Ensuring the Continuum of Interprofessional Education and Collaborative Practice in the Post-Graduate Training Years

- Interprofessional Care for the 21st Century
- October 11, 2014
- Pittsburgh, Pa.

- Joanne G. Schwartzberg, MD
- Accreditation Council for Graduate Medical Education
Changing Expectations About Residency Training in Teamwork and Team-based Care

- **ACGME- 2002 – Six Competencies**
  - Required Self-Report and Description

- **ACGME- 2013 – “Milestones”**
  - Specialty specific, graduated IPECP competencies

- **“New Accreditation System” 2013-2014**
  - Mandated Assessment of IPECP competencies 2X/yr.
From broad competency frameworks...

“Work effectively as a member or leader of a health care team”

“Work in inter-professional teams to enhance safety and quality of care”
Milestones:  
From time-based to outcomes-based education

- Milestones describe performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six competency domains.

- Milestones lay out a framework of observable behaviors and other attributes associated with residents’ development as physicians.

- In the next accreditation system (NAS), aggregate resident performance at the milestone level will be used as one indicator of a residency’s educational effectiveness.

Milestones (Cont.)

- Developmental – progressive over time
- Five levels – no prescribed speed at which residents must progress
- Levels do not refer to post-graduate year or year within a program
- Level 4 is a target for graduation – program director decides when a resident is ready to graduate.
- Level 5 recognizes lifetime progression
# Milestone Template

## Milestone Description: Template

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the expectations for a beginning resident?</td>
<td>What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?</td>
<td>What are the key developmental milestones mid-residency?</td>
<td>What does a graduating resident look like?</td>
<td>Stretch Goals – Exceeds expectations</td>
</tr>
<tr>
<td>What should they be able to do well in the realm of the specialty at this point?</td>
<td>What additional knowledge, skills &amp; attitudes have they obtained?</td>
<td>Are they ready for certification?</td>
<td></td>
<td></td>
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</table>

**Comments:**
Urology Milestone SBP3: Systems-based Practice 3

“Works in interprofessional teams to enhance patient safety”
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<tr>
<td>Recognizes teamwork and communication failure in healthcare as leading cause of preventable patient harm.</td>
<td>Identifies, reflects upon, and learns from critical incidents such as near misses and preventable medical errors.</td>
<td>Dialogues with core team members to identify risk for and prevention of medical errors.</td>
<td>Leads team analysis of the effectiveness of techniques applied to prevent errors.</td>
<td>Develops and evaluates communication and teamwork techniques designed to prevent medical errors.</td>
</tr>
<tr>
<td>Identifies critical incidents, such as near misses and preventable medical errors.</td>
<td>Recognizes health system factors that increase the risk for error, including medical device design, flawed processes, easily confusable medications, barriers to optimal patient care, and competing interests of different stakeholders.</td>
<td>Understands methods for analysis and correction of systems errors.</td>
<td>Partners with other healthcare professionals to identify, propose, and implement improvement opportunities within the system.</td>
<td>Uses advanced specialized techniques to study potential sources and causes of errors.</td>
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<tr>
<td>Describes the value and use of techniques and tools for preventing adverse events, including checklists, briefings, and structured communication and teamwork protocols.</td>
<td>Applies structured communication techniques and tools, such as SBAR, during hand-offs and changes in patient condition.</td>
<td>Leads briefings and executes basic teamwork techniques designed to prevent adverse events (such as those in Crew Resource Management [CRM]).</td>
<td>Uses specialized principles and techniques to study potential sources and causes of errors.</td>
<td>Coordinates and/or leads system quality improvement studies and implementation interventions.</td>
</tr>
</tbody>
</table>

**Example:**

The physician:
1. Observes quality improvement [M&M] conferences (as appropriate and able).
2. Participates in discussions of medical errors that have occurred.

**Example:**

The physician:
1. Participates in quality improvement (M&M) conferences.
2. Identifies medical errors that have occurred.
3. Describes key elements of a structured communication technique, such as Situation-Background-Assessment-Recommendation (SBAR).

**Example:**

The physician:
1. Communicates systems errors via appropriate channels.
2. Demonstrates the ability to learn from medical errors that occur.
3. Partners and performs system improvement as a team member.
4. Performs CRM techniques such as "read back" of a critical laboratory result or a verbal order given to assure accurate communication ("closed loop").

