

Integration of Milestones and the Clinical Competency Committee: Added Time, Added Value, or Both?

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ABSTRACT

Objectives: To determine attitudes of clinical competency committee members regarding the next accreditation system's use of milestones. To quantify time spent on resident milestone evaluations during the first two years of implementation.

Study Design: Cross-sectional survey

Methods: Faculty members were surveyed during the last meeting of the core competency based resident evaluation committee (REC) and the first four meetings (two years) of the milestone based clinical competency committee (CCC). In addition, during each of the first four CCC meetings, actual time spent evaluating milestone competencies for each resident was collected.

Results: Faculty estimated that it took a mean of 19.6 minutes (SD 10.8) per resident to evaluate milestones. Actual mean time per resident for milestone evaluation was 8.8 minutes (SD 4.6).

Seventy-four percent of faculty felt that milestone rating time would decrease over time. Mean rating time decreased from 10.4 minutes to 8.4 minutes per resident over 2 years, which was not statistically significant ($p = 0.36$). Most faculty thought the milestones system was both more difficult (53.8%) and more effective (53.8%) for resident evaluation compared to the previous core competency system.

Conclusions: Faculty overestimated the time needed to complete milestones evaluation per resident. They accurately predicted that rating time would decrease over time. This was not a statistically significant change, but is likely significant for faculty productivity. While faculty thought the milestone evaluation system took more time and was more difficult, they also thought it was more effective than the core competency system.

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INTRODUCTION

In 2014, otolaryngology residencies in the US implemented the Next Accreditation System (NAS) of the ACGME. "The aims of the NAS are threefold: to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, to accelerate the ACGME's movement toward accreditation on the basis of educational outcomes, and to reduce the burden associated with the current structure and process-based approach."¹

Prior to this, resident evaluation was based on performance in six "core competencies" including patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice. The NAS now utilizes a "milestones" approach, in which there are specialty specific rating scales to evaluate resident performance.²

The goal of this cross-sectional study was to determine attitudes of clinical competency committee members regarding the next accreditation system's use of milestones. Specifically, we wanted to quantify time spent on resident milestone evaluations during the first two years of implementation, and determine which evaluation method faculty thought was more effective for resident evaluation.

METHODS

This study was approved by the Colorado Multiple Institution Review Board (COMIRB Protocol #14-0524) under exempt status. Faculty members were surveyed during the last meeting of the core competency based resident evaluation committee (REC) and the first four meetings (two years) of the milestone based clinical competency committee (CCC). In addition, during each of the first four CCC meetings, actual time spent evaluating milestone competencies for each resident was collected. Response rate to the survey was 92%.

