Next Accreditation System, Self-Study Visits and Clinical Learning Environment Review

American Society of Cytopathology
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Laura Edgar, EdD, CAE
Executive Director, Milestone Development and
RC for Medical Genetics, Pathology and Radiation Oncology

Presentation Topics

• Review of Next Accreditation System
• Self-Study Visits
• Clinical Learning Environment Review (CLER)

Next Accreditation System
ACGME Mission

We improve health care by assessing and advancing the quality of resident physicians' education through accreditation.

ACGME Vision

We imagine a world characterized by:

- a structured approach to evaluating the competency of all residents and fellows;
- motivated physician role models leading all GME programs;
- high-quality, supervised, humanistic, clinical educational experience, with customized formative feedback;
- residents and fellows achieving specialty-specific proficiency prior to graduation; and
- residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first.

ACGME Stakeholders

- Stakeholders of the ACGME's accreditation process are:
  - Residency programs and their sponsoring institutions
  - Residents
  - Medical students
  - Specialty boards of the American Board of Medical Specialties (ABMS)
  - Patients
  - Payers
  - Government
  - General public
Goals of The “Next Accreditation System”

- To begin the realization of the promise of Outcomes
- To reduce the burden of accreditation
- To provide accountability for outcomes (in tandem with ABMS) to the Public

ACGME – 2012-2013

9,265 Residency and Fellowship Programs
133 Specialty and Subspecialty areas of medicine
117,717 Residents and Fellows

Where did we come from?

- 2002 Six Core competencies in PR
- Work started in 2011
  - Core and Detailed Process
  - Outcome in Requirements
  - New policies and procedures
  - ADS rebuilt to prepare for NAS
  - Annual update: free text replaced by data
  - Scholarly activity replaced CVs
  - Milestones 1.0 developed
Where are we?

- 2013
  - Phase 1 Programs begin using NAS and report milestones
- 2014
  - Phase 2 Programs begin using NAS
  - Phase 1 and surgical Fellowships report milestones
- 2015
  - Phase 2 Fellowships report milestones

The Next Accreditation System

- Continuous Accreditation Model
- Review programs every 10 years with self-study
- Leave Good Programs alone
- Good Programs can innovate detailed standards
- Identify weak programs earlier
- Site visit or progress report from weak programs
- Weak programs held to detailed standards

The Next Accreditation System

- RRC review programs based on RRC set performance indicators and thresholds
  - High performing programs moved to consent agenda
  - Programs with potential problems require more information with a request for additional information or site visit
- Every program will receive an accreditation decision letter every year
The Next Accreditation System

- Annual Program, Faculty, & Resident Update
- 5 year first-time Board pass rate
- Case Logs
- Resident Survey
- Faculty Survey
- Scholarly Activity of Core Faculty
- Scholarly Activity of Residents
- Milestones

Program Review in the NAS

ACCURACY AND COMPLETENESS COUNT

Annual Data Collection

- Every program submits data every year
- Every program is reviewed every year
- Site visit only if RC asks for it after review of program
Annual Data Collection – Common Errors

- Outdated or missing information: certification dates, updates to resident list, updates to faculty list
- Low Board Pass Rates
- Incomplete Case Log Data
- Insufficient Faculty participation on Faculty Survey
- Scholarly Activity for Residents and Faculty not entered
Self-Study Visit

Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Beyond Minimal Standards

The 10-year Self-Study: Scope
- Assesses current performance and ongoing improvement effort
- Covers the period between Self-Study Visits
  - Initially: the period since last accreditation review
  - Eventually, a 10-year interval
- Reviews program improvement activities, successes achieved, and areas still in need of improvement
- Uses data from successive Annual Program Evaluations, ACGME data, other relevant information
- Conducted 1 year before the Self-Study Visit date
### The 10-year Self-Study: Timeline

<table>
<thead>
<tr>
<th>Time prior to Self Study Visit</th>
<th>ACGME Actions</th>
<th>Program Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-12 months</td>
<td>1. Sends summary of actions/follow-up from Annual Data Review</td>
<td>1. Aggregates data from Annual Program Evaluations</td>
</tr>
<tr>
<td>6-11 months</td>
<td></td>
<td>1. Conducts Self Study</td>
</tr>
<tr>
<td>4 months</td>
<td>1. Sets FINAL Self-Study Visit Date and informs program</td>
<td></td>
</tr>
<tr>
<td>10 days</td>
<td></td>
<td>1. Completes ADS data update 2. Uploads Self-Study summary to ADS</td>
</tr>
</tbody>
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### Self-Study Process

