

Accreditation Council for Graduate Medical Education

Developmental Milestones & The Next Accreditation System

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The Outcome Project

1999 - Outcome Project Begins

- General Competencies Defined

2001- Quadrads (Board, PD, RRC, Res) Convened

- Translate general competencies into specialty-specific competencies

2002-2008 – Implementation of 6 Competency Domains

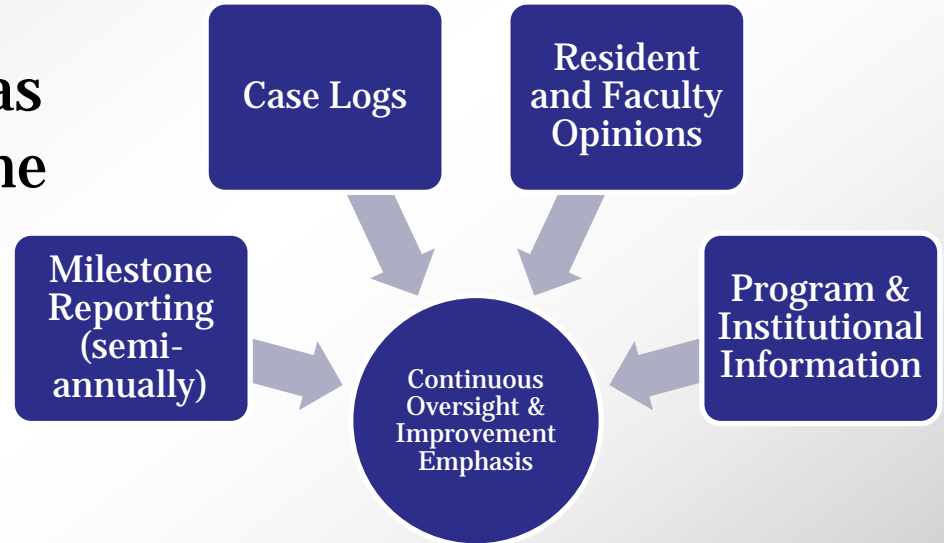
- Residency programs expected to develop instructional and assessment methods for integrating the competencies in their curricula

Response from DC & Public

- Graduating residents not what health care system needs, especially in the Prof, ICS, SBP, & PBLI competencies
- The profession's monitoring of resident duty hours and patient safety continues to be unsatisfactory

Next Accreditation System (NAS)

- A new approach to ACGME accreditation was formally announced in the New England Journal of Medicine in February, 2012
- Milestones are a cornerstone of the new system



The article can be found at: <http://www.acgme-nas.org/assets/pdf/NEJMfinal.pdf>

Goals of NAS

- **Strengthen resident development in the Prof, ICS, SBP, & PBLI competencies**
- **Enhance public accountability**
 - **More explicit definition of a good physician (Milestones)**
 - **Patient safety is paramount (CLER)**
- **Reduce time required for accreditation**

NAS Overview

- Continuous oversight rather than episodic sampling
- Milestone reports (semi-annual), Resident & Faculty questionnaires (annually), Case Logs (annually), Program & Institutional Infrastructure (annually) monitored by ACGME Review Committees
- Program Site Visits at ~10 year intervals
- Emphasis on program improvement

NAS TIMELINE

- **6/11 ACGME Board Approved NAS**
- **7/12 CLER Visits Initiated**
- **12/12 Residency Milestones Completed**
- **7/13 NAS Pilot in 7 Specialties**
- **2013-14 NAS Policies & Procedures Finalized**
- **2014 NAS Implemented in all Specialties**
- **2015 Subspecialty Milestones Completed**

Milestone Template

Milestone Description: Template				
Level 1	Level 2	Level 3	Level 4	Level 5
What are the expectations for a beginning resident?	What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?	What are the key developmental milestones mid-residency? What should they be able to do well in the realm of the specialty at this point?	What does a graduating resident look like? What additional knowledge, skills & attitudes have they obtained? Are they ready for certification?	Stretch Goals – Exceeds expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Development Schedule

2012

- December - Milestones for residency programs completed

2013

- January - Subspecialty milestone development begins
- July - Seven specialties begin use of Milestones with NAS

2014

- July - Milestones implemented for all specialties

Reporting – Online Tool

Patient Care	Level 1	Level 2	Level 3	Level 4	Level 5	
1. Gather information by interviewing the patient or surrogate and performing a physical exam	<input type="radio"/>	<input type="radio"/>	<div data-bbox="683 544 1244 658" style="border: 1px solid black; padding: 5px; text-align: center;"> Determines necessity and urgency of diagnostic studies </div>		<input type="radio"/>	<input type="radio"/>
2. Apply results of diagnostic tests and procedures	<div data-bbox="401 729 517 772" style="border: 1px solid black; padding: 2px;">→</div> <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Generate a differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Develop a patient care plan and adapt as <u>subacute</u> or chronic condition evolves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Perform intra-operative and post-operative management of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- Interprets results of a diagnostic study, recognizing limitations and risks, seeking interpretive assistance when appropriate
- Reviews risks, benefits, contradictions, and alternatives to a diagnostic study or procedure

Clinical Learning Environment Review

Institutional CLER visits ~ every 18 months

Patient Safety

Quality Improvement

Transitions in Care

Supervision of Residents

Duty Hours/Fatigue Management & Mitigation

Professionalism

Additional information available at: <http://www.acgme-nas.org/CLER>

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Questions & Discussion