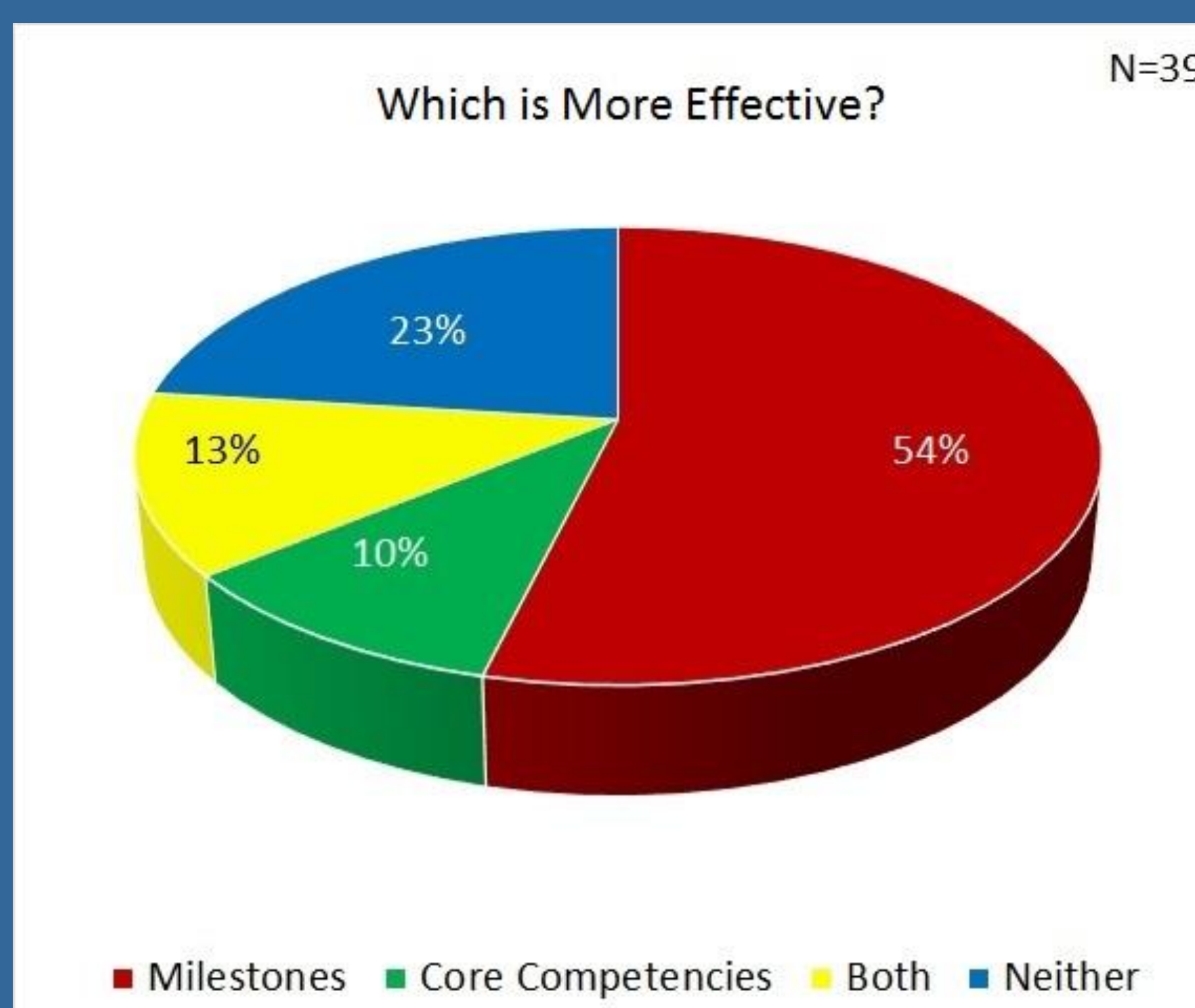