### Self-Study: Participants

- Program Leadership
- Faculty
- Residents/Fellows
- Coordinators
- Potentially
  - Institutional Representatives
  - Others
Self-Study: Key Processes

• Data Gathering
  • Annual Program Evaluations, ACGME Annual Data
  • Focus on data gathering as a learning exercise
  • Evaluate strengths and areas for improvement
  • Explore opportunities and threats
  • Reflect stakeholder (residents, faculty, and relevant others) participation, input and perspective
  • Offer evidence to support conclusions

Self-Study: Key Processes

• Interviews
  • Verify and validate data
  • Identify areas that have been resolved and areas and priorities for improvement
  • Identify program strengths
  • Review and revise program aims
  • Assess and validate strengths, weaknesses, opportunities and threats

Ten Year Self-Study Visit

• Not a traditional site visit
• Assess broader unit of educational environment
• Review core & subspecialty programs together
• Will be implemented in 2016
**Self-Study Visit**

- Team of site visitors
- Review the department self-study
- Conduct a “PIF-less” site visit
- Validate most recently submitted Annual Data
- Potentially serve as a vehicle for:
  - Description of salutary practices
  - Accumulation of innovations in the field

**Self-Study Visit**

- Review annual program evaluations (PR-V.C.)
  - Response to citations
  - Faculty development
- Judge program success at CQI
- Learn future goals of program
- Verify compliance with Core and Outcome requirements

**Self-Study Visit**

Webinar available for download

Coming: Article in Sept 2014 JGME on Self-Study preparation for programs with early SSV dates
Clinical Learning Environment Review

• Designed to improve how clinical sites engage resident and fellow physicians in learning to provide safe, high quality patient care

• CLER is intended to be a list of expectations, not requirements

• Each Sponsoring Institution will have a CLER Visit every 18-24 months

• Provide teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited institutions with periodic feedback that addresses:
  • Patient safety
  • Health care quality
  • Care transitions
  • Supervision
  • Duty hours, fatigue management and mitigation
  • Professionalism
CLER Visit

- Meetings scheduled include:
  - Senior Leadership (CEO and DIO must attend initial and exit meetings)
  - DIO
  - Quality and Patient Safety Leadership
  - Group Meeting (30 attendees familiar with resident experience)
  - Resident and Fellow Group
  - Faculty Member Group
  - Program Director Group

CLER Visit - Walking Rounds

- Resident guides from different programs, preferably senior residents from core programs
- Guides should be comfortable navigating to all areas of the hospital or medical center, and have general awareness of ambulatory clinic locations and hours

CLER Focus – Patient Safety

- Reporting of adverse events, close calls (near misses)
- Education on patient safety
- Culture of safety
- Resident/fellow experience in patient safety investigations and follow-up
- Clinical site monitoring of resident/fellow engagement in patient safety
- Clinical site monitoring of faculty member engagement in patient safety
- Resident/fellow education and experience in disclosure of events
CLER Focus – Health Care Quality

- Education on quality improvement
- Resident/fellow engagement in quality improvement activities
- Residents/fellows receive data on quality metrics
- Resident/fellow engagement in planning for quality improvement
- Resident/fellow and faculty member education on reducing health care disparities
- Resident/fellow engagement in clinical site initiatives to address health care disparities

CLER Focus – Care Transitions

- Education on care transitions
- Resident/fellow engagement in change of duty hand-offs
- Resident/fellow and faculty member engagement in patient transfers between services and locations
- Faculty member engagement in assessing resident-related patient transitions of care
- Resident/fellow and faculty member engagement in communication between primary and consulting teams
- Clinical site monitoring of care transitions

CLER Focus – Supervision

- Education on supervision
- Resident/fellow perception of the adequacy of supervision
- Faculty member perception of the adequacy of resident/fellow supervision
- Roles of clinical staff members other than physicians in resident/fellow supervision
- Patients and families, and GME supervision
- Clinical site monitoring of resident/fellow supervision and workload
**CLER Focus – Duty Hours, Fatigue Management and Mitigation**

