Milestones

Ready or not….Here they come!

SIU SOM

March 6, 2013

A Word of Thanks

- Donald Brady
- Susan Guralnick
- Justin Held
- Eric Holmboe
- Tom Nasca
- John Mellinger
- Julie Rhodes

- Jennifer Rodgers
- Hilary Sanfey
- Debi Santini
- Andy Varney
- Eric Warm
- Every RRC member, program director, fellow DIO and GME leader who let us shamelessly borrow their great ideas

Objectives
Participants will be able to……

- Define Milestone, Entrustable Professional Activity and Competency Based Assessment

- Regurgitate current (today) and short-term (18 months) ACGME Milestone-related expectations

- Share collective Angst and Wisdom

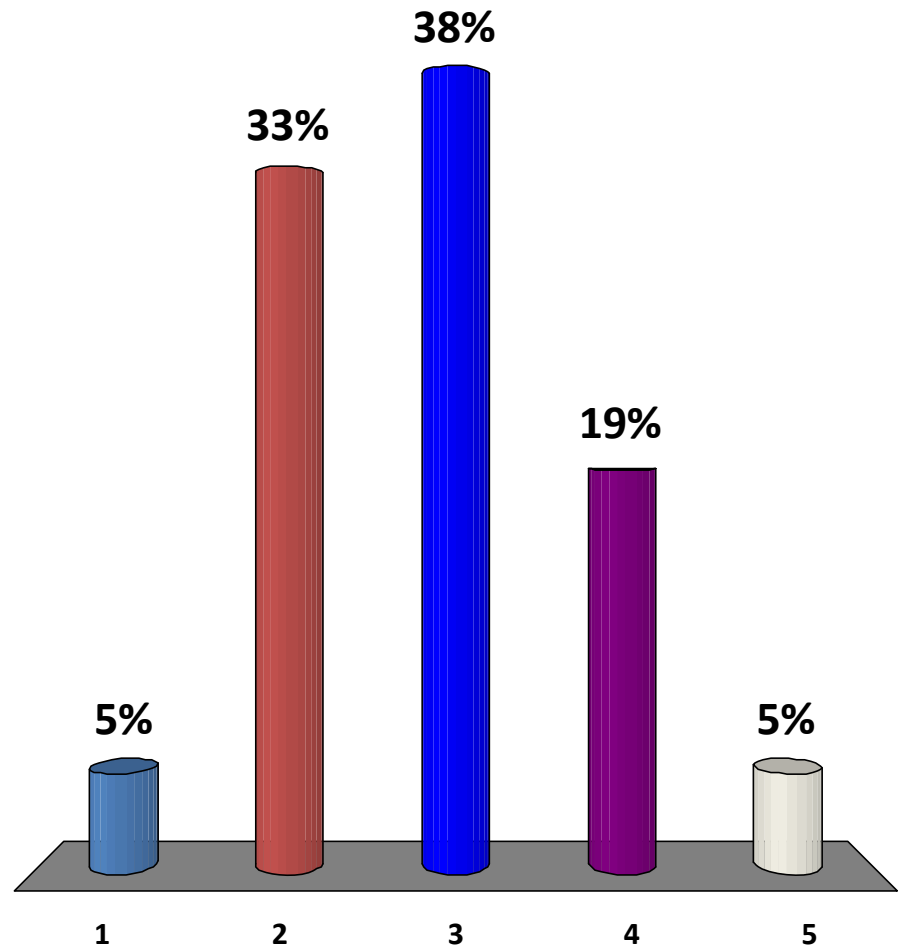- Determine next steps for faculty development

My Favorite Color is….

1. Blue
2. Red
3. Puce
4. I Can't Work This Thing

100%

0%   **0%**   **0%**

1   2   3   4
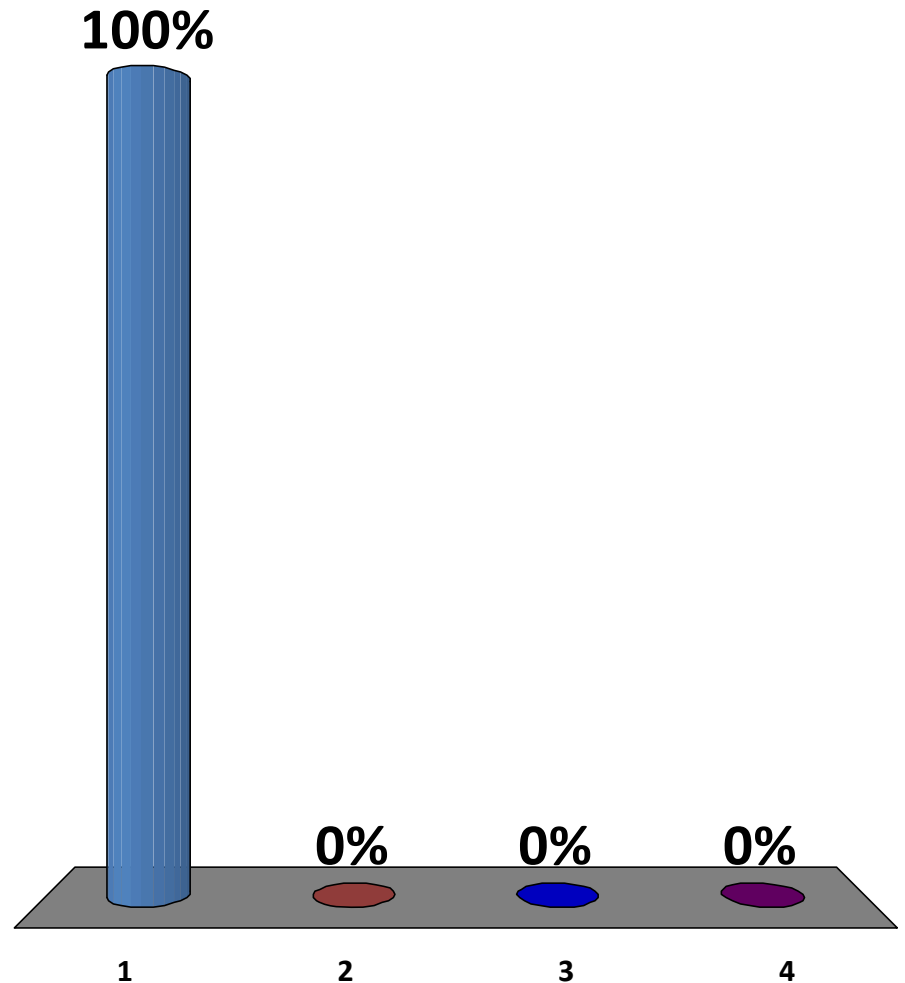
My program is well-prepared for ACGME Milestone Reporting

1. What's a Milestone?
2. A Little (25%)
3. Half –Way There (50%)
4. Pretty Much (75%)
5. Absolutely!! (100%)

5% 33% 38% 19% 5%

1 2 3 4 5

Definitions and Background….

- **Competence**:
  - An observable ability of a Health Professional, integrating multiple components, such as knowledge, skills, values. (International CBME Collaborators)
  - The ability to do something successfully
  - A quality
  - An adjective
  - Can have multiple domains

Entrustable Professional Activities

- An activity is something you can <u>observe</u> – a noun

- A unit of work that should only be entrusted upon a competent enough professional (*ten Cate, 2007*)

- May be awarded…qualification at the moment when *supervisors confirm that the trainee is ready to assume responsibility for such activities*. Entrustment can occur formally or informally.

- An event/outcome that marks a turning point or stage in training that is often manifest through a trainee being granted increased level of autonomy, responsibility or decision-making capacity. (*Varney*)

Chart 1

The Two-Dimensional Matrix Relationship Between Entrustable Professional Activities (EPAs) and General Competencies*

ACGME competencies[†]	EPAs					
	Care of uncomplicated pregnancies	Normal delivery	Uncomplicated puerperium and neonate	The high risk complicated delivery	Perioperative care	Surgery estimated as low risk
The ability to provide adequate *patient care*	●	●	●	●	●	●
The possession and ability to apply *medical knowledge*	●	●	●	●	●	●
The ability to *learn from clinical practice and to improve it*				●	●	
The possession and ability to apply *interpersonal and communication skills*		●		●	●	
The ability and commitment to carry out *professional responsibilities*	●		●		●	
The awareness of and ability to operate optimally within the *context, system, and resources of health care*				●		●

The overall assessment of competencies is not actually done. In stead, their presence is inferred from the assessment of sufficient EPAs.

EPAs are the focus of assessment, by observation, ratings or otherwise

* EPAs for obstetrics–gynecology and Accreditation Council for Graduate Medical Education (ACGME) competencies are used as examples.
† The terminology is slightly adapted, to abide by a consequent use of competency terminology as the ability of a professional.

EPA: Capable in the ICU Setting

- Run Code

- Use order sets

- Effective in Transitions of Care

- Lead an interdisciplinary team

- Run a family meeting

Milestones

- Observable developmental steps that describe a trajectory of progress on the competencies from novice (entering resident) to proficient (graduating resident) and, ultimately, to expert.

