ABA/ACGME/GRU Updates

Mary E. Arthur, MD
Interim Residency Program Director

Susan Dawkins
Clerkship, Residency, and Fellowship Coordinator
Overview of Staged Exams

- Better supports the ACGME’s milestones
- Candidates will accumulate a greater knowledge base by the time they complete the exams
<table>
<thead>
<tr>
<th>Enrollment</th>
<th>CA-1 year</th>
<th>CA-2 year</th>
<th>CA-3 year</th>
<th>Post training</th>
</tr>
</thead>
<tbody>
<tr>
<td>July: Residents begin training</td>
<td>July: Residents begin Clinical Anesthesia Training</td>
<td>July: Basic Exam</td>
<td>Dec: Request exam accommodation</td>
<td>July: Candidates take advanced exam</td>
</tr>
<tr>
<td>February: All residents: ITE</td>
<td>Dec: Deadline for requesting exam accommodation</td>
<td>Sept: Basic exam results released</td>
<td>Jan: Submit supporting documents</td>
<td>Sept: Advanced results released</td>
</tr>
<tr>
<td>Jan: Deadline for submitting supporting documentation</td>
<td>Sept-Nov: Residents who failed register for January Basic exam</td>
<td>Feb: All residents: ITE</td>
<td>Sept: Residents who fail register for Jan advanced exam</td>
<td></td>
</tr>
<tr>
<td>Feb: ITE</td>
<td>Jan: Basic exam</td>
<td>Mar-May: Candidates with 30 months satisfactory CA: Register and pay for advanced Exam</td>
<td>October: Candidates who passed advanced exam and meet all requirements: Register and pay for applied Exam</td>
<td></td>
</tr>
<tr>
<td>March-May: 18 months of satisfactory training: Eligible to register and pay for Basic exam</td>
<td>Feb: All residents: ITE</td>
<td>Jun: Training is completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>March: Basic exam results released</td>
<td></td>
<td>Mar-May: Residents who fail register for July Basic exam</td>
<td></td>
</tr>
</tbody>
</table>
In-Training Exam: 225 questions

- Every February: All residents
- 4-hour Web-based exam
- 50% BASIC and 50% ADVANCED
- Scores and program-specific reports sent to programs
- Question Types: A, R and G
- Video items
Duration of Status Policy

- **No more than 7 years** can elapse between completion of residency and Board certification.
- Candidates completing residency **on or after July 1, 2012** must satisfy all requirements for certification within **7 years** of the last day of the year in which residency training was completed.
ABA Assessments
BASIC Examination

• 250 questions, including 25 experimental, unscored items
• 4-hour, 40-minute exam
• BASIC topics only

• First exam administered July 28-29, 2014
• Administered every January & July
Registration Eligibility Requirements

• 18 months of satisfactory training including clinical base (CB) and clinical anesthesiology (CA)

• Grace Period
  • Residents who complete the requirement on or before \textbf{March 31, 2014}, may register for July 2014 BASIC Exam
  • Residents who complete the requirement \textbf{April 1 to Sept. 30, 2014}, may register for January 2015 BASIC Exam
Typical Residency Training Path

• Begins training on July 1
• Receives **Satisfactory CCC** Reports for:
  - First half of CB year (July–December)
  - Second half of CB year (January–June)
  - First half of CA-1 year (July–December)
• **Become eligible to register for the July BASIC Exam**
  - Regardless of the resident’s CCC Report for 2nd half of CA-1 year, resident remains eligible for the BASIC Exam until he/she passes the exam
Typical Residency Training Path

• Begins training on July 1
• Receives **Satisfactory** CCC Reports for:
  ▶ First half of CB year (July–December)
  ▶ Second half of CB year (January–June)
• Receives an **Unsatisfactory** CCC Report for:
  X first half of CA-1 year (July–December)
• **DOES NOT** become eligible to take the July BASIC Exam
• **CCC Report for 2nd half of CA-1 year** will determine resident’s eligibility for the following January BASIC Exam
BASIC Examination

