

SAU Executive Committee Task Force Report
Winter 2019 SUA Meeting

Milestones: How do we make them better?

Overview:

The initial Milestone evaluations were released in 2012 with only a revision to the Medical Knowledge competency since that time. The ACGME recently convened a working group to begin the process of revising the Urology Milestone evaluations. This effort will begin in March 2019, and we appreciate the opportunity to gather information from our colleagues across the country in preparation for Milestones 2.0. At least 5 members of this ACGME working group participated in the SAU small group session.

Broadly, faculty and residents agreed that the competency-based approach to evaluation has been valuable. The current milestones are comprehensive and holistically assess all aspects of resident development through their training. There were no suggestions to add additional milestones to cover missing domains of development. Most faculty and residents appreciated the granularity and specific feedback in the current milestones. In particular, the detailed and explicit nature of the milestone evaluations were noted to be particularly helpful for residents that are struggling or behind, and in the rare cases where remediation, non-renewal, or termination were necessary.

Challenges:

1. There was a call for data and dissemination of information to programs about the value, validation, and effectiveness of competency-based evaluation in urology since implementation.
2. All groups commented on the difficulty and confusion of maintaining a 4-level evaluation scale as we transition to 5 PGY-levels of Urology residents.
3. Universally it was felt the current complement of 34 milestone questions is too long. This has directly led to a (1) decrease in formative comments and feedback among faculty completing the evaluations, (2) a tendency of most evaluators to anchor the evaluation scores to the PGY-level, and (3) a failure of many programs (estimated ~50%) to use and link the specific milestone evaluation questions in their resident rotation evaluations. In many cases, this final point requires the CCC to use alternative assessments and evaluations to inform milestone scoring, creating redundancy and inefficiency.
4. Many of the specific milestone questions appropriately stand alone. However, many are redundant and are likely highly correlative with other milestone questions, or are confusing. This provides the opportunity for many questions to be consolidated, clarified, or eliminated. In general, the faculty felt a complete and holistic evaluation could be performed with 20 questions or less. Specific comments were obtained for milestone questions that could be consolidated or clarified.
5. Some felt descriptions/explanations of certain milestone levels should be revised or clarified and specific comments were collected concerning this.
6. The Milestone 2.0 workgroup will also seek data from the ACGME to evaluate the performance of specific milestone questions as well.

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Best Practices:

This information was exceptionally helpful to the ACGME Milestones 2.0 working group. It will provide a platform to interface with the ACGME to revise the milestone evaluations to better meet the needs of our urology training programs while still maintaining the mission of a competency-based evaluation process to facilitate comprehensive feedback.

Needs and Resources:

1. As the Milestones 2.0 working group begins to have meetings at the ACGME it would be valuable to continually solicit additional feedback from programs. A central repository (email, website, or other) for Residency and Fellowship Program leaders to send questions, comments or additional information about the milestone evaluations should be created. Also, it would be ideal to have a mechanism to periodically provide updates to SAU members on the progress of the Milestone 2.0 working group. The Winter and AUA-associated SAU meetings provide an excellent avenue for this process.