Update on Milestones and EPAs for Subspecialty Fellows

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Where Have We Come?

ACGME Outcome Project → ACGME/ABP Milestone Project

Purpose:
- Refine the language of the competencies in the context of the specialty
- Set performance standards
- Develop tools to assess performance
Where Are We Going?

Pediatrics Milestones: *How Do They Fit Into the Next Accreditation System?*
Continuous, Outcomes-based Accreditation Model: *Data Elements Reviewed by the RC*

- **Annual ADS Update**
  - Program Characteristics – Structure and resources
  - Program Changes – PD / division faculty / fellows
  - Scholarly Activity – Faculty and fellows
  - Omission of data
- **Board Pass Rate**
- **Resident Survey**
- **Clinical Experience** – questions added to resident survey
- **Faculty Survey**
- **Semi-Annual Resident Evaluation and Feedback**
  - **Milestones** – reported twice a year for each resident (Dec & May)
- **Ten year self-study**

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Reporting on Milestones: Core Pediatric Programs

• Core Programs to track a resident’s Milestone achievement for 21 Pediatric Competencies
  • The 21 competencies were chosen to ease burden as we transition to NAS
  • Don’t ignore the rest (the other 27)

• Report form posted with Milestone sets for the 21 competencies
  • http://www.acgme-nas.org/assets/pdf/Milestones/PediatricsMilestones.pdf
Pediatric Subspecialty Milestones and Entrustable Professional Activities

• The same 48 Pediatric Competencies with their Milestones will be used for the Pediatric Subspecialties.
  • Reporting to the ACGME begins **December 2014**

• They will be clustered and put into context using EPAs that are:
  • Common to all subspecialties
  • Unique to each subspecialty
Advantages of EPAs

- Milestones are the deconstruction of physician behaviors, thus it may be easier to assess them in clusters within a clinical context.

- Is this required? It is in the Core Pediatric Program:
  - IV.A.2.c) The curriculum should incorporate the competencies into the context of the major professional activities for which residents should be entrusted. (detail)
Assessment Tools for the Milestones

• Assessment will require good tools (valid, reliable, practical)

• However, DIRECT OBSERVATION is key
  • You can’t assess what you haven’t seen

• And don’t forget this requirement:
  • VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
Operationalizing the Milestones: Clinical Competency Committees

  - Must be composed of at least 3 faculty
  - Members may include non-physician members of the health care team, residents in their final year
  - Written descriptions of responsibilities
    - Review all resident evaluations semi-annually
    - Prepare/assure Milestone reporting to ACGME
    - Make recommendations regarding resident progress, promotion, remediation, and dismissal
Operationalizing Milestones in Your Fellowship Program

- Milestone ratings is only one of the data elements in NAS, it will take time to figure out how to use this data to make accreditation decisions.

- Join forces with CoPS, APPD, and ABP by participating in projects developing and assessing the quality of new tools.
Joe’s Resource Packet

- Pediatric Subspecialty Program Requirements
  - Common Subspecialty (with categorization: Core, Detail, Outcome)
  - Specialty Specific (with categorization: Core, Detail, Outcome)
- NAS microsite
  - NAS FAQs
  - 2 Recent Webinars on CLER and NAS
  - 10 year Self Study Webinar (May 2013)
- Review & Comment
  - Changes to Common Program Requirements
    - Clinical Competency Committee
    - Program Evaluation Committee
- Milestones
  - January 2012 manual (ACGME Pediatric Page or ABP)
  - January 2013 ACGME Reporting Document (NAS microsite, Milestones)
The Milestones in Performance Assessment

• Current state of assessment tools versus the milestones: A head-to-head match-up
Global Rating: Patient Care
(Modified from ABIM Rating Scale)

- Incomplete, inaccurate medical interviews, physical exams, and review of other data; incompetent performance of essential procedures; fails to analyze clinical data and consider patient preferences when making medical decisions

- Incomplete, illogical, superficial

- Inept, careless, disregards risk and discomfort to patients

- Does not use information from technology or references to support patient care decisions and patient education

- Does not work effectively with other health care professionals

- Superb, accurate, comprehensive medical interviews, physical exams, review of data, and procedural skills; always makes diagnostic and therapeutic decisions based on available evidence, sound judgment, and patient preferences

- Logical, thorough and efficient

- Proficient, minimizes patients’ discomfort

- Uses information technology and references to support patient care decisions and patient education

- Works effectively with other health care professionals

0 = N/A
1-3 = Unsatisfactory
4 = Marginal
5-6 = Satisfactory
7-9 = Superior
An 18 month old child presents to the Pediatric Emergency Department with emesis and a first seizure.
Performance Assessment

For MS3? For PGY-2?

1. Unsatisfactory
2. Unsatisfactory
3. Unsatisfactory
4. Marginal
5. Satisfactory
6. Satisfactory
7. Superior
8. Superior
9. Superior
Example Competency: Domain of Patient Care

• Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
“First level” Milestone

- Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization or synthesis.
- Provides a non-prioritized list of all diagnostic considerations rather than the development of working diagnostic considerations.
- Has difficulty developing a therapeutic plan.

