# MILESTONES IMPLEMENTATION:

## LESSONS LEARNED FROM OUR CCCS

# Evaluation of Residents: Former process

- Competency-based end of rotation evaluations

  -General/medical derm rotations x 3

  -Dermpath rotation

  -Procedural rotation

- Competency-based mini Clinical Evaluation Exercise (mini-CEX)—q6mos
- Patient evaluations—q6mos
- Self-Assessment--yearly

# Former End of Rotation Form

INTERPERSONAL AND COMMUNICATION SKILLS

**8)** Effectively communicates with peers, faculty/fellows and medical students in a variety of clinical settings?

Almost Always (>90%) ○ Usually (50-90%) ○ Sometimes (<50%) ○ Not able to assess ○

Comments

Remaining Characters: 5,000

**9)** Demonstrates compassion and empathy to all patients? Listens attentively to all patients (regardless of background) and considers patient beliefs in shaping the medical relationship and therapeutic plan?

Almost Always (>90%) ○ Usually (50-90%) ○ Sometimes (<50%) ○ Not able to assess ○

Comments

Remaining Characters: 5,000

**10)** Patient presentations are focused, accurate, concise and include pertinent negatives?

Almost Always (>90%) ○ Usually (50-90%) ○ Sometimes (<50%) ○ Not able to assess ○

| ICS2. Having Difficult Conversations | | | | | |
|---|---|---|---|---|---|
| Has Not Achieved Level 1 | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| | Describes the general approach to difficult conversations with patients and families, but usually **needs guidance** to recognize these situations and to respond appropriately | Recognizes the circumstances related to having difficult conversations with patients and families<br><br>Begins to effectively communicate in **routine** clinical situations, but **requires guidance** in complex or unusual circumstances | **Usually** communicates effectively in difficult conversations with patients and families, including **some** complex or unusual circumstances | **Consistently** communicates effectively in difficult conversations with patients and families in **routine and complex** circumstances<br><br>Customizes communication of emotionally difficult information with patients and families | **Role models** an effective and sensitive approach to difficult conversations with patients and families<br><br>Is regularly **sought out** by junior learners, peers and other members of the health care team for his/her ability to have difficult conversations in complex or unusual circumstances |
| ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| Comments: | | | | | |

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 **Example Set of Milestones for 1 Subcompetency in the ACGME Milestone Report Form**

ASSOCIATION OF PROFESSORS OF DERMATOLOGY

## Mini-Clinical Evaluation Exercise (CEX)

Resident: _____ Derm Yr: _____

Evaluator: _____ Date: _____

Encounter Complexity: ☐ Low ☐ Moderate ☐ High

Diagnosis Summary: _____

Focus: ☐ Data gathering ☐ Exam ☐ Diagnosis ☐ Therapy ☐ Counseling

I.1 **1. Quality of Patient History** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Missing key history elements for basic disease | Identifies key history but misses some associated Fs (if this is routine condition) | | Accurate targeted hx, but misses some associated Fs (if this is complex condition) | | Elicits difficult/subtle information. Readily probes to clarify. | | Identifies appropriate and thorough information in complex disease. | Role models history taking. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.1 **2. Physical Examination Skills** (☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Failed to perform key exam for routine skin condition. | Performs principal exam but fails to examine associated areas. Errors in morphology. | | Accurate targeted exam. Correctly describes morphology. | | Identifies difficult/subtle exam findings. May misinterpret or miss a subtle finding. | | Identifies subtle clinical patterns and examines all associated areas. | Role models examination. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.1 **3. Organization/Efficiency/Presentation to Supervisor** ( ☐Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Disorganized, inefficient; difficulty conveying | Requires verbal cues to present thorough history. | | Clear, targeted presentation; misses some information. | | Clear, targeted, precise presentation with pertinent negatives. | | Efficient patient management and targeted, organized presentation. | Role models presentation. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

