

Finding Your Way without a Map

Implementing ACGME Milestones 2.0 in Your Fellowship Program

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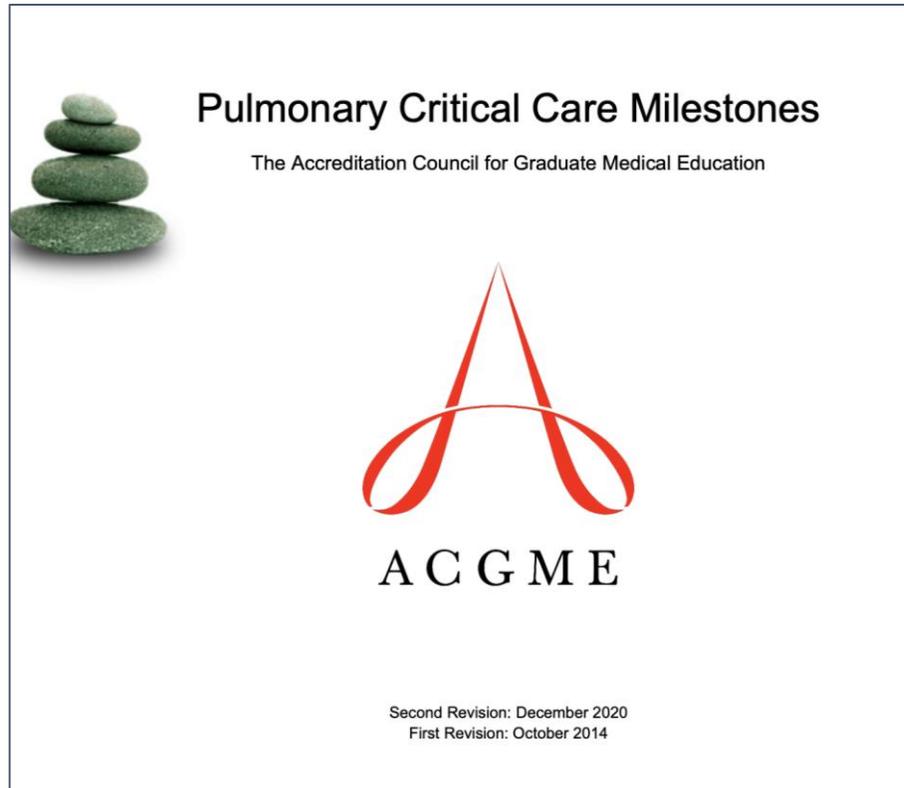


@JanaeHeath1



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But First, Some Disclosures...



Pulmonary Critical Care Milestones Work Group

Doreen Addrizzo-Harris, MD

Rendell Ashton, MD

John Buckley, MD, MPH

Kevin Chan, MD

Fei Chen, PhD

Timothy Dempsey, MD, MPH

Laura Edgar, CAE, EdD

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Kannan Ramar, MD

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Nitin Seam, MD

Antoinette Spevetz, MD

Nancy Stewart, DO

The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Board of Internal Medicine