- They articulate *shared understanding of expectations*, set *aspirational* goals of excellence, provide a framework for discussions across the continuum and track educational outcomes

Dreyfus & Dreyfus Development Model
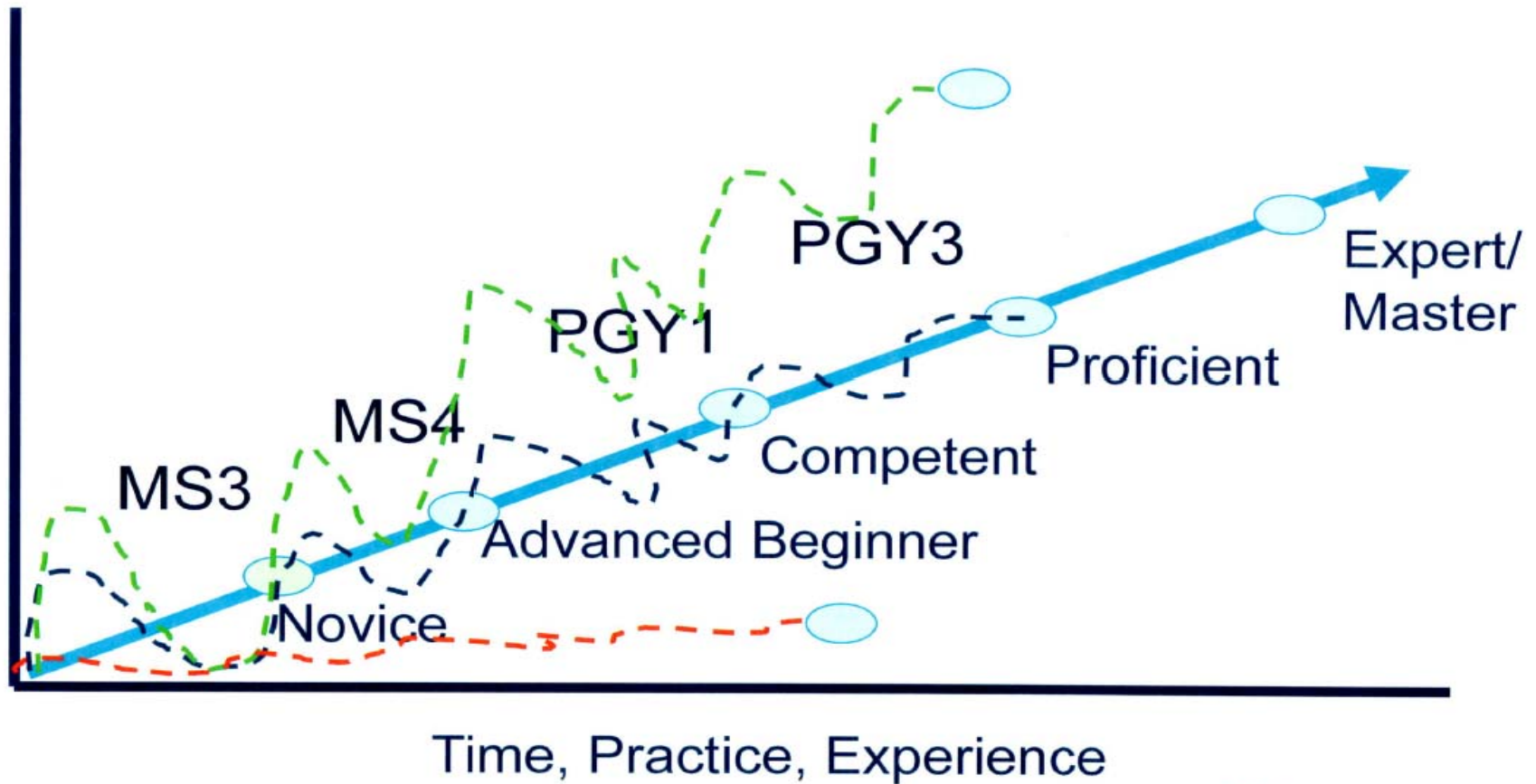
Dreyfus SE and Dreyfus HL. A 1980
Carraccio CL et al. Acad Med 2008;83:761-7

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Milestones are a measure of Development

- Think Denver or Bailey

- Consistency, habits and skills are demonstrated in multiple contexts and settings over time

The Good Resident

Can **DO** these well.

EPAs

1. Titrate insulin
2. M
3. C
4. T
5. D
6. M
7. S
8. H

> We see these things in the clinics and on the wards

Competencies

1. Patient Care
2.
3.
4.
5. S
6.

> Yet we measure learners with these.

Milestones

PC A1	MK A1	PBLI A1	ICS A1	PF A1	SBP A1
PC A2	MK A2	PBLI A2	ICS A2	PF A2	SBP A2
PC A3	MK A3	PBLI A3	ICS A3	PF A3	SBP A3
PC A4	MK A4	PBLI A4	ICS A4	PF A4	SBP B1
PC B1	MK A5	PBLI A5	ICS A5	PF B1	SBP B2
PC B2	MK A6	PBLI B1	ICS A6	PF B2	SBP B3
PC B3	MK A7	PBLI B2	ICS A7	PF B3	SBP B4
PC B4	MK A8	PBLI B3	ICS A8	PF B4	SBP C1
PC C1	MK A9	PBLI C1	ICS B1	PF C1	SBP C2
PC C2	MK B1	PBLI C2	ICS B2	PF C2	SBP C3
PCC3	MK B2	PBLI C3	ICS B3	PF D1	SBP C4
PC C4	MK B3	PBLI C4	ICS C1	PF D2	SBP C5
PC D1		PBLI D1	ICS C2	PF E1	SBP C6
PC E1		PBLI D2	ICS D1	PF E2	SBP D1
PC E2		PBLI D3	ICS D2	PF E3	SBP D2
PC F1		PBLI D4	ICS D3	PF F1	SBP D3
PC F2		PBLI E1	ICS E1	PF F2	SBP D4
PC F3		PBLI E2	ICS E2	PF F3	SBP E1
PC F4		PBLI E3	ICS E3	PF F4	SBP E2
PC F5		PBLI E4	ICS F1	PF F5	SBP E3
PC F6		PBLI F1	ICS F2	PF F6	SBP E4
PC F7		PBLI F2		PF F7	
PC F8		PBLI F3		PF G1	
PC F9		PBLI F4		PF G2	
PC F10		PBLI G1		PF H1	
PC G1		PBLI G2		PF I1	
PC G2		PBLI H1		PF I2	
		PBLI H2		PF J1	
		PBLI H3		PF J2	
				PF K1	
				PF K2	
				PF K3	

Courtesy of Eric Warm, MD
University of Cincinnati

The Good Resident

Can **DO** these well.

EPAs

1. Titrate insulin
2.
3.
4.
5.
6.
7.
8. Hand off properly

This is what we should be measuring

Competencies

1. Patient Care
2. Medical Knowledge
3.
4.
5. Systems
6. Practice Based Learning

These are what we should be able to sort by

Milestones

PC A1	MK A1	PBLI A1	ICS A1	PF A1	SBP A1
PC A2	MK A2	PBLI A2	ICS A2	PF A2	SBP A2
PC A3	MK A3	PBLI A3	ICS A3	PF A3	SBP A3
PC A4	MK A4	PBLI A4	ICS A4	PF A4	SBP B1
PC B1	MK A5	PBLI A5	ICS A5	PF B1	SBP B2
PC B2	MK A6	PBLI B1	ICS A6	PF B2	SBP B3
PC B3	MK A7	PBLI B2	ICS A7	PF B3	SBP B4
PC B4	MK A8	PBLI B3	ICS A8	PF B4	SBP C1
					SBP C2
					SBP C3
					SBP C4
					SBP C5
					SBP C6
					SBP D1
PC E2		PBLI D3	ICS D2	PF E3	SBP D2
PC F1		PBLI D4	ICS D3	PF F1	SBP D3
PC F2		PBLI E1	ICS E1	PF F2	SBP D4
PC F3		PBLI E2	ICS E2	PF F3	SBP E1
PC F4		PBLI E3	ICS E3	PF F4	SBP E2
PC F5		PBLI E4	ICS F1	PF F5	SBP E3
PC F6		PBLI F1	ICS F2	PF F6	SBP E4
PC F7		PBLI F2		PF F7	
PC F8		PBLI F3		PF G1	
PC F9		PBLI F4		PF G2	
PC F10		PBLI G1		PF H1	
PC G1		PBLI G2		PF I1	
PC G2		PBLI H1		PF I2	
		PBLI H2		PF J1	
		PBLI H3		PF J2	
				PF K1	
				PF K2	
				PF K3	

The Struggling Resident

CANNOT **DO** these things well.

EPAs

1. Titrate insulin
2. M...
3. C...
4. T...
5. D...
6. Manage a team
7. Share decision making
8. Hand-off properly

This is what we see them struggle with

Competencies

1. Patient Care
2. ...
3. ...
4. ...
5. ...
6. ...

These might point towards the reasons (and solutions) for the struggles

Milestones

PC A1	MK A1	PBLI A1	ICS A1	PF A1	SBP A1
PC A2	MK A2	PBLI A2	ICS A2	PF A2	SBP A2
PC A3	MK A3	PBLI A3	ICS A3	PF A3	SBP A3
PC A4	MK A4	PBLI A4	ICS A4	PF A4	SBP B1
PC B1	MK A5	PBLI A5	ICS A5	PF B1	SBP B2
PC B2	MK A6	PBLI B1	ICS A6	PF B2	SBP B3
					SBP B4
					SBP C1
					SBP C2
					SBP C3
					SBP C4
					SBP C5
					SBP C6
					SBP D1
					SBP D2
PC F1		PBLI D4	ICS D3	PF F1	SBP D3
PC F2		PBLI E1	ICS E1	PF F2	SBP D4
PC F3		PBLI E2	ICS E2	PF F3	SBP E1
PC F4		PBLI E3	ICS E3	PF F4	SBP E2
PC F5		PBLI E4	ICS F1	PF F5	SBP E3
PC F6		PBLI F1	ICS F2	PF F6	SBP E4
PC F7		PBLI F2		PF F7	
PC F8		PBLI F3		PF G1	
PC F9		PBLI F4		PF G2	
PC F10		PBLI G1		PF H1	
PC G1		PBLI G2		PF I1	
PC G2		PBLI H1		PF I2	
		PBLI H2		PF J1	
		PBLI H3		PF J2	
				PF K1	
				PF K2	
				PF K3	

Courtesy of Eric Warm, MD
University of Cincinnati

Milestone Differences

- Reporting Milestones are qualitative (better or worse) descriptions of a larger behavior

- Curricular Milestones are behaviors without pre-assigned qualitative measurement

Curricular Milestones	EPAs	Subcompetency	Reporting Milestones
Can Put On Helmet	Rides in Driveway	Rides Bicycle Safely	Falls off Bike
Feet Reach Pedals	Rides on Sidewalk		Rides 2 miles Without Stopping
Can Balance	Rides on Quiet Street		Rides on Quiet Road
Can Forward Propel	Rides in Traffic		Rides in Rush Hour Traffic
Can Brake	Rides to Work on time		Rides Tour de France
Can Beep Horn	Rides in Triathlon		

Ingredients

Learning Activities

Clinical Experiences

Knowledge Tests

Rotation Evals

EPA Attainment

Curricular Milestones

Portfolio Products

360 degree evals

Patient Satisfaction data

Case logs

Mini CEXs

OSCEs Peer Evals

Simulations

Chart Stimulated Recalls

Steps

1. Mix all assessment ingredients together

2. Add a generous amount of direct observations

3. Season with the shared wisdom and judgement of a Clinical Competence Committee

4. Transfer one half to promotions decisions and one half to an ungreased WebADs Milestones reporting form

Milestones a la NAS

Better Ingredients… Better Milestones!

ACGME Milestones…

Milestones Benefits

- Provide the learner with a clear path of progression
  - There are no surprises
- Allow for rich formative feedback. Learners know where they are and where they need to go
- Define specific behaviors that can focus assessment

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Milestone Challenges

- Utilize the milestones to develop meaningful assessment and evaluation.
  - Generate data that enables attestation of desired competence.
  - What the government, public and the profession trust physicians are capable of doing
- Evolve the milestones to be more manageable that allows attestation of competence in desired outcomes.