- Culture of honesty in reporting of duty hours
- Resident/fellow and faculty member education on fatigue and burnout
- Resident/fellow engagement in fatigue management and mitigation
- Faculty member engagement in fatigue management and mitigation
- Clinical site monitoring of fatigue and burnout

**CLER Focus – Professionalism**

- Resident/fellow and faculty member education on professionalism
- Resident/fellow attitudes, beliefs, and skills related to professionalism
- Faculty engagement in training on professionalism
- Clinical site monitoring of professionalism

**CLER Pathways to Excellence**

- Available on the ACGME webpage
Resources

- ACGME website has a variety of resources including:
  - Specialty-specific webinars
  - General webinars on broad topics (e.g., NAS, CLER)
  - FAQs
  - JGME
  - PD Virtual Handbook

We are here to help

- Executive Director: Laura Edgar, EdD, CAE
  ledgar@acgme.org  312-755-5029

- Accreditation Administrator: Erin Berryhill
  eberryhill@acgme.org  312-755-5045

- ADS Representative: Raquel Running
  webads@acgme.org  312-755-7111

Cytopathology Fellowship Training and the Next Accreditation System – Milestones in Context

Steve Black-Schaffer, MD
Mass General Hospital
Educational Objectives

• Understand the background and purpose behind the Cytopathology Milestones and the new accreditation requirements for reporting of cytopathology fellowships in 2015
• Develop a plan to implement the Cytopathology Milestones within cytopathology fellowship programs' evaluation systems
• Create a clinical competency committee that meets all ACGME requirements
• Lead a clinical competency committee in the review of cytopathology fellows' performance for ACGME accreditation and fellow assessment

Some basic considerations...

1. Milestones are an accreditation requirement, so we need to use them, but they potentially offer us practical benefit:
2. There are a multitude of good fellowship programs, but these are quite variably, and often loosely, structured.
3. While flexibility is good, a tighter structure is not only required henceforth, but can strengthen our training.
4. Why might this be? Lack of structure slows us down:
5. Excellent fellows may be delayed in advancing by the absence of clearly-defined curricular expectations.
6. Poor fellowship performance is often not as promptly documented or as usefully characterized as it could be.

Where does accreditation come from?

Where does accreditation come from?

Where does accreditation come from?
Where does "accreditation" come from?

- Abraham Flexner
- American Medical Association Council on Medical Education (Carnegie Foundation)
- Medical Education in the United States and Canada: 1910

What did Flexner do?

- He assessed and reported on all 155 medical schools with regard to their:
  - Requirements for admission
  - Number and training of faculty
  - Endowment and tuition income
  - Availability and quality of teaching laboratories for preclinical sciences
  - Availability and quality of teaching hospital physicians and surgeons for clinical training
- NOTE: these are process and structure

What impact did this have?

- It standardized educational requirements for medical school entry (at least two years of collegiate biology, chemistry and physics).
- It standardized a national curriculum of two years of preclinical science (in anatomy, physiology, bacteriology, pathology and pharmacology) followed by two years of supervised clinical practice in a teaching hospital.
- NOTE: this is time in training
Medical education – the short form:

- Elementary School
- Junior High School
- High School
- College
- Medical School
- Flexner Report
- Medical Practice

The origins of accreditation (process + structure)

- 1847 American Medical Association.
- 1914 American Medical Association published list of hospitals with approved internships.
- 1920 American Medical Association Council on Medical Education and Hospitals organized committees to recommend preparation deemed essential to expertise in 11 clinical and 4 basic science specialties.
- 1928 American Medical Association Council on Medical Education and Hospitals published "Essentials of Approved Residencies and Fellowships" and list of approved residencies and fellowships.
- 1972 Liaison Committee for Graduate Medical Education.
- 1981 Accreditation Council for Graduate Medical Education.
- 2001 Accreditation Council for Graduate Medical Education

The ACGME Outcome Project

- 1st baby step away from process and structure
- Not a wholly successful enterprise
- Not good enough to skip time in training
- Not intuitive (Practice-Based Learning and Improvement & Systems-Based Practice – how to understand/measure on teaching service?)
- Raw competencies are really hard to digest! (Hence the milestones.)
ACGME’s Six General Medical Competencies

