



# Purposes and Implications

## ACGME

- **Accreditation – continuous quality improvement (CQI)**
- **Public Accountability – focus nationally on important competency outcomes**
- **Community of practice for evaluation and research, with focus on continuous improvement**

## Training Programs

- **Framework for CCC**
- **Guide curriculum development**
- **More explicit expectations of trainees**
- **Support better assessment**
- **Enhanced opportunities for early identification of under-performers**

## Milestones

## Certification Boards

- **Research ONLY**
- ***Not intended for SMB use***

## Residents and Fellows

- **Increased transparency of performance requirements**
- **Encourage informed self-assessment and self-directed learning**
- **Better feedback**
- **Facilitate individualized learning plans**



***Milestones are a Formative Assessment Framework***

ARE YOU READY?



# How are you using your Milestone data?

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Take 2 minutes and tell your neighbor then switch it up

Please share your thoughts with us!





# Using Milestone Data

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- How many annually review your Milestones as part of the PEC?
- How many annually review your Milestones with the faculty?
- How many provide on-going faculty development for use and evaluation of Milestones?



# Using Milestone Data

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Reviewing program data annually allows the PEC to determine areas of strength and areas that need improvement



# Using Milestone Data

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If residents are not achieving at the level expected what should be considered?

- Do residents have the same exposure as in the past?
- Did requirements change for residents during the clinical year?
- Have the faculty changed?
- Have the assessments changed?
- Has Faculty Development been offered?



ARE YOU READY?

**Milestones 2.0 is on its way!**



WHY  
NOW?



# Why Now?

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Because we said we would...

Much has been learned and we know we can improve the process



# What is the hardest part about the Milestones

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Take a minute and tell your neighbor then switch it up

Please share your thoughts with us!



# What is the best part about the Milestones

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Take a minute and tell your neighbor then  
switch it up

Please share your thoughts with us!





# What have we learned?

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Too many subcompetencies

Language too complex

Too much in each Milestone set

More people want to participate

Validity evidence is available



# What have we learned?

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Performed a crosswalk of the Milestones within ICS, PBLI, PROF, and SBP for TY and 26 core specialties

What did we find:

Self-directed learning was included 88 times;  
Communication with patients 73 times

We had 144 different ways to describe ICS!  
More than **200** ways to describe Professionalism!!



# Timeline

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Process started late 2016 with the creation of harmonized Milestones for ICS, PBLI, PROF, and SBP

2017 had the first specialty pilot the process – Neurological Surgery



# Timeline

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14 additional specialties have  
started the process



# Timeline

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Core specialties will begin 2018-2019

Subspecialties will follow

Anticipate all subspecialties to have started the process by 2020

Internal Medicine is seeking volunteers NOW!!



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# Differences For 2.0



# Differences

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## Stays the Same

Membership for each specialty will come from the community

Review Committees, Boards, PD groups and residents/fellows will be represented

## What is different

We will put out a call for volunteers – anyone involved in medical education can be nominated

We will invite public members to participate



# Differences

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## Stays the Same

Specialties will control their content (within a framework)

## What is different

We will have data to lead decisions made by the specialty





# Differences

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## Stays the Same

Survey Program Directors about the Milestones

## What is different

Surveys about the Medical Knowledge and Patient Care Milestones will be sent before we begin the process\*

Put the Milestones out for Public Comment after draft completed



# Differences

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## Stays the Same

Offer specialties a set of Milestones for ICS, PBLI, PROF, and SBP

## What is different

Created by content experts, program directors, and faculty

Intent is to alter language as appropriate to the specialty but keep common themes (add themes when needed)



# Differences

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Creation of Supplemental Guides to include:

Intent

Examples

Assessment tools or models

Resources

Creation of Implementation Guide



# Milestones and Supplemental Guides

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Available on the specialty pages





Home > Specialties > Anesthesiology

# Anesthesiology

## Milestones

Resident and fellow performance on the Milestones is a source of specialty-specific data used by the Review Committee to assess program quality. Programs use the Milestones to facilitate improvements to curricula and resident performance, and the ACGME uses the data to demonstrate the effectiveness of graduate medical education in meeting the needs of the public.