- Training Programs will be provided a “Who Can Register” report
- **Registration is at the PD’s discretion**
- Residents should take the exam prior to entering their CA-3 year
- Scores and program-specific reports sent to programs
Failing the BASIC Exam

- Residents must pass BASIC Examination in order to register for ADVANCED Examination
- **Continuation of training will remain at the discretion of the training program**
- First failed attempt: May take next available exam
- Programs will assign a “U” for Medical Knowledge on CCC for the reporting period in which exam was taken
Failing the BASIC Exam

• Second failed attempt:
  • Programs **MUST** assign a “U” for Medical Knowledge on CCC for the reporting period in which the exam was taken

• Third and subsequent failed attempts:
  • Resident’s training extended by 6 months for each failure

• Residents **CANNOT GRADUATE** from training without passing the **BASIC Examination**
ADVANCED Examination

• 250 questions, including 25 experimental, unscored items
• 4-hour, 40-minute exam
• ADVANCED and BASIC topics with emphasis on ADVANCED content areas
• Question Types: A, R, G, Video items
• First exam administered in July 2016
• Administered every January & July
Registration Eligibility Requirements

• Must have passed the BASIC Examination
• Must have 30 months of satisfactory CA training
• Grace Period:
  • Residents who complete the requirement on or before March 31, 2016, may register for the July 2016 ADVANCED Exam
  • Residents who complete the requirement April 1 to Sept. 30, 2016, may register for January 2017 ADVANCED Exam
ADVANCED Examination

• Candidates who **PASS** become eligible to take the **APPLIED Examination**
• Candidates who **FAIL** remain eligible to take the next **ADVANCEDED Examination**
• Programs receive program-specific reports via RTID
• Pass/Fail Report
APPLIED Examination

• Administered for the first time in 2017
• Two components:
  • **Standardized Oral Examination (SOE)**
  • **Objective Structured Clinical Examination (OSCE)**
• Administered at Raleigh Assessment Center
• First-time candidates will take both the SOE & OSCE on the same day
Registration Eligibility Requirements

• Passing the ADVANCED Examination
• Completion of **36 months** of satisfactory CA training
• Capable of independently performing entire scope of anesthesiology without accommodation or with reasonable accommodation
• **Satisfactory PD Reference Form on file with ABA**
• Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the U.S. or province of Canada that is permanent, unconditional, and unrestricted
APPLIED Examination

• Separate pass/fail decision on each component
• If FAIL both components, will retake both components on the same day in the future
• If FAIL one component, will retake only failed component
• Component Passed is "banked"
• Once candidate passes both components, s/he is certified
# Fees

## Staged Exams Fees
- **BASIC** ($775)
- **ADVANCED** ($775)
- **APPLIED** ($2,100)
- **Total** = $3,650

No application fees for staged exams
- One fee paid at the time of registration
- **$500** fee for late exam registration

## Traditional Exams Fees
- **Part 1** ($1,550)
- **Part 2** ($2,100)
- **Total** = $3,650
Anesthesiology Milestone

• Initiative to advance educational outcome assessment in anesthesiology graduate medical education
• A system of competency-based learning and assessment for anesthesiology
• Descriptors progress across 5 levels of performance
Five Levels of Performance

1–Entry

End of CB year

2–Junior

End of CA-1

3–Mid Level

Completion of all anesthesiology subspecialty areas of CA-2 year

4–Senior

Last day of CA-3 training and graduation

5–Advanced

Following period of independent practice

End of CA
Milestones

- Programs will submit CCC Report with Milestones beginning with 2014B reporting period
- 7 Essential Attributes
- If one or more Essential Attribute is Unsatisfactory:
  - Overall grade **MUST** be unsatisfactory
  - Description of deficiencies **MUST** be submitted with report
Certificate of Clinical Competence (CCC) Report

- Core tool for evaluating residents’ training and performance against milestones
- Competencies on CCC Report include milestone descriptors of subcomponents
  - Levels of performance assigned to each subcomponent
- Overall clinical competence remains satisfactory or unsatisfactory
  - Unsatisfactory requires description of deficiencies
  - MUST be submitted with report
II. CLINICAL COMPETENCE COMMITTEE REPORT

The ABA’s report form must be completed by selecting an overall clinical competence of two gradings:

Satisfactory (S): Meets reasonable expectations.
OR
Unsatisfactory (U): Falls short of reasonable expectations.