- Patient Care
- Medical Knowledge
- Practice-Based Learning & Improvement
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

http://www.acgme.org/outcome/comp/compFull.asp

Medical education – the longer form:

- Elementary School
- Middle School
- High School
- College
- Medical School
- Flexner Report
- Medical Residency
- Medical Practice
- Medical Fellowship
- Outcome Project
Flexner Report vs. Outcome Project – Key Differences:

- Flexner Report defined the **essential processes** of undergraduate medical education (UME)
  - Qualifications for admission to UME
  - Organization and curriculum of UME
- Outcome Project defines the **required outcome** of graduate medical education (GME)
  - General competencies for GME
  - An educational model for GME

Education is ultimately about trainees, so could program and trainee assessments be integrated?

- GME Program has
  - Structures and Processes: **Accreditation**
  - GME Trainee achieves
    - Competencies and Outcomes: **Milestones**
  - Challenge – connect
    - Trainee Achievement (what is really wanted) to
    - Program Assessment (what is really done)

Accreditation and certification:

- Prior to the NAS, two quite separate processes:
- Specialty training programs were **accredited** by their Review Committee of the ACGME
- Specialist physicians were **certified** by their Board of the ABMS
- The common aim of both was to ensure that graduate medical trainees were consistently competent when they went into practice
So the NAS represents...

- a confluence of accreditation and certification concepts
- Bringing elements of both together, with the common aim of ensuring the competence of medical practitioners

The history of certification (time in training + boards)

- 1915 National Board of Medical Examiners.
- 1917 American Board of Ophthalmology.
- 1924 American Board of Otolaryngology.
- 1930 American Board of Obstetrics and Gynecology.
- 1932 American Board of Dermatology.
- 1932 National Board of Medical Examiners Committee on Specialists.
- 1933 American Board of Medical Specialties.
- 1935 American Board of Orthopaedic Surgery.
- 1935 American Board of Pediatrics.
- 1935 American Board of Psychiatry and Neurology.
- 1935 American Board of Radiology.
- 1935 American Board of Urology.
- 1936 American Board of Internal Medicine.
- 1936 American Board of Pathology.

Accreditation and certification...

- So the ACGME has relied on
  - program process and structure
- and the ABMS has relied on
  - time in training
    (plus board examination).
- We know about pathology boards;
  - what is time in training for pathology?
So this is why the NAS was adopted

- Programs are all different
- And their outcomes are different
- Programs are only evaluated q 5 years
- Trainees are only uniformly evaluated at the end of their time in training
- Need more timely assessments
- Need more specialty granularity
- Need some national uniformity
- What drives the "need to do something now"?

Public perception of lack of patient safety:

- Public Citizen
- Institute of Medicine
- Medicare Payment Advisory Commission
Sammy Almashat, M.D., M.P.H. and Sidney Wolfe, M.D.
(Public Citizen to Dr. David Michaels, Assistant Secretary of Labor for Occupational Safety and Health, November 3, 2011)

"By deferring to the ACGME, the Obama administration is choosing to ignore the organization’s track record, relying instead on the ... ACGME ... response to the IOM report. However, these new ... rules serve as yet more evidence of the need for federal oversight.”

Graduate Medical Education Reform Act of 2012 (S.3201) introduced on 05/17/12 by Senators Jack Reed (D-R.I.) & Jon Kyl (R-Ariz.)

This drives "the need to do something now"!


Dr. Wesley Y. Naritoku, Nov. 2013

Outcome Project vs. Milestones Project – Key Differences:

• Outcome Project defined the required outcome for a GME program as the achievement of the general competencies by its trainees
  ✓ General competencies for GME Global
  ✓ An educational model for GME Periodic
• Milestones Project defines the developmental milestones of continuous progression toward proficiency for the trainees in a GME program
  ✓ Levels of performance to proficiency Individual
  ✓ For each of the general competencies Continuous

The CEO's First Column — The Next Step in the Outcomes-Based Accreditation Project

• Thomas J. Nasca, MD, MACP, Chief Executive Officer
• [W]e must agree on the "Milestones" of Competency development in each discipline.
• At completion of training, Milestones are the level of performance expected at entry into unsupervised practice in each specialty,
• [and are] the levels of clinical competence required to gain eligibility for ABMS certification.
• At earlier levels, they constitute "developmental" milestones to offer assurance that residents and fellows attain appropriate educational goals.
Where Will the "Milestones" Take Us?
The Next Accreditation System.

