

Milestones: The Road to Faculty Development

Deepa Shah, MD,* Claudia E. Goettler, MD,* Daniel J. Torrent, MD,* Alyson Riddick, C-TAGME,[†] Kelley Whitehurst, MAEd,[†] Herb Garrison, MD,[†] Brett Waibel, MD,* and Carl E. Haisch, MD*

*Department of Surgery, East Carolina University, Greenville, North Carolina; and [†]Vidant Medical Center, Graduate Medical Education, Greenville, North Carolina

PURPOSE: Milestones for the assessment of residents in graduate medical education mark a change in our evaluation paradigms. The Accreditation Council for Graduate Medical Education has created milestones and defined them as significant points in development of a resident based on the 6 competencies. We propose that a similar approach be taken for resident assessment of teaching faculty. We believe this will establish parity and objectivity for faculty evaluation, provide improved data about attending surgeons' teaching, and standardize faculty evaluations by residents.

METHODS: A small group of advanced surgery educators determined appropriate educational characteristics, resulting in creation of 11 milestones (Fig. 2) that were reviewed by faculty and residents. The residents have historically answered 16 questions, developed by our surgical education committee (Fig. 3), on a 5-point Likert score (never to very often). Three weeks after completing this Likert-type evaluation, the residents were asked to again evaluate attending faculty using the Faculty Milestones evaluation. The residents then completed a survey of 7 questions (scale of 1-9—disagree to strongly agree, neutral = 5), assessing the new milestones and compared with the previous Likert evaluation system.

RESULTS: Of 32 surgery residents, 13 completed the Likert evaluations (3760 data points) and 13 completed the milestones evaluations (1800 data points). The number completing both or neither is not known, as the responses are anonymous when used for faculty feedback. The Faculty Milestones attending physicians' scores have far fewer top of range scores (21% vs 42%) and have a wider spread of data giving better indication of areas for improvement in teaching skills.

The residents completed 17 surveys (116 responses) to evaluate the new milestones system. Surveys indicated that milestones were easier to use (average rating 6.13 ± 0.42 Standard Error (SE)), effective (6.82 ± 0.39) and efficient (6.11 ± 0.53), and more objective ($6.69 \pm 0.39/6.75 \pm 0.38$) than the

Likert evaluations are. Average response was 6.47 ± 0.46 for overall satisfaction with the Faculty Milestones evaluation. More surveys were completed than evaluations, as all residents had an opportunity to review both evaluation systems.

CONCLUSIONS: Faculty Milestones are more objective in evaluating surgical faculty and mirror the new paradigm in resident evaluations. Residents found this was an easier, more effective, efficient, and objective evaluation of our faculty. Although our Faculty Milestones are designed for surgical educators, they are likely to be applicable with appropriate modifications to other medical educators as well. (J Surg Ed 72:e226-e235. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: faculty development, milestones, surgery, education

COMPETENCIES: Practice-Based Learning and Improvement, Professionalism, Interpersonal and Communication Skills

INTRODUCTION

Historically, general surgery residents were evaluated in comparison with their peers in their postgraduate year class, with prior residents, or with an ideal standardized resident. Objective data other than in-service scores (i.e., the American Board of Surgery in-Training Examination [ABSITE]) were lacking in all fields. This approach gives empirical data concerning test-taking ability and knowledge base but does little to quantify technical skills, application of knowledge, or interpersonal abilities. Different learners progress at different rates, thus this evaluation was limited in its ability to measure absolute ability and measure interval improvement. This method does not ensure the safety of the resident at completion of training much less their progress throughout training.

