

SYSTEMS-BASED PRACTICE	Beginning Resident	Junior Resident	Senior Resident	Graduating Resident	Advanced Resident/ Practicing Physician
I. Adapts easily and works effectively in various health care delivery settings and systems.	Completes all required tasks for residency and first rotation site orientation. Articulates differences of health care mission at all training sites.	Adapts to clinical work in differences demographical dender standing access to all needs of these populations at each training site. Accesses support services appropriately at different practice sites.	Effectively navigates so the second care (e.g., facilitating access to care). Identifies target patient populations differences in demographics and can utilize the appropriate agencies/resources to address specific needs of these populations.	Recognizes the need to change systems rather than develop work-arounds (a bypass of a recognized system fault that attem to efficiently), opportutie participate in a process that identifies at least one workaround, taking steps to improve the system fault that incited it.	Adapts learning from one system or setting to another. In this way, can effect stimulate improvem hts in system and does so when the need arises.

Does this page contain 11 milestones I have to evaluate for each of my residents twice a year???



rubric:

A printed set of scoring criteria for evaluating student work and for giving feedback.

A scoring rubric is an attempt to communicate expectations of quality around a task. In many cases, scoring rubrics are used to delineate consistent criteria for grading. Because the criteria are public, a scoring rubric allows teachers and students alike to evaluate criteria, which can be complex and subjective.

SYSTEMS-BASED PRACTICE	Beginning Resident	Junior Resident	Senior Resident	Graduating Resident	Advanced Resident/ Practicing Physician
I. Adapts easily and works effectively in various health care delivery settings and systems.	Completes all required tasks for residency and first rotation site orientation. Articulates differences of health care missions at all training sites.	Utilizes EMR efficiently and independently. Adapts to clinical work in different sites and health care systems (e.g., VA, university medical center, etc.). Maintains access to all needed systems. Identifies target patient populations and the differences in demographics and needs of these populations at each training site. Accesses support services appropriately at different practice sites.	Effectively navigates systems to overcome obstacles to optimal patient care (e.g., facilitating access to care). Identifies target patient populations, differences in demographics and can utilize the appropriate agencies/resourc es to address specific needs of these populations.	Recognizes the need to change systems rather than develop work-arounds (a bypass of a recognized system fault that attempts to improve efficiency), Looks for opportunities to participate in a process that identifies at least one workaround, taking steps to improve the system fault that incited it.	Adapts learning from one system or setting to another. In this way, can effect or stimulate improvements in a system and does so when the need arises.

This page contains <u>1 milestone</u> I have to evaluate for each of my residents twice a year (The rest just tries to paint a picture to help you decide where along the Milestone continuum your resident is).

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

	Resid	ient Name:	_	PGY I	.evel		Evaluation:					
			Begin	ning R	esident	JR R	esident	SRR	esident	Graduate	Adva	nced
		PATIENT CARE	1	2	3	4	5	6	7	8	9	10
	1.1	Performing History, Examination & Presentation										
	1.2	Performing and Interpreting Diagnostic Tests										
	1.3	Desmatopathology, Application and Integration										
	1.4	Medical Treatment										
	1.5	Pediatric Treatment		¦ 🗆								
	1.6	Surgical Treatment										
	1.7	Diagnosis, Management Decisions & Patient Education										
		MEDICAL KNOWLEDGE	1	2	3	4	5	6	7	8	9	10
	II.1	Medical Dermatology										
	11.2	Pediatric Dermatology		_								
	II.3 II.4	Dermatologic Surgery										
	11.5	Description of Basic Science Knowledge to Clinical										
	11.5	Application of Dasic Science Knowledge to Camical Care		-								
		PRACTICE-BASED LEARNING & IMPROVEMENT	1	2	3	4	5	6	7	8	9	10
	111.1	Appraises & assimilates scientific evidence										
	111.2	Continuously improves through self-assessment of										
	111.3	competence Integrates Quality Improvement Concepts &				L		L				
		Activities in Practice	_	! —	_	_	_	-	_	-	_	_
	III.4	Teaches Others										
		INTERPERSONAL & COMMUNICATION SKILLS	1	2	3	4	5	6	7	8	9	10
	IV.1	Communication and rapport with patients and families		¦								
	IV.2	Having Difficult Conversations										
	IV.3	Team Member Respect & Care Coordination										
	IV.4	Communication & Consultation with Other										
	IV.5	Physicians Medical Records										
i		PROFESSIONALISM	1	2	3	4	5	6	7	8	9	10
	V.1	Adheres to basic ethical principles										
	V.2	Committed to life-long learning and improvement										
	V.3	Patient care is always the first priority										
		SYSTEMS-BASED PRACTICE	1	2	3	4	5	6	7	8	9	10
	VI.1	Adapts easily and works effectively in various health care delivery settings and systems										
	VI.2	Works effectively within an inter-professional team										
	VI.3	Improves health care delivery by identifying system										
	VI.4	errors and implementing potential systems solutions Advocates for quality patient care and optimal patient				l		l				
		care systems		i [—]			_		_	-		_
	VI.5	Practices cost-conscious care for patients and		i 🗆				Ι□				