- We anticipate that this information will be available to each RRC on a twice yearly basis.
- In the theoretical example [following], you can see that the program's performance is at or above expectation in five of the six domains of clinical competency, but falls more than two standard deviations from the mean in Practice-Based Learning and Improvement.

So what is different under the NAS?

- No longer one-time, high-stake testing at four or five years, whether for accreditation or toward certification
- Instead, close to continuous assessment of trainees, and thereby of programs
- No longer program requirements only for global adherence to overall standards of training
- Instead, specific national standards for training and for competence at each level
How does the NAS actually work?

- Semiannual Milestones assessed by a Clinical Competency Committee and reported to the ACGME
- Annual Trainee and Faculty Surveys by the ACGME
- Annual reporting of ABP Board results to the ACGME
- Reviewed annually by the ACGME RC for Pathology

Milestones for Cytopathology

Who developed them?

Cytopathology Milestones Working Group
Stephen Black-Schaffer MD (chair), Diane Davey MD, Laura Edgar EdD CAE, Wesley Naritoku MD PhD

Pathology Fellowship Milestones Advisory Group
Bruce Alexander MD (CP Fellowship chair), Julia Iezzoni MD (ACGME Pathology RC chair), Rebecca Johnson MD (ABP CEO), Wesley Naritoku MD PhD (AP Fellowship chair)

The Cytopathology Milestones

- Cytopathology Milestones Work Group drafted:
  - 18 milestone sets / developmental progressions
- Divided among the Six General Competencies:
  - 2 Patient Care milestone sets
  - 2 Medical Knowledge milestone sets
  - 2 Practice-Based Learning and Improvement milestone sets
  - 3 Interpersonal and Communication Skills milestone sets
  - 4 Professionalism milestone sets
  - 5 Systems-Based Practice milestone sets
Cytopathology Milestones

- Five Levels for each milestone set / developmental progression
  - Level 1: The fellow demonstrates milestones expected of an incoming fellow.
  - Level 2: The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.
  - Level 3: The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.
  - Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.
  - Level 5: The fellow has advanced beyond performance targets set for fellowship and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.

Cytopathology Milestones – PC12

- The Patient Care 1 milestone set => development in awareness of patient safety.
  - Maintenance of specimen identity and integrity.
  - Analysis and troubleshooting specimen problems.
  - Patient safety module of MOC => Level 5 milestone.
- The Patient Care 2 milestone set => perform FNAB, recognize, treat / triage complications.
  - ACGME case log => part of developmental progression.
  - Level 3 => obtain adequate FNAB material.
  - Level 4 => know / perform US-guided FNAB / core biopsy.

Cytopathology Milestones – MK12

- The Medical Knowledge 1 milestone set => diagnosis.
  - Interpret / diagnose cytopathology specimens, order / interpret diagnostic adjuncts (immunocytochemistry, molecular testing, flow cytometry).
- The Medical Knowledge 2 milestone set => screening.
  - Cervical cancer => advise on guidelines, follow-up, ancillary studies.
Cytopathology Milestones – PBLI

- The Practice-Based Learning and Improvement 1 milestone set => scholarly activity.
  - Research, evidence-based presentations, preparation / submission peer-reviewed articles => begin early => completion.
- The Practice-Based Learning and Improvement 2 milestone set => understand / apply evidence-based laboratory testing / result utilization.

Cytopathology Milestones – ICS

- The Interpersonal and Communication Skills 1 milestone set => interactions with other healthcare providers, patients, families.
  - Appropriate FNAB procedure manners, patient / family communication skills.
- The Interpersonal and Communication Skills 2 milestone set => conflict resolution.
  - Laboratory management skills => conflict among employees.
- The Interpersonal and Communication Skills 3 milestone set => provide clinical consultation, prepare / perform multidisciplinary conferences.

