Milestone Training

What are Milestones?

- Milestones are **an optional** semi-annual assessment tool, completed by a clinical competency committee, that provides a consistent framework for **formative** assessment of the resident.
- Milestones are competency-based and demonstrate the resident's progression towards competency throughout their residency training.
- Milestones allow learners and educators to have a shared mental model of expectations of a competent physician in that specialty, and a roadmap to get there. This should improve feedback given to trainees.

Objective of the Milestones

To enhance the quality of educational experiences and evaluations for residents and fellows across a range of clinical teaching environments.

WHY MILESTONES?

1. Designed to help residencies and fellowships produce highly competent physicians
2. Provide descriptive language to facilitate a shared understanding of resident/fellow expectations
4. Enhance the opportunity for early identification of under-performers
5. Provide the ability to offer individualized coaching to help learners progress to the next level
6. Increase transparency of performance requirements
7. Encourage resident/fellow self-assessment and self-directed learning
8. Provide formative feedback to residents

MILESTONE & ROTATIONAL ASSESSMENTS

Milestones are different than rotational assessments. Milestones are optional for program use.

Rotation assessments fall under requirement 7.2 in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, which states "The faculty and program director shall assess and validate, on an ongoing basis, the extent to which the resident has achieved the competencies."

Milestones ≠ Rotational Assessments

Milestones (optional)	**Rotation Assessments** **requirement 7.2 a**
Semi-annual assessment tool for use by committee	Completed by individual faculty when rotation is complete
Formative assessments, assessing a resident's progression from novice towards expert in their professional development	Summative assessments, assessing a resident's knowledge and performance on an individual rotation during the residency
Identical for each residency program	Different for each residency program and each rotation
Broad in nature, focusing on practice-based learning and improvement, patient care, systems-based practice, medical knowledge, interpersonal and communication skills, and professionalism.	Specific for each rotation and residency program, based on competencies set by the program director and faculty depending on the institution's resources

Optional Podiatric Milestones

1. Practice-Based Learning & Improvement: Reflective Practice and Commitment to Personal Growth
2. Patient Care - Evaluation and Management of Podiatric Patients
3. Patient Care - Evaluation and Management of Podiatric Patients
4. Patient Care – Intra-operative Technical Skills
5. Patient Care – Other Procedures
6. Systems-Based Practice – Quality Improvement and Patient Safety
7. Systems-Based Practice – System Navigation for Patient-Centered Care
8. Medical Knowledge – Scientific Knowledge and Clinical Decision-Making
9. Interpersonal & Communication Skills – Patient and Family-Centered
10. Interpersonal & Communication Skills – Health-Care System Communication
11. Professionalism – Professional Behavior and Accountability
12. Professionalism – Ethical Principles

Optional Podiatric Milestone Example:

1. Practice-Based Learning and Improvement: Reflective Practice and Commitment to Personal Growth					
Thread	Level 1	Level 2	Level 3	Level 4	Level 5
Thread A	Demonstrates how to access and considers available evidence for the care of routine conditions, incorporating patient preferences and values	Queries the literature and elicits patient preferences and values to guide evidence-based care	Identifies and applies the best available evidence for the care of complex conditions, incorporating patient preferences and values	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care tailored to the individual patient.	Coaches others to critically appraise and apply evidence to patients with complex conditions; and/or participates in the development of guidelines and learning plans
Thread B	Accepts responsibility for personal and professional development by establishing goals. Identifies the strengths, deficiencies and limitations in one's own knowledge and expertise	Demonstrates openness to feedback and other input to inform goals. Analyzes and reflects on the strengths, deficiencies, and limitations in one's knowledge and expertise to design a learning plan	Responds to feedback and other input with adaptability and humility. Creates and implements a learning plan to optimize educational and professional development	Uses ongoing reflection, feedback, and other input to measure the effectiveness of the learning plan and when necessary, improves it	Serves consistently as a role model, seeking feedback and other input with adaptability and humility
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
Comments:				Not Yet Achieved Level 1 ☐ Not Yet Assessable ☐	

MILESTONE SCALE EXPLANATION

The Level 1 to Level 5 scale is synonymous with moving from novice to expert. It does not correspond to a resident's year in a training program.

Level 1 = The resident demonstrates a milestone expected of an incoming resident.

Level 2 = The resident is advancing and demonstrates additional milestones but is not yet performing at a mid-residency level

Level 3 = The resident continues to advance and demonstrates additional milestones, consistently including the majority of milestones targeted for residency.