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7 Early Adopter RRCs

- Diagnostic Radiology
- Emergency Medicine
- Internal Medicine
- Neurologic Surgery
- Orthopedic Surgery
- Pediatrics
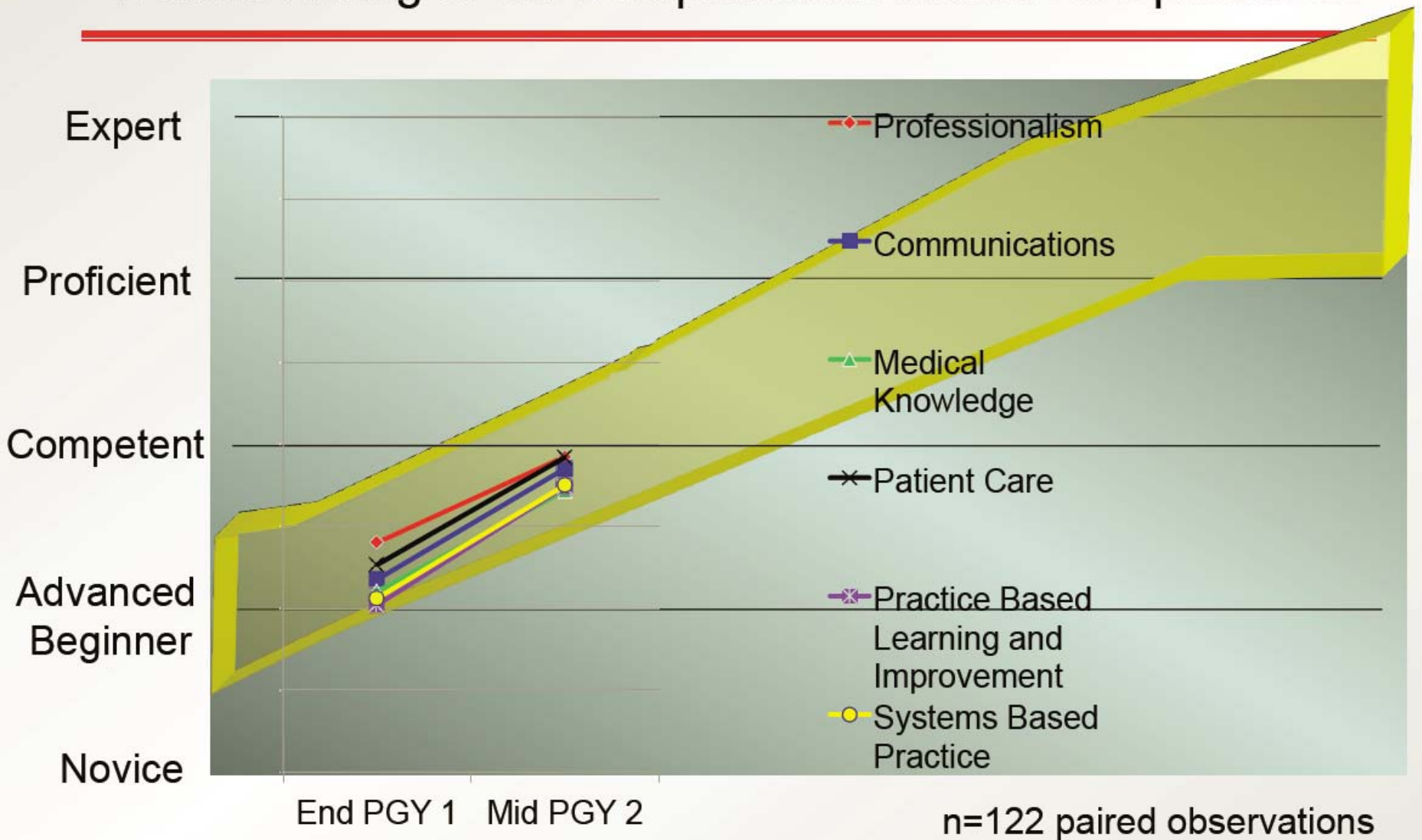- Urology

Timetable and Logistics….

- Phase 1 programs will submit initial milestone data in Dec 2013 and June 2014

- All other core programs will begin submitting December 2014

- Subspecialty milestone development will begin July 2013

- Validity of milestones has yet to be established – work in progress!

- **Reportable** milestones will be set by RRCs
  - Programs may have additional curricular milestones

- Milestone data will be submitted via web ADs de-identified - RRC will see only aggregate data for program

Singapore Milestone Data, End of PGY 1 to Mid Year PGY 2
All Specialties (n=122, 100%)
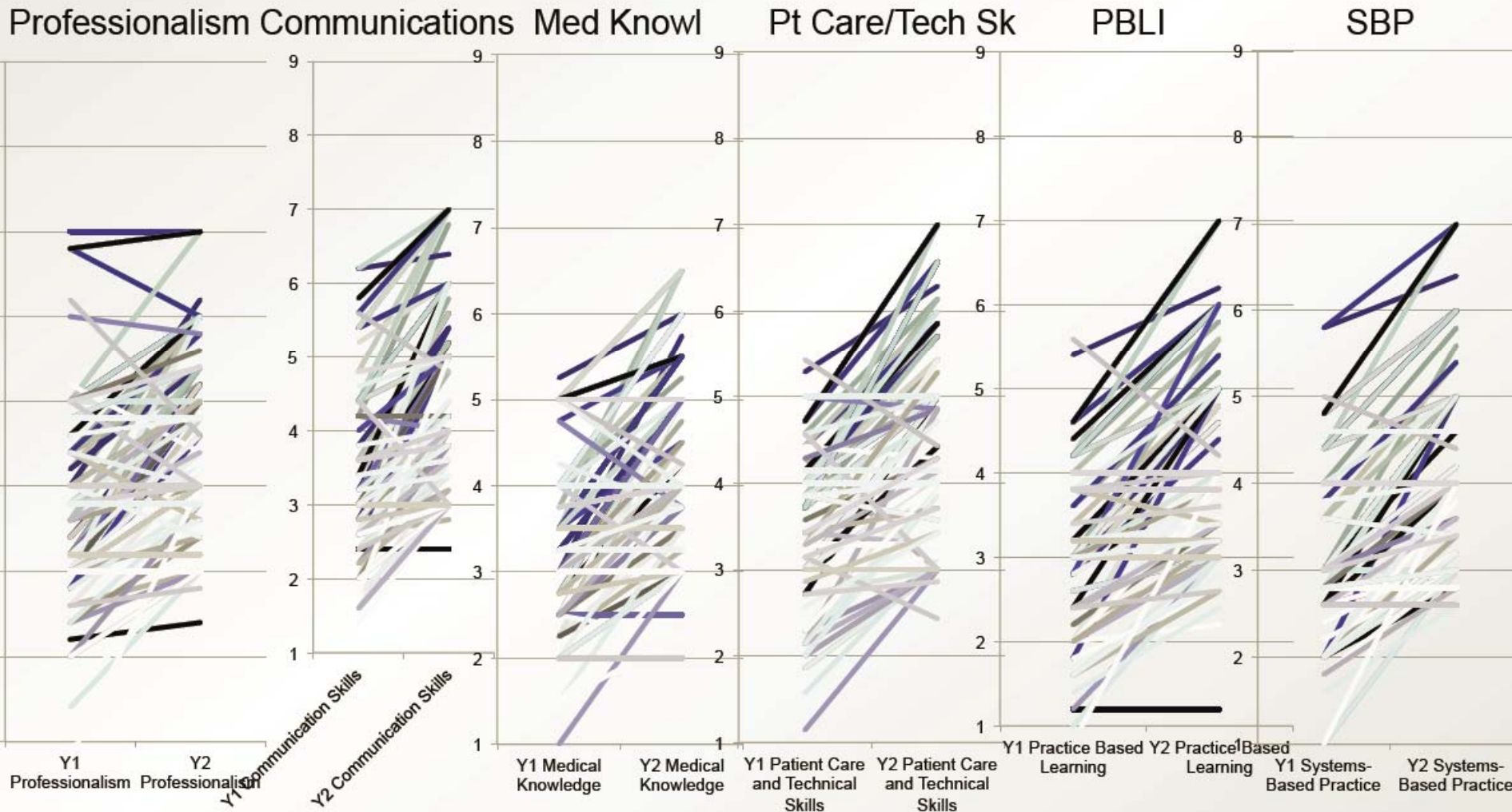
Singapore End of PGY-1, Mid PGY-2 Year Evaluation, Overall Rating of Six Competencies across All Specialties

Expert

Proficient

Competent

Advanced Beginner

Novice

End PGY 1   Mid PGY 2

- ◆ Professionalism
- ■ Communications
- ▲ Medical Knowledge
- ✳ Patient Care
- ✳ Practice Based Learning and Improvement
- ● Systems Based Practice

n=122 paired observations

Increase the Accreditation Emphasis on Educational Outcomes

ACGME

Reporting Template

Milestone of Competency Development				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Entry – ❖Baseline, expected level at time of entry into residency	Mid-Program - ❖Developmental levels of performance ❖Offers road map and assurance that residents are attaining appropriate educational goals	Mid-Program - ❖Developmental levels of performance ❖Offers road map and assurance that residents are attaining appropriate educational goals	Graduation – ❖Expected level of performance at entry into unsupervised practice ❖Level required to gain eligibility for ABMS certification	Stretch Goals – ❖Exceeds expectations
○ ○	○ ○	○ ○	○ ○	○ ○
Comments:				

ACGME

Exhibits integrity and ethical behavior in professional conduct

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Dishonest in clinical interactions, documentation, research, or scholarly activity

Refuses to be accountable for personal actions

Does not adhere to basic ethical principles

Blatantly disregards formal policies or procedures. | Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions

Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them | Honest and forthright in clinical interactions documentations, research, and scholarly activity

Demonstrates accountability for the care of patients

Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity | Demonstrates integrity, Honesty, and accountability to patients, society and the profession

Actively manages challenging ethical dilemmas and conflicts of interest

Identifies and responds appropriately to lapses of professional conduct among peer group | Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility

Role models integrity, honesty, accountability and professional conduct in all aspects of professional life

Regularly reflects on personal professional Conduct |

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

Wide Variability Among RRCs

- Radiology – 12 Milestones

- Patient Care :

1. Consultant
2. Competence in procedures

- Internal Medicine -
  - 22 Reporting Milestones
  - 142 curricular Milestones

- Patient Care:

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).