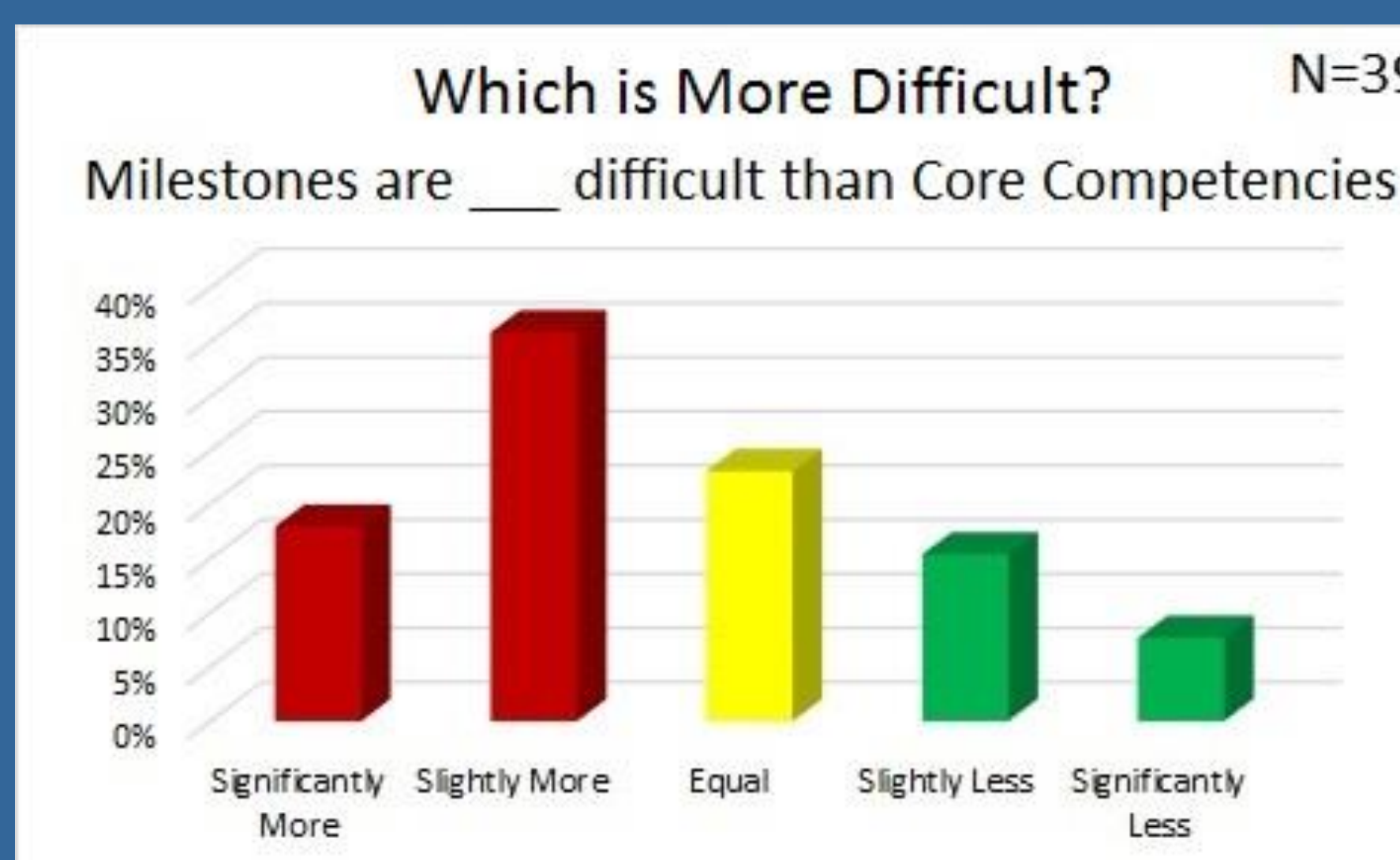
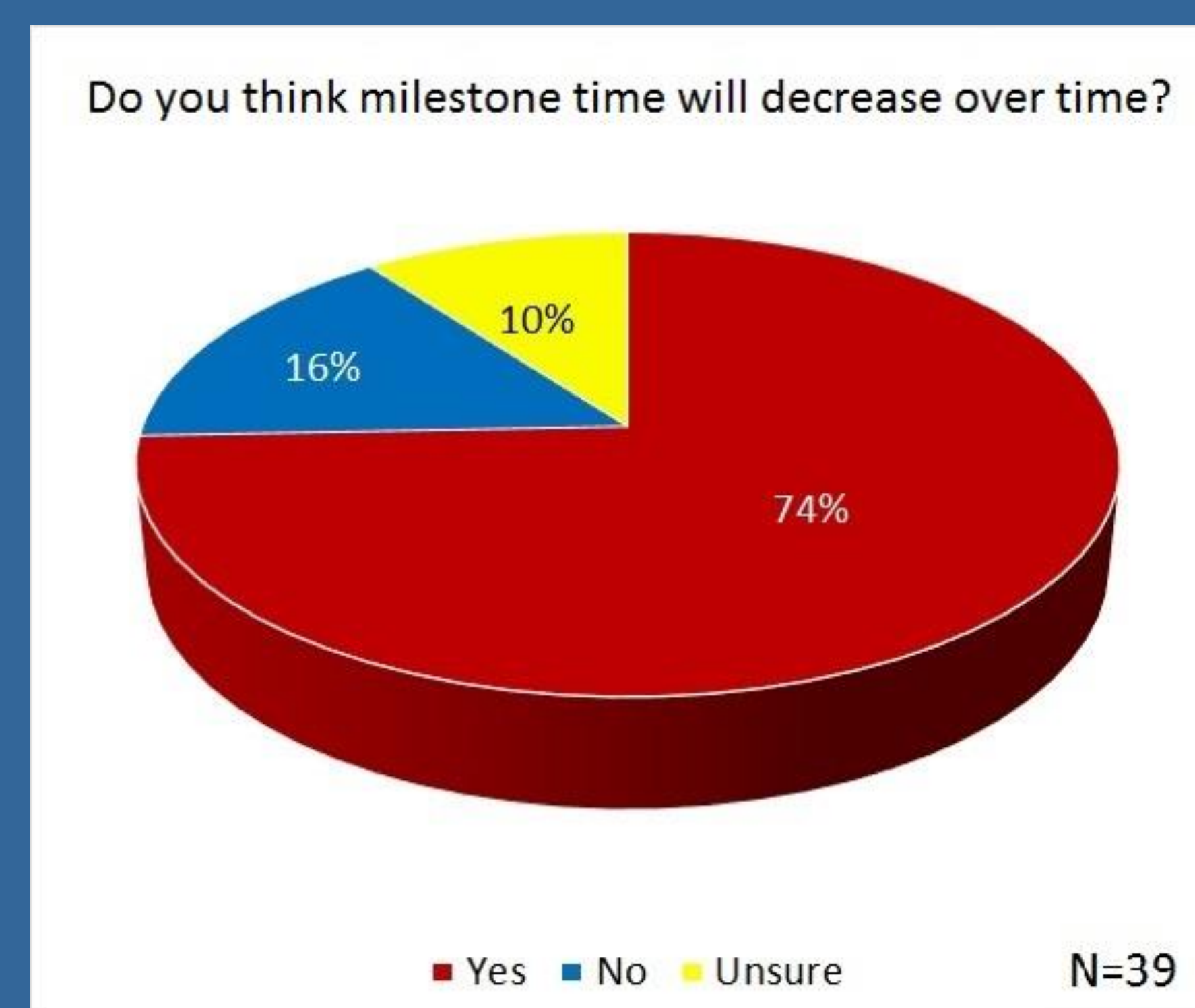