IV.1 **4. Humanistic Qualities/Demeanor/Professionalism** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Argumentative. | Needs guidance to build rapport in most encounters. Misses non-verbal cues. | | Builds rapport in unstressed. Misses opportunity for empathy. | | Builds rapport in stressful encounters. Misses some non-verbal cues and some rapport with families. | | Builds rapport with patient and families. Uses non-verbals to an advantage. Keeps pace without seeming rushed. | Coaches to communicate. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.7 **5. Clinical judgment** ( ☐Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No differential; Assessment/Plan is way off the mark. | Limited differential and incorrect prioritization. Needs guidance for plan. | | Appropriate differential (common and complex). Acceptable plan for common. | | Appropriately weighted differential makes excellent plan for common; acceptable plan for complex. | | Makes independent management decisions. Customizes care in context of patient preference and other patient factors. | Teaches DDx and Plan. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.7 **6. Counseling Skills** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Rude, belittling, or confusing. | Needs counseling guidance for most every patient, including longitudinal care. | | Educates patients regarding common disorders; needs guidance to counsel complex. | | Educates complex patients with only little guidance. Patient-centered. Accurately selects longitudinal plan. | | Educates patients without guidance. Patient-centered counseling. Good longitudinal planning. | Role models counseling and follow-up timing. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.2 **7. In-Office Diagnostics/Procedures** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Uncertain of test purpose or steps. | Requires prompting and guidance to perform test. Needs help in interpreting. | | Proficiently performs but requires guidance to interpret results of diagnostics. | | Proficiently performs and correctly interprets in-office diagnostics. Accurately selects/interprets labs. | | Teaches others to interpret and justify use of diagnostics. | Role models diagnostics. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

**8. Overall Clinical Competence** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

ASSOCIATION OF PROFESSORS OF DERMATOLOGY

## Mini-Dermatopathology Evaluation Exercise (DPEX)
## TYPE 1: Multiple Slide Assessment Session

Resident: _____ Derm Yr: _____

Evaluator: _____ Date: _____

Complexity of Case(s): ☐ Very common ☐ Common ☐ Uncommon diagnoses

Case Type(s): ☐Neoplastic ☐ Inflammatory

I.4 **1. Recognizes and Describes Pertinent Pathology** (☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Unable to identify or describe histopathologic findings | Identifies basic histology of the skin and cell types | | Usually able to recognize and describe the pertinent pathology | | Virtually always able to recognize and describe the pertinent pathology. Identifies some subtle histologic features. | | Proficiently able to recognize and describe the pertinent pathology. | Functions at the level of one with advanced dermpath training. Teaches pattern recognition. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.4 **2. Histologic Differential Diagnosis** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Unable to provide a histologic differential diagnosis. | Able to differentiate neoplastic from inflammatory. | | Can provide a limited histologic differential diagnosis. Aware of histologic mimics. | | Formulates an expanded histologic differential. Usually can differentiate histologic mimics. | | Formulates an exhaustive histologic differential. | Functions at the level of one with advanced dermpath training. Teaches histologic differential diagnosis. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.4 **3. Prioritization of Differential Diagnosis Based on Clinical Correlation** ( ☐Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Unable to correlate histology with clinical presentation. | Recognizes importance of clinical description in prioritizing histologic differential. | | Starts to limit the histologic diagnoses in light of the clinical findings. Recognizes importance of biopsy site and technique based on clinical differential. | | Usually able to prioritize the histologic differential based on the clinical findings provided or histologic clues such as patient age or anatomic site. | | Virtually always able to identify the correct clinicopathologic diagnosis. | Functions at the level of one with advanced dermpath training. Teaches clinical correlation. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.7 I.4 V.1 **4. Use of Ancillary Studies (special stains, levels, IHC, etc..)** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Unaware of relevant ancillary studies. | Recognizes importance of ancillary studies in histologic diagnosis. | | Demonstrates knowledge of relevant ancillary studies. | | Usually selects cost effective and relevant ancillary studies in common disorders. | | Consistently selects cost effect and relevant ancillary studies. | Functions at the level of one with advanced dermpath training. Teaches other to select relevant and cost effective ancillary studies. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

I.2 I.3 **5. Interpretation of Ancillary Studies (special stains, levels, IHC, etc..)** (☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Uncertain of study's purpose. | Needs help interpreting ancillary studies. | | Sometimes able to interpret results without guidance. | | Usually able to interpret results. | | Articulates limitations of dermatopathologic interpretation. | Functions at the level of one with advanced dermpath training. Teaches others to interpret ancillary studies. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