2. Develops and achieves comprehensive management plan for each patient.
3. Manages patients with progressive responsibility and independence.

4. Skill in performing procedures.

5. Requests and provides consultative care.

Pediatrics	Emergency Medicine	Radiology	Urology	Medicine	Neurosurgery	Orthopedics
Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds	(PT-centered Communication) Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families	Effective communication with patients, families, and caregivers	Communicates effectively with patients and families with diverse socioeconomic and cultural backgrounds (medical interviewing (also PC), counseling and education (also PC), hospitalization updates, delivers bad news, informs about medical error).	Communicates effectively with patients and caregivers.	Relational - Interpersonal and Communication Skills	Communication
Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions	(Team management) Leads patient-centered teams, ensuring effective communication and mutual respect among members of the team	Effective communication with members of the health care team	Communicates effectively with physicians, other health professionals, and health-related agencies (Writing diagnostic reports, referral (written and oral), consultations (written and oral), medical records.	Communicates effectively in interprofessional teams (e.g., peers, consultants, nursing, ancillary professionals and other support personnel).	Technology - ICS	Teamwork (e.g., physician, nursing and allied health care providers, administrative and research staff)
			Communicates effectively during care transitions and consultations with fellow residents.	Appropriate utilization and completion of health records.		
			Works effectively as a member or leader of a health care team or other professional group (Also see SBP3): OR team, clinical team (office, inpatients, or outpatient/clinic), professional work groups and committees (e.g., quality improvement, research).			
			Effectively counsels, educates, and obtains informed consent (See PC).			

Professionalism – 7 Early Adoptor RRCs
Donald Brady, Vanderbilt

Pediatrics	Emergency Medicine	Radiology	Urology	Medicine	Neurosurgery	Orthopedics
Humanism, compassion, integrity, and respect for others; based on the characteristic of an empathetic practitioner	Demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine		Demonstrates compassion, integrity, and respect for others.	Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team....	Compassion	Compassion, integrity, and respect for others as well as sensitivity and responsiveness to diverse populations... Knowledge about respect of and adherence to the ethical principles relevant to the practice of medicine....
A sense of duty and accountability to patients, society, and the profession	Demonstrates accountability to patients, society, profession, and self		Demonstrates accountability to patients, society, and the profession.	Accepts responsibility and follows through on tasks.	Accountability	Accountability to patients, society, and the profession; personal responsibility to maintain emotional, physical, and mental health
Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients			Demonstrates responsiveness to patient needs that supersedes self-interest.	Responds to each patient's unique characteristics and needs.		
High standards of ethical behavior... maintaining appropriate professional boundaries		Professional values and ethics	Demonstrates sensitivity and responsiveness to diverse populations....	Exhibits integrity and ethical behavior in professional conduct.		
Self-awareness .... that leads to appropriate help-seeking behaviors			Demonstrates respect for patient privacy and autonomy.			
The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty						

Clinical Competence Committee

- Each program is expected to have a CCC by June 2013

- CCC members should include core faculty who can observe and evaluate residents. May include other members

- Common model: *1 or 2 faculty review all evals for a resident before committee discussion*

"Wisdom of the Crowd"

- Hemmer (2001) – Group conversations more likely to uncover deficiencies in professionalism among students
- Schwind, Acad. Med. (2004) –
  - 18% of resident deficiencies requiring active remediation only became apparent through group discussion.
    - Average discussion 5 minutes/resident (range 1 – 30 minutes)

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"Wisdom of the Crowd"

- Williams, Teach. Learn. Med. (2005)
  - No evidence that individuals in groups dominate discussions.
    - No evidence of ganging up or piling on
- Thomas (2011) – Group assessment improved inter-rater reliability and reduced range restriction in multiple domains in an internal medicine residency

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Random Important Points

A Milestone must be an OBSERVABLE behavior or set of behaviors

Milestone ratings DO NOT correspond to PGY level

ACGME Milestones are not the same as Curricular Milestones

Please rate the extent to which the following statements describe your program

The evaluations of residents in my program are organized by the 6 ACGME competencies

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)
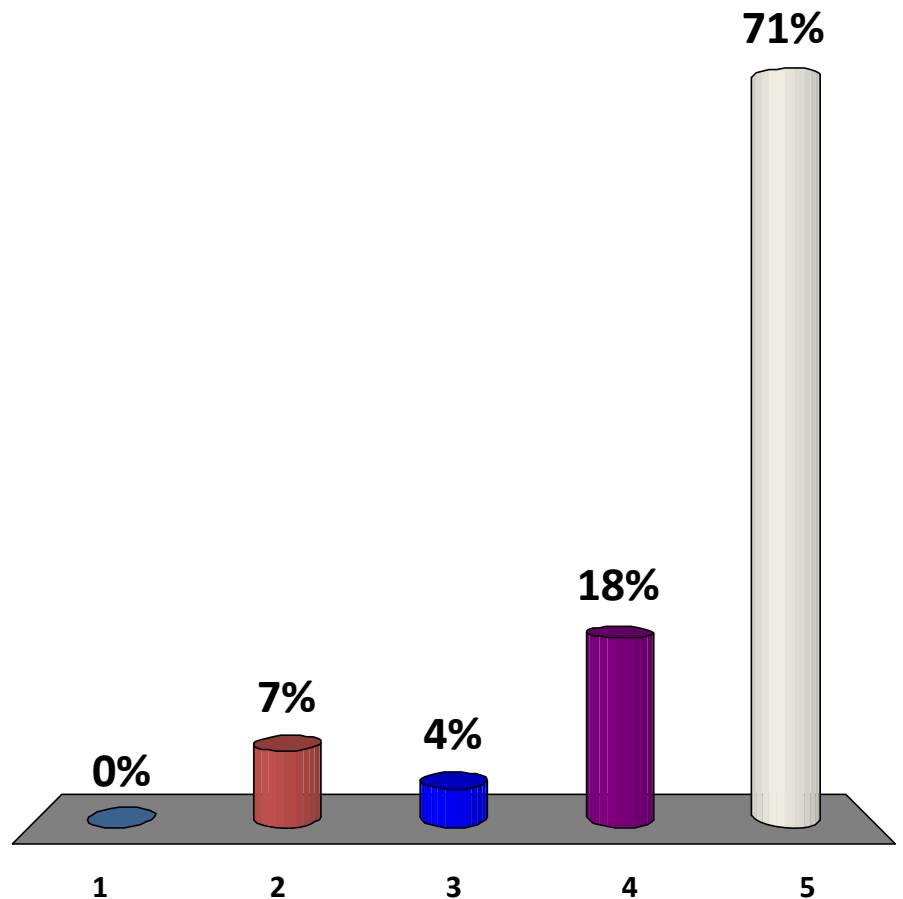
The evaluations of residents in my program have a defined progression of competence or competencies

-

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)
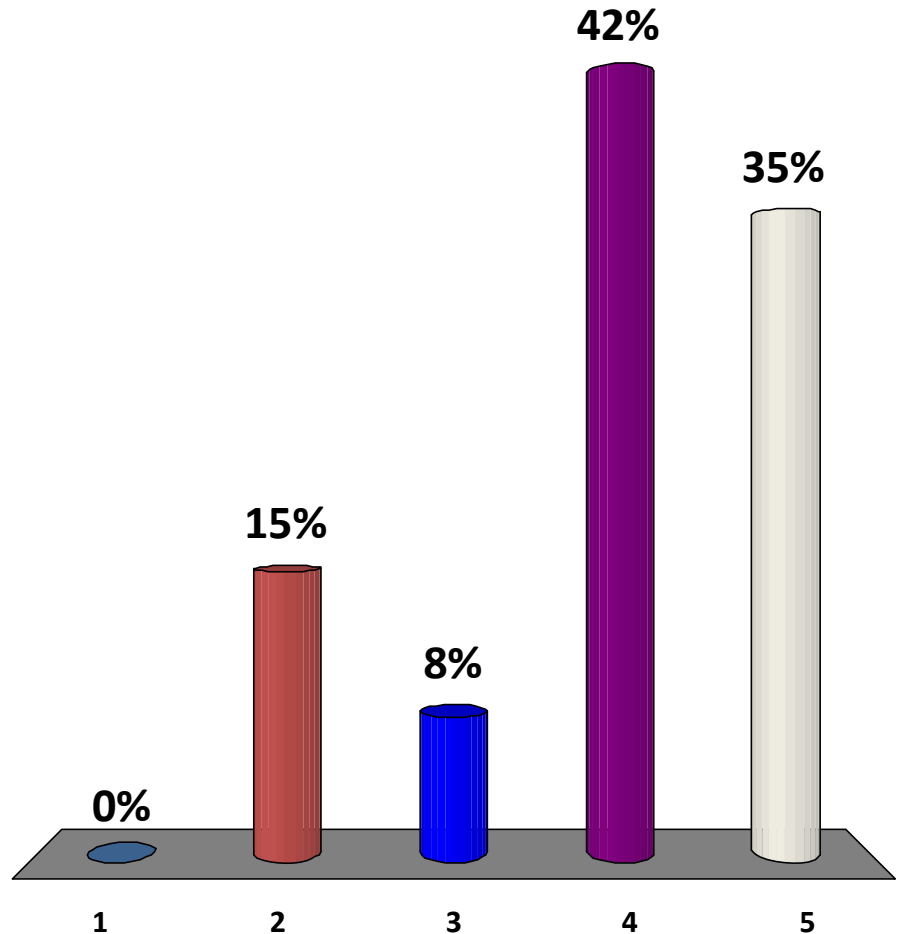
Teaching/learning opportunities, assessments and desired outcomes are aligned

•

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)