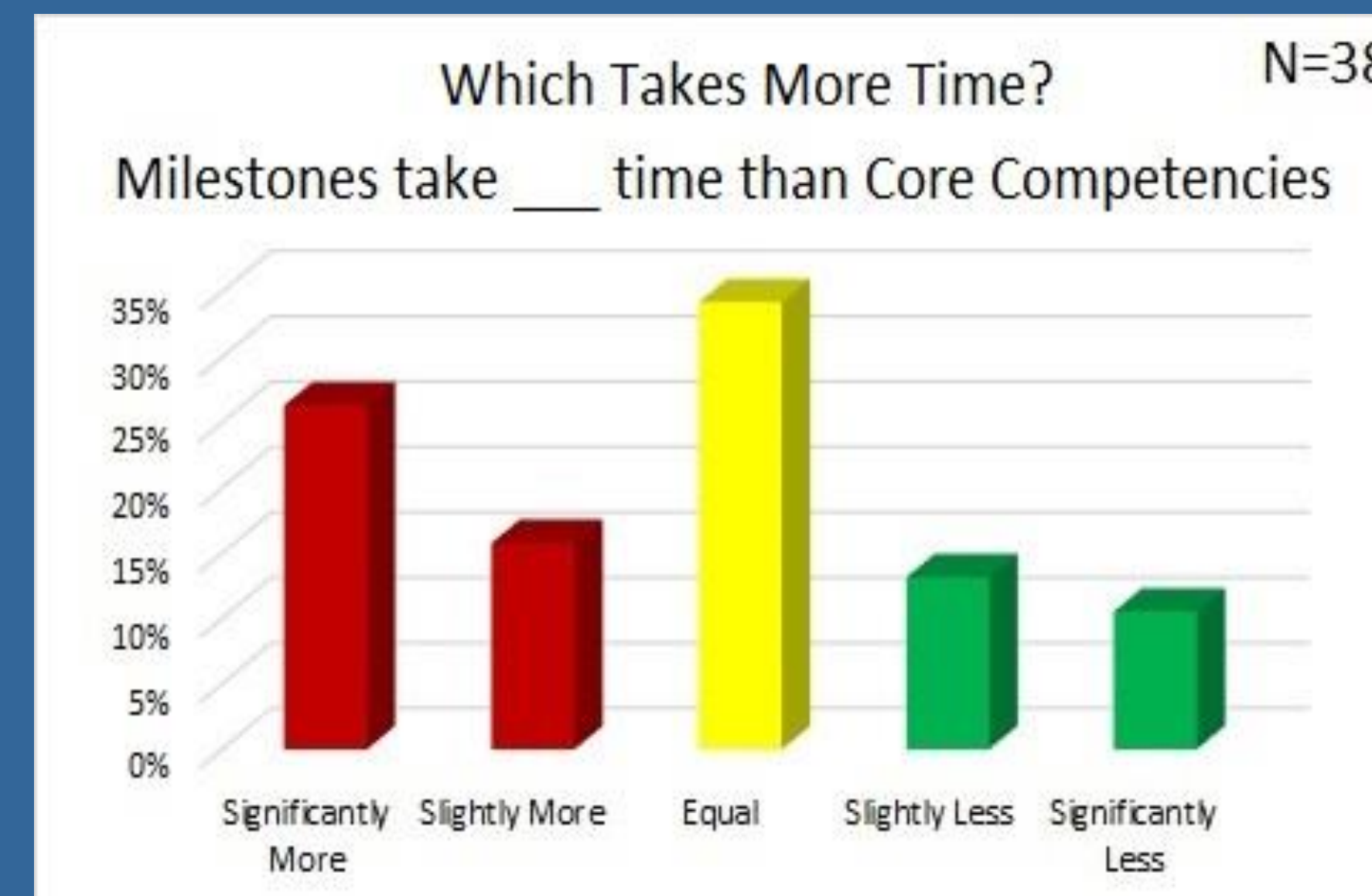
RESULTS