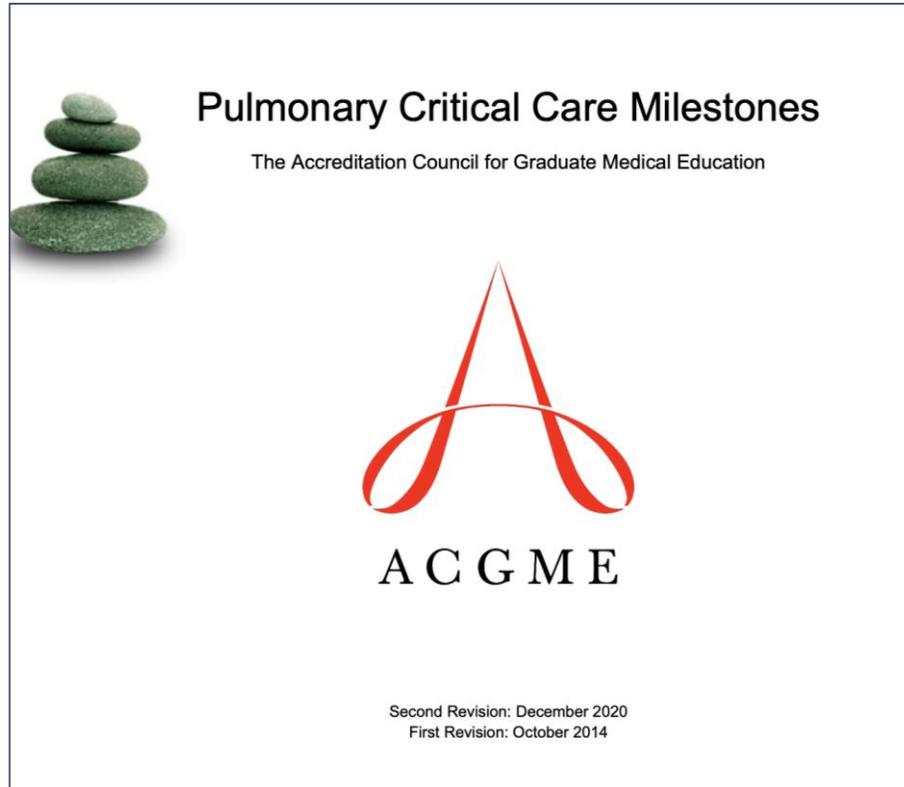
American College of Chest Physicians

Association of Pulmonary and Critical Care Medicine Program Directors

Review Committee for Internal Medicine

Society for Critical Care Medicine

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Upgrading ACGME Milestones to Version 2.0

**Type one word in the chatbox as to how updating
the new Milestones make you feel...**



Upgrading ACGME Milestones to Version 2.0: Session Outline For Today



Upgrading ACGME Milestones to Version 2.0: Session Outline For Today

1. Quick overview of the intent of the milestones



Upgrading ACGME Milestones to Version 2.0: Session Outline For Today

1. Quick overview of the intent of the milestones



2. Build some excitement about the process

Upgrading ACGME Milestones to Version 2.0: Session Outline For Today

1. Quick overview of the intent of the milestones



2. Build some excitement about the process



3. Share what we learn and develop between programs –
Hands-on grappling with milestones!

The What/When/Why of Milestones 2.0?

WHAT?

ACGME Milestones are a systematic assessment framework for medical trainees within the six core competencies of practice

WHEN?

Introduced in 2014 as assessment framework in CBME

WHY?

Aligns with competency-based medical education and provides a needed framework for assessment

WHY CHANGE?

- Milestone 2.0 provides improved:
- Specificity for Pulm-CC programs
 - Simplified behavioral anchors
 - Improve assessment utility for you and your fellows

