



Getting Ready for NAS, Milestones and Outcomes

As June 13, 2012 the ACGME has defined 47 common reportable Outcomes, in addition to a variable number of specialty-specific outcomes. The following programs and their specialties are expected to evaluate, track and report Outcomes as of July 1, 2013 (see Key Dates for Phase I Specialties Operating under the Next Accreditation System <http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1specialties.pdf>):

Emergency Medicine
Internal Medicine
Neurological Surgery
Orthopaedic Surgery
Pediatrics
Diagnostic Radiology
Urology

In anticipation of these requirements, MyEvaluations.com has developed new tools for **Milestone Management and Outcomes Reporting**. Below is a brief outline of these new modules, and recommendations on how to prepare. During our September Super-User Training Seminar we will review these modules in greater detail.

Curricular Milestone Management

MyEvaluations.com has populated your account with program-specific curricular milestones (*as these become available*). The curricular milestones are accessible for Attending-of-Resident and Fellow evaluations. You may review the curricular milestones by designing an evaluation or under the menu Evaluations > Manage Curricular Milestones.

New feature: Manage Curricular Milestones is used to document Entrustable Professional Activities (and/or Sub-competencies) that are dynamically weaved by Competencies. Each Curricular Milestone will have adjustable goals and timelines (see Figure 1). Your program and institution may track compliance and readiness for each user and program. Reporting is graphical with comparative analysis.

Note: MyEvaluations.com can accommodate the various milestone tools already developed (such as those in Internal Medicine and Pediatrics).

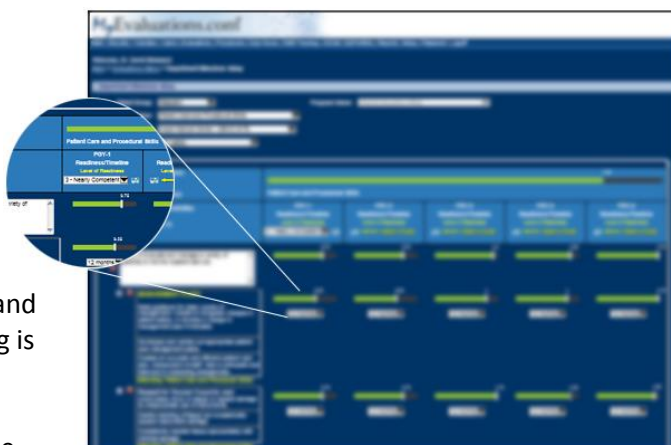


Figure 1: NEW: Mapping Milestones, Competencies and EPA in MyEvaluations.com.



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Entrustable Professional Activities (EPA)

The Curricular Milestones are tied to the Competencies by using Entrustable Professional Activities (EPA). An entrustable activity is when “a practitioner has demonstrated the necessary knowledge, skills and attitudes to be trusted to independently perform this activity.”¹ An activity becomes entrustable when a graduating trainee is able to perform that activity independently, with competence, and progressively more efficiently. EPAs are the routine professional-life activities of physicians based on their specialty and subspecialty.^{2,3}

EPAs are an uncomplicated “bridge to connect the competencies to “real world” and “real time” practice,”³ giving the evaluator a focal point to evaluate the resident, and facilitating the consideration of multiple competencies.

New feature: Use the relationship between EPAs and Curricular Milestones to dynamically design EPA-based evaluations (see Figure 4Figure 2). Evaluations based on Entrustable Professional Activities (and/or Sub-competencies) are tied to multiple competencies and evaluators. You may use your existing evaluations to create custom evaluations. We have already uploaded both the Internal Medicine and Pediatric Curricular Milestones into your question database.

When developing EPAs you may consider focusing on the following settings:

- Inpatients
- Outpatient

Figure 2: NEW: Design an evaluation with Milestones, Competencies, and EPAs in MyEvaluations.com.

Patient Care and Procedural Skills								
Milestone 1: Gather essential and accurate information about the patient.								
Obtains relevant or best information according to an inflexible template without regard for the chief complaint and has limited ability to correct information	Obtains patient positives and negatives and connects information to broad diagnostic categories	Demonstrates advanced pattern recognition allowing simultaneous gathering of information while developing a differential diagnosis early in the information-gathering process	Utilizes well-developed illness scripts allowing precise diagnoses to be reached with ease and efficiency with most pediatric problems	Utilizes robust illness scripts leading to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with complex or uncommon problems				
Novice	Beginner	Advanced Beginner	Beginning Competency	Competent	Advanced Competency	Proficient	Advanced Proficiency	Expert
1	2	3	4	5	6	7	8	9
● No Interaction								

Figure 3: Design an evaluation with Milestones using a sliding-scale format.