Faculty perception of mean time needed to rate each resident via all 17 milestones:

19.6 minutes

Actual mean time needed to rate each resident via all 17 milestones:

8.8 minutes



Milestone Evaluation Time By Resident Training Level	Minutes (per resident)
Level	
PGY-1	4.6*
PGY-2	9.7
PGY-3	9.5
PGY-4	10.7
PGY-5	9.3

Table: PGY-1 mean milestone evaluation time was significantly shorter than the other training levels ($p = 0.01$). There was no difference in mean time between other training levels

DISCUSSION

Faculty overestimated the time needed to complete milestones evaluations per resident. The perceived time was more than twice as long as the actual time needed (19.6 minutes versus 8.8 minutes, $p < 0.001$). Faculty accurately predicted that rating time would decrease over time. PGY-1 residents took significantly less time to evaluate than residents in any other training year ($p = 0.01$). Mean evaluation time for all other resident training years was equivalent.

While faculty thought the milestone evaluation system took more time and was more difficult than the core competency system, they also thought it was more effective than the core competency system. One faculty commented that there is "better general assessment of individual skills with the milestones". The milestone system is also likely more helpful for residents, giving them more concrete information about how they are performing.

CONCLUSIONS

Faculty perceived that milestones take more time and are more difficult to complete than previously used core competency evaluations. Despite this, actual time needed to complete each resident's milestones evaluation was less than ten minutes, and faculty perceived that milestone ratings were more effective than core competencies.

REFERENCES

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2. The Otolaryngology Milestone Project. Accreditation Council for Graduate Medical Education. <http://www.acgme.org/Portals/0/PDFs/Milestones/OtolaryngologyMilestones.pdf>. Last accessed December 7, 2016.