57%

29%

11%

0%

4%

1 2 3 4 5
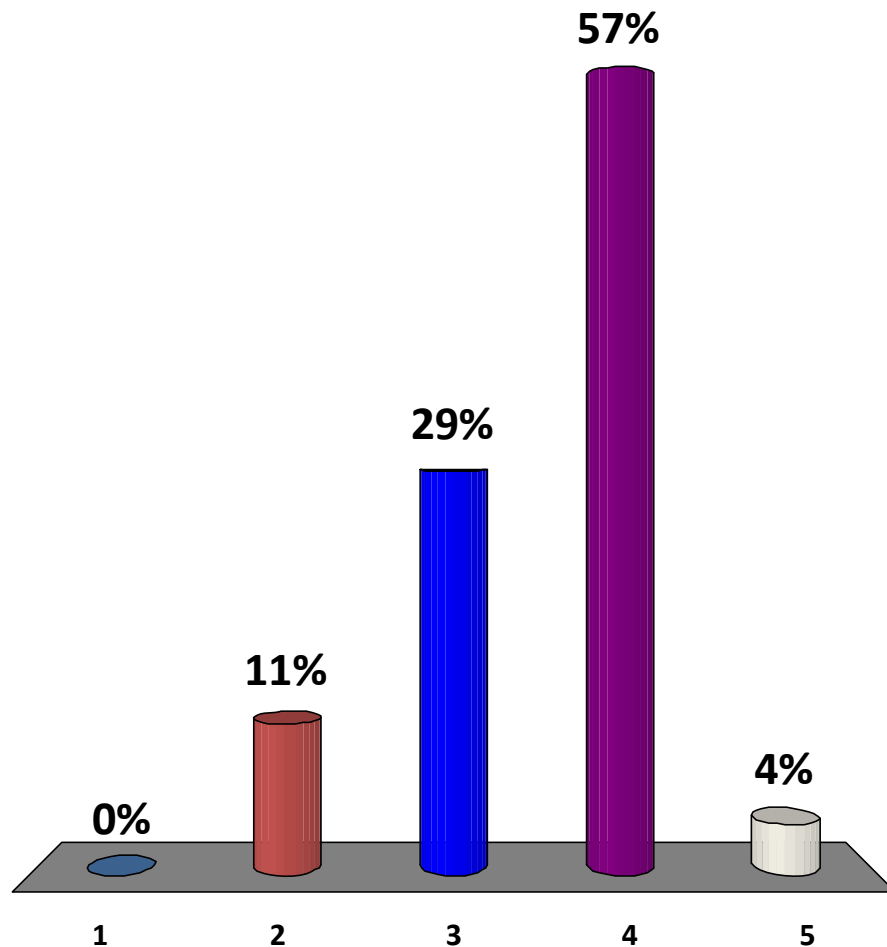
Learning experiences are deliberate (not circumstantial)

.

1. Not at all (0%)
2. A Little (25%)
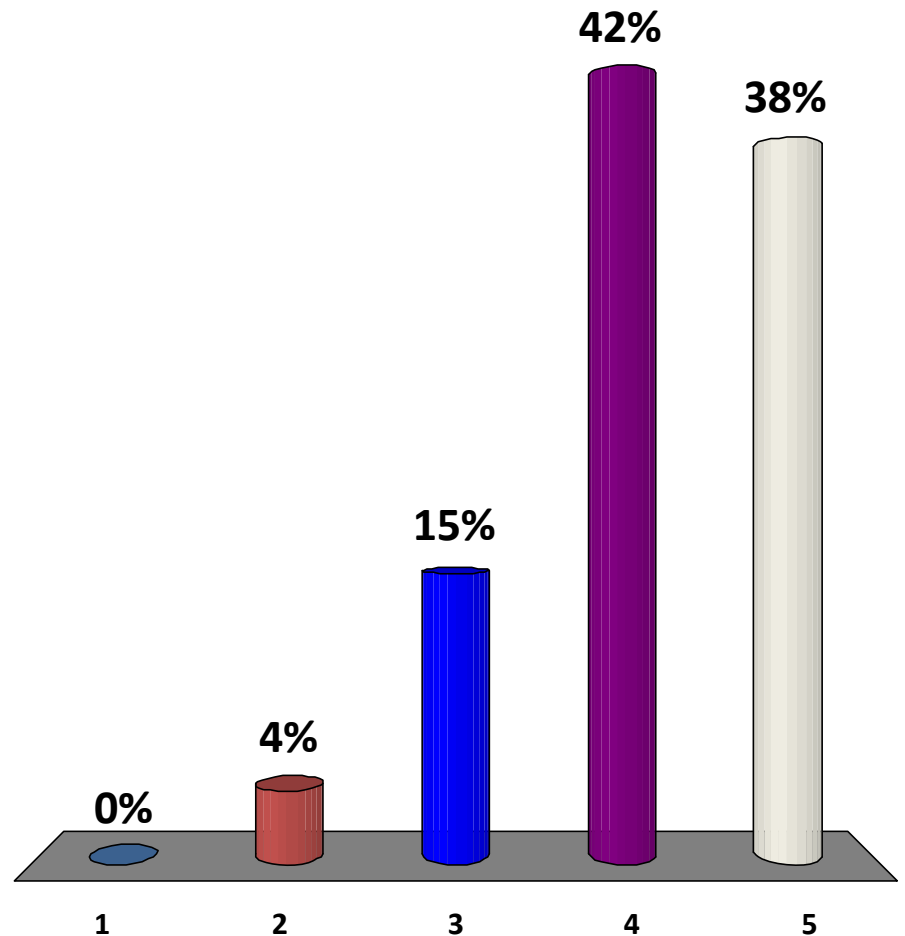3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)
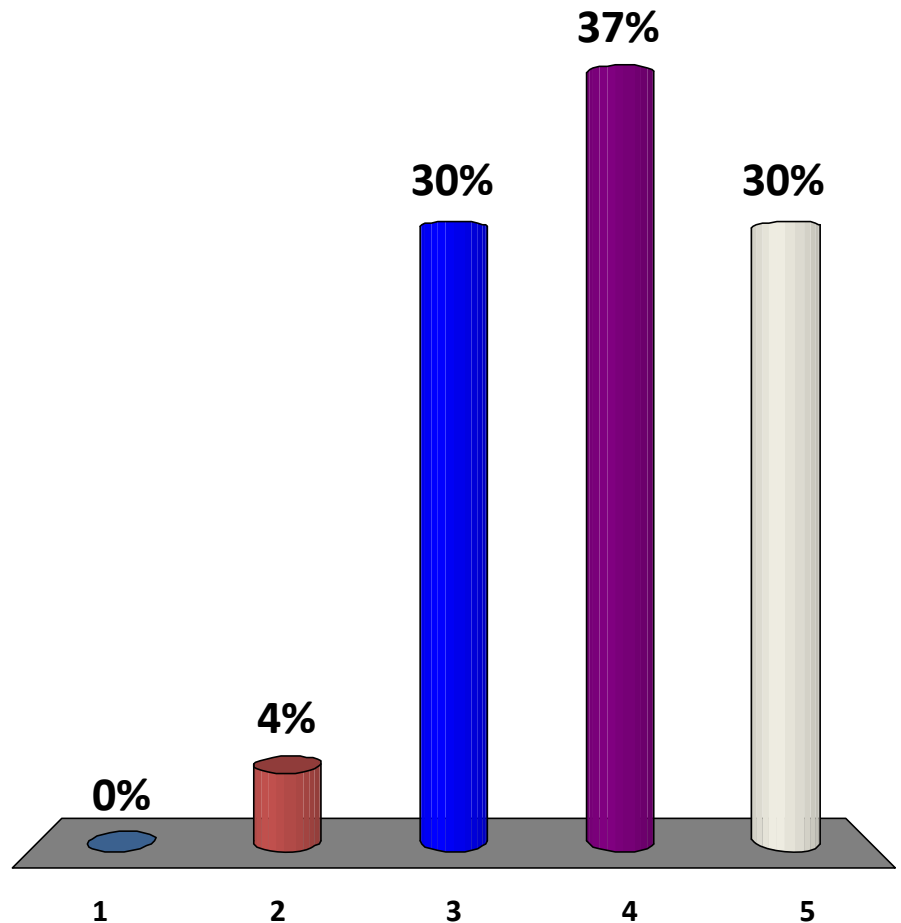
Desired outcomes drive teaching-learning and assessment decisions

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
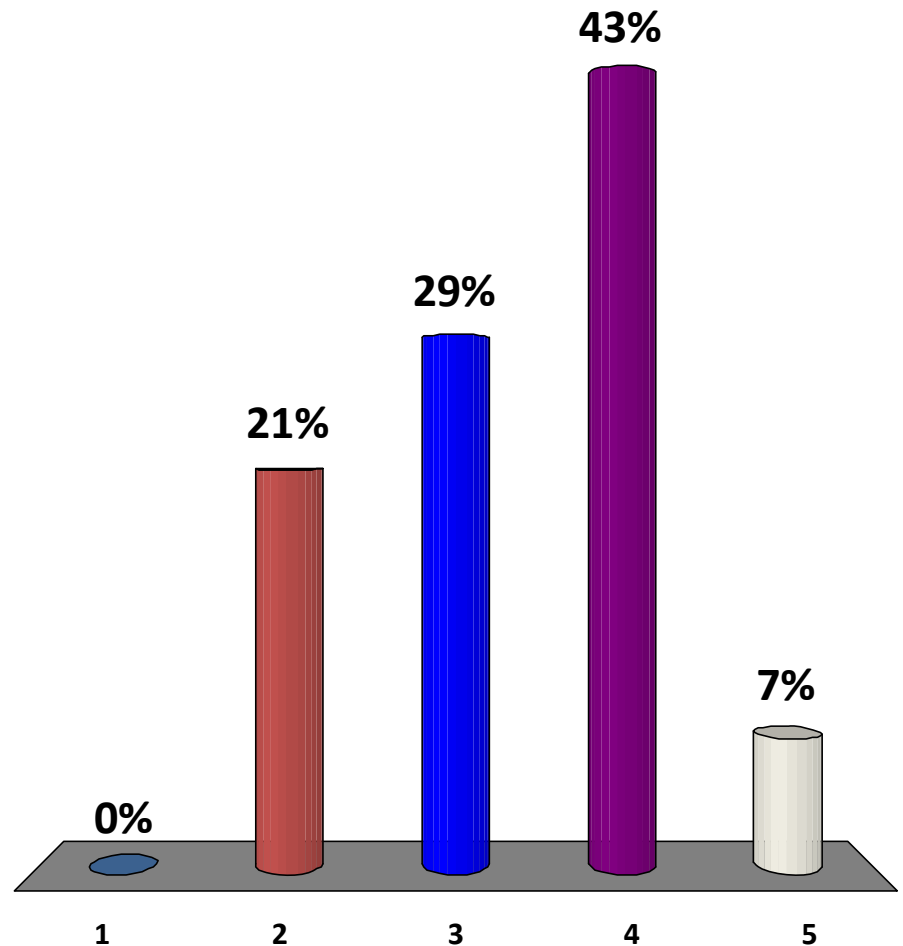4. Pretty Much (75%)
5. Absolutely (100%)
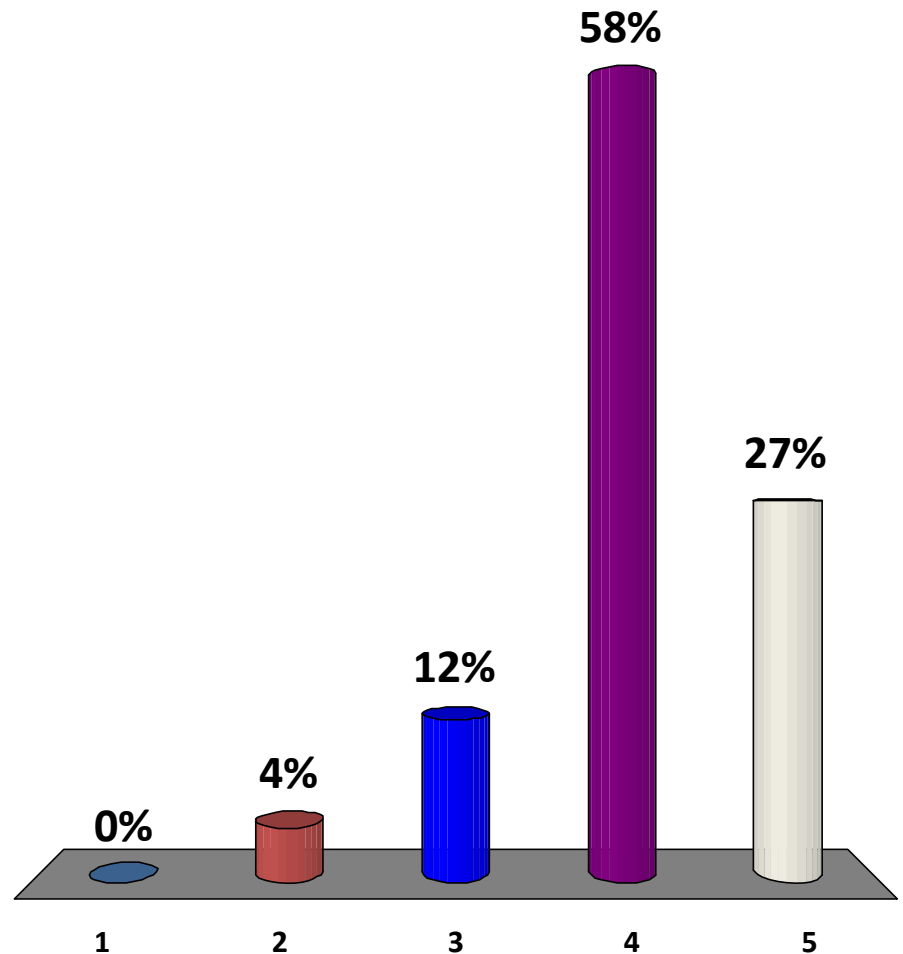
Assessments are criterion referenced

