

***Preparing for CAP Milestones:
Fast Track to Success***

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and Laura Edgar

ACGME slides courtesy Christopher Thomas
and Laura Edgar

Disclosures

- J Hunt – Wiley Publishers
- C Varley – no disclosures
- All others –no disclosures

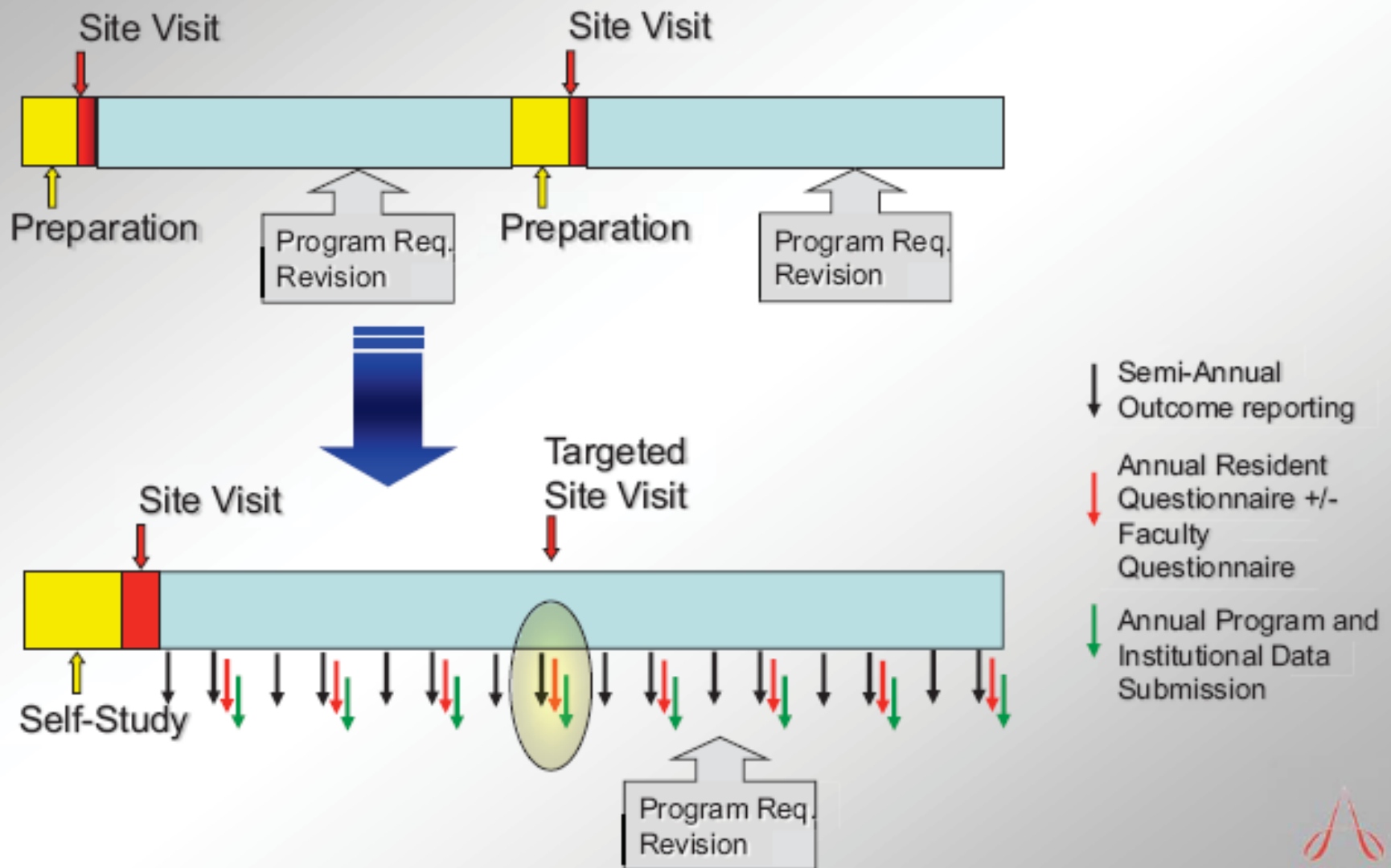
Agenda

- Review of ACGME milestone development process – 5 mins (Varley)
- Review of ACGME expectations for the CAP milestones within the Next Accreditation System - 10 mins (Hunt)
- Review of General Psychiatry milestones implementation from select programs: structure/success/obstacles -15 mins (Spitz, Eisen, others)
- Getting started and overcoming challenges and obstacles to implementation of CAP milestones – 30 mins (Hunt, Joshi, Dingle, and others)
 - *Laura Edgar from ACGME will be available as discussant last half hour*

CAP Milestones

- Working Group
 - Jeff Hunt, Chair
 - Sandra DeJong
 - Howard Liu
 - Cindy Santos
 - Chris Thomas (chair of Subspecialty Workgroups)
- Advisory Group
 - George Keepers
 - Joshi Paramjit
 - Chris Varley
 - Larry Faulkner
- ACGME Staff
 - Laura Edgar, Executive Director
 - Megan Bluth

Current versus ACGME's Promised Next Accreditation System



Data Collection on Program Performance

- Existing
 - Annual Resident Survey
 - Annual Data Survey
- New
 - Annual Faculty Survey
 - Annual Faculty Scholarly Activity
 - Annual Resident Scholarly Activity
 - Milestone Assessment of Residents

Milestones

- Next step in the ACGME Outcome Project
- Milestone definition:
Specific behaviors, attributes, or outcomes in the general competency domains to be demonstrated by residents by a particular point during residency
- Aggregate resident milestone performance used as an indicator of a program's effectiveness

CAP Milestones

- Build on General Psychiatry Milestones
 - Starting at Level 2 as baseline
- Shared Fellowship Milestones
 - Interpersonal & Communication Skills, Professionalism, Systems Based Practice, Practice-Based Learning Improvement
- Subspecialty focus on Patient Care & Medical Knowledge
 - Emphasis on working with child & family

Competency Domain

Subcompetency

Thread Names

Thread for: "Development as a teacher" (all milestones with "A")

PBL13 Teaching					
A: Development as a teacher					
B: Observable teaching skills					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	1.1/A Recognizes role of physician as teacher	2.1/A Assumes a role in the clinical teaching of early learners	3.1/A Participates in activities designed to develop and improve teaching skills	4.1/A Gives formal didactic presentation to groups (e.g. Grand Rounds, case conference, journal club)	5.1/A Educates broader professional community and/or public (e.g. presents at regional or national meeting)
	Milestone	2.2/B Communicates goals and objectives for instruction of early learners 2.3/B Evaluates and provides feedback to early learners	3.2/B Organizes content and methods for individual instruction for early learners	4.2/B Effectively uses feedback on teaching to improve teaching methods and approaches	5.2/B Organizes and develops curriculum materials
Comments:					