The grade for Overall Clinical Competence can be satisfactory only if the grade for every Essential Attribute is satisfactory.

Essential Attributes

1. Demonstrates high standards of ethical and moral behavior.
2. Demonstrates honesty, integrity, reliability, and responsibility.
3. Learns from experience; knows limits.
4. Reacts to stressful situations in an appropriate manner.
5. Has no documented abuse of alcohol or illegal use of drugs during this report period.
6. Has no cognitive, physical, sensory or motor impairment that precludes acquiring and processing information in an independent and timely manner.
7. Demonstrates respect for the dignity of patients and colleagues, and sensitivity to a diverse patient population.

NOTE: If one or more Essential Attributes is unsatisfactory, a description of the deficiencies MUST be submitted with the report.

For each Anesthesiology Milestone, a level of performance must be selected.

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Entry</th>
<th>Junior</th>
<th>Mid</th>
<th>Senior</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preanesthetic Patient Evaluation, Assessment, and Preparation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Anesthetic Plan and Conduct</td>
<td>N/A</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. Perioperative pain management</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. Management of perioperative complications</td>
<td>N/A</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. Crisis management</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6. Trauma and management of the critically ill patient in non-operative setting</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Acute, chronic, and cancer-related pain consultation and management</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. Technical skills: Airway management</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>9. Technical skills: Use and interpretation of monitoring and equipment</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>10. Technical skills: Regional anesthesia</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tbody>
</table>
The grade for Overall Clinical Competence can be satisfactory only if the grade for every essential attribute is satisfactory.

Resident's Name: ____________________________________________

Program: ______________________________________________________

Training Report Period: ___________________________ to ___________________________

(Month/Day/Year) (Month/Day/Year)

I. RECORD OF TRAINING REPORT
Enter the months of the training period in the spaces on the top row. Mark each month spent in Clinical Base, Clinical Anesthesia, Research Experience, Leave of Absence or None.

MONTH

<table>
<thead>
<tr>
<th>TRAINING</th>
<th></th>
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<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical Base</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Clinical Anesthesia</td>
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<td>Research Experience</td>
<td></td>
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<tr>
<td>Requalification</td>
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<tr>
<td>Leave of Absence</td>
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<tr>
<td>None – Not Enrolled</td>
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NOTE: If one or more Essential Attributes is unsatisfactory, a description of the deficiencies MUST be submitted with the report.

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</tbody>
</table>

*Leave of Absence: If the program the resident is on a leave of absence for any portion of the six-month report period, the program must indicate whether the reasons for the resident's absence are related to any of the Essential Attributes listed on the Clinical Competence Committee Report form (see page 3).

Is the resident's leave of absence during this six-month report period related to any of the Essential Attributes?
    O Yes  O No

Next Training Period: Will this resident train in or under the sponsorship of your residency program for all or part of the next six-month period?
    O Yes  O No
For each Anesthesiology milestone, a level of performance must be selected.
Independent Practice Requirement (IPR)

- New IPR statement added to 2014B CCC Report

**ABA News from Spring Board Meeting**

The Board agreed to remove the Independent Practice Requirement statement from the CCC
ABA News from Spring Board Meeting

• The Board approved modifying the Anesthesiology Milestone levels on the ABA CCC Report to align with how the levels are defined by the ACGME for RRC reporting

• We still need to complete both the ACGME and ABA reports

• The information presented in both should be similar

• Eliminating the need to create two distinct reports for each resident
Maintenance of Certification in Anesthesiology (MOCA)

- Candidate passes all components of primary certification
  - Automatically enrolled in the MOCA Program
  - Certificates are valid for 10 years
ACGME UPDATE
Changes to Common Program Requirements

