

# ACGME MILESTONES FOR PROGRAM IMPROVEMENT



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By 2015, all specialties and subspecialties began using the ACGME Milestones to evaluate resident progress. Programs report milestones data to the ACGME semiannually, and the completed milestones scores are reviewed with residents and fellows during their semiannual reviews. Let's take a moment to expand on this standard and look at some ways programs can use milestones data to make improvements.

First, and foremost, programs should share and review milestones with residents as they enter the program. Coordinators should provide residents with a copy of the milestones and the ACGME Milestone Guidebook for Residents and Fellows, at or before onboarding. During their orientation, programs should consider discussing milestones in small group sessions, utilize online micro-learning modules, or offer a formal presentation. This could also be accomplished early in the academic year as a noon lecture or part of a didactic session. Each program will need to decide what works best for it while also providing residents with insight and understanding of the current milestones.

Reviewing the milestones with residents when they enter the program stresses their importance, embeds the milestones in the culture, ensures that residents are aware of expectations, and that they understand how they will be evaluated during their training. A discussion regarding what the milestones are, the purpose of the Clinical Competency Committee (CCC), the processes in place, and an explanation of documents reviewed at each session should be discussed. It may be helpful for your program to provide residents with a template for self-evaluation before faculty meet to discuss milestones scores. This will provide residents the opportunity to evaluate their own performance level in the program; additionally, it is a great way to get residents involved in the process and add an element of personal ownership to the resident's success. Faculty can review these evaluations during the assessment of each resident. A milestones self-evaluation could mirror every subcompetency for your specialty or simply include a select few. It would be good practice to include a section on the form for residents to list areas for growth, along with short-term goals to accomplish before the next session. It is worthwhile to discuss the self-evaluation in conjunction with the final milestones scores during the resident's semi-annual review with the program director. This review ensures that residents are making progress on the areas they are listing for goals and growth.

Milestones scores can be used to spot trends and note underperformers (Edgar, 2017). Reviewing milestones scores as part of your Program Evaluation Committee (PEC) meeting can allow for a discussion of the strengths and weaknesses of your program. If there are specific milestones that residents are consistently not reaching, the program can look at different ways to improve their curriculum. Additional didactics, different texts, more time on specific rotations, or revision of goals and objectives could be in order. A change to program dynamics might have caused less exposure to certain milestones than in the past, or faculty assessments may have changed. For example, a faculty member you relied on for a pediatric rotation is retiring, and there is no one at your institution to replace him. A change of this nature would require a program to send residents to a new location, or to use a new faculty member, which would influence exposure. Another example is if a program restructures its rotation schedule for the new year and subsequently discovers a decline in a specific milestone; it may be that the decline is related to the rotation change. Furthermore, if there is a specific resident struggling or falling behind his or her peers, meetings could be scheduled with mentors or the program director to develop personalized learning plans.

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Lastly, providing faculty development on the use and evaluation of milestones can assist current and new faculty in better understanding the milestones. Some faculty may struggle with how to interpret or use the milestones, so faculty development on this topic would allow for better feedback and more accurate resident evaluation. Many resources such as articles, webinars, and courses are available to further faculty knowledge on milestones. The ACGME offers a course titled “Developing Faculty Competencies in Assessment,” in which topics such as how to effectively run your CCC and the use of Milestones and Entrustable Professional Activities (EPAs) for professional development are discussed. Programs also might choose to have incoming faculty sit with the program director or the chair of the CCC for a one-on-one session to discuss what the milestones are and how they are used in evaluating residents. Another training option is departmental workshops or extended lecture sessions within programs to offer faculty tools for increasing understanding and interpretation of the milestones. GME offices often offer workshops for using milestones, as well. If the office does not do so, this might be a helpful suggestion to make. Providing these opportunities and tools to faculty will not only aid them in understanding the milestones for evaluation but will also assist them as they teach and guide the residents through training.

Residency programs work diligently to build robust performance data to establish milestones to evaluate resident progress. With so much energy put into gathering this information, it makes sense to use this information not only for the progress and success of the resident, but also the progress and success of the program.

## References

Edgar, L. (2017, May). Enabling systematic improvement in GME through milestones (revised). Association for Hospital Medical Education, Irwin, PA.