



Implementation of Nephrology Subspecialty Curricular Milestones

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Beginning in the 2014-2015 training year, the US Accreditation Council for Graduate Medical Education (ACGME) required that nephrology Clinical Competency Committees assess fellows' progress toward 23 subcompetency "context nonspecific" internal medicine subspecialty milestones. Fellows' advancement toward the "ready for unsupervised practice" target milestone now is tracked in each of the 6 competencies: Patient Care, Medical Knowledge, Professionalism, Interpersonal Communication Skills, Practice-Based Learning and Improvement, and Systems-Based Practice. Nephrology program directors and subspecialty societies must define nephrology-specific "curricular milestones," mapped to the nonspecific ACGME milestones. Although the ACGME goal is to produce data that can discriminate between successful and underperforming training programs, the approach is at risk to produce biased, inaccurate, and unhelpful information. We map the ACGME internal medicine subspecialty milestones to our previously published nephrology-specific milestone schema and describe entrustable professional activities and other objective assessment tools that inform milestone decisions. Mapping our schema onto the ACGME subspecialty milestone reporting form allows comparison with the ACGME subspecialty milestones and the curricular milestones developed by the American Society of Nephrology Program Directors. Clinical Competency Committees may easily adapt and directly translate milestone decisions reached using our schema onto the ACGME internal medicine subspecialty competency milestone-reporting format.

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In 2012, the Accreditation Council for Graduate Medical Education (ACGME) introduced the Next Accreditation System.¹ One objective of this system is to base training program accreditation on trainee outcomes, using milestone attainment in the 6 basic competencies: Patient Care (PC), Medical Knowledge (MK), Professionalism (PROF), Interpersonal Communication Skills (ICS), Practice-Based Learning and Improvement (PBLI), and Systems-Based Practice (SBP). Milestones are competency-based progressive achievements, demonstrated by trainees during the period of their education and culminating in graduation and the commencement of unsupervised practice. Aggregate performance of program trainees in achieving milestones will be one outcome data element used annually by the Next Accreditation System to assess programmatic success/compliance, ultimately producing national competency outcomes within specialties and subspecialties.

In March 2014, the ACGME published "context nonspecific" internal medicine subspecialty milestones in 23 subcompetencies (Box 1).² Clinical Competency Committees (CCCs) will submit twice-yearly trainee evaluations using the subcompetency milestone reporting form (see²). In the form, for each subcompetency, there are 10 response buttons arranged beneath 6 columns, each describing a set of milestone behaviors. The first column indicates that the

subcompetency is "not yet assessable," that is, not observed. The second indicates that "critical deficiencies" exist. The next 3 columns describe satisfactory and progressively improving fellow performance. Column 3 describes an early learner (or noncritical deficiencies based on level of training), and column 4, a fellow who is satisfactorily progressing. Column 5, "ready for unsupervised practice," is the graduation target. Column 6 describes "aspirational behavior." To indicate an individual fellow's progress, the CCC selects a response button either centered below a column or situated between columns. Selecting a button directly below a column indicates that milestones in that and preceding columns have been "substantially demonstrated," whereas choosing a

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Box 1. ACGME Context-Nonspecific Internal Medicine Subspecialty Competencies and Subcompetencies**Patient Care (PC)**

- PC1: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).
- PC2: Develops and achieves comprehensive management plan for each patient.
- PC3: Manages patients with progressive responsibility and independence.
- PC4a: Demonstrates skill in performing and interpreting invasive procedures.
- PC4b: Demonstrates skill in performing and interpreting noninvasive procedures and/or testing.
- PC5: Requests and provides consultative care.

Medical Knowledge (MK)

- MK1: Possesses clinical knowledge.
- MK2: Knowledge of diagnostic testing and procedures.
- MK3: Scholarship.

Systems-Based Practice (SBP)

- SBP1: Works effectively within an interprofessional team (eg, with peers, consultants, nursing, ancillary professionals, and other support personnel).
- SBP2: Recognizes system error and advocates for system improvement.
- SBP3: Identifies forces that impact the cost of health care and advocates for and practices cost-effective care.
- SBP4: Transitions patients effectively within and across health delivery systems.

Practice-Based Learning and Improvement (PBLI)

- PBLI1: Monitors practice with a goal for improvement.
- PBLI2: Learns and improves via performance audit.
- PBLI3: Learns and improves via feedback.
- PBLI4: Learns and improves at the point of care.

Professionalism (PROF)

- PROF1: Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team.
- PROF2: Accepts responsibility and follows through on tasks.
- PROF3: Responds to each patient's unique characteristics and needs.
- PROF4: Exhibits integrity and ethical behavior in professional conduct.

Interpersonal Communication Skills (ICS)

- ICS1: Communicates effectively with patients and caregivers.
- ICS2: Communicates effectively in interprofessional teams.
- ICS3: Appropriate utilization and completion of health records.

Abbreviation: ACGME, Accreditation Council for Graduate Medical Education.

Based on² (which contains complete descriptions of subcompetency milestones).

button between columns indicates that milestones in preceding columns, as well as some in higher column(s), have been substantially demonstrated. After milestone attainment in each subcompetency has been assessed and documented, the CCC provides a summary evaluation of general competency performance.

NEPHROLOGY CURRICULAR MILESTONES: GOALS AND CHALLENGES

Because the subspecialty milestone reporting template is nonspecific, the ACGME has tasked program directors and subspecialty societies with drafting specific curricular milestones in the context of the subspecialty.³ The American Society of Nephrology (ASN) Training Program Directors Working Committee released an implementation draft of nephrology curricular milestones and a compliance guide with assessment tools in June 2014.^{4,5} ACGME reporting began in late 2014. Thus, nephrology training programs were expected to have a structure for assessing and documenting milestone achievement in the 23 subcompetencies within 6 months of the implementation draft.

Among the worthy goals of the ACGME Milestones Project is a standardized framework for program accreditation decisions and publicly accountable continuous improvement in graduate medical education. For individual programs, milestones should provide curriculum development guidance, trainee assessment, feedback (with earlier identification of struggling trainees), and "explicit and transparent expectations of performance."⁶

A critical limitation of the Milestones Project is the lack of clearly defined objective outcomes and validated assessment tools. Nephrology CCCs will determine trainee milestone achievement using the ASN draft curricular milestones and/or their own schema, arriving at consensus using nonstandardized evaluation forms and checklists, personal observations, and institution-specific assessment tools. They then will translate these assessments into context-nonspecific ACGME subspecialty milestones, aggregated and used by the ACGME to assess training program success in meeting yet-to-be-specified outcomes. This potentially chaotic approach is almost certain to produce biased and inaccurate information that is unlikely to yield actionable data on program or trainee success.

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