III.2 III.4 **6. Engagement** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Disengaged, disinterested. | Usually attentive but minimally contributory. | | Virtually always attentive and usually participates. | | Virtually always participates and asks appropriate questions. | | Virtually always accurately contributes and teaches others. | Role models engagement. | |
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

**7. Overall Competence** ( ☐ Not observed)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Below Expected 1st Yr | Beginning Resident Level | | Junior Resident Level | | Senior Resident Performance | | Ready for Unsupervised Practice | Mastery Level | |

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

# Harvard Dermatology New Evaluation System

- Consolidate best features of current evals, add APD tools as needed, develop new tools
- Easily maps to milestones
- More observation-based, higher quality evaluation
- More meaningful feedback and evaluation
- Efficient delivery and collection across complex program
- Incorporate into Innovations

# Milestones-based Evaluation Development Team

- **Ines Wu, MD and Jennifer Huang, MD**: end of rotation evaluation forms, overall milestone mapping
- **Susan Burgin, MD**: Evaluations for teaching milestones
- **Daihung Do, MD:** Procedural Evaluations

PGY-1 end of rotation eval

PGY-2 end of rotation eval

PGY-3 end of rotation eval

Procedural derm eval → Revised and converted to 5 levels of competency

Dermpath eval → APD Dermpath eval

CEX form → APD CEX form
APD Pedi CEX form

PGY-1 self assessment

PGY-2 self assessment

PGY-3 self assessment

→ APD Journal entries
2 entries for PGY-1
1 entry for PGY-2
1 entry for PGY-3

Patient eval → Revised and converted to 5 levels of competency

# Remaining milestones

**PBLI4. Teaches others**

Revised APD Didactic/Lecture Assessment
-Used during Grand Rounds by faculty advisor

Small group teaching evaluation (Burgin)

Question end of rotation evaluation form

**PBLI1. Appraises and assimilates scientific evidence**

APD Evidence Based Practice Prescription
-Used during Journal Club by faculty advisor

**Patient Care**

**2)** Required

Quality of Patient History (select from)

Level 1: Identifies key history but misses some associated questions.

