REPORTING MILESTONES OPPORTUNITIES: FEEDBACK FROM THE FIELD

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Background

Milestones are narrative anchors used to describe observable behaviors along learners' trajectory to independent practice

Twice yearly, Clinical Competency Committees (CCCs) are expected to rate their residents on the twenty-two reporting milestones

- At AAIM's Clinical Competency Committee Clinical Learning Collaborative (CCC CLC), participants commented on the culture change brought about with the introduction of the reporting milestones document, allowing the ability to map the learner's trajectory in a systematic manner; and structure to provide organized and specific feedback.
- However as we get comfortable with its use, we are able to identify opportunities to enhance the effectiveness of the document

Objective

To perform a practical analysis of the 22 reporting milestones and provide feedback and suggestions for improvement

Method

A working group of the CCC CLC, systematically reviewed the strengths and challenges of the each of the 22 reporting milestones. The group included community and university programs, with program size ranging from 33-188 residents

DRAFT

Milestone # 23

Milestone #23: Efficiently Manages Clinical Work in the Ambulatory and Inpatient Settings.

Critical Deficiencies	Column1	Column2	Ready for Unsupervised Practice	Aspirational
Consistently has significant delays in completing clinical encounter documentation.	Completes some clinical documentation in a timely manner but may require additional support or reminders.	Completes most clinical documentation in a timely manner but may require additional support or reminders.	Consistently completes clinical documentation in a timely manner without the need for reminders.	Role models superior documentation skills for peers and other trainees.
Consistently unable to complete routine admissions in an efficient manner in the inpatient setting (Ward/ICU), even with assistance.	With support is able to complete most of the basic work of routine med-surg admissions during a single shift.	With support is able to complete all of the basic components of med-surg admissions during a single shift.	Consistently able to admit med-surg/ICU during a routine shift completing all the necessary elements of complex admissions and documentation while advancing care.	Able to manage above expected volume of admissions and/or provide assistance to colleagues in need of assistance.
Consistently unable to see less than the required minimal number of patients in a 1/2 day ambulatory clinic session, even with support.	With support is able to see average number of patients in a 1/2 day ambulatory clinic setting.	With support is able to see more than the average number of patients in a 1/2 day ambulatory clinic setting.	Consistently able to see a high volume of patients in a 1/2 day clinic session.	Able to manage above expected volume of patient visits in a 1/2 day clinic session and/or provide assistance to colleagues in need of assistance.
Consistently runs late in clinic and assigned in-patient tasks, causing delays for other patients and/or frustrations for interprofessional team members and staff.	At times runs late in clinic and assigned in-patient tasks, which may cause delays for other patients and/or frustrations for interprofessional team members and staff.	Usually able to run on time in clinic and complete in-patient tasks on time, seldom causes delay.	Consistently on time in clinic and able to pace and prioritize all patient care activities.	Role models timeliness and efficiency in the inpatient and ambulatory setting.
Unable to manage multiple competing tasks (e.g. cross-cover and new admissions), even with support.	With support is able to manage multiple competing tasks.	With little support is able to manage multiple competing tasks.	Consistently demonstrates the ability to perform multiple clinical tasks efficiently.	Role models and/or teaches other trainees systems for organization and task completion.

Significance

The reporting milestones document provides a three dimensional picture of residents' progression through training. They describe concrete skills to measure learner's longitudinal progression through the training, and a structure in which to embed tangible feedback. With this in mind, our working group took a closer look at the document and identified opportunities to enhance the practical use of reporting milestones evaluation process:

- **Focus on level of supervision, rather than "ready for unsupervised practice"**
- **Revise the document by PGY level of training**
- **Systematize the flow of sub competencies in columns between all 22 reporting milestones**
- **Separate the consultation milestone into two: calling and doing consults.**
- **Develop a supporting FAQ document**
- **Create Milestone #23:Clinical efficiency/Executive function, recognized as an important component of "Ready for Unsupervised Practice"**
- **Create Competency #24: "Leadership skills"**

Observations

Grading scale:

- There is clustering of scores in 3rd & 4th columns
- Critical deficiencies" & "Aspirational" are seldom used
- Lack of "Not Applicable"
- Faculty reluctance to rate high performing interns as "Ready for Un-Supervised Practice"
- Expectations may vary by level of training or time of year; rating scale does not reflect this

Language:

- Lack of a standardized way to differentiate between "consistently" and "inconsistently"
- In some areas, sub-competencies do not flow smoothly between columns
- Negative phrasing is a barrier to use some boxes/columns
- In "Aspirational" column, some sub-competencies seem too ambitious while others are expected behaviors of a graduating resident – PROF 4

Milestones

- Do we need the PC4 milestone if ABIM requires limited procedural certification?
- Some milestones are difficult to evaluate, examples:
  SBP2- Recognizes System Error and advocates for system improvement
  PBLI1- Monitors practice with a goal for improvement
- Some milestones are not possible to evaluate every 6 months. For example, consultation may be limited to senior year.
- Lack of benchmark data
- Milestones assessment relies on direct observation which is not possible for every feature of residency
- Some important skills (such as clinical efficiency) are not captured by the milestones

Conclusion

We consider the milestones to be a living, breathing document that can change based on the needs of the users

- The AAIM CCC CLC are offering suggestions to improve the Milestones
- We hope they are adapted, reshaped and made even more useful to the CCC and the residents that they serve