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

The entire Milestones **Assessment** can be completed using a one page form

(Click 28 boxes twice a year per resident. The End)

How can something so small...



Categories of Performance Divided into 5 Milestones Categories

				Begin	ning R	esident	JR R	esident	SR Resident		Graduate	Ad
/			PATIENT CARE	1	2	3	4	5	6	7	8	9
/	I.1	\	Performing History, Examination & Presentation									
	I.2		Performing and Interpreting Diagnostic Tests									
	I.3	$ \ $	Dermatopathology Application and Integration									
	I.4		Medical Treatment									
	I.5		Pediatric Treatment									
	I.6		Surgical Treatment									
	I.7		Diagnosis, Management Decisions & Patient Education									
			MEDICAL KNOWLEDGE	1	2	3	4	5	6	7	8	9
	II.1	/	Medical Dermatology									
\	U.2		Pediatric Dermatology									
	II.3		Dermatologic Surgery									

Each line item is linked to one of the 28 Dermatology Milestones, arranged by the 6 Competencies

Scoring within the 5 Milestones Categories is further subdivided into a 10 point scale, consistent with other ACGME Milestones Assessments

JR Resident

 \Box

R Resident

Graduate

Advanced

10

Beginning Resident

[2]

PATIENT CARE

g History, Examination & Presentation ning and Interpreting Diagnostic Tests pathology Application and Integration

Medical Treatmen

Pediatric Treatment

Score of 1
suggests
unacceptable
skills at entry
(Below beginner
skill rubric)

Score of 8 is where majority of residents should be scored at conclusion of residency (not 9 or 10)

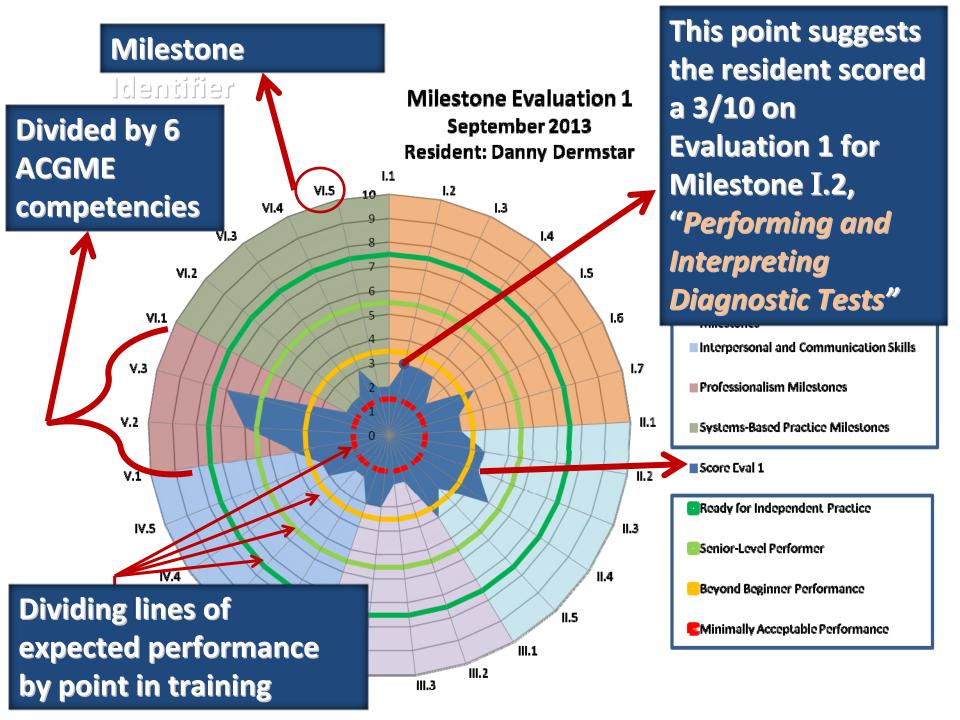
Score of 9 or 10 reserved for the exceptional resident performing at the level of attending, master clinician

