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INVESTIGATING PROGRAM DIRECTORS' MILESTONES ASSESSMENT PRACTICES IN GRADUATE MEDICAL EDUCATION

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BACKGROUND

ACGME's Milestones assessment requirement has placed new demands on Program Directors (PDs), especially those with limited knowledge of assessment and evaluation activities.

PURPOSE

Investigate the current assessment practices as well as identify the needs and challenges of the Program Directors in implementing Milestones for assessment in graduate medical education at a pediatric hospital.

METHODS

This collective case study used an emergent, exploratory, inductive qualitative approach to investigate the Milestone assessment issues within the residency/fellowship programs in our institution. We used structured meetings with planned agendas and a pre-formatted template to itemize 19 graduate training programs' Milestone assessment practices, needs, and challenges.

- Data collection began in January 2015 and completed in June 2016.
- Structured meetings with planned agendas (a pre-formatted template to itemize program current practices, needs, difficulties/challenges in the Milestone assessment.
- Three coders developed thematic content/cross-case analysis to increase validity (Green & Thorogood, 2005; Patton, 2002; Riessman, 2008).
- A cross-case thematic structure was built to compare coding and themes for each program, and then built up another cross-thematic matrix to identify commonalities across programs for contextual validity (Miles & Huberman, 1994).

RESULTS

All 19 programs are using multiple methods to teach the six core competencies while similarities/differences emerged in 17 themes. A total of 13 types of assessment and evaluation tools are consistently being used across programs. The most commonly used among those were Rotation Evaluation, 360° Evaluation, and Non-Rotation Faculty Assessment. Practice-Based Learning is mostly measured using Conference Assessment in 12 programs (63%). Medical Knowledge is measured mostly using ITE Scores (58%). Patient Care (PC) is measured with Direct Observation methods (74%). The needs of the 19 programs fell into 17 categories and the top six common high demand needs were listed in Table 1.

PDs reported a variation of evaluation challenges that fell into five domains (see Table 2). The most common challenges were related to logistics and tracking difficulties of evaluation in the resident management system (10 programs), time management (9 programs), and difficulty in determining and interpreting the Milestones numbers and levels (6 programs).

Table 2: Program Directors' Challenges in 19 Programs

Program Directors' Challenges	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19
Survey Management Issues (Frequency, duration)																			
• Too many evaluations producing assessment and evaluation fatigue	x		x																
• Time management/Time distribution per evaluation	x		x	x			x	x	x			x	x						x
• Logistics/tracking difficulties of evaluation in the resident management system	x					x		x		x	x		x	x	x	x			x
Engagement																			
• Inadequate participation in evaluation	x																		x
• Difficulty in obtaining written feedback from faculty	x																	x	
• Incomplete understanding of the content of a meaningful assessment	x											x							
• Identifying fellows' strengths and weaknesses, including fellow specific data													x	x	x				
Training and support																			
• Variation of faculty training on assessment and feedback	x																	x	x
• Difficulty in determining and interpreting the Milestones numbers and levels				x	x	x				x	x					x			
• Measurement errors in scoring and mismatch with the narratives							x	x											
• Difficult in interpreting the verbiage with multi-descriptors				x		x				x					x				
• Faculty difficulty in assessing beyond direct supervision experiences		x																	
• Conflicting faculty interpretation of the anchors in the evaluation								x		x									
Clarity/Alignment																			
• Unclear descriptions that are not applicable to fellows				x											x				
• Matching the milestone descriptors with the labels for sub-competencies				x				x		x				x					
• Trying to combine concepts in evaluations that do not fit together				x									x						
• Evaluating procedural skills that are not reflected in the Milestones								x											
• Difficulty mapping sub-competencies with program's assessments								x											
Clinical Competency Committee (CCC) function																			
• Faculty coming to CCC meeting unprepared				x															
• Faculty understanding the roles and functions of a CCC		x																	

RESULTS

Table 1: Cross-Thematic Matrix: Common Themes in Assessment Needs across 19 Programs

Priority Order	Common Needs	Competency Areas
1	Alignment / Improvement (63.2%)	Patient Care
2	Evaluation Management /Timeframe (52.6%)	Patient Care
3	Discreet Activity Assessment (47.4%)	Patient Care
3	Conference Assessment (47.4%)	Medical Knowledge
4	Conference Assessment (42.1%)	System Based Practice
4	Conference Assessment (42.1%)	Practice Based Learning and Improvement
5	Discreet Activity Assessment (36.8%)	System Based Practice
6	Alignment and Improvement (31.6%)	Practice Based Learning and Improvement

CONCLUSION

Our study provided a broad range of viewpoints and experiences as it relates to the PDs' current practices, needs, and challenges with Milestone assessment. Our next step is to devise a plan to prioritize the program needs and a way of assessing the impact of our actions. The ultimate outcome of this study will be to fairly deliver our support and services to all programs equally providing expertise/consulting, guiding, mentoring/advising, and distributing resources.

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