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)

Bar chart:
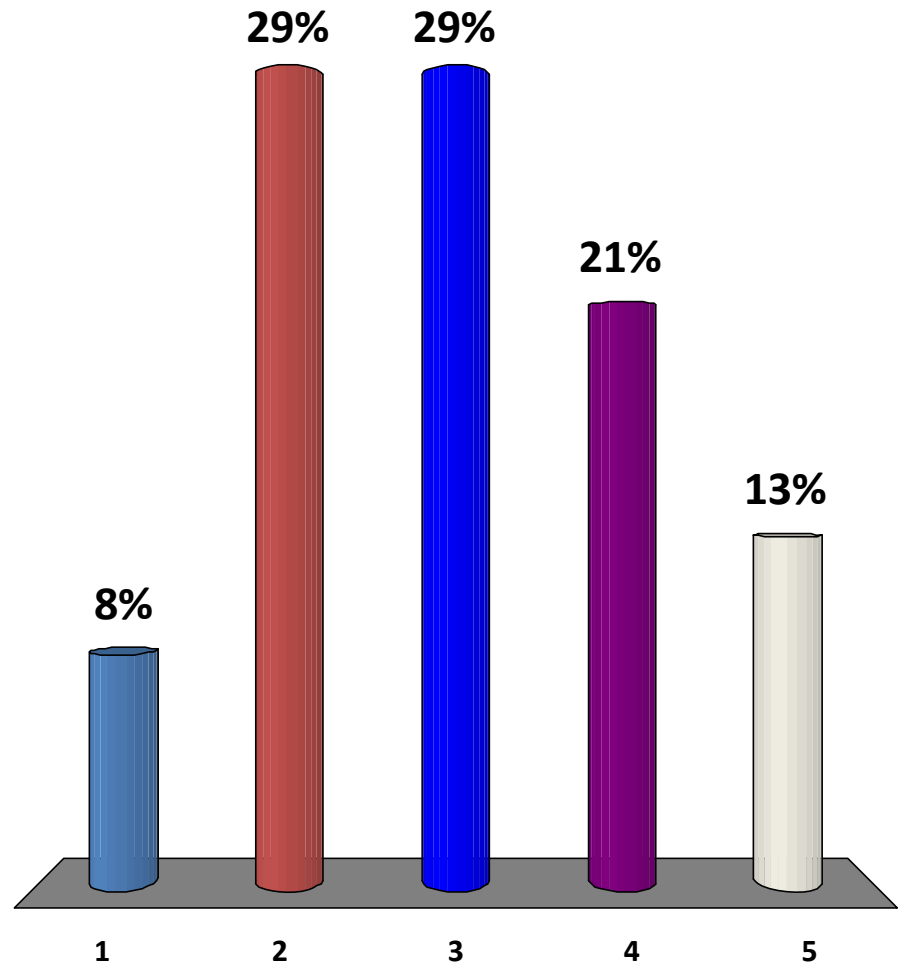- 1: 0%
- 2: 4%
- 3: 15%
- 4: 42%
- 5: 38%

All faculty utilize a common frame of reference for resident assessment

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
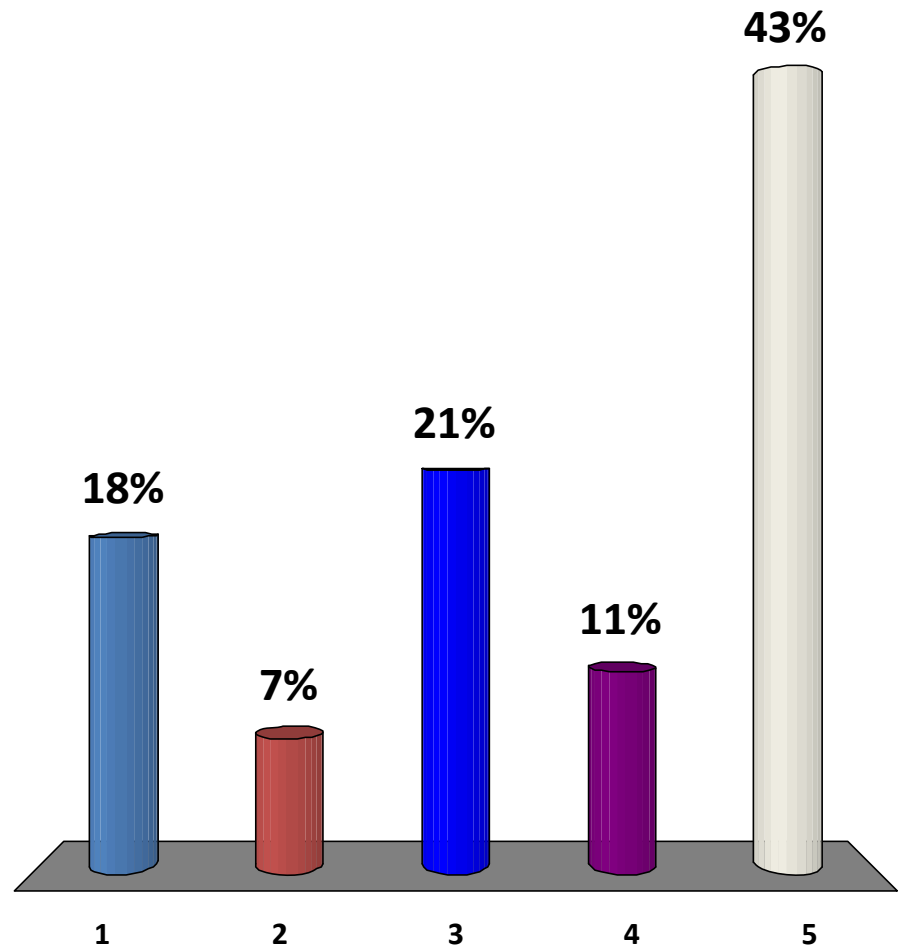4. Pretty Much (75%)
5. Absolutely (100%)

Group assessments are employed in the rotation evaluation of residents

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)
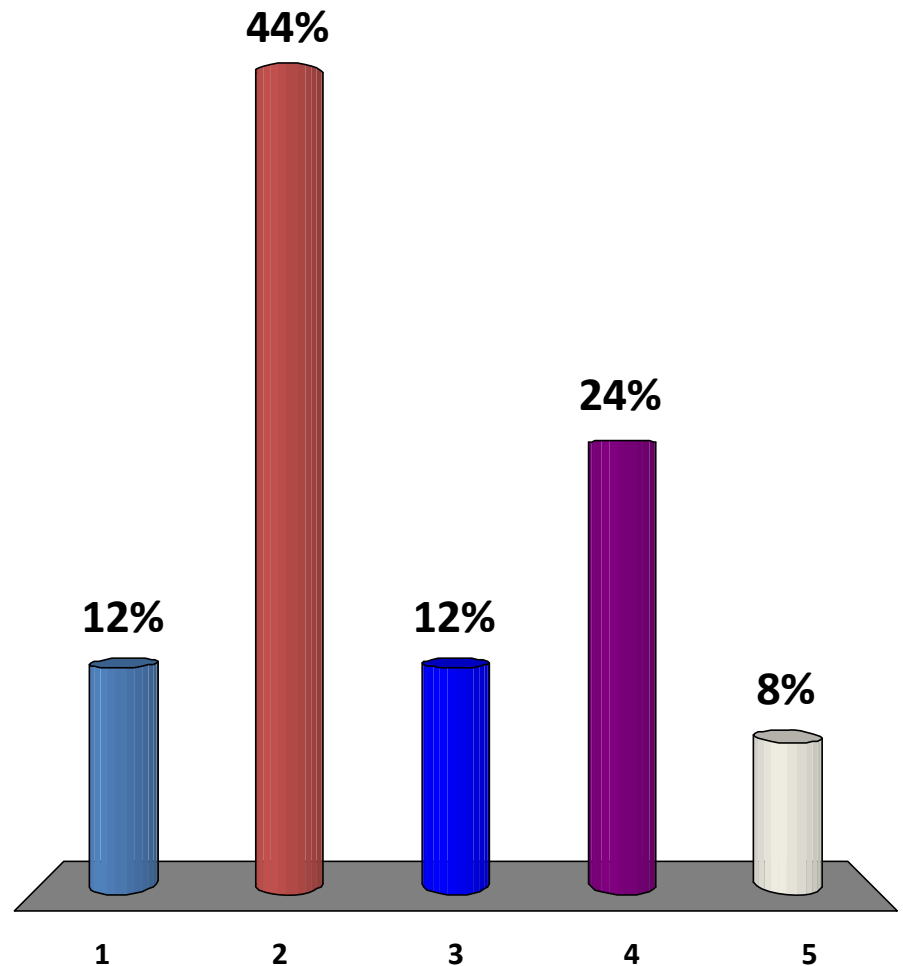
29%   29%