The Accreditation Council for Graduate Medical Education (ACGME) has created milestones for the evaluation of residents and fellows (Fig. 1). Milestones are defined as

Correspondence: Inquiries to Carl E. Haisch, MD, Division of Transplant Surgery, East Carolina University, 600 Moye Boulevard, Greenville, NC 27834; fax: (252) 744-3021; e-mail: haisch@ecu.edu

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Care for Diseases and Conditions (CDC)	INTERPERSONAL AND COMMUNICATION SKILLS (ICS1)	<p>This resident is not able to clearly, accurately, and respectfully communicate with patients and families.</p> <p>This resident fails to effectively communicate basic healthcare information to patients and families.</p>	<p>This resident uses a variety of techniques to ensure that communication with patients and their families is understandable and respectful (e.g. non-technical language, teach back, appropriate pacing, and small pieces of information).</p> <p>This resident effectively communicates basic health care information to patients and families.</p>	<p>This resident customizes communication, taking into account patient characteristics (e.g. age, literacy, cognitive disabilities, culture).</p> <p>This resident provides timely updates to patients and families during hospitalizations and clinic visits.</p>	<p>The resident is capable of delivering bad news to patients and families sensitively and effectively.</p>	<p>This resident can customize emotionally difficult information, for example, when participating in end of life discussions.</p> <p>This resident is capable of negotiating and managing conflict among patients and families.</p>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Comments:</p>	<p>Not Yet Assessable <input type="checkbox"/></p>	

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

FIGURE 1. Example of current ACGME milestone evaluation.⁶

significant points in development based on the 6 competencies: interpersonal and communication skills, patient care, medical knowledge, systems-based practice, practice-based learning and improvement, and professionalism. These have been used for years in a variety of specialties including Internal Medicine, Emergency Medicine, Pediatric, and General Surgery residency programs as a comprehensive assessment of the resident's skills.^{1,2} These milestones have a greater discriminatory ability for the assessment of resident progress in comparison with previous methods.³ With the institution of the milestones, a resident that is failing to progress will have an early and clear indication of their progress. This allows for early intervention and remediation to correct these issues, and if needed early removal of the resident. This utilizes less of the resident and program's time and resources.

The development of resident milestones for evaluation of graduate medical education marks a change in our existing evaluation paradigms because they are anchored, provide a standardized assessment, and facilitate feedback to the resident.^{4,5} To our knowledge, an anchored system like the resident milestones does not exist for faculty evaluation. Like residents, some teaching faculty members begin with more skill than others and develop their abilities over time. We felt that the resident milestones concept could be applied to assess the development of surgical teaching faculty given their success in a resident setting. The use of milestones for the evaluation of faculty will introduce parity and standardization across faculty and resident evaluations. Therefore, our purpose was to translate the lessons learned with the competency-based resident milestones to reform faculty development and to provide an anchored assessment in an easy format for the residents to complete.

METHODS

To create Faculty Milestones, a thorough review of our current faculty evaluation method was first performed. Residents at Vidant Medical Center have historically evaluated attending physician teaching faculty through 16 questions that were developed by our surgical education committee based on the literature for plastic surgery and general surgery evaluations (Fig. 2). Each question is graded on a 5-point Likert score (1 = never, 2 = seldom, 3 = occasionally, 4 = often, and 5 = very often). The residents complete this Likert evaluation for the teaching faculty based on their year of training. Therefore, residents are not required to evaluate attending surgeons with whom that they have not rotated (i.e., a resident who has not done a thoracic rotation is not required to evaluate the thoracic surgeon).

A small group of advanced educators within the Department of Surgery and Graduate Medical Education Office determined appropriate educational characteristics to be used as key points for faculty evaluation. These desirable characteristics were subsequently categorized according to the 6 ACGME competencies: patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, and interpersonal skills and communication. These categories were then correlated with the existing resident ACGME General Surgery milestone system and the Faculty Milestones were then formatted in their likeness.⁶ This new system was discussed with the surgical education committee and further refined. Surgical residents and surgical faculty subsequently reviewed these points, and the iterative process resulted in 11 education milestones: Procedural Autonomy, Care Autonomy, Leadership,

Download English Version:

<https://daneshyari.com/en/article/4297462>

Download Persian Version:

<https://daneshyari.com/article/4297462>

[Daneshyari.com](https://daneshyari.com)