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

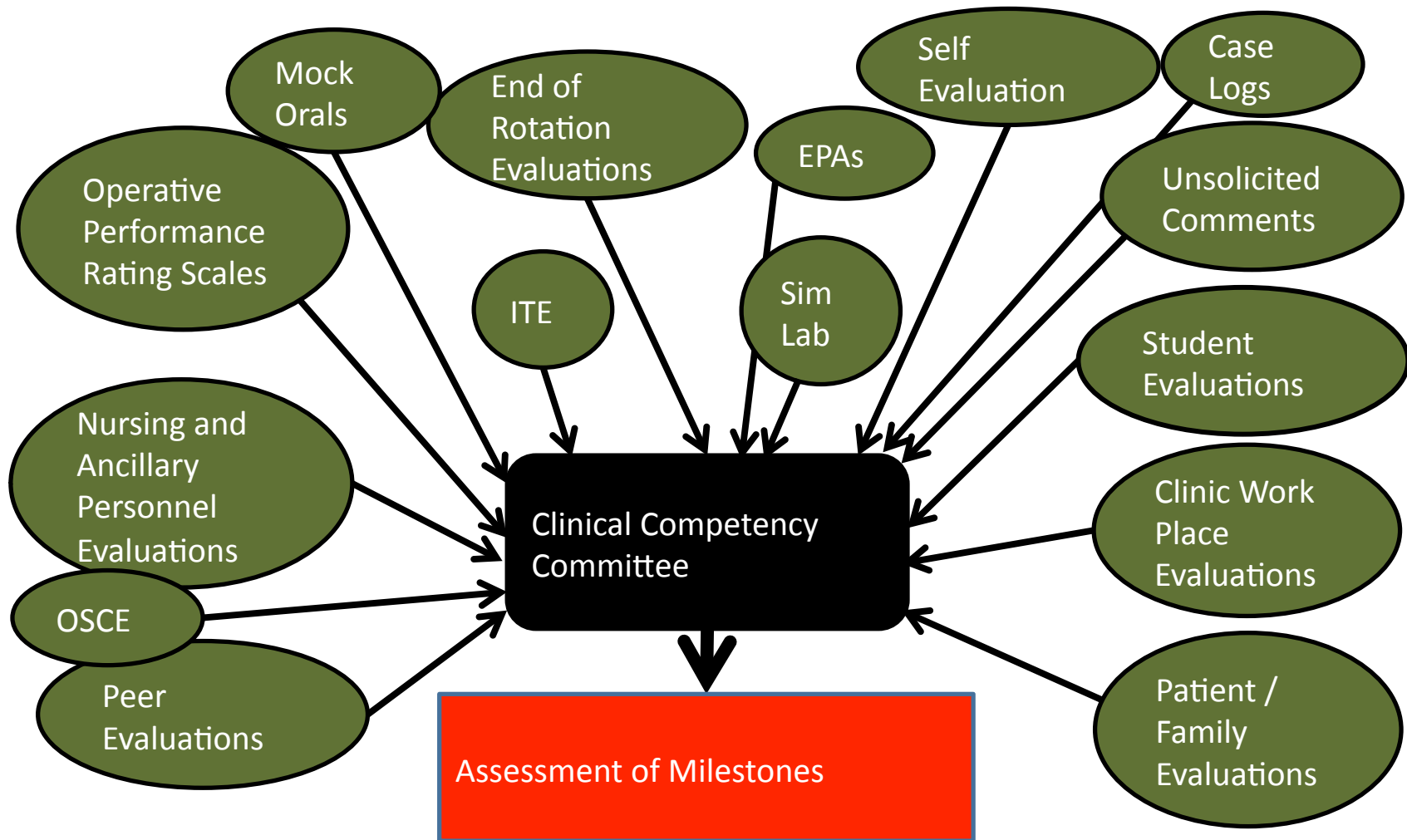
Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

Slide courtesy ACGME, 2014

Example of CAP milestones: Developmental and family threads

PC1 — Psychiatric Evaluation				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 For adolescents, acquires accurate history and mental status examination findings, customized to the patient's complaints</p> <p>1.2 Assesses patient safety, including suicidal and homicidal ideation, and considers the potential for trauma, abuse, aggression, and high-risk behaviors</p> <p>1.3 Demonstrates a</p>	<p>2.1 For adolescents, obtains information that is sensitive and not readily offered by the patient</p> <p>2.2 Considers the structure and functioning of the family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child</p> <p>2.3 Conducts assessment that includes observation of child's interaction with caretakers</p> <p>2.4 Conducts basic assessment of the child's development</p>	<p>3.1 Evaluates the structure and functioning of the family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child</p> <p>3.2 Assesses development across all domains</p> <p>3.3 For school-age and adolescent patients, obtains information that is sensitive and not readily offered by the patient</p> <p>3.4 Selects and uses appropriate diagnostic tests (screening</p>	<p>4.1 Acquires efficient, accurate, thorough and relevant history for preschool, school-age, and adolescent patients, customized to each patient's complaints</p> <p>4.2 Modifies interview approach to assess patients at different developmental levels, including use of non-verbal techniques and play</p> <p>4.3 Effectively assesses development, including</p>	<p>5.1 Incorporates therapeutic interventions as part of the evaluation patients and families</p> <p>5.2 Utilizes creative use of evaluation techniques, both verbal and non-verbal</p> <p>5.3 Serves as a role model for gathering subtle and reliable information from the patient</p> <p>5.4 Independently teaches</p>

