Investigating Program Directors' Milestone Assessment Practices in Graduate Medical Education

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INVESTIGATING PROGRAM DIRECTORS’ MILESTONES ASSESSMENT PRACTICES IN GRADUATE MEDICAL EDUCATION

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BACKGROUND
ACGME’s Milestone 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 1: Cross-Thematic Matrix: Common Themes in Assessment Needs across 19 Programs

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

Table 2: Program Directors’ Challenges in 19 Programs

<table>
<thead>
<tr>
<th>Program Directors’ Challenges</th>
<th>Survey Management Issues (Frequency, Duration)</th>
<th>Clarity/Alignment</th>
<th>Training and Support</th>
<th>Engagement</th>
<th>Medical Knowledge Assessment Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time management of evaluations in the resident management system</td>
<td>Inadequate participation in evaluation</td>
<td>Inadequate training in non-directive skill</td>
<td>Time management</td>
<td>Measurement errors in scoring and certification of the residents</td>
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<td>Identification of expected outcomes for non-scored milestones</td>
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<td>Clinically important findings in assessment reports</td>
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</tbody>
</table>

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.

REFERENCES