Milestones 1.0 *versus...*

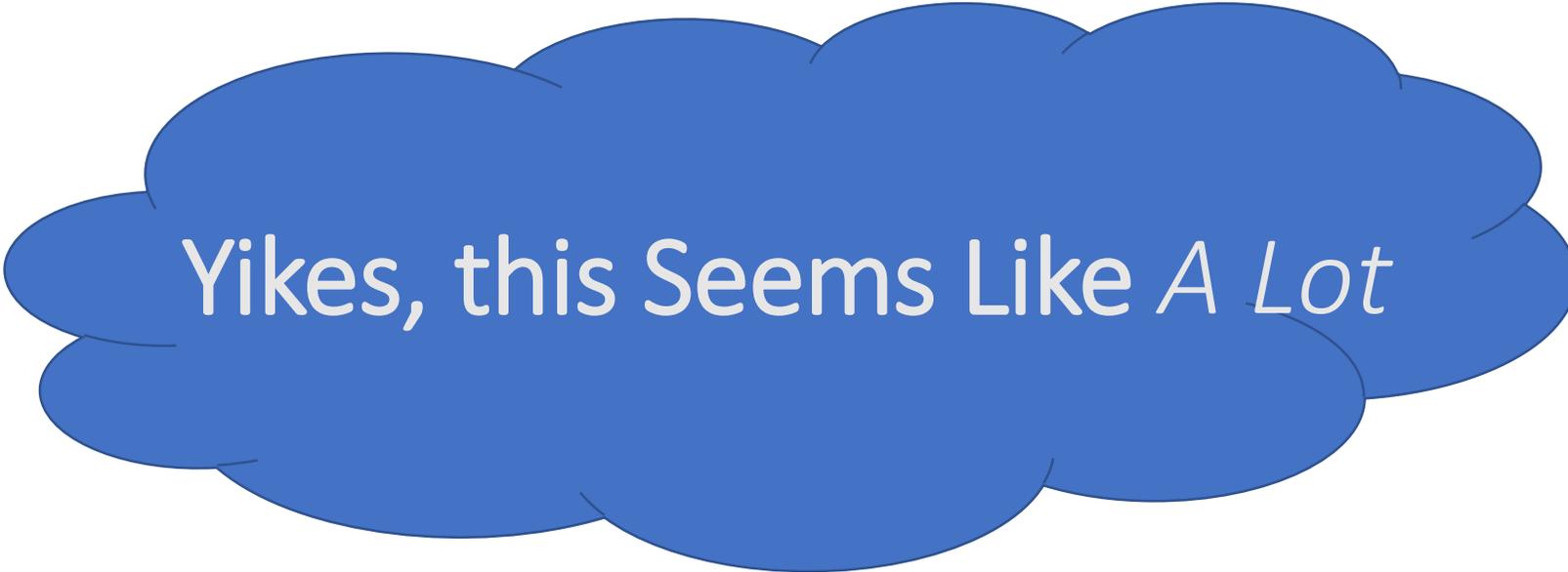
4a. Demonstrates skill in performing and interpreting invasive procedures. (PC4a)					
Not Yet Assessable	Critical Deficiencies			Ready for unsupervised practice	Aspirational
	<p>Attempts to perform invasive procedures without sufficient technical skill or supervision</p> <p>Fails to recognize cases in which invasive procedures are unwarranted or unsafe</p> <p>Does not recognize the need to discuss procedure indications, processes, or potential risks with patients</p> <p>Fails to engage the patient in the informed consent process, and/or does not effectively describe risks and benefits of procedures</p>	<p>Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision</p> <p>Inattentive to patient safety and comfort when performing invasive procedures</p> <p>Applies the ethical principles of informed consent</p> <p>Recognizes the need to obtain informed consent for procedures, but ineffectively obtains it</p> <p>Understands and communicates ethical principles of informed consent</p>	<p>Possesses basic technical skill for the completion and interpretation of some common invasive procedures with appropriate supervision</p> <p>Inconsistently manages patient safety and comfort when performing invasive procedures</p> <p>Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures</p> <p>Obtains and documents informed consent</p>	<p>Consistently demonstrates technical skill to successfully and safely perform and interpret invasive procedures</p> <p>Maximizes patient comfort and safety when performing invasive procedures</p> <p>Consistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures</p> <p>Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers)</p> <p>Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures or therapies</p>	<p>Demonstrates skill to independently perform and interpret complex invasive procedures that are anticipated for future practice</p> <p>Demonstrates expertise to teach and supervise others in the performance of invasive procedures</p> <p>Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application</p>

Milestones 2.0!

Patient Care 5: Procedures (Invasive and Non-Invasive)				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs simple procedures, with assistance	Performs complex procedures, with assistance	Performs complex procedures, with minimal assistance	Independently performs all procedures in the current practice environment	Recognized by peers as a procedural expert
Interprets limited procedural results, with assistance	Interprets comprehensive procedural results, with assistance	Independently interprets comprehensive procedural results	Independently interprets comprehensive procedural results and applies them to the patient's clinical context	Leads quality improvement initiatives related to interpretation of procedure results
Recognizes common complications	Recognizes uncommon complications	Recognizes and manages complications, with oversight	Independently recognizes and manages complications	Leads quality improvement initiatives to decrease complications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Process: Step-by-Step

1. Review the milestones and supplemental guide
2. Read the global intent of the milestones
3. Review your current rotations and current evaluations
4. Decide which to keep and where you need new evaluations
5. Create your evaluation map
6. Check for any competencies that aren't measured
7. Think about novel areas for evaluation
8. Input your mapped evaluations into your evaluation management software



Yikes, this Seems Like *A Lot*

Common Questions and Worries
That Come Up About the Process...

