


**UME Milestones GME**

Alison S. Clay, MD  
ATS-APCCMPD-PEPTDA Forum  
ATS International Conference  
May 2016

@AS\_Clay  
Alison.clay@duke.edu



## Goals of Talk Today

- 1 Discuss Educational Handoffs
- 2 Compare and Contrast Milestones & CEPAERs
- 3 Share the Duke Experience

# 1. Educational Handoffs



<http://avidinvestorgroup.com/wp-content/uploads/2013/01/Handoff.jpg> (may 5, 2016)

# 1. Educational Handoffs



<http://www.inceif.org/blog/wp-content/uploads/2012/02/Ethical-Dilemmas4.jpg> (May 5, 2016)

# Cartwheel

Partner Evaluation Sheet

Performer: \_\_\_\_\_  
Observer: \_\_\_\_\_

**Does Your Partner:**

	Green	Amber	Red
1. Start with feet together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Raise arms and take one large step forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Place their hands one after the other on the mat, shoulder width apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Goals of Talk Today

- 1
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Compare and Contrast Milestones & CEPAERs
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## 2. Compare and Contrast Milestones and CEPAERS

PCS. Urgent and emergent medical conditions: Recognizes urgent and emergent medical conditions and applies basic principles of triage and resuscitation

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Defines what is urgent and emergent and promptly notifies appropriate supervisor. Completes BLS and ACLS certification	Recognizes urgent and emergent medical conditions, seeks appropriate guidance, and initiates management	Stabilizes patients with urgent and emergent medical conditions and seeks appropriate consultation. Demonstrates application of BLS and ACLS protocols	Independently manages complex and rare, specialty-specific urgent and emergent medical conditions. Maintains BLS and ACLS competency	Qualified to sit on national panel. Role model and educator for the care of urgent and emergent medical conditions
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).

## 2. Compare and Contrast Milestones and CEPAERS



## 2. Compare and Contrast Milestones and **CEPAERs**

**C**ore  
**E**ntrustable  
**P**rofessional  
**A**ctivity (for)  
**E**ntering  
**R**esidency

## 13 CEPAERs

1. Perform History and Physical Exam
2. Generate Differential Diagnosis
3. Recommend and Interpret Tests
4. Enter Orders
5. Document a Clinical Encounter
6. Provide Oral Presentation
7. Form Clinical Questions
8. Give a Handoff
9. Participate as a Team Member
- 10. Identify Urgent/Emergent Medical Conditions**
11. Obtain Informed Consent
12. Perform Procedures
13. Engage in QI/Patient Safety

## CEPAERs are Mapped to Core Competencies

2. <b>Judicious Mapping to Domains of Competence</b>	<input checked="" type="checkbox"/> Patient Care <input type="checkbox"/> Knowledge for Practice <input type="checkbox"/> Practice-Based learning and Improvement <input checked="" type="checkbox"/> Interpersonal & Communication Skills	<input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-Based Practice <input type="checkbox"/> Interprofessional Collaboration <input type="checkbox"/> Personal & Professional Development								
3. <b>Competencies within each domain critical to entrustment decisions</b>	<table border="0"> <tr> <td>PC 3</td> <td>PC 6</td> </tr> <tr> <td>PC 1</td> <td>PC 5</td> </tr> <tr> <td>PC 4</td> <td>ICS 2</td> </tr> <tr> <td>PC 2</td> <td>ICS 6</td> </tr> </table>		PC 3	PC 6	PC 1	PC 5	PC 4	ICS 2	PC 2	ICS 6
PC 3	PC 6									
PC 1	PC 5									
PC 4	ICS 2									
PC 2	ICS 6									

## 10. Recognize Urgent/Emergent Conditions

Pre-Entrustable	Entrustable
Cannot recognize Trends in Vital Signs Dismisses concerns of others Easily distracted Cannot prioritize responsibilities Cannot connect pieces of information Requires supervisors to initiate interventions Delays seeking help	Recognizes Trends in Vital Signs Listens to Team Members Knows institution specific ways to escalate care Gathers and Connects Information Initiates Interventions Reassess the patient Can interpret labs Knows when to seek help

## 2. Compare and Contrast Milestones and CEPAERs

### CEPAERS

All or None  
By End of Medical School?  
Not Specialty Specific  
Correlate to Milestone?