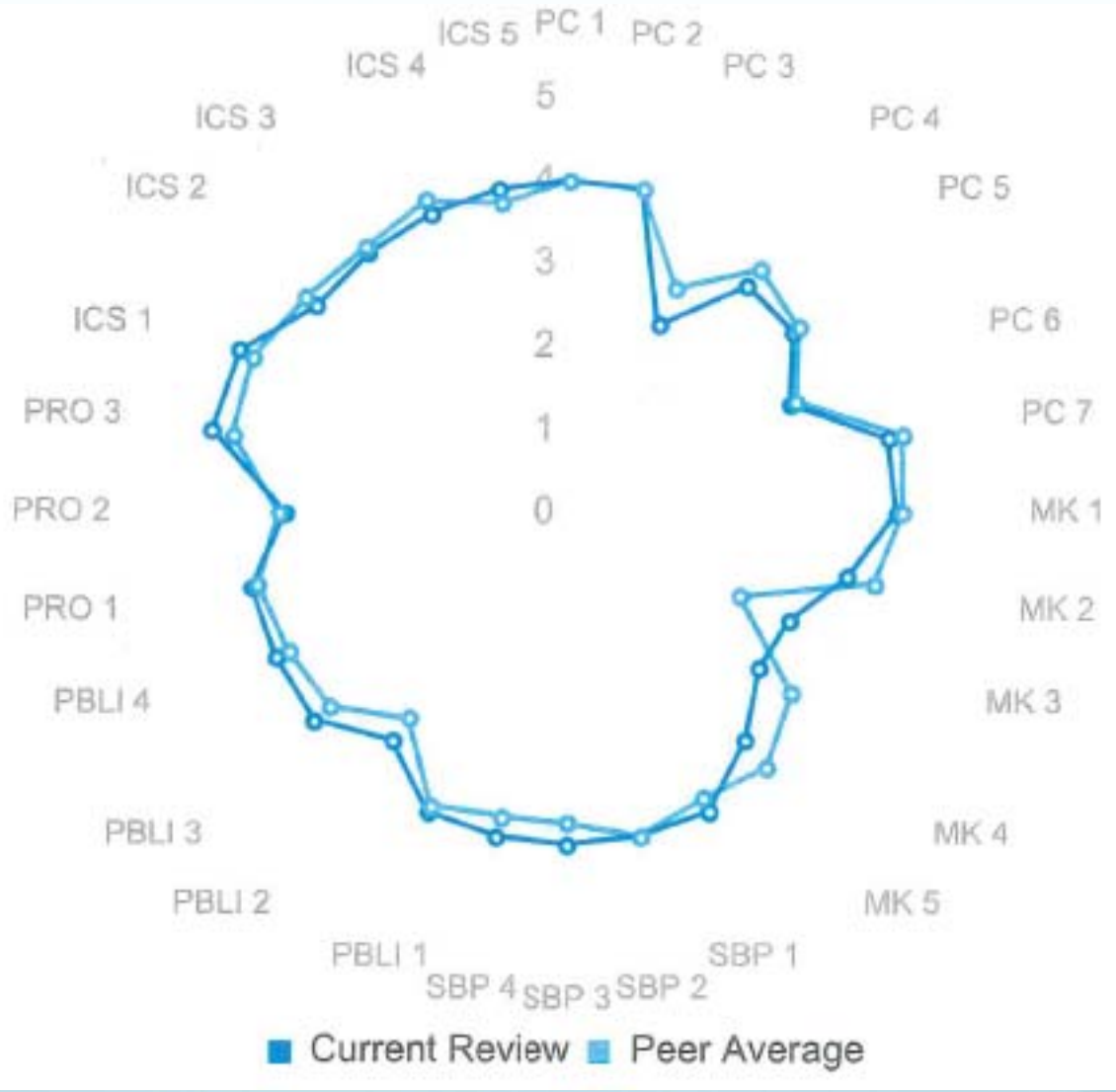
Level 2: Accurate targeted history, but misses some associated questions in complex conditions.

Level 3: Elicits difficult/subtle information. Readily probes to clarify.

Level 4: Identifies appropriate and thorough information in complex disease.

Level 5: Role models history taking.

| Level 1 | Level 1.5 | Level 2 | Level 2.5 | Level 3 | Level 3.5 | Level 4 | Level 4.5 | Level 5 | N/A |
|---|---|---|---|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |


PC 1
PC 2
PC 3
PC 4
PC 5
PC 6
PC 7
MK 1
MK 2
MK 3
MK 4
MK 5
SBP 1
SBP 2
SBP 3
SBP 4
PBLI 1
PBLI 2
PBLI 3
PBLI 4
PRO 1
PRO 2
PRO 3
ICS 1
ICS 2
ICS 3
ICS 4
ICS 5
5
4
3
2
1
0
Current Review
Peer Average

# Clinical Competency Committee

- Members same as PEC minus residents (14)
- Meet in November and May
- PDs share results with residents one-on-one in December and June
- Review all evaluations, scholarly projects, good standing policies (conference attendance, eval compliance, etc.)
- Do not include ITE

# Clinical Competency Committee

- Delegate 3-4 residents per member to review in detail and present at the meeting
- Project NI milestones scores
- Quick overview of high performers
- More discussion on residents in need of improvement
- Overall about 2 hour duration

# Lessons Learned

- Residents:
  - unphased by milestones
  - care most about comments on evaluation forms
  - easily grasped new 1-5 scale
  - appreciate group effort in their development by CCC

# Lessons Learned

- Faculty
  - initial and still improving on “grade inflation”
  - ongoing communication via semiannual Education Committee meetings
  - PD “road tour” to individual departmental faculty meetings
  - Like shorter forms, observation-based questions

# Lessons Learned

- Program Director
  - grateful for CCC
  - improved and more validated action plans for residents in need of improvement with shared accountability/responsibility
  - Milestones scores: look for intra-resident trends, uncertain validity