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

Common Program Requirements (CPRs)

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)

Common Program Requirements (CPRs)

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

From Pusic, et. al. Acad Med. 2014

Harmonized Milestones: Communication

Level 4 is the *recommended* graduation goal ≈ proficiency

ICS1: Patient and Famil				
Level 1			Level 4	Level 5
Uses language and nonverbal behavior to demonstrate respect an establish rapport		erapeutic atient	Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the healthcare system	Identifies complex barriers to effective communication (e.g. health literacy, cultural)	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Role models self-awareness practice while identifying teaching a contextual approach to minimize communication barriers
Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options	Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations and verifying understanding of the clinical situation	With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences, and acknowledges uncertainty and conflict	Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:				

Hospice and Palliative Medicine Milestones

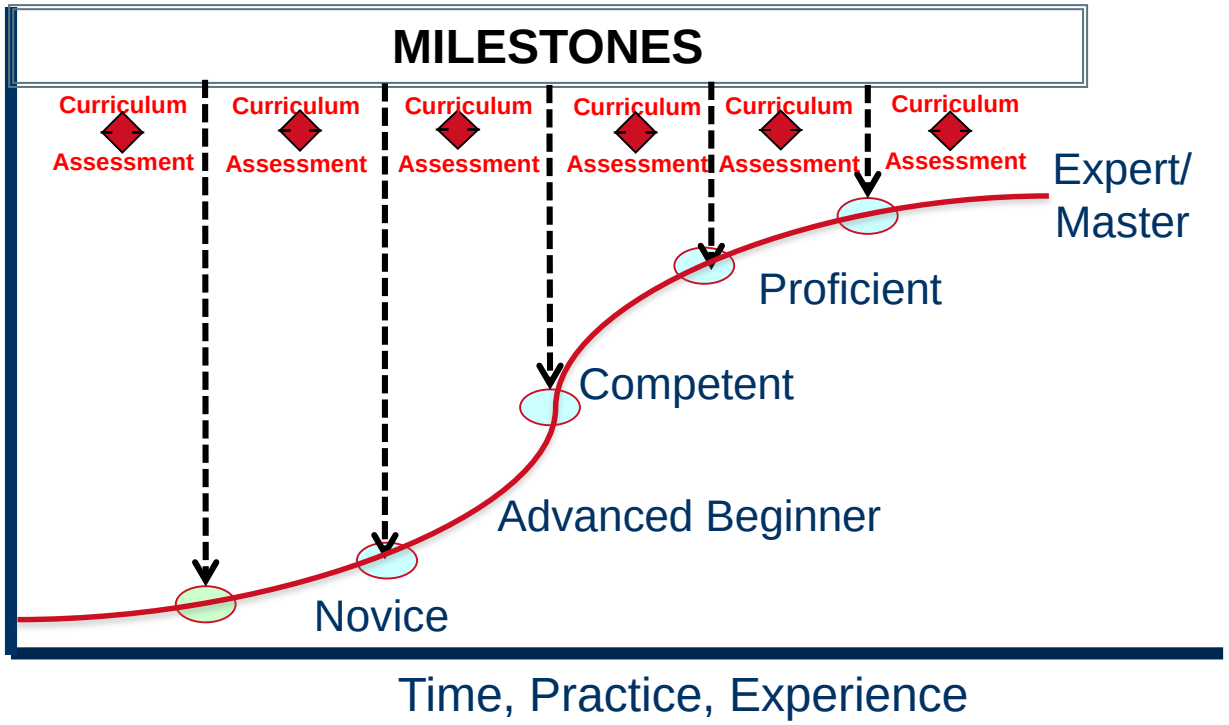
The Accreditation Council for Graduate Medical Education

Patient Care 1: Comprehensive Whole Patient Assessment				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs a general history and physical	Performs a symptom-focused history and physical	Performs a detailed symptom assessment using developmentally appropriate symptom assessment tools	Performs a comprehensive symptom assessment using developmentally appropriate symptom assessment tools in collaboration with the interdisciplinary team	Promotes comprehensive symptom assessment across care teams
Performs a general psychosocial history	Identifies potential supports and stressors for patients and their families/caregivers including psychological, spiritual, social, developmental stage, financial, and cultural factors	Performs a detailed psychosocial and spiritual assessment using developmentally appropriate assessment tools	Performs a comprehensive psychosocial and spiritual assessment using developmentally appropriate assessment tools in collaboration with the interdisciplinary team	Promotes comprehensive psychosocial and spiritual assessment across care teams
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐

