Practical Use of the Milestones:
Our experience and how we’re studying it

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Faculty weren’t happy with evaluations
Residents complaining: “We don’t get good feedback”
Milestones were released
“Please don’t give us more work”
Faculty Opinion on Evaluations Before Milestones

- **Satisfaction**
- **Perceived Accuracy**

Percentage of respondents

- Not at all
- Slightly
- Moderately
- Very
- Extremely
Resident Opinion on Evaluations Before Milestones

- **Satisfaction**: Represents the percentage of respondents satisfied with the evaluations before milestones.
- **Perceived Accuracy**: Represents the percentage of respondents perceiving the evaluations as accurate.

### Percentage of Respondents

- Not at all
- Slightly
- Moderately
- Very
- Extremely

The graph shows the distribution of responses across these categories.
Using the Milestones

• Changing evaluations
  – Using milestones as an evaluation rubric
  – For all rotations
    • Required first
    • Core electives second
    • All others -- next
  – Faculty development
    • Core education faculty for each division
    • Divisions pick their own sub-competencies
Using the Milestones

- Sub-competencies and Milestones plugged into New Innovations
- Dreyfus model scale
- We create the evaluation
- Simplified the language
- Shortened
<table>
<thead>
<tr>
<th>Ability to perform and record a complete history and physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not meet expectations</td>
</tr>
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</table>
### Competency

**Patient Care**

**Sub-competency**

PC #1: Gathers essential and accurate information about the patient

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient</th>
<th>Expert</th>
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</thead>
<tbody>
<tr>
<td>Gathers too little or too much information. Can only gather information following a template.</td>
<td>Relies on analytic reasoning through basic pathophysiology to gather data. Does not elicit pertinent +/- in a directed manner</td>
<td>Data gathering is driven by real-time development of a differential diagnosis but knowledge base needs more development</td>
<td>Able to gather essential and accurate information in a precise manner on most pediatric patients but not with the most complex</td>
<td>Unconscious gathering of essential and accurate information in a targeted and efficient manner even with the most complex patients.</td>
<td></td>
</tr>
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<td>Patient Care</td>
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*Illness script removed*
• Assign an numeric value to each Milestone

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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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• New Innovations can generate a report
<table>
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<tr>
<th>Wards</th>
<th>Resident</th>
<th>Sub-competency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>John Smith</td>
<td>Patient Care # 3</td>
<td>3.26</td>
</tr>
<tr>
<td></td>
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<td>Patient Care # 7</td>
<td>2.7</td>
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<tr>
<td>ED</td>
<td>Resident</td>
<td>Sub-competency</td>
<td>Score</td>
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<tr>
<td></td>
<td>John Smith</td>
<td>Patient Care #3</td>
<td>2.98</td>
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How Are We Doing?

• 14/14 required rotations
  – 20/21 reportable sub-competencies represented
• 10/11 “core” elective rotations
• All in
  – 50/51 sub-competencies represented
• Without intervention
Popularity Contest

- PPD
- SBP
- Professionalism
- ICS
- PBLI
- Medical Knowledge
- Patient Care

Legend:
- #1
- #2
- #3
- #4
- #5
- #6
- #7
- #8
- #9
- #10
- #11
- #12
- #13
How Are We Evaluating?

Assessment of Medical Knowledge

- Wards Interns
- ED interns
How Are We Evaluating?

Assessment of Medical Knowledge

- Ward Seniors
- ED Seniors
Lessons Learned - Faculty

• Verbal feedback from faculty - positive
• Major complaint: Length
• Need faculty development
  – Breaking culture of “Meets Expectations”
  – May not be reading the anchors
  – Accurate and honest assessments
  – Totally confused by the jargon
  – Totally confused with EPA’s
Lessons Learned - Residents

• Residents didn’t initially notice
  – Didn’t pay attention to Likert scale before
  – Look at right side of the screen
  – Don’t read the anchors

• Still prefer the comments
Future Plans

• “Resident Development”
• ACGME planning on a 9 pt scale
• Looking at “other” opportunities
  – Mock Codes
  – Standardized Patient Encounters
  – Student Evaluations
  – Nursing Evaluations
Future Plans

• Cross institutional data
• Internal reliability
• Validating MK with ITE and ABP scores
• Validating PBLI with conference attendance
• Faculty and resident surveys
• Comparing to our traditional evaluations
ANY QUESTIONS?