21%

13%

8%

1   2   3   4   5

My program has a fully functional Clinical Competence Committee

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)

18%
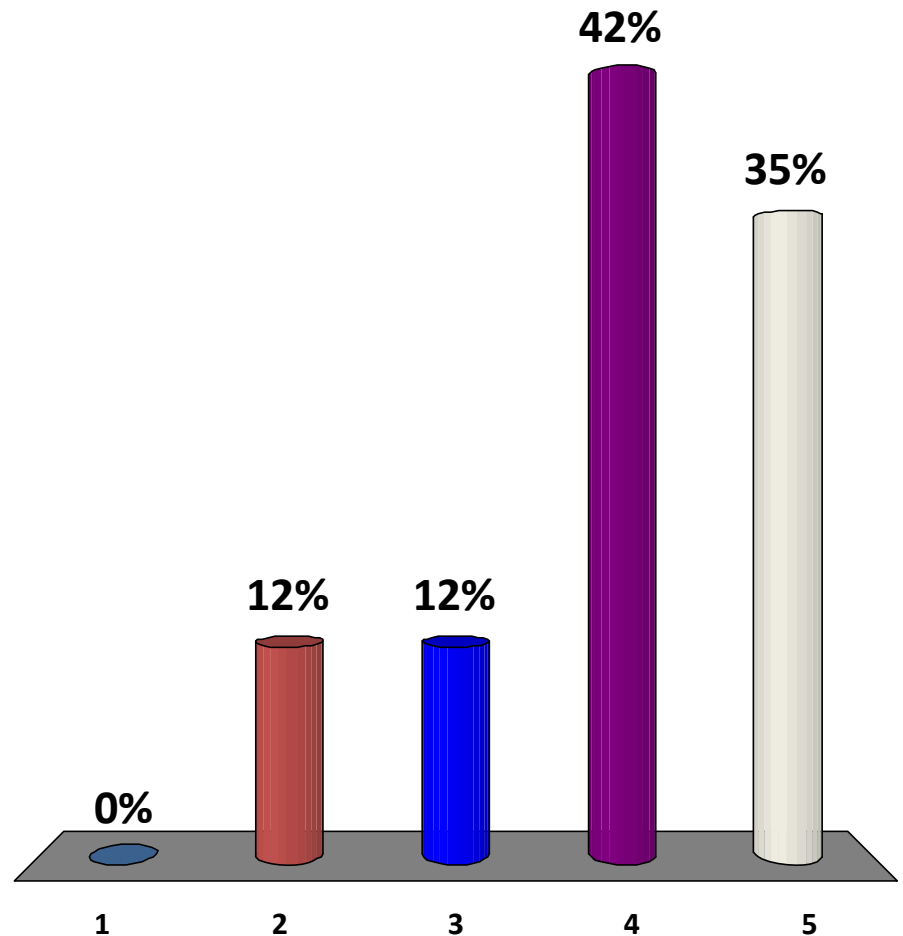7%
21%
11%
43%

1   2   3   4   5

My program's Clinical Competence Committee is prepared for the NAS

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)

All of my graduating residents are ready for independent practice

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)

I know what kind/areas of faculty development my program needs to be ready for Milestone assessment and reporting

1. Not at all (0%)
2. A Little (25%)
3. About Half (50%)
4. Pretty Much (75%)
5. Absolutely (100%)

			42%	
8%	23%	15%		12%
1	2	3	4	5
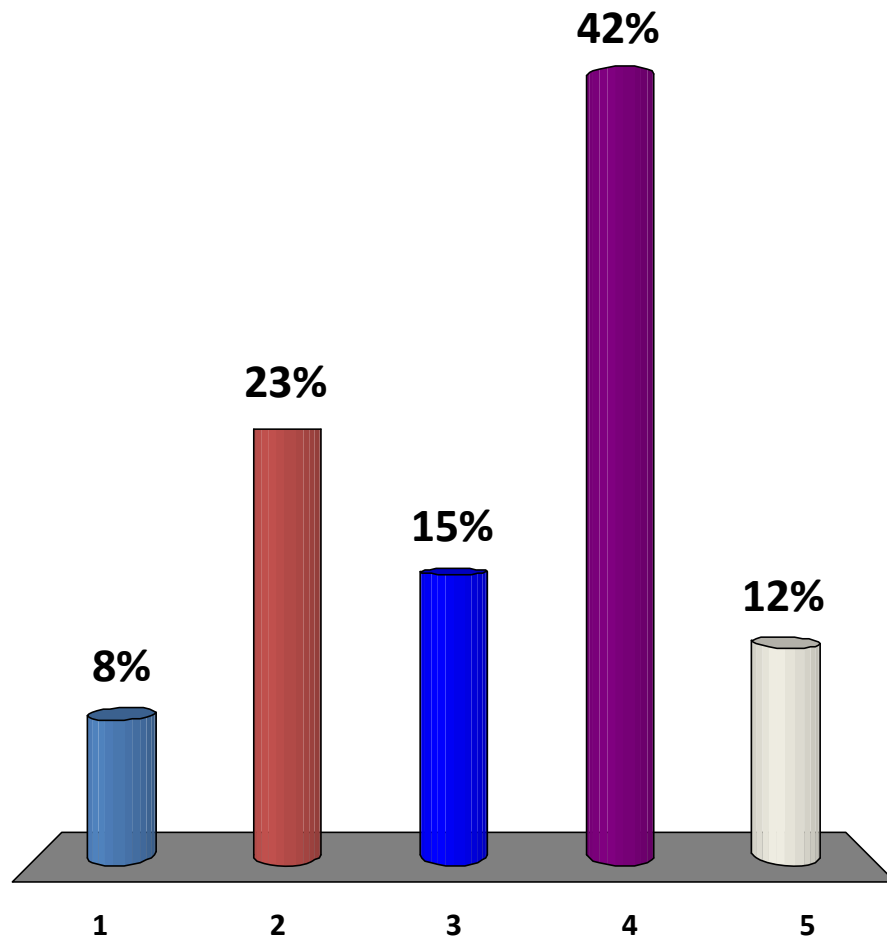
How do you translate competency- based info from rotational evals, 360 degree evals, CEXs, etc., into Milestone assessment?

Should specific Milestones be embedded into rotation evaluations?

- Every milestone should be evaluated in multiple settings

- Need to determine which milestones best go in which settings

- Not everybody has to evaluate everything

- Rotation evals may end up with comb of EPAs, milestone items, milestone sub-items and non-milestone items.
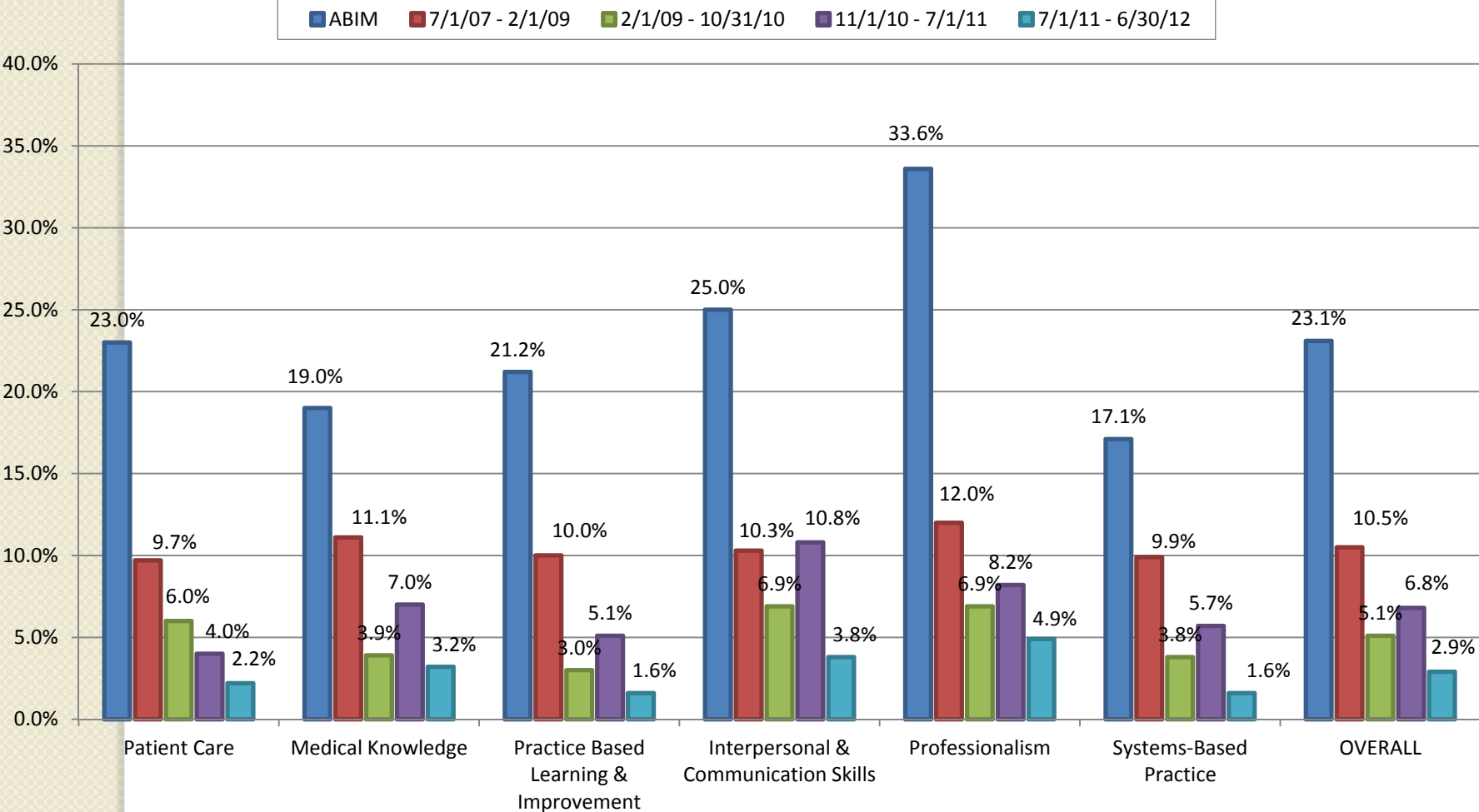
Guralnick, 2013 AGME Meeting