Pearls & Pitfalls

- PEARL:

- PITFALL:

Let's Break It Down: Step 2: The Filled-In Matrix

		FIRST YEAR ROTATIONS						CONTINUITY CLINIC			SECOND YEAR ROTATIONS				VAMC Clinics 3rd	RESEARCH II	Procedures				Presentations & Publications				360's				
MILESTONES:		VAMC Consults	VAMC ICU	SFGH Consults	SFGH MICU	UCSF PFT	UCSF Lung Transplant	UCSF Pulm. Consults	VAMC Clinic	SFGH Clinic	UCSF Clinic	UCSF ICU	UCSF OR	SFGH MICU	SFGH SICU			Bronchoscopy	Airway	Ultrasound	PFT's	Grand Rounds	Case Conferences	Physiology Conferences	Pulm. Presentations	PF & Branch Techs	Clinic RN's	ICU RN's & ALD NPs	
PC1	History & physical examination	1	1	1	1		1	1	1	1	1		1	1	1	1													
PC2	Disease management in critical care		1		1			1				1		1	1														
PC3	Disease management in pulmonary medicine	1		1			1	1	1	1						1			1										
PC4	Pre-Procedure Assessment	1	1	1	1	1	1					1	1	1	1			1	1	1									
PCS	Procedures (Invasive & Non-Invasive)	1	1	1	1	1	1					1	1	1	1			1	1	1	1								
MK1	Clinical reasoning	1	1	1	1		1	1	1	1	1		1	1	1							1	1	1					
MK2	Scientific knowledge of disease & therapeutics	1		1		1	1	1								1													
SBP1	Patient safety & quality improvement		1		1	1	1					1		1	1						1						1	1	1
SBP2	Population health	1					1		1	1	1																		
SBP4	Physician Role in health care systems		1		1		1	1	1	1	1		1	1	1	1													
PBLI1	Evidence-based and informed practice	1		1	1		1	1	1	1	1		1	1	1	1		1											
PBLI2	Reflective practice & commitment to growth	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1				1	1	1	1				

Let's Break It Down: Step 3: The MEGA Outline

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	
	Ques	Question Text	PC1	PC2	PC3	PC4	PC5	PC6	MK1	MK2	MK3	SBP1	SBP2	SBP3	PBLI1	PBLI2	PROF1	PROF2	PROF3	PROF4	ICS1	ICS2	ICS3		
			History	Physic	Clinica	Patien	Patien	Digital	Applie	Thera	Knowl	Patien	System	Physici	Eviden	Reflec	Profes	Ethical	Accour	Well-B	Patien	Interpr	Comm		
Faculty Inpatient Eval of Resident	q1	Treat patients and families with respect and empathy	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
	q2	Collect and synthesize all data to define patient's central clinical problem	1	1	1	1	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	
	q3	Make appropriate clinical decisions based on diagnostic test results	0	0	1	1	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0
	q4	Recognize unusual disease presentations that require complex diagnostic testing	1	1	1	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
	q5	Admit mistakes and modify practice in response to feedback	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
	q6	Ask for supervision and consultative assistance when needed	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
	q7	Diagnose and initiate treatment of emergent conditions	0	0	1	1	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0
	q8	Recognizes the potential for system error, and takes active steps to prevent it	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	0	0	1	0	0	0	0	0
	q9	Role model professional behaviors for junior colleagues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	0	0
	q10	Manage the healthcare team to coordinate safe discharge transitions	0	0	0	1	0	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	1	1
	q11	Works effectively within an interprofessional team (e.g. peers, residents, faculty)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Intern Inpatient Eval of Resident	q1	Available and approachable for questions and concerns	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	q2	Demonstrates excellent clinical knowledge	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0
	q3	Is able to teach about relevant clinical subjects	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0
	q4	Is able to teach critical thinking	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	q5	Is able to teach procedures/techniques	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	q6	Works effectively within an interprofessional team (e.g. peers, residents, faculty)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	q7	Communicates well with all members of the team including students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	q8	Communicates well with patients and caregivers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
	q9	Is willing to help out when necessary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	q10	Is supportive of duty hour regulations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
	q11	Overall an excellent resident	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Resident	q1	Obtain an accurate history from a patient with a complex medical problem	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	q2	Perform an accurate and appropriate exam targeted at patient's problem	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	q3	Counsel patient about a behavioral change (e.g. smoking cessation)	0	0	0	0	1	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	1	0	
	q4	Provide accurate, complete, and timely documentation in outpatient setting	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	0	1	0	1	0	0	1	
	q5	Communicate concise, accurate, oral summary of patient's clinical problem	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	