Comments:

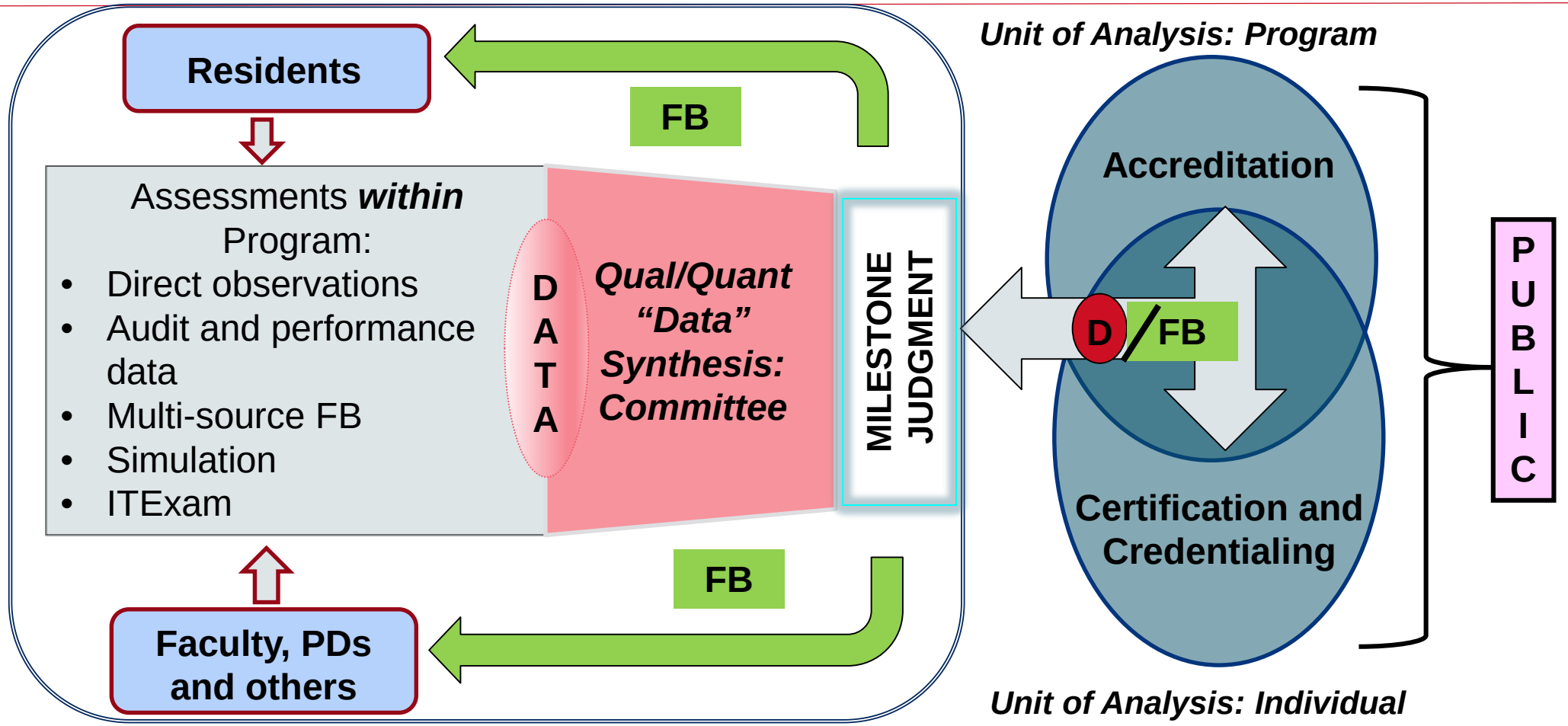
Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Learning Curves and Milestones



Dreyfus SE and Dreyfus HL. 1980
Carraccio CL et al. Acad Med 2008;83:761-7

The GME Assessment "System"