Competency Evaluation



Slide courtesy ACGME, 2014

OUTPATIENT PSYCHIATRY EVALUATION (GLOBAL)

This form is designed to be used by an attending for global evaluation of a resident's performance in the outpatient setting over an extended period of time (e.g. 3-6 months). Evaluation can be based on direct observation and/or indirect or oversight supervision of many of the following: initial assessments, medication management sessions, psychotherapy sessions, case presentations, treatment and disposition planning, daily care questions posed/answered, review of initial evaluation and ongoing care progress notes, interactions during individual/group trainee supervision, etc. The attending should indicate, for each topic below, which level of knowledge, skills, and attitudes best describes the resident's performance. If "not adequately observed", indicate as such.

Patient Care

History Taking and Examination Skills

- 0 -- History and collateral information are inconsistently obtained or inaccurate; does not screen for patient safety; mental status examination incomplete, not well performed
- 1 -- Obtains history and relevant collateral information; screens for patient safety, including suicidal and homicidal ideation; performs mental status examination (PC1:1.1, 1.2, 1.3)
- 2 -- History consistently complete, accurate, and relevant; shows sufficient knowledge of and assesses safety (suicide, homicide); shows sufficient knowledge of and can perform a mental status examination relevant to the patient's complaints (PC1: 2.1, 2.2, 2.4; MK2: 2.2, 2.3)
- 3 -- History taking efficient, flexible and customized to patient complaints, clinical setting and workload demands; uses hypothesis-driven information gathering (PC1: 3.1, 3.2,3.4)
- 4 -- Routinely identifies subtle, unusual findings and follows clues to relevant information in complex clinical situations; uses own emotional responses as a diagnostic tool (PC1: 4.1, 4.2, 4.4)
- N/O -- Not observed

Rapport and Therapeutic Alliance

- 0 -- Has difficulty engaging patients and establishing a therapeutic alliance
- 1 -- Establishes rapport; displays compassion, honesty, genuine interest and respect for patients and their families (PROF1: 1.1, ICS1: 1.1)
- 2 -- Establishes rapport and obtains information that is sensitive and not readily volunteered by the patient; develops a therapeutic alliance in uncomplicated situations; manages simple patient/family conflicts (PC1: 2.3; ICS1: 2.1, 2.3)

Treating Planning and Management

Resident:

Patient Condition:

Setting:

		No	Yes, Done Well	Yes, Needs to Improve	Not Applicable
ICS1	1. Develops therapeutic relationship				
ICS1	2. Negotiates and manages simple patient/family conflict				
PROF1	3. Elicits beliefs, values, and diverse practices of patients and family members				
PC3	4. Sets treatment goals in collaboration with the patient				
PC3	5. Links treatment to formulation				
PC3	6. Incorporates manual-based treatment when available				
PC3	7. Recognizes co-morbid conditions and side effects impact on treatment				
SBP2	8. Prioritizes use of resources when developing treatment plans				
SBP3	9. Incorporates disorder specific support and advocacy groups				



