Update on Milestones and Entrustable Professional Activities (EPAs) for Subspecialty Fellows

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Drs. Gilhooly and Carraccio have no conflicts of interest and nothing to disclose
Where Have We Come?

ACGME Outcome Project ➔ ACGME/ABP Milestone Project

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

Pediatrics Milestones: How Do They Fit Into the Next Accreditation System?
The Next Accreditation System is Now!

A Continuous, Program Outcomes-based Accreditation Model
NAS Overview

- ACGME Oversight
  - Annual review of Data Elements
  - Site visits as “needed”
  - Ten year self-study with full site visit

- Internal Oversight
  - Annual Program Evaluation by the Program Evaluation Committee
  - GMEC
Annual Review of Data Elements by the RRC

- 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, Resident Survey
- Clinical Experience – questions added to resident survey
- **Milestones** – reported twice a year for each fellow
  - Beginning December 2014

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What Are Milestones?

- 6 Domains of Competency
- ~48 competencies within the 6 domains
- Each of these 48 “sub-competencies” has 4 to 5 Milestones
Pediatric Milestones

• Narrative descriptors of behavior/skills/attitudes along a continuum of physician development
• Tied to a specific competency within the 6 domains
• Context independent
• Cross the continuum from student to practicing physician
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
Milestones Determination and Reporting: Clinical Competency Committee

- Must be composed of at least 3 faculty
  - Additional non-physician members may be included
  - Program Director can be a member in some capacity

- Written descriptions of responsibilities
  - Review all resident evaluations by all evaluations semi-annually
  - Prepare/assure reporting of milestones evaluations of each resident to ACGME semi-annually
  - Make recommendations to the PD for resident progress, including, promotion, remediation and dismissal
Reporting of Milestones: Fellowships

- ACGME initially wanted each specialty to develop their own Milestones
- However, since the Pediatric Milestones are “context independent”, the decision was made to use them for subspecialties
- Reporting to ACGME: Unlikely to be the same 21 for the Fellowship programs, but the total number will be close to 20
- Goal is to have the list finalized in the next 30 days based on feedback from the subspecialists working on EPAs.
Entrustable Professional Activities

• EPAs create a practical framework for assessment of Milestones
  • Puts the competencies in context
  • Reconstructs the competencies into the clinical activities of physicians
    • Several competencies tied to each EPA
  • As fellows increase their competency in performing these activities they are increasingly entrusted to perform the activity independently
    • Supervision is adjusted
Assessment Tools for the Milestones

- Assessment will require old tools and new tools
- However, DIRECT OBSERVATION is key
  - You can’t assess what you haven’t seen
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

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- 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
An 18 month old child presents to the Pediatric Emergency Department with emesis and a first seizure.

- Special thanks to Dan Schumacher and Brad Benson for the writing and producing of this video.
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

1. Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization or synthesis
2. Provides a non-prioritized list of all diagnostic considerations rather than the development of working diagnostic considerations
3. 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
ABP and EPAs: Why the Link?

- History:

2009: ABP partners with ACGME in the Milestone Project seeking better evidence to support verification of clinical competence

2012: Draft of milestones for general pediatrics

2014: ACGME requires each subspecialty to have a draft of subspecialty specific milestones

BUT
ABP and EPAs: Why the Link?

• ABP successfully makes the case with ACGME that the pediatrics milestones assess performance across the continuum

• Pediatrics subspecialties need appropriate context for assessing milestones
EPAs Provide Context

- Professional activities that provide the context for the competencies and their milestones

- Embed the competencies and milestones in the authentic workplace environment so that assessment becomes meaningful
Pragmatic Reasons for EPAs

• Identifying subspecialty EPAs satisfies the ACGME requirement for reporting subspecialty milestones

• ABP has been engaged in re-examining clinical training during fellowship and EPAs can provide the infrastructure to drive content and duration of the clinical piece of fellowship training
ABP Support

• To convene leaders from each of 14 subspecialties to identify their EPAs and map them to domains of competence as well as competencies and their 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
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)
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

- Each subspecialty community has identified a draft list of their EPAs (4-6)
- Posted to the CoPS website
- Tool for review and comment
Opportunity for Feedback

- What is missing?
- What should be deleted?
- General comments
Next Steps

• Mapping EPAs to domains of competence, competencies and their milestones

• Targeted for the fall on our current timeline

• Some communities have already begun
Challenges of Mapping

- Difficult to be judicious
- Natural tendency to map to every competency involved
- End result is a complex map with so many competencies to assess
Guiding Principles of Mapping

- Focus on the “E” in EPA- what are the critical competencies for making an entrustment decision?

- What does the big picture or blueprint for assessment look like?
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# to ACGME
Take Home Messages

• Give feedback on your subspecialty EPAs

• If you are interested in helping to develop curriculum for your EPAs let your subspecialty leaders know
Discussion and Questions