How can you ensure that all faculty have a common frame of reference for resident assessment?
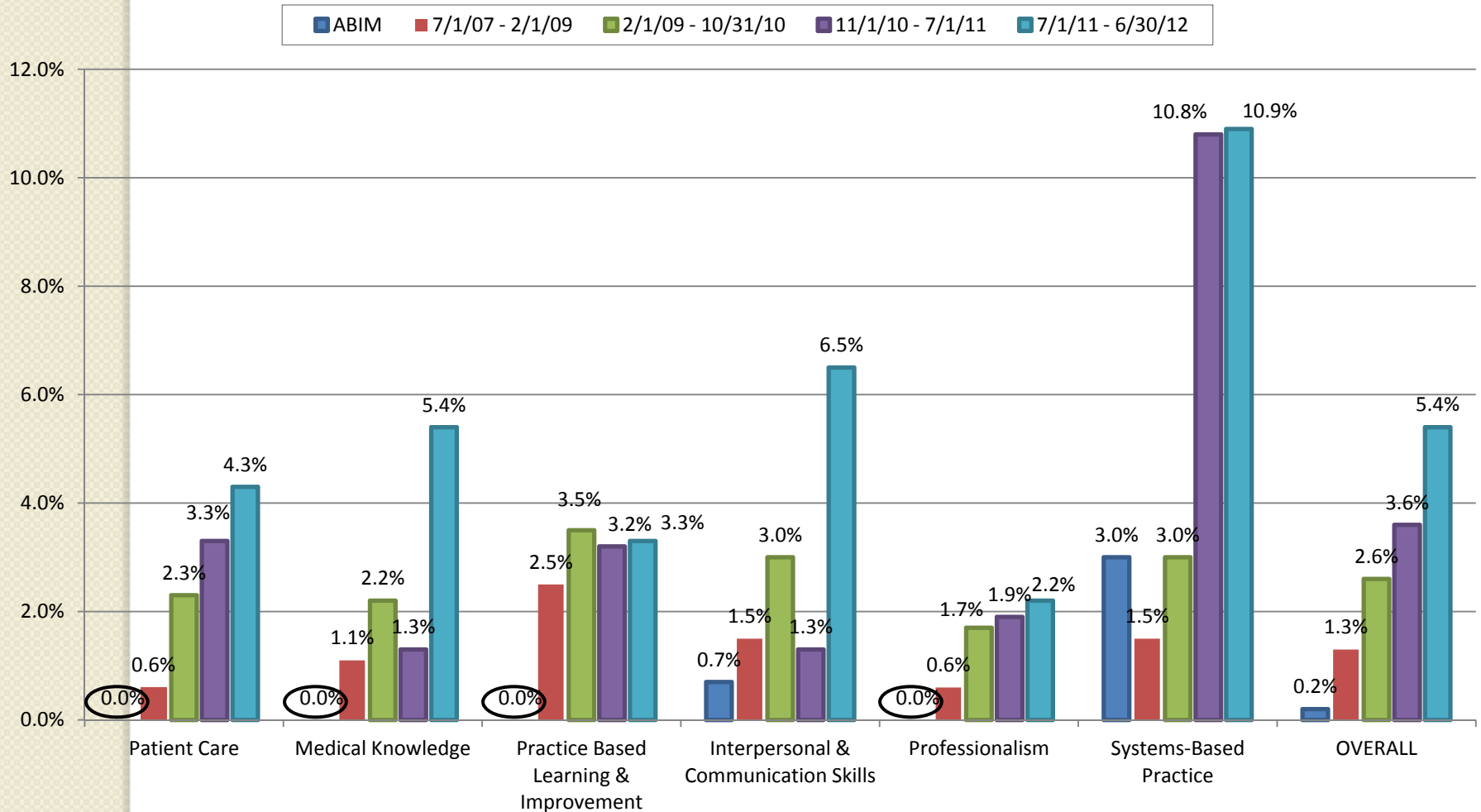
Competency Based Assessment
Effect of Construct Alignment

RESULTS AND OUTCOMES – CoBRA - Impact on grade inflation
% of time an intern received an 8

Legend: ABIM | 7/1/07 - 2/1/09 | 2/1/09 - 10/31/10 | 11/1/10 - 7/1/11 | 7/1/11 - 6/30/12

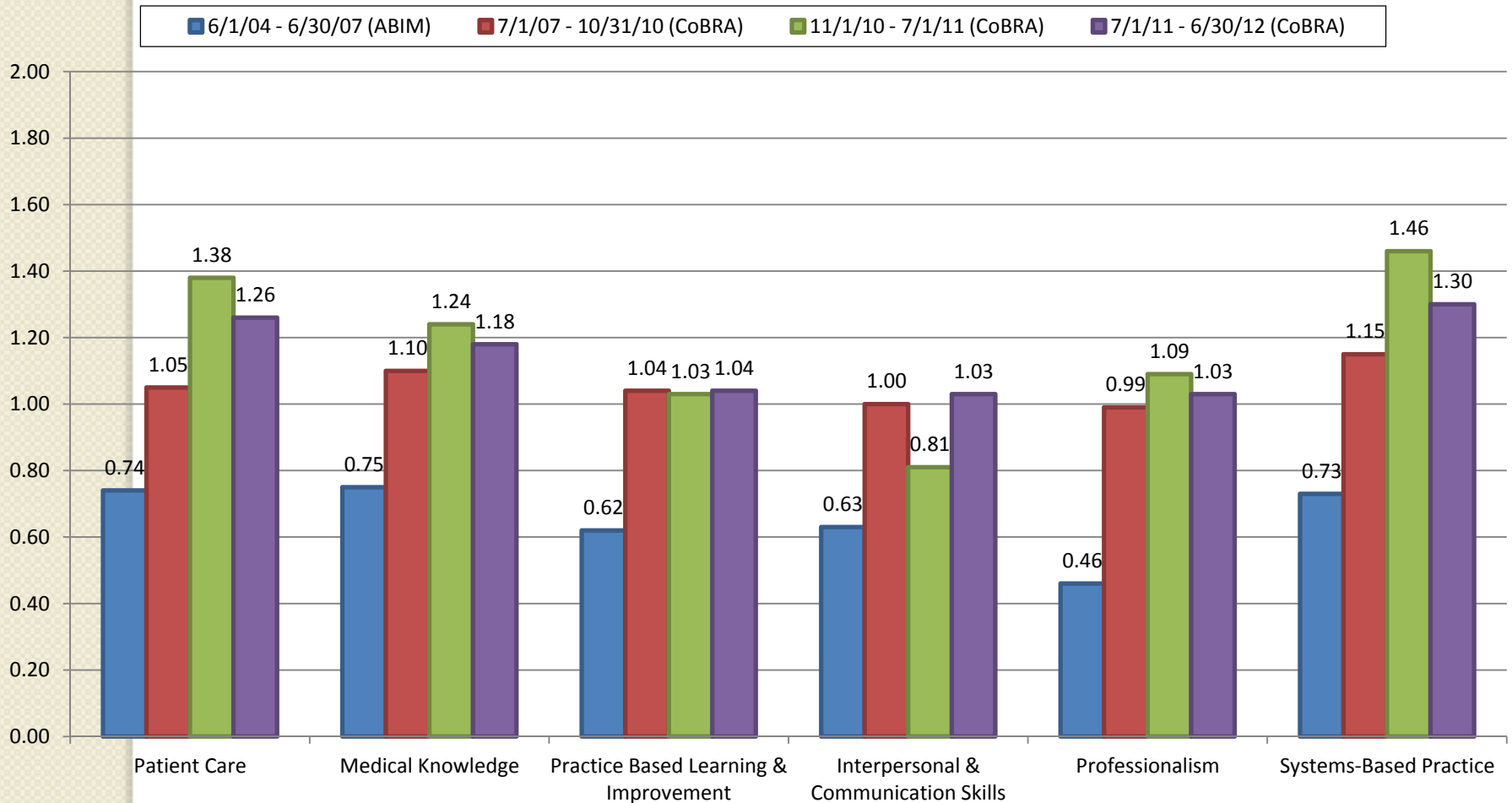| Category	ABIM	7/1/07 - 2/1/09	2/1/09 - 10/31/10	11/1/10 - 7/1/11	7/1/11 - 6/30/12
Patient Care	23.0%	9.7%	6.0%	4.0%	2.2%
Medical Knowledge	19.0%	11.1%	3.9%	7.0%	3.2%
Practice Based Learning & Improvement	21.2%	10.0%	3.0%	5.1%	1.6%
Interpersonal & Communication Skills	25.0%	10.3%	6.9%	10.8%	3.8%
Professionalism	33.6%	12.0%	6.9%	8.2%	4.9%
Systems-Based Practice	17.1%	9.9%	3.8%	5.7%	1.6%
OVERALL	23.1%	10.5%	5.1%	6.8%	2.9%

Competency Based Assessment
Effect of Construct Alignment

Result and Outcomes – CoBRA – Impact on use of left side of scale
% of time a PGY1 resident received a 3

Competency Based Assessment
Effect of Construct Alignment

DIFFERENCE BETWEEN PGY 1 AND 3 RESIDENT ACROSS ACGME Competencies – Increased Assessor discrimination

Legend: ■ 6/1/04 - 6/30/07 (ABIM) ■ 7/1/07 - 10/31/10 (CoBRA) ■ 11/1/10 - 7/1/11 (CoBRA) ■ 7/1/11 - 6/30/12 (CoBRA)

Competency	ABIM	CoBRA 7/1/07	CoBRA 11/1/10	CoBRA 7/1/11
Patient Care	0.74	1.05	1.38	1.26
Medical Knowledge	0.75	1.10	1.24	1.18
Practice Based Learning & Improvement	0.62	1.04	1.03	1.04
Interpersonal & Communication Skills	0.63	1.00	0.81	1.03
Professionalism	0.46	0.99	1.09	1.03
Systems-Based Practice	0.73	1.15	1.46	1.30

How do you know if your assessment strategies/tools really measure meaningful outcomes?

How do you know that your graduating residents are ready for independent practice?

There are a lot of Milestones and EPAs! How do you prioritize them for your program?

What should we (Community of SIU GME Leaders) do next?

WHEW!!!!

THANK YOU