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

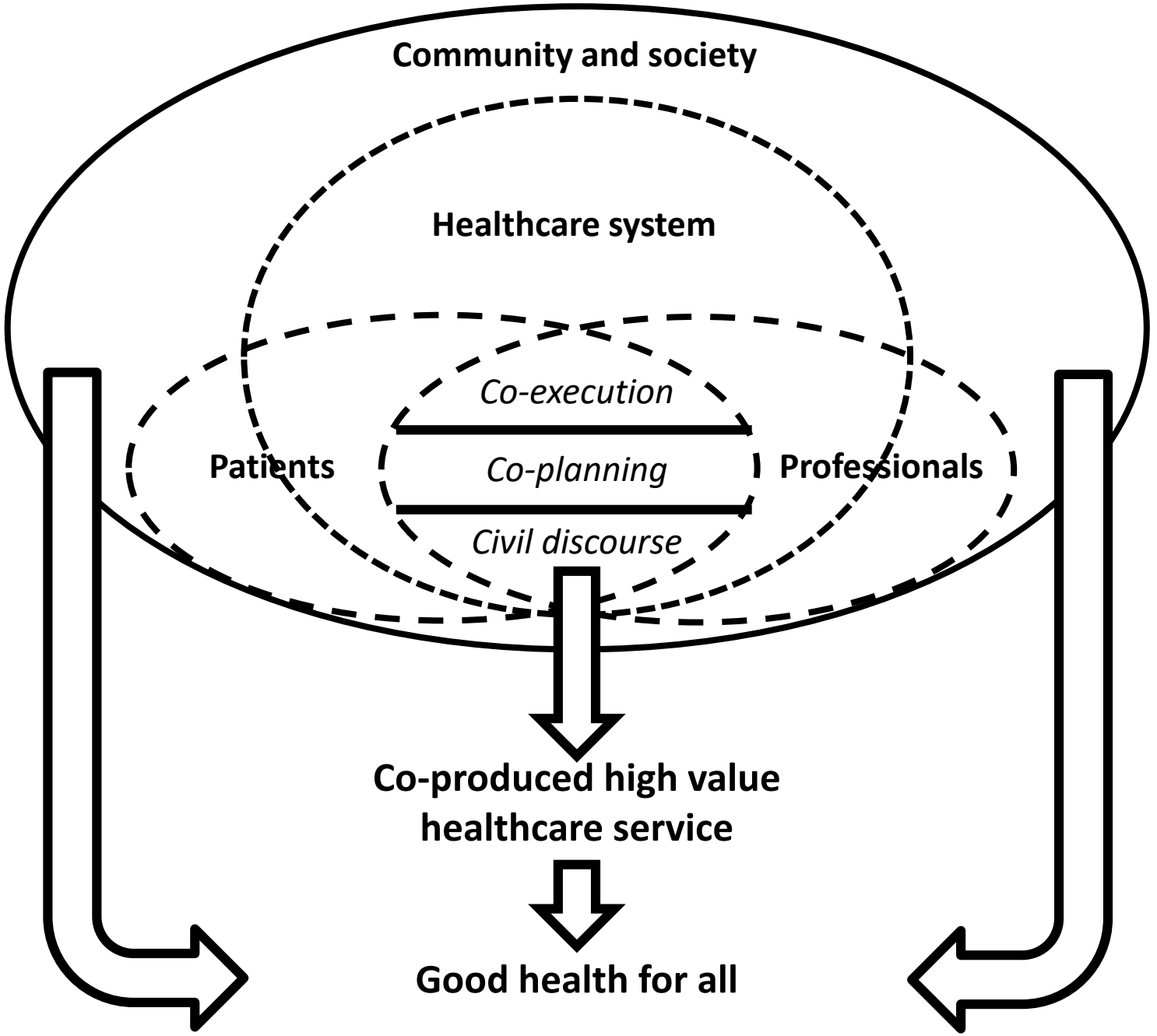
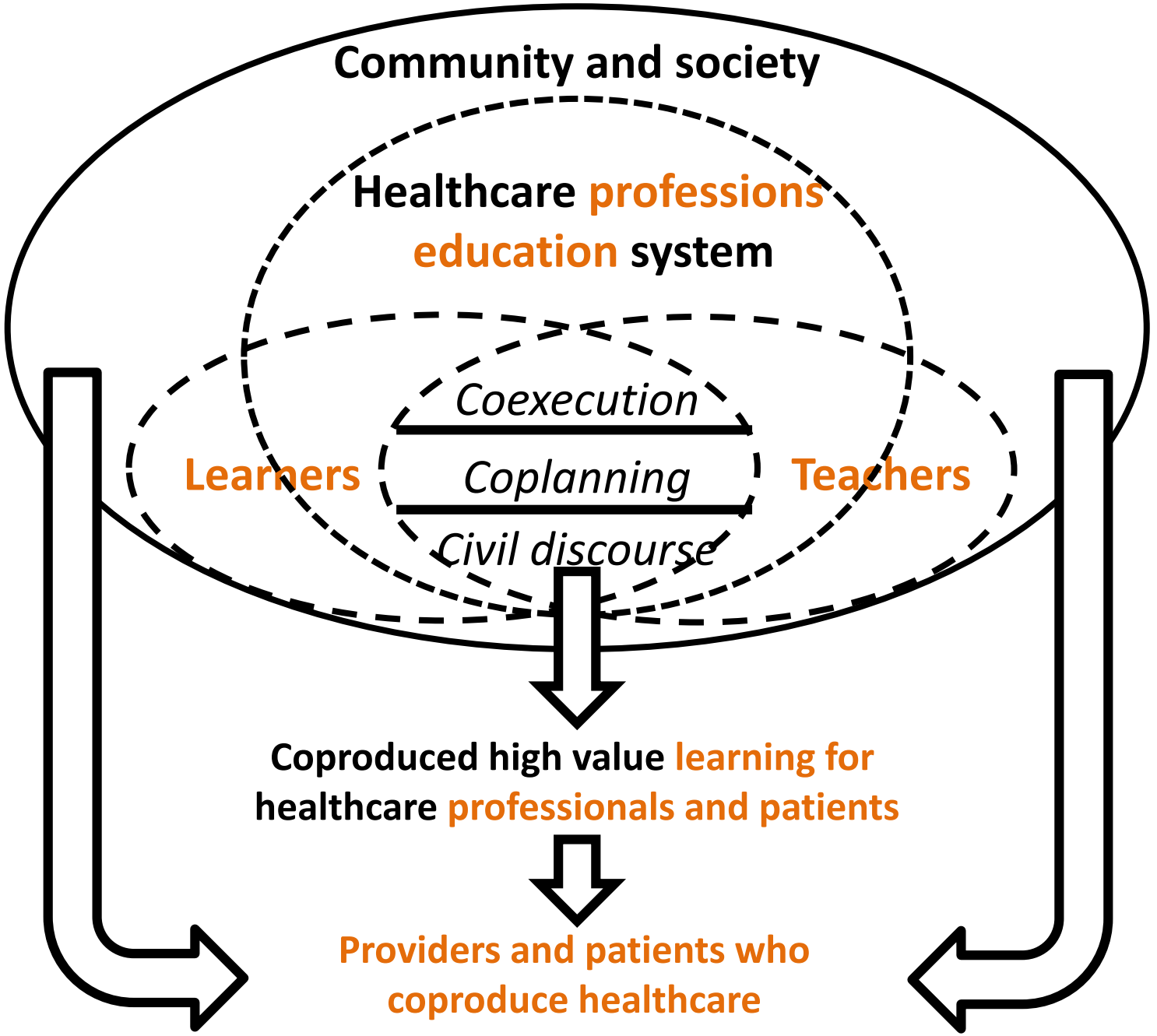


Figure 3 Conceptual model of healthcare service Coproduction. from Batalden M, et al. BMJ Qual Saf 2015; 0:1-9.



Adapted from - Figure 3 Conceptual model of healthcare service Coproduction. from Batalden M, et al. BMJ Qual Saf 2015; 0:1-9.

Milestones

ANNOUNCEMENT: Spring 2018 Milestones reporting window will be open April 23-June 22

RESOURCES

RESEARCH

ENGAGEMENT

MILESTONES BY SPECIALTY

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