Milestones for Diagnostic Radiology

ABR/ACGME
Learning objectives

– Understand the purpose of Milestones and how to fit into the Next Accreditation System
– Be familiar with Milestones for Diagnostic Radiology
– Be familiar with methods of assessment for Milestones
DR Milestone committee

• Steve Amis (RRC)
• Gary Becker (ABR)
• Jim Borgstede (ABR)
• Dorothy Bulas (Peds)
• Janni Collins (RRC)
• Larry Davis (RRC, NM)
• Jennifer Gould (APDR)
• Jason Itri (resident)

• Jeanne LaBerge (ABR, RRC, IR)
• Duane Mezwa (ABR, RRC)
• Rick Morin (ABR, physics)
• Kay Vydareny, Chair (ABR)
• Bob Zimmerman (ABR, RRC, Neuro)
• Steve Nestler, ACGME
• Lynne Meyer, ACGME
What did we do?

• Joint ABMS/ACGME workshop on Milestones,
• Face-to face meeting March 2011
  – Developed list of EPA’s ("what does a diagnostic radiologist do?")
  – Worked backward from EPA’s to Milestones
What does a diagnostic radiologist do? (EPA’s)

- Triages and protocols exams
- Interprets exams
- Communicates results of exams
- Performs procedures
- Manages patient after imaging
- Educates

- Practices good citizenship
- Manages professional practice
- Behaves professionally
- Treats patients
• Presented to APDR at AUR 3/12
  – 30 milestones
  – Tried to have one measurable outcome/milestone
  – Received feedback
• Committee meeting in June 2012
  – Totally re-wrote all milestones
  – Reduced to 12
Is 12 the correct number?

• **Balance achievability and accountability**
  – PD’s are on the receiving end of these!!
• How many can be reasonably assessed 2x year?
• DR has the lowest number of Milestones
  – ACGME – “Have you covered everything?”
Milestones timeline -DR

• First half 2013
  – Pilot programs see if these are reasonable reference points, collect data

• July 2013 – begin in DR programs
Radiology milestones

• **Patient Care and Technical Skills**
  1. Consultant
  2. Competence in procedures

• **Medical Knowledge**
  1. Protocol selection and optimization of images
  2. Interpretation of examinations

• **Professionalism**
  1. Professional values and ethics
• **Interpersonal and communication skills**
  1. Effective communication with patients, families and caregivers
  2. Effective communication with members of health care team.

• **System-Based Practice**
  1. Quality Improvement
  2. Health care economics
• Practice based learning and Improvement
  1. Patient safety: contrast agents; radiation safety; MR safety; sedation
  2. Self-directed learning
  3. Scholarly activity
Pt Care and technical skills

Competence in procedures

• **End of R1:** competently performs basic procedures* under indirect supervision; recognizes and manages complications of basic procedures

*Basic procedures, as defined by each residency program, include those needed to take independent call
Competence in procedures

• **End of R2**: competently performs intermediate procedures; recognizes and manages complications of intermediate procedures

• **End of R3**: competently performs advanced procedures; recognizes and manages complications of advanced procedures
Competence in procedures

- **End of R4:** able to competently / independently perform:
  - adult and *pediatric fluoro studies*
  - lumbar puncture
  - image-guided venous and arterial access
  - hands-on adult and *pediatric ultrasound studies*
  - drainage of effusions and abscesses
  - image-guided biopsy
  - nuclear medicine I-131 treatments
Competence in procedures

• Exceeds expectations:
  – able to teach procedures to junior level residents; competently performs complex procedures, modifies procedures as needed, and anticipates and manages complications of complex procedures
Possible methods of evaluation

- 360/multirater/peer evaluations
- End of rotation global assessment
- Case/procedure log - complications
- Direct observation and feedback
- Procedural complication checklists
- Self assessment and reflections/portfolio
- Simulation/OSCE
What does a DR PD do with these?

• Meets with Clinical Competency Committee
• Should advise and mentor residents falling behind
• Must submit evaluation of each resident on all milestones 2x yearly to ACGME
What does RC do with these?

- Will have de-identified report of all residents in a program
- Will look at how program helping outliers
What will ABR do with these?

• Support Milestone process
• Will decide in future whether to take individual accomplishment of Milestones into consideration re. ability to take Core/certifying exam
Quo vadis?

• Copywrited - posted on ACGME website
• Rating form developed for piloting
  – Alpha testing - Dec-Jan
  – Beta testing May-June 2013

• July 2013: All department participate
Subspecialty Milestones

• 3-4 member committees to be formed
• Will emphasize MK and PC
• To be instituted July 2014