- Anesthesiology
- Adult Cardiothoracic Anesthesiology
- Clinical Informatics
- Critical Care Anesthesiology
- Hospice and Palliative Medicine
- Internal Medicine – Anesthesiology
- Obstetric Anesthesiology
- Pain Medicine
- Pediatric Anesthesiology
- Pediatrics – Anesthesiology
- Regional Anesthesiology and Acute Pain Medicine
- Sleep Medicine

- Overview >>
- Program Requirements and FAQs and Applications >>
- Milestones ○
- Documents and Resources >>
- Review Committee Members >>

**Contact Us:**  
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**Anne Gravel Sullivan, PhD**  
 asullivan@acgme.org  
[312.755.7032](tel:312.755.7032)



# Anesthesiology

## Milestones

Resident and fellow performance on the Milestones is a source of specialty-specific data used by the Review Committee to assess program quality. Programs use the Milestones to facilitate improvements to curricula and resident performance, and the ACGME uses the data to demonstrate the effectiveness of graduate medical education in meeting the needs of the public.

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- Sleep Medicine

## Milestones Supplemental Guides

- Regional Anesthesiology and Acute Pain Medicine Supplemental Guide
- Regional Anesthesiology and Acute Pain Medicine Supplemental Guide Template

## Milestones Resources

- Milestones: FAQs, Clinical Competency Committee Guidebook, and Resources



## Patient Care 1: Peri-Procedural Assessment and Management

Level 1	Level 2	Level 3	Level 4	Level 5
Formulates and implements regional anesthetic plans for healthy patients undergoing routine procedures	Formulates and implements regional anesthetic plans for patients with moderately complex co-morbidities (e.g., obstructive sleep apnea) undergoing routine procedures	Formulates and implements regional anesthetic plans for patients with moderately complex co-morbidities (e.g., obstructive sleep apnea) undergoing major procedures	Formulates and implements regional anesthetic plans for patients with highly complex co-morbidities (e.g., severe pulmonary disease and congestive heart failure) undergoing major procedures	Formulates and implements regional anesthetic plans for patients with rare co-morbidities (e.g., inherited genetic disease) undergoing major procedures
Identifies common peri-operative, neurologic, pharmacologic, infectious, and hemorrhagic complications	Identifies and manages common peri-operative, neurologic, pharmacologic, infectious, and hemorrhagic complications, with direct supervision	Identifies and manages less common peri-operative, neurologic, pharmacologic, infectious, and hemorrhagic complications, with direct supervision	Identifies and manages peri-operative, neurologic, pharmacologic, infectious, and hemorrhagic complications, with oversight	Identifies and manages rare peri-operative, neurologic, pharmacologic, infectious, and hemorrhagic complications










**Comments:**

Not Yet Achieved Level 1

Patient Care 1	Peri-Procedural Assessment and Management
Overall Intent	Formulates and implements a regional anesthetic plan and manages complications.
Level 1 Examples	<ul style="list-style-type: none"> <li>• Selects interscalene block for shoulder arthroscopy</li> <li>• Identifies symptoms of phrenic nerve block</li> </ul>
Level 2 Examples	<ul style="list-style-type: none"> <li>• Modifies approach for a patient with chronic obstructive pulmonary disease (COPD)</li> <li>• Identifies and manages symptoms of phrenic nerve block with direct supervision</li> </ul>
Level 3 Examples	<ul style="list-style-type: none"> <li>• Selects interscalene catheter for patient undergoing shoulder arthroplasty</li> <li>• Identifies and manages brachial plexus injury with direct supervision</li> </ul>
Level 4 Examples	<ul style="list-style-type: none"> <li>• Modifies approach for patient with severe COPD undergoing shoulder arthroplasty</li> <li>• Identifies and manages brachial plexus injury with oversight</li> </ul>
Level 5 Examples	<ul style="list-style-type: none"> <li>• Modifies approach for patient with myasthenia gravis undergoing shoulder arthroplasty</li> <li>• Identifies and manages respiratory failure</li> </ul>
Assessment Models or Tools	<ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Faculty evaluations</li> <li>• Sim Lab performance</li> <li>• Objective Structured Clinical Examinations (OSCE)</li> </ul>
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> <li>• New York School of Regional Anesthesia (NYSORA) <a href="http://www.nysora.com/">http://www.nysora.com/</a></li> <li>• American Society of Regional Anesthesia and Pain Medicine (ASRA) <a href="https://www.asra.com/">https://www.asra.com/</a></li> </ul>



<b>Patient Care 1</b>	<b>Peri-Procedural Assessment and Management</b>
Overall Intent	Formulates and implements a regional anesthetic plan and manages complications.