PC1 Acquires a history

PC3. Produces a differential Dx

PC3. Seeks consultations

ICS1 Manages conflicts

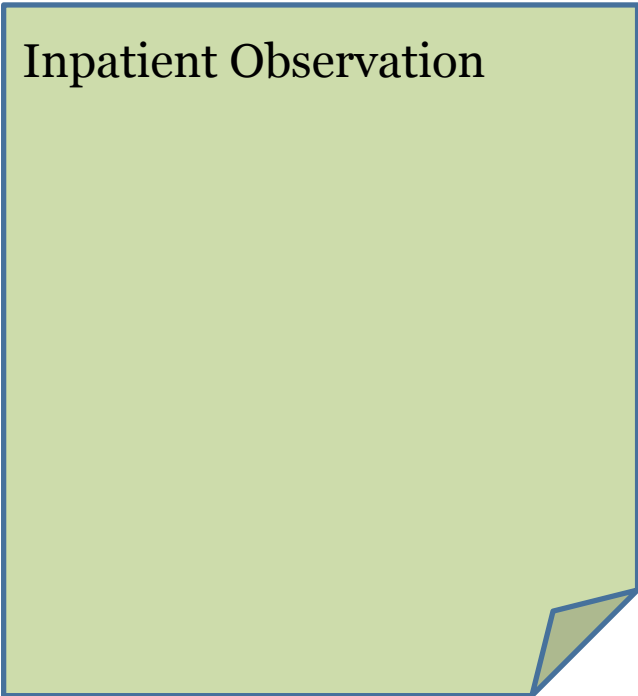
ICS2 Maintains medical records

PROF1 Demonstrates compassion

PROF2 Manages ethical issues

SBP Coordinates care with
team

PBLI2 Assimilates
evidence



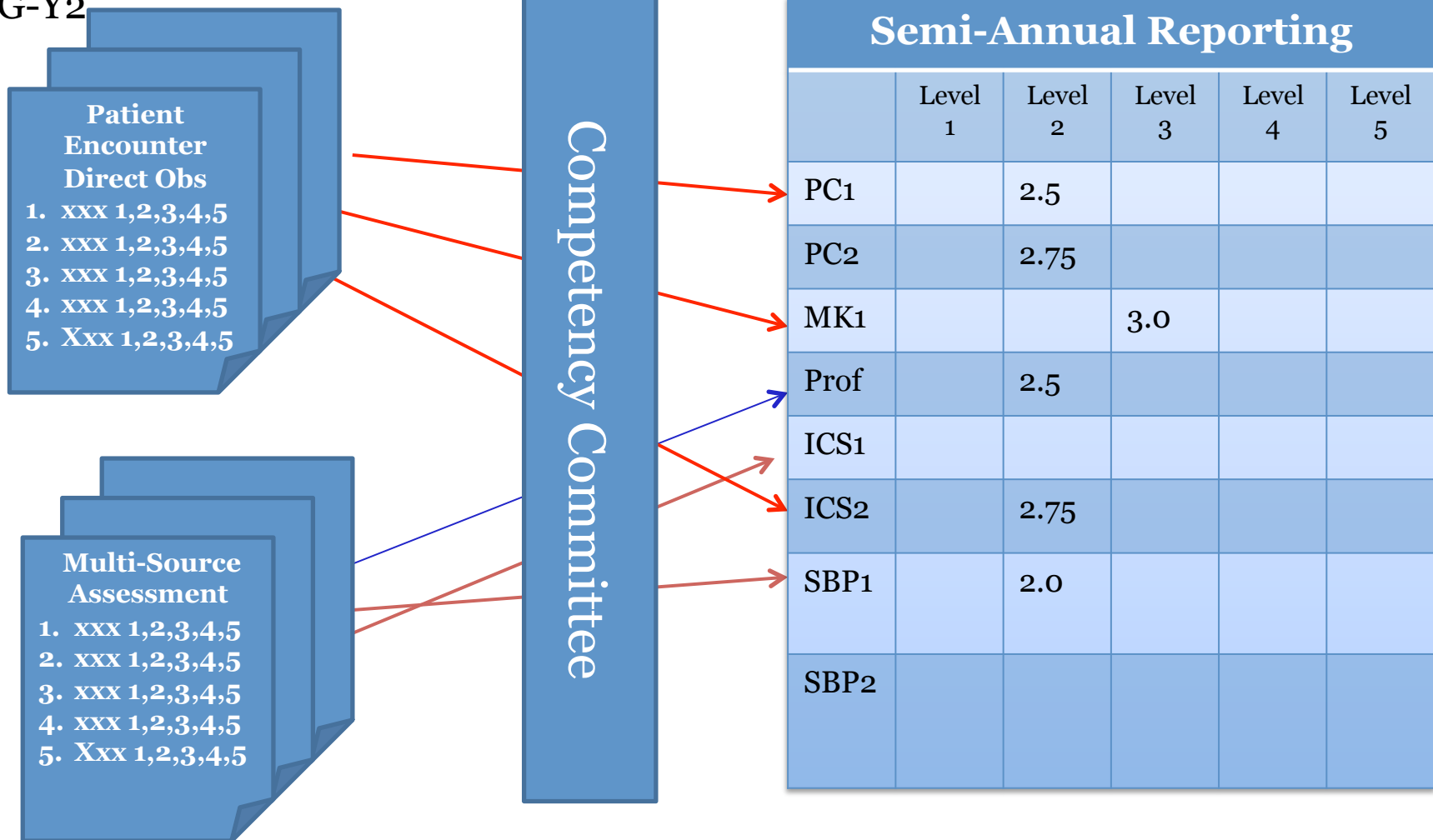
Inpatient Observation



Multi-Source Feedback

Roll Up at Resident Level

PG-Y2



CCC Guidebook

- This manual provides information related to the following topics:
 1. CCC purpose
 2. Structure and membership
 3. Meeting preparation
 4. Running the meeting
 5. Post-meeting documentation and follow-up
 6. Legal issues and considerations
 7. Annotated bibliography
 8. Q&A

<https://www.acgme.org/acgmeweb/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf>

Table 2. CPR Requirements of a CCC

	Core	Detail	CPR Requirement
The program director must appoint CCC	X		V.A.1
Minimum of three program faculty members	X		V.A.1.a)
May include additional members: physician faculty members from same/other programs or other health professions with extensive contact and experience with residents/fellows in patient care and other health care settings	X		V.A.1.a).(1) V.A.1.a).(1).(a)
Chief residents who have completed a core residency program and are board-eligible in their specialty MAY be on CCC	X		V.A.1.a).(1).(b)
Must have written description of responsibilities	X		V.A.1.b)
Should review all resident/fellow evaluations semi-annually	X		V.a.1.b).(1).(a)
Should prepare and ensure reporting of Milestone evaluations of each resident/fellow semi-annually to the ACGME	X		V.a.1.b).(1).(b)
Should advise the program director regarding resident/fellow progress, including promotion, remediation, dismissal		X	V.a.1.b).(1).(c)



Resident Name:
Year in Program:
Position Type:
Start Date:
Expected End Date:

Evaluation to be completed: Sep 1, 2010 - Jan 1, 2020

	Not Yet Rotated	Level 1	Level 2	Level 3	Level 4	Level 5
a) Lymphoma — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Head and Neck — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Genitourinary (GU) — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Palliation — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Breast — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Gastrointestinal (GI) — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Gynecologic (GYN) — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Lung — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Adult Brain Tumor — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Brachytherapy — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiotherapy (SBRT) — Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Level 2

Performs a detailed directed history and physical examination; integrates pathology and imaging reports; accurately stages a patient and designates prognostic factors

