Steps to Design a Curricular Milestone based End of Rotation Assessment

STEP ONE—Tripartite ACGME Language

1. Patient Care
   Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health.

2. Medical Knowledge
   Medical knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to improvement in patient care.

3. Practice Based Learning
   Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

4. Interpersonal and Communication Skills
   Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

5. Professionalism
   Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. System-Based Practice
   Systems-Based Practice, as manifested by actions that demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is optimal value.

STEP TWO—Translation of ACGME nomenclature into user-friendly language

1. WHAT YOU DO* that is “compassionate, appropriate, and effective”
2. WHAT YOU KNOW* about “biomedical science, clinical science and cognate science”
3. HOW YOU GET BETTER* through reflection & self-assessment, self-directed learning, and practice modification
4. HOW YOU INTERACT WITH OTHERS* to communicate, interact and practice teamwork
5. HOW YOU ACT* professionally, ethically, and with sensitivity to a diverse patient population
6. HOW YOU WORK WITH THE SYSTEM* for access to service, for cost-effective, safe care, and for networking

STEP THREE—Rotational faculty select curricular milestones corresponding to what faculty expect of a resident across the LMT model:

1) Learner: Eighteen Curricular milestones (6 competencies x 3 parts) describing faculty expectations for a resident (corresponding to the level of a medical student graduate) before they start the rotation. These should be observable behaviors residents can work to improve on the rotation.

2) Manager: Eighteen curricular milestones describing faculty expectations of residents on above criteria by the end of the rotation.

3) Teacher/Leader: Consider reaching consensus on the curricular milestones your rotation will reflect upon for recognition of performance in this aspirational category

STEP FOUR—

1. Each rotation, all rotational faculty collectively review curricular milestones selected.
2. Reconcile what is important from what can be observed.
3. Discuss how attending workflow might be modified to enhance direct observation.
4. Agree to pilot a demonstration; Consider adopting group assessments
Part One of PBLI (above): “evaluation of their own patient care” or Reflection and Self-Assessment

1) What is expected of the resident when they arrive on the rotation. (Learner)
The resident must identify learning needs (clinical questions) as they emerge in patient care activities (PBLI- B1)

2) What the faculty expect of the resident regarding number 1 when they leave the rotation (Manager)
The resident must appraise the quality of medical information resources and select among them based on the characteristics of the clinical question (PBLI- C4)

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Part Two of PBLI (above): “appraisal and assimilation evidence,” or Self-Directed Learning

1) What is expected of the resident when they arrive on the rotation. (Learner)
The resident must access medical information resources to answer clinical questions and support decision making (PBLI C1)

2) What the faculty expect of the resident regarding number 1 when they leave the rotation. (Manager)
The resident must determine if clinical evidence can be generalized to an individual patient (PBLI- E1)

Part Three of PBLI (above): “improvements in patient care.” or Practice Modification

1) What is expected of the resident when they arrive on the rotation. (Learner)
The resident must appreciate the responsibility to assess and improve care collectively for patients (PBLI- A1)

2) What the faculty expect of the resident regarding number 1 when they leave the rotation. (Manager)
The resident must respond welcomingly and productively to feedback from all members of the healthcare team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates (PBLI- F1)

STEP FIVE—Apply to the Evaluation Scale

In PBLI, to earn a score of:

“1” The resident cannot demonstrate any of the three LEARNER criteria above.

“2” The resident can demonstrate one of the three LEARNER criteria above.

“3” The resident can demonstrate two of the three LEARNER criteria above.

“4” The resident demonstrates all three of the three LEARNER criteria above.

“5” The resident demonstrates all three LEARNER criteria plus one of the MANAGER criteria.

“6” The resident demonstrates all three LEARNER criteria plus two of the MANAGER criteria.

“7” The resident demonstrates all three LEARNER criteria plus three of the MANAGER criteria.

“8” The resident demonstrates all Learner and Manager criteria above plus the resident must demonstrates a willingness and ability to assume the role of TEACHER/LEADER.

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LEARNER MANAGER TEACHER/LEADER

Level I: LEARNER. The baseline or minimum knowledge that faculty expect of residents before they start a rotation (1 - 4).

Level II: MANAGER. The knowledge that faculty expects residents to demonstrate when they finish the rotation. These are an extension of Level I but contain more advanced performance criteria (5 - 7).

Level III: TEACHER/LEADER. Proficiency in all parts of Levels I and II, and the ability to disseminate to others an understanding of the multifaceted correct methods to deliver appropriate, effective and safe patient centered medical care (“8”).

Level IV: SCHOLAR (not shown). The promotion of the goals of the EIP and/or publishing in peer reviewed journals (“9”).
The scale is a modified Guttman scale. Items have a cumulative property, which justify the assumption of an ordinal scale. This means a resident can NEVER be a “5” while they fail any of the criteria “1”—“4.” A resident who presents at a national conference is not a “9” unless s/he has also mastered “1”—“8.” The criteria in “1”—“4” are such that any resident who fails any of those criteria needs additional direct supervision. S/he is in the LEARNER stage of LEARNER, MANAGER, TEACHER.