Level 1 Examples	<ul style="list-style-type: none"> <li>• Selects interscalene block for shoulder arthroscopy</li> <li>• Identifies symptoms of phrenic nerve block</li> </ul>
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**DID YOU KNOW?**



# Milestones



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RESOURCES

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RESEARCH AND ANNUAL REPORTS

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ENGAGEMENT

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MILESTONES BY SPECIALTY

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## Contact Milestones Staff:

Senior Vice President, Milestone  
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## Feedback and Questions

[milestones@acgme.org](mailto:milestones@acgme.org)

# Milestones Resources

## Guidebooks

[Milestones Guidebook](#)[Milestones Guidebook for Residents and Fellows](#)[Clinical Competency Committee Guidebook](#)

## Other Resources

[Milestones FAQs](#)[ACGME Milestones Project: Lessons Learned and What's Next](#)[Clarification on Common Program Requirements and Milestones](#)

## Quick Links

[Overview](#)[Resources](#)[Research and Annual Reports](#)[Engagement](#)[Milestones by Specialty](#)

## Feedback and Questions

[milestones@acgme.org](mailto:milestones@acgme.org)

# Milestones Implementation Guide

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In development – will be available summer 2018

To include:

Recommendations for pre-implementation activities

Change management techniques for implementation

Methods for continuous program improvement




[Home](#) > [What We Do](#) > [Accreditation](#) > [Milestones](#) > [Research and Annual Reports](#)

# Research and Annual Reports

The ACGME Milestones research team aims to provide relevant data and publications whenever possible. Not finding what you need? E-mail questions to [milestones@acgme.org](mailto:milestones@acgme.org).

## Annual Reports

 [2016 Milestones Annual Report](#)

 [2017 Milestones Annual Report](#)

## Other Publications

 [Reflections on the First 2 Years of Milestone Implementation](#)

### Quick Links

[Overview](#) >>

[Resources](#) >>

[Research and Annual Reports](#) >>

[Engagement](#) >>

[Milestones by Specialty](#) >>

### Feedback and Questions

[milestones@acgme.org](mailto:milestones@acgme.org)

[Home](#) > [What We Do](#) > [Accreditation](#) > [Milestones](#) > [Milestones Engagement](#)

# Milestones Engagement

The ACGME plans to involve the public more in the next iteration of the Milestones. Opportunities to be involved range from completing surveys to becoming a member of a committee. E-mail any questions to [milestones@acgme.org](mailto:milestones@acgme.org).

## Call for Volunteers

The following specialties are currently looking for volunteers to serve as members of the Milestones Working Group. Working Group members should plan to attend two one-and-a-half day meetings in Chicago, with follow-up work to be completed via e-mail and/or conference call. The time commitment for the Working Group is roughly one year.

Specialty	Survey Link	Due Date
Internal Medicine	<a href="https://www.surveymonkey.com/r/HPK8B5F">https://www.surveymonkey.com/r/HPK8B5F</a>	May 4, 2018

## Feedback Surveys

There are no surveys currently available.

### Quick Links

[Overview](#) >>

[Resources](#) >>

[Research](#) >>

[Engagement](#) >>

[Milestones by Specialty](#) >>

### Feedback and Questions

[milestones@acgme.org](mailto:milestones@acgme.org)



# Courses Available

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Developing Faculty Competencies in Assessment

6-day workshop in Chicago 3 times per year

3-day workshop at regional hubs

Vanderbilt, UCLA, Philadelphia Consortium, Cleveland Clinic, and more are being developed



# Distance Learning in Development

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Creating short modules for Milestones Education

Assessment 101

Milestones 101

CCC 101

CCC's and Group Process



# Other Resources

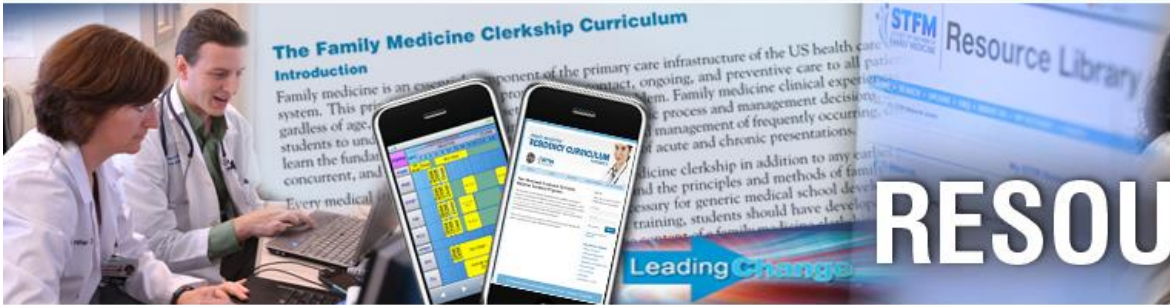


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## Even Better Together.

The quality and quantity of tools such as workshops, presentations and curriculum support is magnified when we work together.