Cytopathology Milestones – PROF

- The Professionalism 1 milestone set => constructively receive feedback.
  - Fellows educating medical students / training residents => constructively provide feedback.
- The Professionalism 2 milestone set => honesty / integrity => identify limitations, accept responsibility.
- The Professionalism 3 milestone set => cultural competency.
  - Awareness of bias, ability to counteract its effects.
- The Professionalism 4 milestone set => physical, intellectual, emotional health.
Cytopathology Milestones – SBP 123

- The Systems-Based Practice 1 milestone set => laboratory regulation / compliance.
  - Level 1 => HIPAA.
  - Progression => state, federal and professional society regulations => inter-laboratory comparison programs => corrective measures.
- The Systems-Based Practice 2 milestone set => role of cytopathologist within healthcare system.
- The Systems-Based Practice 3 milestone set => resource utilization / personnel / finances.
  - Level 5 => manage personnel / develop laboratory budget.

Cytopathology Milestones – SBP 45

- The Systems-Based Practice 4 milestone set => technical issues in the laboratory.
  - Knowledge => gyn / non-gyn specimen preparation.
  - Advise medical staff => specimen collection / preservation.
- The Systems-Based Practice 5 milestone set => quality improvement, risk management, laboratory safety.
  - Quality improvement & patient safety project participation => identify / assign early => completion => Level 4.

Four Alpha Test Sites – 2012-2013

- Cleveland Clinic Foundation (CCF)
- Massachusetts General Hospital (MGH)
- University of Southern California/Los Angeles County+University of Southern California Medical Center (USC)
- University of Virginia (UVA)
- Alpha site PD panel reported to fellowship directors in November 2013 at ASC
Clinical Competency Committee

• CCC composed of board-certified cytopathology faculty members, potentially also including other physicians, as well as PhDs and cytotechnologists
• Cover all divisions of the cytopathology laboratory
• Meet at least semi-annually, to review all available performance reports and evaluation tools, and assess each fellow's milestone levels achieved
• Serve in an advisory role to the program director, who reports the fellows' milestone levels to ACGME online

Milestones Evaluation Process

• Faculty and fellows acquaint themselves with the milestones
• Fellows self-evaluate; the self-evaluations do not go to Clinical Competency Committee and are not part of the Competency Committee assessment process
• Clinical Competency Committee assesses each fellow's level of achievement on every milestone set, based on their own experiences with the fellows and all other assessment tools
• The program director compares the Clinical Competency Committee and self-assessments and reviews them both with each fellow; only the Competency Committee assessment is reported to the ACGME

Redesigning Evaluations for the New Accreditation System

Paul N. Staats, M.D.
Director, Cytopathology Fellowship
Chair, Pathology Residency Clinical Competency Committee
University of Maryland Medical Center
Overview

- A few general thoughts on evaluations
- Tailoring monthly evaluations to the milestones
- Branching out: expanding the range of evaluations

Why evaluate?
Why evaluate?

- Provide feedback to trainee
  - “Assessment for learning”
- Provide feedback about trainee to program
  - “Assessment of learning”
- Provide feedback about program to program
- Provide feedback about program to ACGME

What are the qualities that make for useful evaluations?

- Timely
- Specific
- Constructive
- Multiple evaluators
Monthly Evaluations

- Workhorse of most programs’ evaluation system
- Filled out by attendings
- Cumulative experience of entire month
- Questions sometimes vague or general
- Subjective scales common
- Probably don’t ask the questions your CCC needs to evaluate milestones

Redesigning Monthly Evals

- “Know thy Milestones”!
- Break down big Milestones into smaller pieces
- Scale questions pop out
- Decide where you want to evaluate each question
- Replace, don’t just add
- But keep what currently works
Redesigning Monthly Evals

• Evaluation question:
  Rate the fellows ability in ordering ancillary testing (e.g. IHC, Flow Cytometry, Molecular testing):
  1. Understands concepts
  2. Actively observes
  3. Proposes appropriate testing at signout
  4. Orders appropriate testing independently
  5. Teaches others

• Appropriate location: Attending monthly eval
• Try to replace a similar question you already have

Branching Out:
Suggested Evaluation Methods

• Direct Observation
• 360 Evaluations
• Portfolio
• Case Logs
• Inservice Examination
• Examination
• Simulation/Role Play
• Review of Report Records

• Narrative
• Checklist
• Quality Assessment
• Retrospective peer review
• Team leader performance evaluation

Direct Observation

• Clinical Performance Ratings - Monthly, rotation, semi-annual or annual ratings of resident performance

• Focused Observation and Evaluation - Supervisor/attending observation of individual resident-patient encounters, operations, specimen preparation, etc., and concurrent (same day) evaluation

