Incorporating the Principles of Reporting Milestones and Progressive Entrustment in the Monthly Rotation Evaluation Tools in Cardiology Fellowship Training

Chittur A. Sivaram MD FACC, Faisal Latif MD FACC and Candice Edwards
Cardiovascular Section- Department of Medicine
University of Oklahoma Health Sciences Center, Oklahoma City, OK

Study Objectives

Currently ACGME requires submission of data on Reporting Milestones twice each year from all Graduate Medical Education training programs. American College of Cardiology (ACC) published a comprehensive standards for Cardiovascular Fellowship Training in 2015- the Core Cardiology Training Statement or the COCATS 4 documents (1).

Training program directors, Clinical Competency Committees (CCC) and program coordinators would benefit from a practical, composite and compact tool that would help in ascertaining compliance with both ACGME reporting and COCATS 4 training standards. We attempted to adopt the ACC Milestones Mapping Tools and create a composite evaluation tool for each rotation within cardiovascular fellowship training in order to clearly define both to the faculty and the fellows those specific skills and milestones required for each rotation, using the six core competency domains. Our goal was to provide the necessary clarity to both the evaluating faculty as well as the fellows during each rotation assignment.

Methods

We created a 4 page evaluation tool for each rotation (n=13) divided into 6 segments (six core ACGME competencies).

Each core competency segment further described selected associated ACGME Reporting Milestones’ sub-competencies, as well narrative descriptions of attitudes, skills and milestones pertaining to different entrustment levels (critical deficiencies to aspirational). (See graphic).

These were published on our residency management platform-MedHub in July 2015. Faculty and fellows were notified of the new format of the evaluation tool in July 2015. Faculty development and additional instruction is planned in the near future through Cardiology Grand Rounds.

Potential benefits of the new approach

- Clear delineation of knowledge, skills and attitudes defining various levels of entrustment for each rotation
- Both evaluating faculty and fellows are made aware of the components of the various entrustment levels for each rotation
- Continuous data collection on fellow performance
- Improved tracking, trending and comparison opportunities
- Outcomes assessment regarding the change are still ongoing (planned at the end of first year)

References

2. ACGME IM Subspecialty Reporting Milestones 2014