Summary: Recites the history and physical and then looks to supervisor for synthesis and plan.
“Second Level” Milestone

- Focuses on features of the clinical presentation, making pattern recognition elusive and leading to a continual search for new diagnostic possibilities
- Reorganizes clinical facts in the history and physical exam to help decide on clarifying tests to order rather than to develop and prioritize a differential
- Suggests a myriad of tests and therapies and unclear management plans since there is no unifying diagnosis

- Summary: Jumps from information gathering to broad evaluation without a focused differential
“Third Level” Milestone”

- Abstracts and reorganizes elicited clinical findings; compares and contrasts the diagnoses being considered when presenting or discussing the case.
- Presents a well synthesized and organized assessment of the focused differential diagnosis and management plan.
- Summary: Synthesizes information to allow a working diagnosis and differential diagnosis that informs the evaluation and management plan.
“Fourth Level” Milestone

- Reorganizes and stores clinical information leading to early directed diagnostic hypothesis testing with subsequent history, physical, and tests used to confirm this initial schema
- Identifies discriminating features between similar patients and avoid premature closure
- Focuses therapies based on a unifying diagnosis, which results in an effective and efficient diagnostic work-up and plan
- Summary: Rapidly focuses on correct working and differential diagnosis, allowing for an efficient and accurate evaluation and management plan
Performance Assessment

• Milestone for MS3? For PGY-2?
  • Level 1: Recites the history and physical and then looks to supervisor for synthesis and plan
  • Level 2: Jumps from information gathering to broad evaluation without a focused differential
  • Level 3: Synthesizes information to allow a working diagnosis and differential diagnosis that informs the evaluation and management plan
  • Level 4: Rapidly focuses on correct working and differential diagnosis allowing for efficient and accurate evaluation and management plan
Reflections on the Exercise
Are We Done Yet?
EPAs and Why We Need Them

- Milestones help to assess a single competency but care delivery requires the integration of competencies in a clinical context.

- EPAs are the 20-30 routine professional activities that one engages in to provide care to patients.
  - Are observable and measurable units of work.
  - Require the integration of competencies.
The Value in Entrustable Professional Activities

• See the learner through a panoramic lens that looks across domains of competence & competencies to integration/application of knowledge, skills & attitudes in care delivery

• Map to competencies & milestones
The Good Doctor: Putting It All Together

EPAs

- Identify core activities
- Describe their functions
- Develop a curriculum G & O that support the KSA to perform the functions

Domains of Competence

Competencies

Milestones

Panoramic View

Telephoto View
The “E” in EPA

- Entrustment refers to the ability to effectively perform a professional activity **without supervision**

- Brings trust and supervision into assessment which are intuitive for faculty working with trainees

- Entrustment decisions allow inference about a learner’s competence
Pragmatic Reason for EPAs

- ACGME has agreed that since our milestones span the novice to expert continuum that subspecialties can identify their EPAs and map them to general pediatrics milestones.

- Pediatrics milestones like the competencies are context independent.

- Subspeciality EPAs will provide the context for the milestones.
Role of the ABP

- Support a collaborative and consistent approach to identifying EPAs for subspecialties

- Phase 1:
  - 2 Day meeting in March 2013
  - 2-3 representatives from each subspecialty (PD association, subboard member, professional society)
  - Train the trainers model
EPAs for Subspecialties

- Three Broad Categories
  - Span the generalist/subspecialist role
  - Common to all subspecialties
  - Subspecialty-specific
EPAs That Span the Generalist-Subspecialist Role

• *Provide consultation for and ask for consultation from other health care providers caring for children
• Contribute to the fiscally sound and ethical management of a practice
• *Apply public health principles and improvement methodology to improve care for populations, communities and systems
• Lead and work within interprofessional teams
• Facilitate handovers to another healthcare provider either within or across settings
EPAs Common to All Subspecialties

• Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)

• Lead within the subspecialty profession
Scholarly Activity

- Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)

- Functions:
  - Critical analysis of one’s own work as well as the work of others
  - Assimilation of new knowledge, concepts, and techniques related to the field of one’s practice
  - Formulation of clear and testable questions from a body of information/data to advance research
Scholarly Activity

- Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)

- Functions
  - Conducting high quality research in the clinical, education, or laboratory environment
  - Application and integration of new knowledge
  - Dissemination of ideas and information into oral and written forms of communication for the benefit of stakeholders that include the patients, the public, trainees, colleagues and other health professionals
  - Demonstration of ethical principles and practices in conducting scholarly activities
Leadership

• Lead within the subspecialty profession

• Advocate for subspecialty-related health issues recognizing vulnerabilities unique to these subspecialty populations

• Educate the public about subspecialty disorders using evidence based knowledge
Leadership

• Lead within the subspecialty profession

• Contribute to the discipline’s shared vision for system change, through collaboration and implementation of national action plans and practice guidelines

• Mentor the next generation of subspecialists

• Contribute to the development of the subspecialty profession (e.g. joining professional society, national committees)
Q Sort Process

Priority Rank for each item:  7= Most Important    1= Least Important

7   6   5   4   3   2   1
Subspecialty Specific EPAs

• Three Sub-categories
  • Care for patients with acute _______ problems
  • Provide care for patients with chronic _______ problems
  • Care for patients who require________________ (e.g. transplantation, ECMO….)
Take Home Message

• Faculty Development

• Resources
Next Steps

- Phase II:
  - Identify subspecialty specific EPAs & proceed through the steps outlined in Phase I
  - ABP will function as a resource for process and outcomes
  - Engage local and subspecialty communities in conversations about EPAs
  - As a parallel process the community will develop curricula to address the functions of each EPA
Discussion and Questions