	Beginning Resident			JR R	esident	SR Resident		Gradu	iate Adva	nced	
y, Examination & Presentation d Interpreting Diagnostic Tests gy Application and Integration Medical Treatment Pediatric Treatment Surgical Treatment		2	3	4	5	6		8 [2] 0 0 0 0 0	Consistently identifies information and subtle clinical patterns to diagnose complex diagnoses.	10)

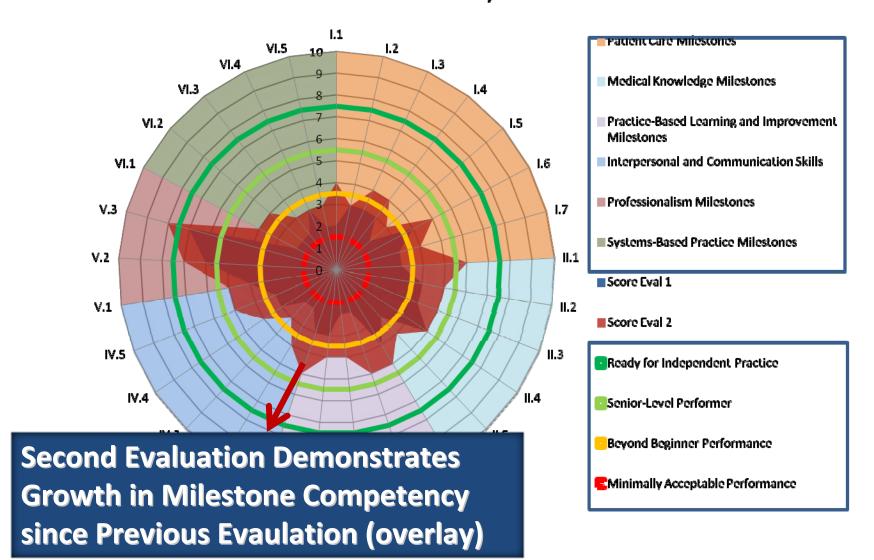
Hover feature allows those less familiar with the definitions of the milestone performance levels (AKA the Milestone Rubric) to view before assigning a score. Just Hover over the button to view the definition for the numeric score assignment

					Beginning Resident			JR Resident		SR I	SR Resident	
			PATIENT CARE	1		2	3	4	5	6	7	8
	I.1		Performing History, Examination & Presentation		/[\leq						
1	I.2	1	Performing and Interpreting Diagnostic Tests		[\boxtimes					
	I.3		Dermatopathology Application and Integration		[
	I.4		Medical Treatment		[\boxtimes					
	I.5		Pediatric Treatment				\boxtimes					
	I.6		Surgical Treatment			\boxtimes						
	I.7		Diagnosis, Management Decisions & Patient Education				\boxtimes					
			MEDICAL KNOWLEDGE	1		2	3	4	5	6	7	8
	II.1		Medical Dermatology] [\boxtimes					
١	II.2	$ \ $	Pediatric Dermatology		\	\leq						
١	II.3		Dermatologic Surgery		1		\boxtimes		/ 🗆			
\	II.4	/	Dermatopathology		1							
,	II.5		Application of Basic Science Knowledge to Clinical Care			1	\boxtimes					
		V	PRACTICE-BASED LEARNING &	1		2.	3	4	5	6	7	8

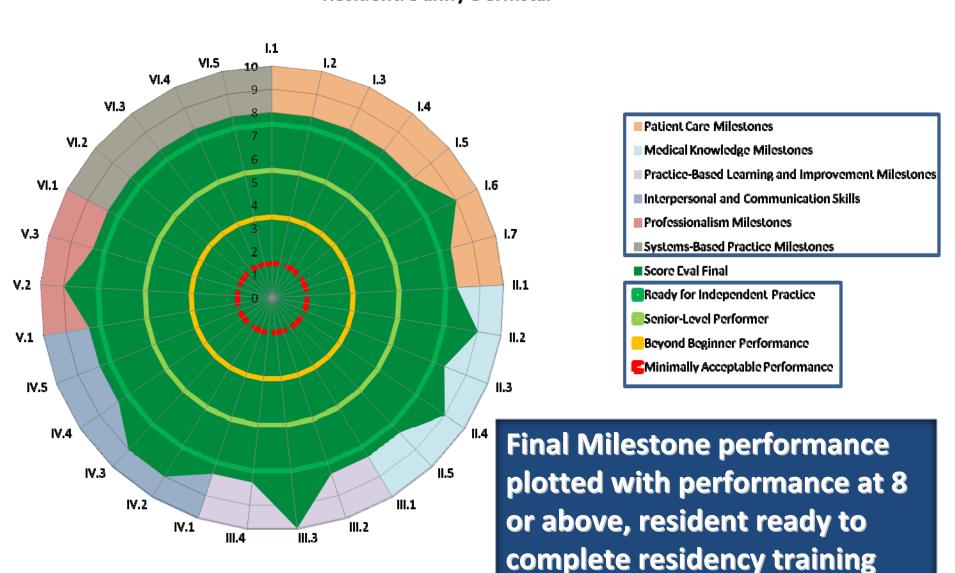
Each Milestone's score is a spoke on the Competency Milestone Performance Radar Plot