Let's Break It Down: Step 3: The MEGA Outline

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y		
	Ques	Question Text	PC1	PC2	PC3	PC4	PC5	PC6	MK1	MK2	MK3	SBP1	SBP2	SBP3	PBL11	PBL12	PROF1	PROF2	PROF3	PROF4	ICS1	ICS2	ICS3			
			History	Physic	Clinica	Patien	Patien	Digital	Applie	Therap	Knowl	Patien	System	Physici	Eviden	Reflec	Profes	Ethical	Accour	Well-B	Patien	Interpr	Comm			
Faculty Inpatient Eval of Resident	q1	Treat patients and families with respect and empathy	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
	q2	Collect and synthesize all data to define patient's central clinical problem	1	1	1	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0		
	q3	Make appropriate clinical decisions based on diagnostic test results	0	0	1	1	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0		
	q4	Recognize unusual disease presentations that require complex diagnostic testing	1	1	1	1	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0		
	q5	Admit mistakes and modify practice in response to feedback	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0		
	q6	Ask for supervision and consultative assistance when needed	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0		
	q7	Diagnose and initiate treatment of emergent conditions	0	0	1	1	0	0	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0		
	q8	Recognizes the potential for system error, and takes active steps to prevent it	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	0	0	1	0	0	0	0		
	q9	Role model professional behaviors for junior colleagues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	0		
	q10	Manage the healthcare team to coordinate safe discharge transitions	0	0	0	1	0	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	1	1	
	q11	Works effectively within an interprofessional team (e.g. peers, residents, students)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
Intern Inpatient Eval of Resident	q1	Available and approachable for questions and concerns	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
	q2	Demonstrates excellent clinical knowledge	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0		
	q3	Is able to teach about relevant clinical subjects	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0		
	q4	Is able to teach critical thinking	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0		
	q5	Is able to teach procedures/techniques	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	q6	Works effectively within an interprofessional team (e.g. peers, residents, students)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
	q7	Communicates well with all members of the team including students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
	q8	Communicates well with patients and caregivers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
	q9	Is willing to help out when necessary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	q10	Is supportive of duty hour regulations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
	q11	Overall an excellent resident	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Number of Times Represented Across Evaluations