**Example:**

The physician:
1. Provides insight and guidance regarding quality improvement at conferences and in daily-clinical work.
2. Suggests and designs a system improvement/solution.
3. Uses root cause analysis (RCA).

**Example:**

The physician:
1. Uses failure mode effect analysis (FMEA) or human factors engineering principles (HFE).
2. Consistently leads toward quality improvement at conferences and in daily-clinical work.
3. Implements system improvement/solution.
Level 1

What are the expectations for a beginning resident?
“Recognizes teamwork and communication failure in health care as leading cause of preventable patient harm”

“Examples:

- Observes quality improvement (M&M conference)
- Participates in discussions of medical errors”
Level 2

Between entry-level and mid-residency
“Describes value and use of techniques and tools for preventing adverse events, including checklists, briefings, and structured communication and teamwork protocols”

“Example:
- Describes key elements of a structured communication technique
  - SBAR: Situation-Background-Assessment-Recommendation”
Level 3

Mid-residency
Level 3 - Description

- “Dialogues with care team members to identify risk for and prevention of medical errors”
- “Applies structured communication techniques during hand-offs and changes in patient condition”
- “Leads briefings and executes basic teamwork techniques designed to prevent adverse events
  - Crew Resource Management (CRM)”
Level 3 - Examples

- “Communicates systems errors via appropriate channels”
- “Partners and performs system improvement as a team member”
- “Performs CRM techniques such as “read back” of a critical laboratory result or a verbal order given to assure accurate communication (“closed loop”)”
Level 4

What does a graduating resident look like?
What additional knowledge, skills, and attitudes have they obtained?
Are they ready for certification?
Level 4 - Description

- “Leads team analyses of the effectiveness of techniques applied to prevent errors”

- “Partners with other health care professionals to identify, propose, and implement improvements within the system”
Level 4 - Examples

- “Provides insight and guidance regarding quality improvement at conferences and in daily clinical work”
- “Suggests and designs system improvements and solutions”
- “Uses root cause analysis (RCA)”
Level 5

Stretch Goals – Exceeds Expectations
Level 5 - Description

- “Develops and evaluates communication and teamwork techniques designed to prevent medical errors”
- “Coordinates and/or leads system quality improvement studies and implementation interventions”
Level 5 - Examples

- “Uses failure mode effect analysis (FMEA) or human factors engineering principles (HFE)”

- “Consistently leads toward quality improvement at conferences and in daily clinical work”

- “Implements system improvements and solutions”
Urology Milestone ICS5: Interpersonal and Communication Skills 5

“Works effectively as a member or leader of a health care team or other professional group”
Level 2

“Consistently engages in basic communication and interpersonal behaviors that facilitate effective teamwork, including timely sharing of information, treating team members respectfully, being approachable and cooperative.”
Level 2 - Examples

“Attributes of Good Team Members – The resident:

1. “Requests and provides information politely and respect fully”

2. “Provides updates/shares information in a timely fashion; in particular, keeps all team members up-to-date on patient care plans and status during hospitalizations”

3. “Focuses on team goal and not individual goal or agenda, i.e., is not competitive”

4. “Displays approachability and openness to communication, i.e., non-verbal-verbal displays do not signal annoyance and anger when approached.””
Level 4

“Demonstrates good team leadership skills, including providing direction, inviting and utilizing input, providing feedback, creating a positive team climate, managing conflict, and utilizing briefing protocols that facilitate safe care.”
Level 4 - Examples

“Team Leader Skills – the resident:

1. “Shares plan with team, invites input and involves others”
2. “Provides feedback”
3. “Initiates briefings, provides and solicits on-going updates so as to maintain situational awareness”
4. “Respectfully, directly and proactively addresses behaviors and events that disrupt team functioning, e.g., conflict, individual disruptive behavior, failure to perform responsibilities”
5. “Takes responsibility for the decisions and actions of the team.”
Expected Benefits of Milestone Assessments

- Benefits for Residents
  - Explicit expectations of residents
  - Identifies areas to work on
  - Improve evaluation of residents in all six general competencies
  - More defined feedback from faculty members to residents
  - Earlier identification of under-performers
  - Provides aspirational goals for residents exceeding expectations
Acknowledgements

We would like to acknowledge the assistance of the following collaborators:

- DeWitt Baldwin, Jr, MD
- Sarah Brotherton PhD
- Nick Yaghmour MPP

And

- The support of the Josiah Macy Jr. Foundation
Questions?