Evaluations and Milestones

University of Florida at Sacred

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Objectives

- Be able to identify different components of the Milestones Document
- Discuss a Method for Curriculum Mapping
- Differentiate between:
  - Goals from Objectives
  - Evaluation from Feedback
  - Formative from Summative Evaluation
- Discuss Application of Mapped Milestones in New Innovations (NI)

Milestones 101

Version 2

Dermatology, ACGME Report Worksheet

Competency

Patient Care 1: Medical Dermatology

Subcompetency

Targeted Level for Graduation

Level 1	Level 2	Level 3	Level 4	Level 5
Obtains basic dermatologic history and physical exam Milestone Identifies management options for common dermatologic conditions Milestone	Evaluates patients with common dermatologic conditions, with assistance Manages patients with common dermatologic conditions, with assistance	Independently evaluates patients with common dermatologic conditions Independently manages patients with common dermatologic conditions	Independently evaluates patients with complex dermatologic conditions Independently manages patients with complex dermatologic conditions and/or comorbidities	Independently evaluates and manages patients with rare, atypical, or refractory dermatologic conditions
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not Yet Completed Level 1 ☐

Not Yet Assessable ☐

Note: The ACGME does not want to see this format in evaluation forms

Step 1. High Level Curriculum Mapping

	Scholarly Activity	QI Project	ITE	Procedure or Case Log	In-Pt Peds	Amb Peds	NICU	Rotation X	etc.
PC1: History					X	X	X		
PC2: Physical Exam					X	X	X		
etc.									
MK1: Clinical Knowledge			X		X	X	X		
MK2: Diagnostic Evaluation			X		X	X	X		
etc.									
SB1: Pt Safety		X			X	X	X		
SB2: QI	X	X							
etc.									
etc.									

Goals versus Objectives

- What is the difference between goals and objectives?
  - Goals: broad primary outcome, statements of intent
  - Objectives: Measureable step taken to achieve the goal
- Tip: SMART Objectives are:
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Time-Bound

Feedback versus Evaluation

- What is the difference between feedback and evaluation?
  - Feedback: for improvement, reinforce correct behaviors
  - Evaluation is a final or summative judgment

Feedback versus Evaluation

- Potential Pitfalls
  - Learners not recognizing that they are receiving feedback
  - learning about something for the first time on an evaluation form

Formative versus Summative Evaluation

- What is the difference between formative and summative evaluation?
  - Formative: conducted during rotation or experience, monitors learning, provides ongoing feedback for improvement
  - Summative: at end of rotation or experience, a formal judgment; evaluates residents learning by comparing it against some standard or benchmark

Step 2. Simultaneous Development or Review of Goals and Objectives and of Evaluations

- What do you expect each resident to learn while on each experience?
- Evaluation Development on the front end allows for:
  - Clarification of goals and objectives
  - Development of evaluation questions to assess outcomes
  - Determination of evaluation methods
  - Set up for evaluation activities and timeline

Step 3. Develop Goals and Objectives: Specify Learning Activities, Evaluation Tools, Milestones and Responsibilities

Goals and Objectives

Patient Care: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

GOAL #1:					
Objectives		**Learning Activities**	**Evaluation tools**	**Milestone Competency**	**Delineation of responsibilities for patient care, progressive responsibility for patient management, and graded supervision**
#1					
#2					
#3					
#4					

Step 4. Map Each Rotation's Goals and Objectives to Evaluations and Data Sources

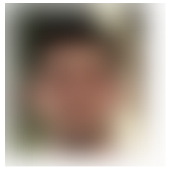
Autism Clinic Rotation Evaluation map	Rotation Evals	Peer eval	Chart Audit	Quiz 1	PRITE	CARD 360	NI Portfolio	CSE	Patient/parent Feedback Form	Staff 3
Perform a basic developmental milestones assessment using CDC checklists or other validated instruments	x		x							
Identify clinical symptoms and order appropriate medical, genetic, laboratory, and psychological tests to develop a comprehensive differential diagnosis for ASDs and other neurodevelopmental disorders.			x							
Select appropriate psychopharmacological treatment for various symptoms of ASD.	x		x	x	x					
(F2) Use the Social Communication Questionnaire (SCQ) to screen for symptoms of ASD and to complement clinical	x					x				

Step 5. Map Subcompetencies & Levels to Evaluations/Data Sources

Child & Adolescent Psychiatry Subcompetencies to Evaluation Methods Map	Autism CLinic Rotation Evals	Peer eval	Chart Audit	Quiz 1	PRITE	AUtism CLinic Rotation CARD 360	NI Portfolio	CSE	Patient/parent Feedback Form	Staff 360	Self-evaluation	
PC 1. Psychiatric Evaluation												
Level 1	x		x					x				
Level 2	x		x	x	x	x		x	x	x		
Level 3	x		x	x	x	x		x	x	x		
Level 4	x		x	x	x			x				
Level 5						x		x				
PC 2. Psychiaric Formulation and Differential Diagnosis												
Level 1			x	x				x				
Level 2			x	x	x			x				
Level 3			x	x	x		x					
Level 4												

How Can We Use in NI to Assist the CCC?
See Trainees Progress as Advance through Program

How Can We Use in NI to Assist the CCC? Data and Comments from Each Form



Evaluated 21 times
Has completed 6 evaluations
Rotation Data...

