Pediatrics Milestones:
How Do They Fit Into the
Next Accreditation System?

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Continuous, Outcomes-based Accreditation Model: *Data Elements Reviewed by the RC*

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Omission of data
- Board Pass Rate – 3-5 year rolling averages
- Resident Survey – Common and specialty elements
- Clinical Experience – Case logs or other*
- Semi-Annual Resident Evaluation and Feedback
  - **Milestones** – reported twice a year for each resident
- Faculty Survey
- Ten year self-study

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Reporting on Milestones: Documenting Learner Outcomes

• 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](http://www.acgme-nas.org/assets/pdf/Milestones/PediatricsMilestones.pdf)
Assessment of Milestones

- Milestones are NOT an assessment tool
  - Do not put the 21 competencies with their Milestones into a new Global Assessment form!
- They are descriptors of behavior along a continuum of performance.
  - Existing tools will need to be used and new tools will need to be developed to assess resident Milestone achievement
  - Assessment requires their measurement within a clinical context*
Advantages of Entrustable Professional Activities (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?
  - 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)
Pediatric Subspecialty Milestones and EPAs

- 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
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

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Operationalizing Milestones in Your Residency 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 the APPD and ABP by participating in projects developing and assessing the quality of new tools.