Resources > Resources for Residency Programs > Residency Accreditation Toolkit > Milestones/ Resident Assessment > Clinical Competency Committee Meetings

- ### Resources
- Resources for Residency Programs >
  - EPAs, Competencies, Milestones >
  - Faculty Development Starter Package
  - Family Medicine Residency Curriculum Resource

## Clinical Competency Committee Meeting

It is highly recommended that:

- Pre-work occur before the CCC meetings. This includes mapping evaluation and Milestones and performing a [gap analysis](#). Consider revising evaluations to the Milestone language and measure the subcompetencies adequately. The residency coordinator should collaboratively determine the degree of involvement at the CCC meetings. A determination of the type of data to be reviewed should be made by the program as well as required metrics for data to be reviewed.

### In This Section

- Skills Development
- Scholarship Development
- IM Career Source
- Career Development
- UME/GME Program Resources

### Clinical Competency Committee Collaborative Learning Community

Collaborative Learning Communities (CLCs) are defined groups with a commitment to shared goals, resources and responsibility and managed through collective authority and accountability.

#### Goal

This first CLC was created to optimize the process by which Clinical Competency Committees (CCC) report milestones. The mission of the collaborative was to develop efficient and effective ways to plan, lead, implement, and improve the

### Participants

- J. Matthew Blackwell, MD  
Carolinas Medical Center
- Matthew Burday, MD  
Christiana Care Health System
- Jacqueline Darcey, MD  
Morristown Medical Center
- Andem E. Ekpenyong, MD (Co Chair)  
Rush Medical College of Rush University



# Other Resources



- Home
- Join for \$1
- Newsletter
- Corporate Solutions

You are here: Home / Decision Making / Group Decision Making / Avoiding Groupthink

## Toolkit

- > Leadership Skills (60)
- > Team Management (290)
- > Strategy Tools (138)
- > Problem Solving (44)
- > Decision Making (55)
- > Project Management (65)
- > Time Management (61)
- > Stress Management (66)
- > Communication Skills (141)
- > Creativity Tools (28)
- > Learning Skills (50)
- > Career Skills (192)

My Learning Plan



## Avoiding Groupthink

### Avoiding Fatal Flaws in Group Decision Making

Have you ever thought you were speaking up in a meeting, only to find you then decided against it because you did not want to appear unsupportive of the group's efforts?

Or did you lead a team in which the team members were reluctant to express their own opinions?

If so, you have probably been a victim of "Groupthink".

Groupthink is a phenomenon that occurs when the common sense desire to present alternative ideas is suppressed. Here, the desire for group cohesion overrides sound decision solving.

## UW Medicine

- ABOUT
- M.D. PROGRAM
- GME
- OTHER PROGRAMS

### EDUCATION

- About the School of Medicine
- M.D. Program
  - M.D./PhD Program
  - PhD Program
- Other Programs
- Undergraduate Programs
- Faculty Planning
- GME
  - MEDEX-PA

YOU ARE HERE: HOME » EDUCATION

## ADAPT Feedback

### What is "Prepare to ADAPT"?

The *Prepare to ADAPT* (Ask-Discuss-Ask-Plan Together) feedback framework is an approach to asking for, receiving, and providing feedback in the clinical learning environment.

### Why "Prepare to ADAPT"?

The "Prepare to ADAPT" feedback framework is a theory-informed conversational approach to feedback based on the "Ask-Tell-Ask" discourse pattern that providers often follow with patients. The "Prepare to ADAPT" feedback framework adds 1) a "Prepare" step, emphasizing learner reflection on goals, and 2) a "Plan Together" step for the creation of an intentional follow-up plan for improvement.

Based on our pilot study at the University of Washington, we found the model to be efficient and flexible, particularly for formative feedback. We also found that clarity around the process of feedback for both learners and coaches was perceived to reduce "feedback stress" in the clinical learning environment. The model can be utilized in various clinical scenarios and can take as little as five minutes, or can expand based on the situation and needs. Learners who normally struggle with how to ask for feedback—and coaches who struggle to provide meaningful feedback—find it particularly useful.

## Practice

## Prepare to ADAPT

Practice using the "Prepare to ADAPT" framework in your clinical workplace.

### Learner Initiates

- Reflect on learning goals.
- Communicate your goals

- Try to be natural.

Prepare for the observation

Perform the observation

### Coach Initiates

- Reflect on program & learner goals.
- Orient learner to expectations.

- Try to be neutral.



# We are here to help

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## **Milestones:**

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# PERSPECTIVE



WeKnowMemes



# Milestones Team

---

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Eric Holmboe

Nicholas Yaghmour

Landyn Jordan

Kenji Yamazaki

