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Programmatic Innovation Abstract 62

Reporting Milestones Opportunities: Feedback from the Field

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Problem Identification

Reporting Milestones have improved our ability to map the learner’s competency trajectory in a systematic manner, and the ability to provide more effective feedback. However, as Clinical Competency Committees (CCCs) become more familiar with the milestones framework, there may be opportunities to enhance the effectiveness of the ratings form based on experiences of the users.

Description

To analyze the 22 reporting milestones form and provide feedback and suggestions for improvement. Ultimately, the goal is to provide an objective assessment of resident performance and improve the quality and effectiveness of the feedback to the learners.

A working group consisting of three CCC Collaborative Learning Community (CLC) members systematically reviewed the strengths and challenges of using the milestones form. The group represented community and university programs of 33-188 residents. Through a process of individual reflection and group discussion on experiences on working with their CCCs, the following observations were made.

Results

Grading scale:

- The wording in the sub-competencies leads to a narrower range of scores than the scale would suggest, with noted clustering of grades in the 3rd and 4th columns
- Users are unlikely to rate even high performing interns as “Ready for Un-Supervised Practice”

Language:

- Lacks of a standardized way to differentiate between “consistently” and “inconsistently”
- Some sub-competencies do not flow smoothly between columns
- In some areas, 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

Milestones

- Identified milestones that are difficult to assess in learners and also require significant faculty development e.g.:
- SBP2- Recognizes System Error and advocates for system improvement
- Identified milestones that cannot be evaluated every 6 months, e.g., “Consultative Care” hence need of “Not Applicable”
- Question need for PC4 if ABIM does not require certification in procedures
- Milestones assessment relies on direct observation which is challenging for every feature of residency
- Some important skills (such as clinical efficiency) are not captured by the milestone document

Discussion

The Reporting Milestones provide a three dimensional picture of residents’ longitudinal progression through training to independent practice. With this in mind, our working group identified opportunities to enhance the practical use of reporting milestones evaluation process:

- Focus on level of supervision, rather than “ready for unsupervised practice”
- 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”

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