¹ Hicks P. Pediatrics Milestones Project: the approach to and progress in construction of developmentally anchored milestones. *J Grad Med Educ.* 2010; 2(3):410–418.

² ten Cate O, Scheele F. Competency-based postgraduate training: can we bridge the gap between theory and clinical practice? *Acad Med.* 2007 Jun; 82(6):542-7.

³ Carraccio C., Burke A.E. Beyond Competencies and Milestones: Adding Meaning Through Context. *J Grad Med Educ.* 2010 September; 2(3): 419–422.



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- Specialty Electives

Below are examples of setting-specific EPAs applicable for Internal Medicine, Family Medicine, and Pediatrics and Transitional programs. Figure 4 is an example from Carraccio and Burke on mapping an EPA to the ACGME Competencies. Each EPA can be mapped to multiple competency-specific milestones and across different competencies (see Figure 1), creating an easy to understand framework for evaluators.

Example EPA: Serve as the primary admitting pediatrician for previously well children suffering from common acute problems.	ACGME Competencies*					
	PC	MK	PBLI	ICS	Prof	SBP
	√	√		√		√
Sub-Competencies						
√	Gather essential and accurate information	√	Demonstrate sufficient knowledge		Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds	
						Work effectively in various health care delivery settings and systems
√	Organize and prioritize responsibilities to provide care that is safe, effective and efficient	√	Critically evaluate and apply current medical information and scientific evidence for patient care		Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions	√
						Coordinate patient care within the health care system

Figure 4: An Example EPA Mapped to the Most Relevant ACGME Competencies, With Further Mapping to the Most Relevant Sub-competencies.³

Setting: Inpatient

- ☐ Manage complex patients with multiple medical conditions/complaints common to Internal Medicine.
- ☐ Serve as the primary admitting pediatrician for previously well children suffering from common acute problems.¹
- ☐ Administratively: Navigate departments and services by interacting with staff, nurses and physicians in order to address patient requirements, such as:
 - ☐ Admissions
 - ☐ Ordering tests/services
 - ☐ Writing notes/discharge
 - ☐ Social services
 - ☐ Nutrition/dietician
 - ☐ Physical therapy
 - ☐ Patient death
- ☐ Manage patients on a daily basis, including rounding, examining, writing notes, communicating with staff and making sure patients are managed as expected.
 - ☐ Rounding in a timely manner
 - ☐ Examining patients
 - ☐ Writing legible notes
 - ☐ Community orders (verbal & written) in a timely manner
- ☐ Manage continuity of care between shifts and services.
- ☐ Management of inpatient services and integration of consults, nurses and other physician for the benefit of the patient.
- ☐ Order and review tests appropriately based on standards of care for the benefit of the patient.



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- ☐ Maintain credentials and education up-to-date and relevant for the patients in their usual care.
- ☐ Leads faculty, peers and ancillary staff educational programs.
- ☐ Maintains an appropriate relationship with patients and their families.
- ☐ Balances patient needs and responsibilities with hospital finances.
- ☐ Reviews, understands and completes medical education administrative responsibilities in a timely manner, with appropriate attention to detail, and respect to others.

Setting: Outpatient

- ☐ Priorities outpatient/clinic responsibilities when appropriate, acknowledging the scheduled times, patients, staff and colleagues.
 - Timeliness
 - Allow sufficient time for all patients
 - Acknowledges staff and colleagues
 - Able to balance clinic and inpatient services
- ☐ Manage a variety of outpatient complaints and prioritize care.

Setting: Sub-specialty

- ☐ Manage patients within limits of capability, involving faculty and staff to assist when needed.
- ☐ Provides an appropriate consultation, including evaluations, recommendation and communication.

Outcome Reporting

The ACGME has defined 21-23 specialty-specific Milestones, 47 Core Outcomes, and a variable number of specialty specific outcomes.

New feature: EPAs and Curricular Milestones are weaved into the Milestones and Outcomes identified by the ACGME® and other organizations. MyEvaluations.com will prepopulate your program Milestones as they become available. Use the Milestone Reporting module to generate custom ACGME® Outcome reports. Reports are specific to a single user or the entire program.

I recommend developing setting-specific EPAs that can be linked with curricular milestones. Many colleagues have already started on their process, and I will share their results as they become available.

Thank You

A handwritten signature in black ink that reads "David P. Melamed". The signature is fluid and cursive.

David P. Melamed, M.D.
Founder & CEO
MyEvaluations.com Inc.