Level 4 = The resident has advanced so that they now substantially demonstrate the milestones targeted for residency. This level is designed as the graduation target but is not a requirement for graduation.

Level 5 = The resident has advanced beyond performance targets set for residency and their achievements in a subcompetency are greater than the expectation.

Milestone Targets:

The graduation target for residents is Level 4.

Level 5 is considered "aspirational."

*CPME has no required minimums for Milestone reporting

*Determination of an individual's readiness for graduation is at the discretion of the program director.

CPME Council on Podiatric Medical Education

Milestones are not shared with:

-Other outside agencies

-Residency Review Committee (RRC) or CPME

How to use Milestones (as the program)

1. Program director appoints a clinical competency committee (CCC)
2. CCC meets prior to the residents' semi-annual evaluation to discuss each resident's progress on the milestones
3. The program director reviews the milestones with each resident during their semi-annual meeting.
4. Milestones will be shared with program directors for residents involved in program transfers or in fellowship training when applicable.
5. Milestones can be useful in faculty development
    a) Help faculty members recognize the expectations they have for their residents/fellows
    b) More explicitly assess the trajectory of skill progression
    c) Discern how best to assess performance

How to use Milestones (as the resident/fellow)

1. As guided self-assessment and reflection
2. In preparation for feedback sessions
3. In creating individual learning plans and targeted goals for self-improvement
4. Share with mentors to help identify areas of strength and weakness
5. Plan their future careers by identifying areas of strength and interest

What is a clinical competency committee (CCC)?

- Appointed by the program director
- Must include –
  - At least 3 members (faculty members and/or ancillary medical staff) who have experience working with each of the residents and can comment on the progression of each resident throughout the program and identify gaps in their individual training.
  - At least (1) member must be from the podiatric residency faculty
  - Program director may be a member of this committee, but the committee should ideally be chaired by someone other than the program director.
  - The CCC must meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress on the milestones.

What is a CCC (cont.)?

- CCC members must have a shared mental model of what a "competent" podiatric resident looks like.
- Members should review and synthesize all of the rotation assessments to help complete the Milestones assessment. Other important data (ITEs, procedure/case logs, scholarly work, self-assessments, etc) should also be considered
- CCC members would ideally have direct interaction with and/or observation of the residents throughout their 3 years of training to track progress longitudinally.

Purpose of a CCC

The CCC serves to demonstrate accountability as medical educators to the public: that graduates will provide high quality, safe care to patients while in training, and be well prepared to do so once in practice.

Supplemental Guide

The Supplemental Guide: provides additional guidance and examples for the Podiatry Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Committee.

- Included is the intent of each Milestone and examples of what a CCC might expect to be observed/assessed at each level.
- Suggested assessment models and tools for each Milestone.
- As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Supplemental Guide Example:

3. Patient Care – Biomechanical Examination					
Thread	Level 1	Level 2	Level 3	Level 4	Level 5
Thread A	Performs an appropriate problem-focused history and physical including gait exam in patients with functional deficits (and/or deformity) of lower extremity musculoskeletal conditions.	Develop differential diagnoses based on lower extremity musculoskeletal functional deficits and/or deformities from manual muscle testing and gait examination.	Develops and implements treatment plans based on prioritized differential diagnoses developed from a comprehensive biomechanical examination with guidance.	Independently develops and implements treatment plans based on differential diagnoses developed from a comprehensive biomechanical examination.	Develops a clinical pathway or guideline for the management of patients with functional deficits (and/or deformity) of the lower extremity musculoskeletal conditions.
Examples	Performs a static and dynamic evaluation for a patient with pes planus deformity, to include examination of the forefoot to rearfoot position, muscle strength, and range of motion.	Differentiates between flexible and rigid pes planus deformity based on biomechanical exam results.	With guidance, develops treatment plan for pes planus deformity, including orthoses, bracing, and/or surgical reconstruction.	Independently develops treatment plan for pes planus deformity, including orthoses, bracing, and/or surgical reconstruction.	Participates in developing a clinical consensus statement for pes planus deformity.
Assessment Models or Tools	• Direct Observation / 360-degree evaluation / multisource feedback • Entrustable Professional Activities • Rotation assessments • Simulation				
Resources or Notes	• Biomechanics of the lower extremity textbooks • Gait analysis and orthotic casting / bracing workshops • Biomechanics of the lower extremity webinars				

Thank you!

We appreciate you taking the time to learn about the Milestone project.

Please reach out directly to CPME at any time if you have any further questions.

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QUESTIONS