- New Eligibility Requirements effective July 1, 2016
- Program Evaluation Committee (PEC) conducts evaluation of the program, including curriculum
- Clinical Competency Committee (CCC) documents milestone evaluations for individual residents
Why Milestones

• To describe performance levels residents and fellows are expected to demonstrate for skills, knowledge and behaviors in competency domains
• Milestones are a summary of how a resident is progressing
• Organized under the 7 domains of clinical competency
• Combined effort of the ACGME and the specialty boards
• Able to provide accountability for effectiveness of educational program in producing outcomes
Key Features

• Emphasize core competencies
• Provide PDs and others something concrete on which to base formative and summative evaluations
• Move accreditation from structure- and process-based to outcome-based
• Programs: Create individual reports
• Individual data reported to the specialty boards
• RRCs will receive aggregate program data
ACGME Milestones

• Template based on 6 core competencies
• Divided into sub competencies
• Each has performance language to allow categorization from level 1 (entry) through levels 2,3,4 (competent graduate) and 5 (aspirational)
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the expectations for a beginning resident?</td>
<td>What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?</td>
<td>What are the key developmental milestones mid-residency? What should they be able to do well in the realm of the specialty at this point?</td>
<td>What does a graduating resident look like? What additional knowledge, skills &amp; attitudes have they obtained? Are they ready for certification?</td>
<td>Stretch Goals – Exceeds expectations</td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulates patient care plans that include consideration of underlying clinical conditions, past medical history, and patient, medical, or surgical risk factors.</td>
<td>Formulates anesthetic plans for patients undergoing routine procedures that include consideration of underlying clinical conditions, past medical history, patient, anesthetic, and surgical risk factors, and patient choice.</td>
<td>Formulates anesthetic plans for patients undergoing common subspecialty procedures that include consideration of medical, anesthetic, and surgical risk factors, and that take into consideration a patient’s anesthetic preference.</td>
<td>Formulates anesthetic plans that include consideration of medical, anesthetic, and surgical risk factors and patient preference for patients with complex medical issues undergoing complex procedures with conditional independence.</td>
<td>Independently formulates anesthetic plans that include consideration of medical, anesthetic, and surgical risk factors, as well as patient preference, for complex patients and procedures.</td>
<td></td>
</tr>
<tr>
<td>Adapts to new settings for delivery of patient care.</td>
<td>Conducts routine anesthetics, including management of commonly encountered physiologic alterations associated with anesthetic care, with indirect supervision.</td>
<td>Conducts subspecialty anesthetics with indirect supervision, but may require direct supervision for more complex procedures and patients.</td>
<td>Conducts complex anesthetics with conditional independence; may supervise others in the management of complex clinical problems.</td>
<td>Conducts complex anesthetic management independently.</td>
<td></td>
</tr>
</tbody>
</table>

**General Competency**

**Subcompetency**

**Developmental progression**

**Milestone**

**Check-off boxes between levels**
Milestones

- Milestones: not the actual assessment tools
- Programs should continue to use their current assessment tools
  - OSCE
  - ITE
  - Simulation
  - 360-degree evaluations
  - Case logs
  - End-of-rotation evaluations
- The CCC should use these assessment tools to determine the milestone levels for each resident
- Reported to the ACGME
- Reports will be entered through a link provided within the Accreditation Data System (ADS)
Clinical Competency Committee

- Mock Orals
- ITE
- End of Rotation Evaluations
- Student Evaluations
- Operative Performance Rating Scales
- Nursing and Ancillary Personnel Evaluations
- OSCE
- Peer Evaluations
- Self Evaluations
- Case Logs
- Sim Lab
- EPAs
- Patient/Family Evaluations

Assessment of Milestones
Clinical Competency Committee

- V.A.1) The program director must appoint the CCC
- V.A.1a) At a minimum the CCC must be composed of 3 members of the program faculty
- V.A.1b) There must be a written description of the responsibilities of the CCC
- The CCC should meet and document progress every 6 months
Clinical Competency Committee