Milestone Evaluation 2 April 2014 Resident: Danny Dermstar



Milestone Evaluation Final June 2016 Resident: Danny Dermstar



Marshfield Clinic Dermatology Mini-Clinical Evaluation Exercise (CEX) Resident: ______Derm \(\text{Vr} : ______ Evaluator: _____ Date: ☐ High ☐ Moderate Diagnosis Summary ... Focus: Data gathering Exam Diagnosis Therapy Counseling Medical interviewing (Not observed) 1 2 3 4 5 6 7 8 9 10 Salow Dipacted 1" N Segring Resident Level 3 Junior Resident Level 5 Senior Resident Performance Resident Processing Proce Physical Examination Skills (In Not observed) 1 2 3 4 5 6 7 8 9 10 Salon Specied (*** A Species Control of Contr 3. Humanistic Qualities/Demeanor/Professionalism (Not observed) 1 2 3 4 5 6 7 8 9 10 Saloir Superted (***) Baginning Racident Level Junior Racident Level Sentor Racident Performance Ready for Unsupervised Practice Mattery Level 1 2 3 4 5 6 7 8 9 10 Segining Resident Level Junior Resident Level Serior Resident Performance Ready for Unsupervised Practics Counseling Skills...(. □ Not observed) 1 2 3 4 5 6 7 8 9 10 Salow Groscost III 0x Suggested II 0x Suggeste In-Office Diagnostics/Procedures (Not observed) 1 2 3 4 5 6 7 8 9 10 Septing Register Level Jurior Resident Level Sentor Resident Performance Ready for Unsupervised Practice (Mazery Level 7. Organization/Efficiency (Not observed) 1 2 3 4 5 6 7 8ador Expected I**W. Beginning Resident Level 3. Durbor Resident Level Senior Resident Reformance Resident 8. Overall Clinical Competence. (Not observed) 1 2 3 4 5 6 7 8 9910 Regioning Resident Level 3 Junior Resident Early Resident Reformance Resident For Unsupervised Practice Participation Resident FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

Formative Observational Tools must be "re-tooled" to feed summative Milestone Assessments

Formative Observational Tools are tools implemented by the evaluator(s) that include direct observation of resident competency and feedback about that specific performance

Marshfield Clinic Dermatology

Mini-Clinical Evaluation Exercise (CEX)

Recident: Mini-CEX Observes a single Evaluator:	e patient encounter Date:
Encounter Complexity:	Observational tool scores <u>can</u> be used to assist (or justify) assignment of Milestone summative assessment. In
	this case, these 2 categories supply information for Milestone I.1
Below Expected 1 ** Xr Beginning Resident Level Junior Resident 2. Physical Examination Skills (N 1 2 3 Below Expected 1 ** Xr Beginning Resident Level Junior Pesident 3. Humanistic Qualities/Demeanor/	Categories and Scale are same as for Milestones. Hover feature with rubric could similarly be created, but defined at the level of the <u>individual</u>