Filter | Current Academic Year | View PDF

Overall | Tags | Comments | Subcompetency | Milestones | Competency | Problems | Compliance | Exportable Data

Comments | Scoring Details | Identify evaluators

Form: Advocacy 2019-20

EPA 11: Manage information from a variety of sources for both learning and application to patient care

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Trusted to perform with direct... - Trusted to supervise others	4.00 (1st Year in Residency)	3.71	4	4	0

PBLI2. Identify and perform appropriate learning activities to guide personal and professional development

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Level 1 - Level 5	3.00 (1st Year in Residency)	3.19	3	3	0

2019-20 Faculty please state the verbal feedback (i.e., face to face) you provided to the resident regarding his/her performance (if no verbal feedback given write "not applicable")

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Text Scale	N/A	N/A	N/A	N/A	N/A

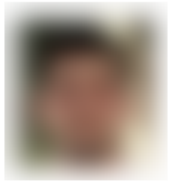
8/16/2019 3:54:43 PM
We had an end of rotation discussion on the activities and materials that he reviewed that was like no other discussion I've had with a resident. He had incredible insight and was able to extrapolate into other areas. I was very impressed.

2019-20 Faculty please provide any additional feedback regarding the resident's performance (if all feedback given verbally and listed above write "not applicable")

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Text Scale	N/A	N/A	N/A	N/A	N/A

8/16/2019 3:54:43 PM
He took his advocacy rotation very seriously and went in depth into all of the activities. He set goals for the activities and then reflected. He asked insightful questions and drew conclusions that allowed him to generalize the learning to apply to other patients and scenarios. I look forward to seeing what he comes up with for a project.

How Can We Use in NI to Assist the CCC? Collated Results from Each Mapped Subcompetency



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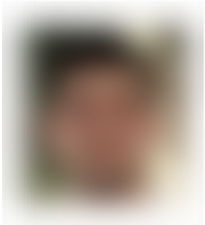
Evaluated 21 times
Has completed 6 evaluations
Rotation Data...

Filter | Current Academic Year | View PDF

Overall | Tags | Comments | **Subcompetency** | Milestones | Competency | Problems | Compliance | Exportable Data

Training Year	PC					MK	SBP			PBLI				PRO					ICS	
	PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	SBP 1	SBP 2	SBP 3	PBLI 1	PBLI 2	PBLI 3	PBLI 4	PRO 1	PRO 2	PRO 3	PRO 4	PRO 5	PRO 6	ICS 1	ICS 2
1st Year in Residency	1.72	2.05	2.89	1.69	2.25	2.24	1.42	2.06	2.13	2.40	2.48	2.38	2.71	3.25	3.76	3.17	2.00	2.57	X	2.45	1.92

How Can We Use in NI to Assist the CCC? Enter CCC's Recommendations in NI



PRG 1

June 2020 Draft

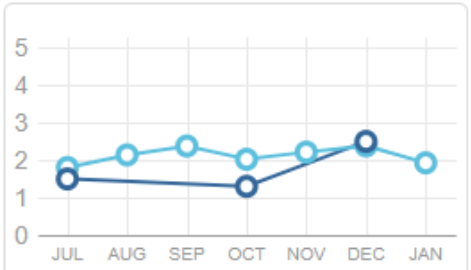
0% Complete

Milestones | Resident Review | Attachments | Meeting Notes | Open Semi-Annual Review

PC1. Gather essential and accurate information about the patient

Level 1	Level 2	Level 3	Level 4	Level 5
Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone	Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories	Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts, which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information- gathering process	Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems	Creates robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) that lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features
○	○	○	○	○	○	○	○	○

☐ Not yet assessable



AVG	PEER	PRIOR
1.72	2.12	1.5

View Details

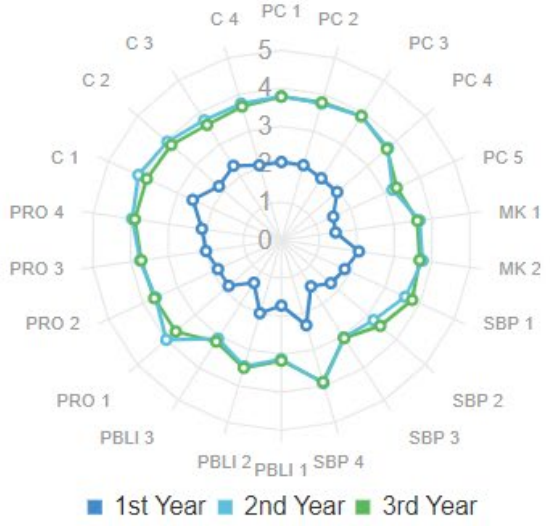
How Can We Use in NI to Assist the CCC? CCC's Decisions entered into NI

December 2019

Residents

Program Director:

Radar Chart | Area Chart



1st Year in Residency

PRG 1

COMPLETED

PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	MK 2	SBP 1	SBP 2	SBP 3	SBP 4	PBLI 1
1.5	1.5	1.5	1.5	1.5	1.0	1.5	1.0	1.0	1.0	2.0	1.0

PBLI 2	PBLI 3	PRO 1	PRO 2	PRO 3	PRO 4	C 1	C 2	C 3	C 4
1.5	1.0	1.5	1.5	1.5	1.5	2.5	1.5	1.5	1.5

Questions?