• PC1-2, MK1-2, SBP1-5, PBL1-2, PROF1-4, ICS1-3
360 Evaluations

- **360 Assessments** - Evaluation by MDs (supervisors, residents, medical students) and non-MDs (nurses, technicians, social workers, PAs) using the same or similar evaluation forms
  - PC1-2, MK1-2, SBP1-5, PROF1-4, ICS1-3
- **Who should be included?**

360 Evaluations

- **Who should be included?**
  - Cytotechs
  - Prep techs
  - Other department staff
  - Residents
  - Clinicians/clinical staff

Portfolio

- **Resident Project Report (Portfolio)** - Evaluation of resident work products, such as reports of research studies, practice improvement, or systems-based improvement
- **Other Portfolio** - Evaluation of resident performance based on other work/performance products not included above, e.g., audiotapes, slide presentations
  - PC1-2, MK1-2, SBP1-5, PBL1-2
Case Logs

• **Review of Case or Procedure Log** - Review of number of cases or procedures performed and comparison against minimum numbers required
• PC1-2

In Service Examination

• **In-training Exams** - A multiple-choice exam developed by an external vendor
• MK1-2

Examination

• **In-house Written Exams** - A multiple choice exam developed by residency program faculty
• **Multimedia Exam** - A computer based multiple choice or branching question exam in which authentic visual and auditory patient information is presented as question information
• **Formal Oral Exam** - "Mock" oral exam in which an examiner asks residents questions about what to do in a clinical scenario presented verbally or role played by the examiner
• SBP1-5, PBLI1-2
Examination

Mock gynecologic cytology proficiency testing as a milestone assessment tool for anatomic pathology residents
Darren J. Salimi, MD*, Bryan G. Toth, Christina S. Kong, MD
Department of Pathology, Stanford University School of Medicine, 300 Pasteur Drive, Stanford, California

Simulation/Role Play

• Role-play or Simulations - Residents are evaluated based on their performance on assigned responsibilities in a staged replica of a potentially real situation, e.g., mobilization of medical team in a multi-victim accident, confrontation of an "impaired" colleague, negotiation with administration regarding facilities and equipment upgrade
• PC1-2, SBP1-5, PROF1-4

Review of Report Records

• Review of Patient Chart/Record - Involves abstraction of information from patient records, such as tests ordered, and comparison of findings against accepted patient care standards
• MK1-2
Narrative

- **Resident Experience Narrative (Portfolio)** - Evaluation of performance based on residents' narratives of critical incidences or other experiences, usually accompanied by reflection on the event, e.g., what happened, why, what could have been done differently
- MK1-2, SBP1-5, PROF1-4, ICS1-3

Checklist

- No ACGME definition. Use your imagination! Go wild!
- One example might be an FNA performance checklist – see handout
- PC1-2

Other suggested methods

- Quality Assessment: MK1-2
- Retrospective Peer Review: MK1-2
- Team leader performance evaluation: SBP 1-5
ASC Can Help

- ASC Program Directors Website
  - http://www.cytopathology.org/cytopathology-fellowship-programs
- PEC
- Cyto eJournal
- Cyto eConferences
- PBL Program for Cytology Education
- Case Studies
- Sound Bites

Summary

- Evaluations are primarily for learners and programs, not the ACGME
- Take advantage of the milestones to make your evaluations better
- Low-hanging fruit first:
  - Revised monthly evals
  - Other methods you already use
- Branch out:
  - Multiple evaluation types
  - Objective outcome measures
  - Be creative!
- Please share

Clinical Competency Committees for Cytopathology Results of Summer 2014 Survey

Deborah Chute, MD
Cleveland Clinic
Data Source

- A 15 question survey was sent to cytopathology fellowship programs in July and August, 2014
- Distributed via ASC Listserv and PRODS Listserv
- Designed to identify current status and needs for cytopathology fellowship CCCs
- 71 responses collected

Basic Background Data

- Number of fellows per program:
  - Average 2 (range 1-6)
- Number of faculty per program:
  - Average 6 (range 1-17)
CCC Details

- Number of CCC members planned:
  - Average: 4.8 (range 3-10)

- How many cytopathology CCC members will be on other CCCs?
  - Average: 2 (range 0-7)
Will you have non-MD’s on CCC?