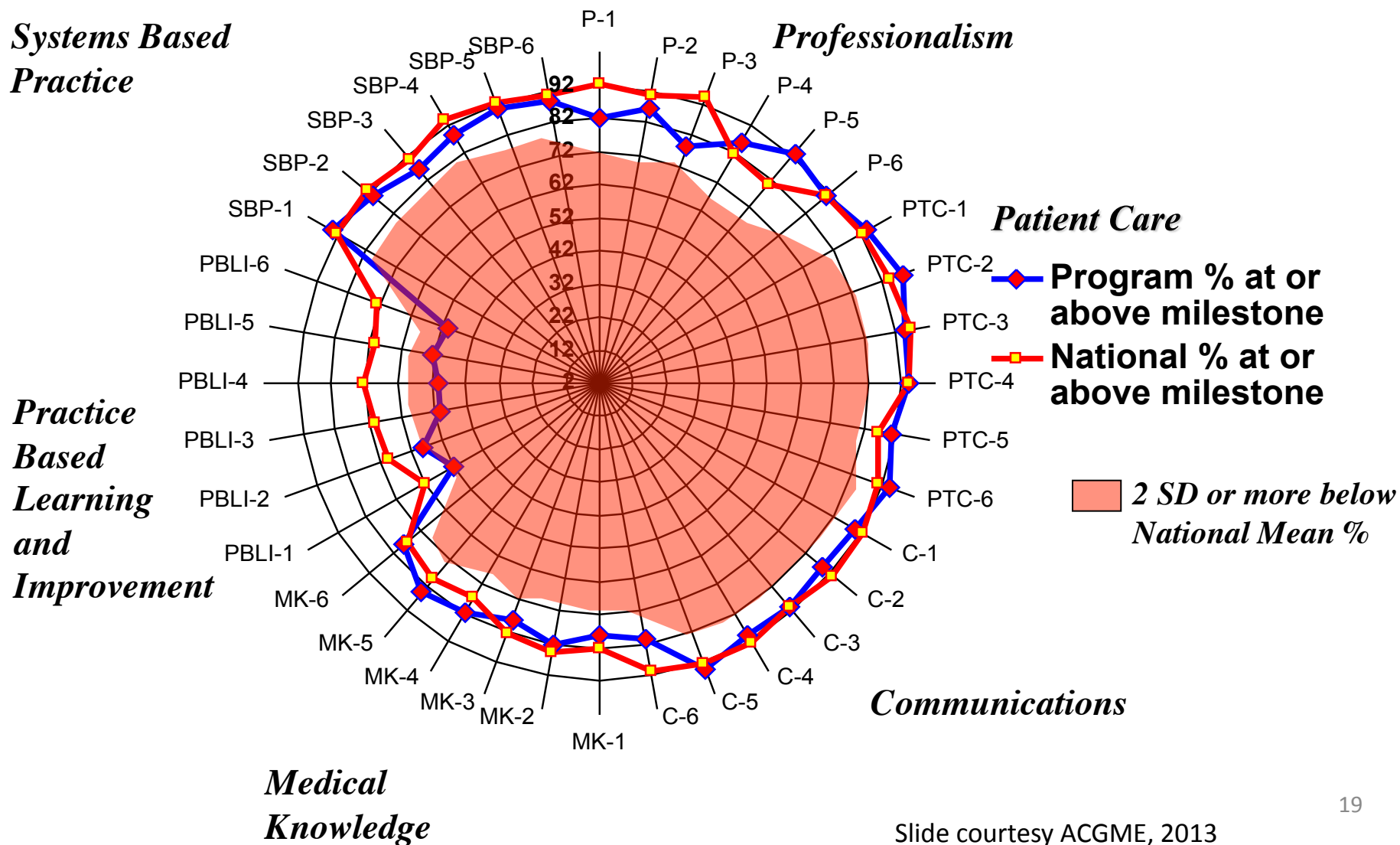
Identifies treatment options

Lists organs at risk; understands proper patient positioning and immobilization

Recognizes toxicities/symptoms seen in head and neck cancer patients treated with radiotherapy

[illegible]

Milestone reporting for programs



Milestones

- Resident NOT required to meet EACH Level 4 item to graduate
- Residents NOT assured of graduation solely on basis of Level 4 achievement
- Milestones are NOT the only measure of competency
- Milestone Levels 2, 3 & 4 do NOT necessarily correlate to PGY 2, 3 & 4

General psychiatry milestone roll out

CAP milestones roll out

- Getting started
- CCC
- Milestone assessment tools
 - Child PRITE changes
 - Transition to milestone format for rotation evals
- Reporting milestones to ACGME

Questions

- <http://www.acgme.org/>



Helpful ACGME Links

- Milestone FAQs
 - <https://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf>
- CCC Guidebook:
 - <https://www.acgme.org/acgmeweb/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf>
- milestones email: milestones@acgme.org