• The members of a CCC are responsible for:
  • Determining residents’ or fellows’ progression on the educational Milestones
  • Making recommendations for promotion and graduation decisions
  • Recommending remediation or disciplinary actions to the program director
<table>
<thead>
<tr>
<th>May serve as member of CCC</th>
<th>May attend CCC meetings, but are not members of the CCC</th>
<th>Cannot serve on or attend CCC meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Program faculty members</td>
<td>1. Chief residents who have completed core residency programs in their specialties; possess a faculty appointment in their program; are eligible for specialty board certification</td>
<td>1. Residents and chief residents still in accredited years of their programs who have not completed residency education</td>
</tr>
<tr>
<td>2. Program directors</td>
<td>2. Program coordinators</td>
<td></td>
</tr>
<tr>
<td>3. Other health professions (e.g., Nursing, interprofessional faculty members)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment Issues

Can Milestones report replace current assessment tools or end of rotation evaluation forms?

• YES: when it is relevant and fits the situation
• NO: when milestone language is too broad or general or does not apply to the experience:
  • Too many milestones to access
Program Evaluation Committee (PEC)

- Appointed by the PD
- Must be composed of at least two program faculty members
- Should include at least one resident
- Must have written description of its responsibilities
- Should actively participate in Planning developing implementing and evaluating educational activities of the program
- Reviewing and making recommendations for revision of competency based curriculum goals and objectives
- Addressing areas of non-compliance with ACGME standards
- Reviewing the program annually using evaluations of faculty, residents and others as specified
Why Evaluate Residents

- Assess mastery of essential skills & knowledge
- Identify strengths & weaknesses
- Stratify / rank
- Make decisions on retention & promotion
- Provide feedback

- Motivate residents
- Measure improvement over time
- Assess effectiveness of rotation
- Provide information to outside institutions
- Maintain accreditation
What Should be Evaluated

ACGME Competencies

• Patient Care
• Medical Knowledge
• Practice-Based Learning & Improvement
• Interpersonal and Communication Skills
• Professionalism
• Systems-Based Practice

Domains
• Knowledge
• Skills
• Attitudes
Miller's Pyramid
A Framework for Assessing Competence

Performance Tools

PERFORMANCE “IN VIVO”
Actual performance in practice Portfolio, video, 360°, incognito standardized patients, rating scales

PERFORMANCE “IN VITRO”
Performance in simulated environments standardized patients, OSCE

CLINICAL CONTEXT BASED
TESTS, Applied knowledge MCQ, Oral Exam

Factual Tests, MCQs

Skills
Attitudes
Knowledge

Novice
Expert
Key Considerations for Choosing an Evaluation Method

• **Validity**: Does it measure what it is supposed to measure?

• **Practicality**: Is it clear and easy to use?

• **Impact on Learning**: Does it motivate the student to learn what you want them to learn?

• **Reliability**: Does it produce consistent results?
Milestones Mapping Process

- Identify and outline goals and objectives for each required rotation and other learning activity
- Redesign evaluation form
- Create a meaningful descriptive assessment scale to be used for each observable performance activity
- Direct Observation of resident performance needs to be more consistent
- Feedback regarding performance needs to be both constructive and more specific in order to be more effective
# Redesigning Attending Evaluation of Resident: Clinical Medicine – PGY 1

## Content Goals & Objectives

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Requires Remediation</th>
<th>Requires Close/Direct Supervision</th>
<th>Requires Distant/Indirect Supervision</th>
<th>Ready for Unsupervised Practice</th>
<th>Exemplary Performance</th>
<th>Did not Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiates basal bolus insulin therapy and manages blood glucose over time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages elevated blood pressure:</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Diagnoses the cause of loss of consciousness and differentiates syncope from other etiologies:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Applies the proper diagnostic test in the workup of VTE:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Dept. Of Anesthesiology  
Global Evaluations of Residents  
Competency Based Assessment of Resident Performance  

For each item, select the number that corresponds with how characteristic the behavior is of this resident. Please rank from Above Training level (5) to Below Level (1). Choose N/A if it does not pertain to this situation.