4 3 8 10 21 7 6 11 9 5 9 9 4 10 5 7 3 4 6 12 10

Let's Break It Down: Step 3: The MEGA Outline

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y		
	Ques	Question Text	PC1	PC2	PC3	PC4	PC5	PC6	MK1	MK2	MK3	SBP1	SBP2	SBP3	PBL11	PBL12	PROF1	PROF2	PROF3	PROF4	ICS1	ICS2	ICS3			
			History	Physic	Clinica	Patien	Patien	Digital	Applie	Therap	Knowl	Patien	System	Physici	Eviden	Reflec	Profes	Ethical	Accour	Well-B	Patien	Interpr	Comm			
Faculty Inpatient Eval of Resident	q1	Treat patients and families with respect and empathy	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0			
	q2	Collect and synthesize all data to define patient's central clinical problem	1	1	1	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0		
	q3	Make appropriate clinical decisions based on diagnostic test results	0	0	1	1	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	
	q4	Recognize unusual disease presentations that require complex diagnostic testing	1	1	1	1	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	q5	Admit mistakes and modify practice in response to feedback	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	
	q6	Ask for supervision and consultative assistance when needed	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	
	q7	Diagnose and initiate treatment of emergent conditions	0	0	1	1	0	0	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	q8	Recognizes the potential for system error, and takes active steps to prevent it	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	0	0	1	0	0	0	0	0	
	q9	Role model professional behaviors for junior colleagues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	0	0	
	q10	Manage the healthcare team to coordinate safe discharge transitions	0	0	0	1	0	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	1	1	0
	q11	Works effectively within an interprofessional team (e.g. peers, residents, students)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	
Intern Inpatient Eval of Resident	q1	Available and approachable for questions and concerns	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
	q2	Demonstrates excellent clinical knowledge	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	
	q3	Is able to teach about relevant clinical subjects	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	
	q4	Is able to teach critical thinking	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
	q5	Is able to teach procedures/techniques	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	q6	Works effectively within an interprofessional team (e.g. peers, residents, students)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
	q7	Communicates well with all members of the team including students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	q8	Communicates well with patients and caregivers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
	q9	Is willing to help out when necessary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	q10	Is supportive of duty hour regulations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
	q11	Overall an excellent resident	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Number of Times Represented Across Evaluations

4 3 8 10 21 7 6 11 9 5 9 9 4 10 5 7 3 4 6 12 10

The Final Part of the Process: The Tools



How Do Others Do It With Other Tools?

In the table below, indicate areas in which the fellow did 1-2 steps **better** or **worse** than your global rating (0), or was not **directly observed**.

	-2	-1	0	+1	+2	Not observed
Taking a history	<input type="radio"/>					
Performing a physical exam	<input type="radio"/>					
Arriving at a diagnosis	<input type="radio"/>					
Formulating a plan	<input type="radio"/>					
Understanding of pharmacology and therapeutics	<input type="radio"/>					
Understanding of cognitive biases or reasoning errors	<input type="radio"/>					
Understanding of disease mechanisms	<input type="radio"/>					

Example Courtesy of Dr. Hank Fessler



**Time to learn from each other
and map the evaluations to
the Milestones**

Breakout Rooms!



Time to learn from each other and map the evaluations to the Milestones

Breakout Group 1:

Re-Tooling an old ICU evaluation from Milestones 1.0 to 2.0

Question	N/A	Below Expectations	Meets Expectations	Exceeds Expectations
1. Communicates effectively with patients and caregivers, especially on rounds and in ICU family meetings.*				
2. Effectively leads the interdisciplinary team of residents, RNs, RCPs, Pharmacists & more on ICU rounds.*				
3. Evaluates the need for, performs, and supervises procedures (such as arterial lines, central lines, thoracenteses) appropriately.*				
4. Synthesizes clinical information on the critically ill patient and makes just-in-time clinical decisions.*				
5. Learns and applies the evidence from the critical care literature.*				
6. Advocates for patient care and systems improvement in the safety-net hospital setting.*				
7. Please provide reinforcing feedback for what the fellow did well on this rotation. (Examples: Comment on rounds leadership, interprofessional communication, communication with patients & families, procedural skills, clinical decision-making, etc.) *				
8. Please describe specific opportunities for trainee growth – up to 3 bullet points on how fellow can grow on this rotation next time. *				



Time to learn from each other and map the evaluations to the Milestones

Breakout Group 1:

Re-Tooling an old ICU evaluation from Milestones 1.0 to 2.0

**Join
Breakout Room 1!**

Regroup and Reflect





Time to learn from each other and map the evaluations to the Milestones

Breakout Group 2:

Re-Tooling an old Clinic evaluation from Milestones 1.0 to 2.0

Retooling A Clinic Evaluation... Step-by-step

q1	Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s)
q2	Able to generate thorough differential diagnoses.
q3	Identifies treatment options and selects appropriately
q4	Knowledgeable about epidemiology and natural history of relevant medical problems
q5	Knowledgeable about pharmacological agents, indications, side effects and interactions
q6	Is able to interpret tests appropriately in the context of each patient's issues and the limitations of the tests
q7	Knows the indications for and limitations of commonly used pulmonary tests (PFTs, HRCT, CPET, etc).
q8	Practices with consistent attention to evidence, cost-effectiveness, and value
q9	Recognizes urgent outpatient issues that require immediate follow up and/or intervention
q10	Facilitates transition of a practice patient from an inpatient setting to outpatient (including acceptance of care, medication reconciliation, consultation with home- or community-based services).

q11	Coordinates outpatient care with other disciplines as needed for optimal patient care
q12	Communicates appropriately with referring physicians and other involved medical practitioners
q13	Conduct with patients and colleagues meets ethical standards
q14	Develops effective working alliance and facilitates empathic doctor-patient relationship
q15	Critically examines patient interactions and outcomes to improve future patient care
q16	Uses feedback as needed to improve knowledge base and care of patients
q17	Effectively allocates scarce resources in care system, including physicians own time
q18	Maintains comprehensive and timely medical records
q19	Consults medical literature as needed to improve knowledge base and care of patients
q20	Effectively conveys diagnosis and treatment plan to patient and family.
q21	Educates and counsels patients appropriately and effectively
q22	Collaborates effectively with other professionals and support staff

Retooling A Clinic Evaluation... Step-by-step

q1	Acquires an accurate and relevant history from the patient, family, and relevant medical records and performs a physical exam that is appropriately targeted to the patient's complaints and medical conditions
q2	Synthesizes all available data including history, exam, laboratory findings, and imaging to define the patient's problem list and develop a prioritized differential diagnosis for patients
q3	Accesses medical information resources to answer clinical questions and support medical decision making in caring for outpatients with a wide variety of pulmonary complaints and conditions
q4	Effectively serves as a consultant and interacts with the consulting physician by providing clear written recommendations and/or other correspondence as necessary depending on the urgency of the clinical problem

q5	Takes ownership and responsibility for their own outpatient practice which includes returning patient messages and phone calls and responding to prescription or other patient related requests in a timely fashion
q6	Effectively interprets both pulmonary function testing and imaging in order to make appropriate clinical decisions
q7	Uses communication skills to build a therapeutic relationship with patients and caregivers and engages patients in shared decision making for implementing the care plan
q8	Maintains timely, accurate, and comprehensive written medical records that appropriately prioritizes the problem list and delineates the management plan in a clear concise fashion

Retooling A Clinic Evaluation... Step-by-step

q1	Acquires an accurate and relevant history from the patient, family, and relevant medical records and performs a physical exam that is appropriately targeted to the patient's complaints and medical conditions
q2	Synthesizes all available data including history, exam, laboratory findings, and imaging to define the patient's problem list and develop a prioritized differential diagnosis for patients
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Time to learn from each other and map the evaluations to the Milestones

Breakout Group 2:

Re-Tooling an old Clinic evaluation from Milestones 1.0 to 2.0

**Join
Breakout Room 2!**

Regroup and Reflect



Returning to Our Objectives

1. Quick overview of the intent of the milestones



2. Build some excitement about the process



**3. Share what we learn and develop between programs –
Hands-on grappling with milestones!**

Take-Home Points from the Groups

- PEARL:

- PITFALL:

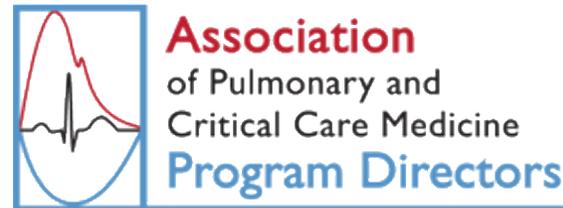
One Last Thing

Never worry alone, and we are all in this together!...

See below for links to evaluations and excel sheets used today!...



ACGME Resources on the Web



APCCMPD Resources and Evaluations on the Web



Dropbox Link in the Chat Box

Thank You for Your Participation!

Questions?

Email Us or Tweet Us!

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