- Yes: 48%

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Q10 Did you or do you plan to provide faculty development to your clinical competency committee members on how the NAS/Milestones work?

- Yes
- No
- Would like to talk further

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Q11 Has your fellowship started to map the final cytopathology milestones to your current assessment system or started to create a new assessment system around the milestones?

- Yes, we are mapping our current evals to the Milestones
- Yes, we are creating new evaluations
- No, we have not started yet

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Problems Mapping Milestones

- Not applicable – haven’t started yet (9)
- No problems (4)
- Time consuming (3)
- Milestones are more detailed than old evaluations and difficult to correlate (3)
- Milestones are lengthy (1)
- Difficult to change evaluations (1)

Why Not Start Mapping Milestones

- Not enough time since release (8)
- Doing residency milestones first (3)
- Still forming CCC (2)
- Waiting for ASC guidelines (1)
- Will use separate Milestone assessment (1)
- Revolted by the prospect – milestones don’t seem to measure attributes of successful residents (1)

Summary

- Most programs have started to create CCCs
- Many will have non-MD members
- Many faculty will be on multiple CCCs
- Many programs have started mapping milestones to evaluations – but with difficulty
  – Time is the biggest barrier
How Are We Helping?

Specific ACGME requirements for creating a CCC
Who can be a member or chair of a CCC
Examples of individual fellowship CCC policies
Suggestions on conducting CCC meetings efficiently
What is the role of the program director in the CCC?
How to map Milestones to Assessments
Other

Laura Edgar's Presentation
Handout
Laura Edgar's Presentation
Paul Staat's Presentation
Mock CCC today!

Summary

- Most programs have started to create CCCs
- Many will have non-MD members
- Many faculty will be on multiple CCCs
- Many programs have started mapping milestones to evaluations – but with difficulty
  - Time is the biggest barrier
Milestone Project:  
Mock CCC  

American Society of Cytopathology  
November 14, 2014  

Laura Edgar, EdD, CAE  
Executive Director, Milestone Development and  
RC for Medical Genetics, Pathology and  
Radiation Oncology  

Presentation Topics  
• Review of Milestone Template and Scoring  
• Clinical Competency Committees  
• Mock CCC Activity  

Milestone Template  

- Milestone Description Template  
- Level 1: What are the expectations for a beginning fellow?  
- Level 2: What are the milestones for a fellow who has advanced over many, but is performing at a lower level than expected at mid-fellowship?  
- Level 3: What are the key developmental milestones mid-fellowship?  
- Level 4: What does a graduating fellow look like?  
- Level 5: Stretch Goals – societies’ expectations  

- What should they be able to do well in the role of the specialty at this level?  
- What additional knowledge, skills, & attitudes have they obtained?  
- Are they ready for certification?
Milestones are progressive over time. There is no prescribed speed at which residents must complete a milestone set.

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s).

Option to select "Not yet achieved Level 1"

What is the Clinical Competency Committee?

The Clinical Competency Committee:

- Composed of a minimum of 3 faculty members
- Non-physician members can be appointed
- Reviews all evaluations by all evaluators semi-annually
- Reviews residents against milestones semi-annually
- Make recommendations for progress – promotion, remediation and dismissal
How does the CCC actually work?

Who should be on the CCC?
- Decision for PD
  - May be Chair
  - May be Member
- Consider:
  - Representation from each major site
  - Subspecialty

How do we DO the evaluation?
- There is no one-size-fits all approach
- Organization and a trial run are key – try reviewing a recently graduated resident
- With so few fellows in the program, best to have everyone review information at one time
**How do we DO the evaluation?**

- Understand the milestones & their use
- Leave personal bias at the door
- Review all evaluations for each fellow
- “Consider the source(s)"
- For each fellow, decide the milestone narrative that best fits that resident

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**The Clinical Competency Committee**

- Avoids common problematic issues:
  - “I don’t like to give negative evaluations”
  - “I spent little time working with this resident”
  - “Herd” mentality: positive or negative
  - Grade inflation
  - Vague statements:
    - “I just didn’t like this resident, but I can’t put my finger on it”
    - Hearsay: I’ve heard she is lazy

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**Clinical Competence Committee**

Assessment of Milestones
Implementation

- First Milestone reporting for Pathology is December 2014

- First Milestone reporting for Cytopathology (and other Pathology Subspecialties) is December 2015