Preparing all Health Care Professionals to Care for People with Serious Illness: ACGME Current Efforts
Section IV : Competencies

- Interpersonal and Communication Skills
  - IV.B.1.e).(2): “Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.” (core)
Section IV: Competencies

- Systems-based practice
  - IV.B.1.f).(2): Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.
Common Program Requirements

Background and Intent: When there are no more medications or interventions that can achieve a patient’s goals or provide meaningful improvements in quality or length of life, a discussion about the patient’s goals, values, and choices surrounding the end of life is one of the most important conversations that can occur. Residents must learn to participate effectively and compassionately in these meaningful human interactions, for the sake of their patients and themselves.
Residency is an Intense Developmental Process


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**Harmonized Milestones: Communication**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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</thead>
<tbody>
<tr>
<td>Uses language and nonverbal behavior to demonstrate respect and establish rapport</td>
<td>Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the healthcare system</td>
<td>Identifies complex barriers to effective communication (e.g., health literacy, cultural)</td>
<td>When prompted, reflects on personal biases while attempting to minimize communication barriers</td>
<td>Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity</td>
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<td>Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations and verifying understanding of the clinical situation</td>
<td>With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences, and acknowledges uncertainty and conflict</td>
<td>Independently recognizes personal biases while attempting to proactively minimize communication barriers</td>
<td>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</td>
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<td>Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan</td>
<td>Role models self-awareness practice while identifying teaching a contextual approach to minimize communication barriers</td>
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<td>Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict</td>
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**Level 4 is the recommended graduation goal ≈ proficiency**
## Patient Care 1: Comprehensive Whole Patient Assessment

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<tr>
<td>Performs a general history and physical</td>
<td>Performs a symptom-focused history and physical</td>
<td>Performs a detailed symptom assessment using developmentally appropriate symptom assessment tools</td>
<td>Performs a comprehensive symptom assessment using developmentally appropriate symptom assessment tools in collaboration with the interdisciplinary team</td>
<td>Promotes comprehensive symptom assessment across care teams</td>
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<tr>
<td>Performs a general psychosocial history</td>
<td>Identifies potential supports and stressors for patients and their families/caregivers including psychological, spiritual, social, developmental stage, financial, and cultural factors</td>
<td>Performs a detailed psychosocial and spiritual assessment using developmentally appropriate assessment tools</td>
<td>Performs a comprehensive psychosocial and spiritual assessment using developmentally appropriate assessment tools in collaboration with the interdisciplinary team</td>
<td>Promotes comprehensive psychosocial and spiritual assessment across care teams</td>
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**Comments:**

- Not Yet Completed Level 1
- Not Yet Assessable
Learning Curves and Milestones

MILESTONES

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert/Master

Curriculum Assessment

Time, Practice, Experience

Dreyfus SE and Dreyfus HL. 1980
Carraccio CL et al. Acad Med 2008;83:761-7
The GME Assessment “System”

Assessments within Program:
- Direct observations
- Audit and performance data
- Multi-source FB
- Simulation
- ITExam

Qual/Quant “Data” Synthesis: Committee

Residents

Unit of Analysis: Program

Accreditation

Certification and Credentialing

Faculty, PDs and others

MILESTONE JUDGMENT

Unit of Analysis: Individual

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Advancing Innovation in Residency Education (AIRE)

- Special pathway at ACGME to encourage innovative models for residency and fellowship education.
  - Two pilots approved in hospice and palliative care
  - Conversations in progress for geriatric medicine innovation pilots
  - “Blended” and mid-career models
Faculty Development in Assessment

- ACGME offers six-day course in assessment at Chicago office three times a year
  - Issues around serious illness, quality, patient safety incorporated into course
    - Live simulation with breaking bad news station
- ACGME has also partnered with 11 regional assessment hubs that provide faculty development in assessment to frontline clinician-educators
Service and Coproduction

- Healthcare and medical education are about making service, not products
  - Two parties are always involved in making a service
  - Services, when done well, are *co-produced*

- Education, when done well, is a *co-produced service*

From Batalden 2018; BMJ Qual Saf
Community and society

Healthcare system

Patients

Professionals

Co-execution

Co-planning

Civil discourse

Co-produced high value healthcare service

Good health for all

Figure 3 Conceptual model of healthcare service coproduction. From Batalden M, et al. BMJ Qual Saf 2015; 0:1-9.
Community and society

Healthcare professions education system

Coexecution

Coplanning

Civil discourse

Learners

Teachers

Coproduced high value learning for healthcare professionals and patients

Providers and patients who coproduce healthcare

Adapted from - Figure 3 Conceptual model of healthcare service coproduction. from Batalden M, et al. BMJ Qual Saf 2015; 0:1-9.
ANNOUNCEMENT: Spring 2018 Milestones reporting window will be open April 23-June 22