Marshfield Clin Mini-Clinical Evalua	ic Dermatology tion Exercise (CEX)
Resident:	Der	m X t:
Evaluator:	Dat	e:
Encounter Complexity:	☐ Moderate	☐ High
Diagnosis Summary		
Focus: Data gathering Exam 1. Medical interviewing (Not observed)		Counteding 1
1 2 3 4 5 Infor September 1" (A) Segiring Resident Level	6 7 Senior Recident Reformance Ready	8 9 10 National Practice 9 10
2. Physical Examination Skills (Not obs		T 1.
1 2 3 4 5 Below Expected Prox. Beginning Racident Level Junior Racident Level	6 7 Senior Resident Performance Ready	for Unapprolated Practice Page 17 Land
3. Humanistic Qualities/Demeanor/Rrofes	sionalism Not ob	served)
1 2 3 4 5 Selow Expected I" (A Segming Recibert Level)	6 7 Sentor Recident Performance Resign	10 10 10 10 10 10 10 10 10 10 10 10 10 1
4. Clinical judgement (\(\square\) Not observed)		TTAP
1 2 3 4 5 Beginning Resident Level 2 Junior Resident Level	Serior Recipe Transport	
5. Counseling Skills. (\sum Not observed)		TTT
1 2 3 4 5 Selow Superted I" (A Segiming Resident Level 2 Junior Resident Level	6 7 Senior Resident Performance Ready	for Unapping an Spatter Place Co.
6. In-Office Diagnostics/Procedures (\square N	lot observed)	T
1 2 3 4 5 Information Condition (Condition Condition Con	6 7 Senior Resident Performance Ready	for Unappeniesed Practices 10
7. Organization/Efficiency (🗌 Not observ	ed)	
1 2 3 4 5 Septem Separate 1" (A Segiming Resident Level 1 Junior Resident Level	6 7 Senior Resident Performance Ready	for Unaparties tradice say Leve
8. Overall Clinical Competence	bserved)	
1 2 3 4 5 Selow Separate 1" Ox Segiming Resident Level 2 Junior Resident Level	6 7 Senior Resident Performance Ready	8 9 10 Rectice 9 10
FEEDBACK AND COMMENTS TO HELP THE	RESIDENT IMPROVE P	ERFORMANCE:

Each tool should be mapped to the Milestones, so that performance on any one could be tied to one or more Milestones assessments. This could all be done through electronic evaluation.

\		MILESTONES ASSESSMEN	VT FO	R DE	RMAT	OLO	GY RE	SIDE	NTS				
7/	Resid	ent Name:	PGY Level Date of Evaluation:										
	11 12 13 14 15 16	PATIENT CARE Performing History, Examination & Presentation Performing and Interpreting Diagnosts: Tests Denuatopasticlogy, Application and Integration Medical Treatment Surical Treatment Surical Treatment	Begin	ning Re	sident	JR R	sident 5	5R R	7	Graduate 8	Adhra	10	
`	1.7	Diagnosis, Management Decisions & Patient Education	_	_	_	_	_	_	_		_		
7	II.1 II.2 II.3 II.4 II.5	MEDICAL KNOWLEDGE Medical Dermatology Pediatric Dermatology Dermatologic Surgery Dermatologic Surgery Dermatologic Surgery Dermatologic Surgery Dermatologic Surgery Dermatologic Surgery Application of Basic Science Knowledge to Cilicial Company		2	3 0 0 0	40000	5	°	7	∞	00000	10	
		PRACTICE-BASED LEARNING & IMPROVEMENT	1	2	3	4	5	6	7	8	9	10	
	III.1 III.2	Appraises & assimilates scientific evidence Continuously improves through self-assessment of competence		_ _									
A	III.3 III.4	Integrates Quality Improvement Concepts & Activities in Practice Teaches Others											
1:	7	INTERPERSONAL & COMMUNICATION SKILLS	1	2	3	4	5	6	7	8	9	10	
\	IV.1 IV.2 IV.3 IV.4	Communication and rapport with patients and families Having Difficult Conversations Team Member Respect & Care Coordination Communication & Consultation with Other Provisions	000			0 0 0 0		0 0 0 0		0 0 0	000	0 0 0	
	Ans.	Proyectans Medical Records PROFESSIONALISM	1		3	4	5	6	7	8	9	10	
	V.1 V.2 V.3	Adheres to basic ethical principles Committed to life-long learning and improvement Patient care is always the first priority											
	7.1	SYSTEMS-BASED PRACTICE Adapts easily and works effectively in various health	1	2	3	4	5	6	7	8	9	10	

Issues Remaining During the Transition

More Observational Tools Needed, tied to and

consistent with Milestone rubric

Mini-Clinical Examination

In-Office Diagnostics
In-Office Procedures
Documentation Review

Ideally, every one of the 28 milestones would have at least one "feeder" line item on some type of formative



Marshfield Clinic Dermatology

Issues Remaining During the Transition

- Milestone language interpretation
 Sometimes vs Usually vs. Frequently
 Complex, Mastery, Rudimentary
- Honest evaluation vs. Program "Reputation" vs. Accreditation Status Risk
 There will ALWAYS be a set of programs below 2 SD from mean
- Resident re-education regarding evaluation scoring will be necessary

"No, actually a 3/10 is very good for a first year, first quarter performance"

Issues Remaining During the Transition

Instead of asking faculty to complete minimally meaningful monthly rotation global competency evaluations, perhaps we replace these and ask supervising attendings to complete one brief observational evaluation relevant to the rotation instead.