### Milestones

Not All or None  
Over your Career  
Specialty Specific

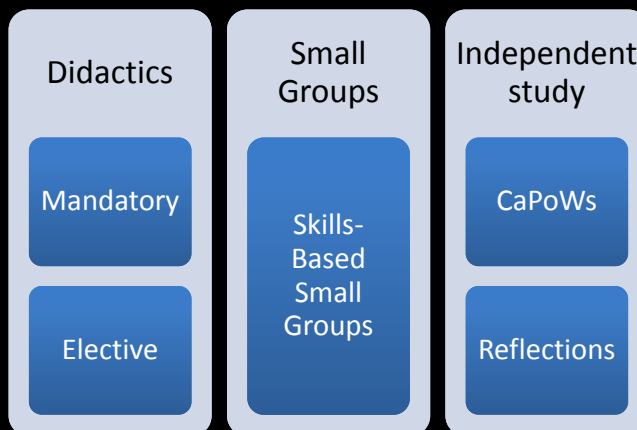


1. How/When do we bridge UME/GME?
2. Use CEPAERs or Milestones?
3. How can programs normalize between Med Schools?


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### 3. The Duke Experience Longitudinal Capstone Course









## The Capstone Coach

- 1 Communication Skills
- 2 Transitions in Care
- 3 Urgent and Emergent Medical Conditions
- 4 Reflections/Other



## Assessment During Capstone Course

PreCourse	Specific Activity	Graduation	Residency
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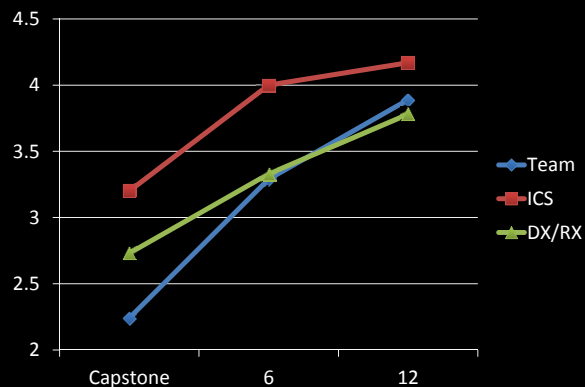


Activities	
Standardized Handoff	CEPAER 8 → TY SBP1
Discharge Summary	
Simulated Paging	
Urgent/EMC with HFS	
Breaking Bad News	
Informed Consent	
Motivational Interviewing	
Teamwork	

## Using Milestones: How well do our students perform?

Activity	Students n=~90	Capstone Faculty
QI		
Bad News	3.1	3.2
Teamwork		2.2
Safety		2.4
EMC	2.85	2.3
Dx/Rx	2.73	
EBM	2.79	
Cost Effectiveness	2.62	
Self Directed Learning	2.6	

## At graduation: Is it okay perform better in some milestones than others?



Self Assessment- Trainees 2014

## Do our assessments match PD?

Activity	Students n=~90	Capstone Faculty	Program directors (n=13)
QI			2.28
Bad News	3.1	3.2	2.23
Teamwork		2.2	2.23
Safety		2.4	2.14
EMC	2.85	2.3	2.36
Dx/Rx	2.73		2.46
EBM	2.79		2.21
Cost Effectiveness	2.62		2.23
Self Directed Learning	2.6		2.18

What could or should our handoff look like?

Dear Program Director-  
Here are the milestone levels at which  
Alison performed at the time of  
graduation:

History/PE: 3.5

DX/RX: 2.5

UME likes CEPAERs



## Are there correlations between TY milestones and CEPAERs?



CEPAER 9 and ICS1 (Teamwork)  
CEPAER 10 and PC5 (Urgent EMC)



CEPAER 3 (recommend/ interpret tests)  
PC4 (diagnose and manage)

Sometimes one is better than the other!  
CEPAER 2 better with PC2 then PC1

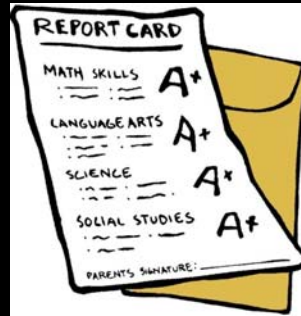
2015 Class, Self-Assessment

## Normalizing data for residencies:

CEPAER Student is Entrustable	Milestone and Level
Urgent Emergent Medical Conditions	4.5 (PC5)
Handoffs	4.0 (PBL11)
Physical Exam	3.5 (PC3)
Quality Improvement/Safety	3.0 (SBP1)
Participate as a Team Member	2.5 (ICS1)

2015 Class, Self-Assessment

# Next Steps- Dream Big



# What impacts these assessments?



## Take Home Points

- UME and GME does not share the same language
- 4<sup>th</sup> year is optimal to define handoff
- Moving forward
  - Correlate Milestones with CEPAERs
  - Provide institution specific norms
  - Understand trajectories of learning between UME and GME

## Questions



[Alison.clay@duke.edu](mailto:Alison.clay@duke.edu)

@AS\_Clay