### Patient Care

<table>
<thead>
<tr>
<th>1. Preanesthetic Evaluation, Assessment, and Preparation</th>
<th>Requires Remediation</th>
<th>Requires close/Direct supervision</th>
<th>Requires Distant/Indirect supervision</th>
<th>Ready for unsupervised Practice</th>
<th>Exemplary Performance</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>a. Performs comprehensive histories and physical examinations.</td>
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<td>c. Optimizes preparation of patients with complex problems or requiring subspecialty anesthesia care. Obtains appropriate informed consent tailored to subspecialty care or complicated clinical situations.</td>
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<td>d. Performs assessment of complex or critically ill patients without missing major issues that impact anesthesia care. Optimizes preparation of complex or critically ill patients.</td>
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<tr>
<td>e. Independently performs assessment for all patients, serves as a consultant to other members of the health care team regarding optimal preanesthetic preparation, and consistently ensures that informed consent is obtained by using available resources.</td>
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<td>Jan</td>
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<td>Case Logs</td>
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<td>ADS update</td>
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<td>Milestones (twice)</td>
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<td>Resident survey</td>
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<td>Faculty survey</td>
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<td>Board scores (from ABA)</td>
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ACGME Faculty/ Resident Survey

- Medical College of Georgia Program 0401211038: ACGME Faculty Survey
  - Response rate of 100.0%
- Medical College of Georgia Program 0401211038: ACGME Resident/Fellow Survey
  - Response rate of 96.0%
<table>
<thead>
<tr>
<th>Clinical Competency Committee</th>
<th>Program Evaluation Committee (Education Committee)</th>
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</thead>
<tbody>
<tr>
<td><strong>Chairman</strong>: Heyman</td>
<td><strong>Chairman</strong>: PD</td>
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<tr>
<td><strong>Members</strong>:</td>
<td><strong>Section Leaders</strong>:</td>
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<tr>
<td>• Dwarakanath</td>
<td>• CP: Berger</td>
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<td>• Chhatbar</td>
<td>• Acute Pain: Heyman</td>
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<td>• PD</td>
<td>• Peds: Florentino</td>
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<td>• Member #5</td>
<td>• Critical Care: Kumar</td>
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<td>• CT/Vasc: Castresana</td>
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<td>• OB:</td>
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<td>• ASMP: Chaknis</td>
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<td>• Gen: Mayfield</td>
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<td>• Neuro/ENT: Cancel</td>
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<td>• Transplant: Z Patel</td>
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<td>• Simulation: Boyer</td>
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<td>• Chief Residents</td>
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What Should We Do (Faculty)

Learn the specialty milestones
Posted on ACGME.org
Decide how to assess the milestones
Identify new evaluation tools
Discuss definitions and narratives
Agree on the narratives
Learn about assessment tools

First Milestone Reporting December 2014
1. Acceptable score on ITE: 30th percentile for your class
2. Score below 30th percentile: Prepare and present keywords to a panel of 3 attendings
3. AKT: 30th percentile
4. 65% attendance rate for all educational activities
5. It is the resident’s responsibility to follow assigned presentations
6. Failure to show up to present will be documented in your evaluation
What Should We Do (Residents)

1. Follow journal club guidelines for presentation
2. Senior project is mandatory
3. Bi-annual Mock oral board participation is mandatory
4. A revised resident’s manual will be made available to all residents at the start of next academic year
5. You are expected to log into one-45 at the start of each rotation, read the goals and objectives for the rotation and sign an attestation that you have done so.
6. Pass your Step 3 exam before the start of your CA-3 year
7. E-portfolio
AMERICAN BOARD OF ANESTHESIOLOGY
2014 ABA Reports to Program Directors

Growth in Knowledge of CA-2 Residents

Program Number: 115002

Growth in Knowledge of CA-3 Residents

Program Number: 115002