



Global  
Sepsis  
Alliance

**RSEM-GSA 17**



# ***Understanding the Milestones During EM Training***

**Taher Vohra, MD**  
**Residency Program Director**  
**Department of Emergency Medicine**  
**Henry Ford Hospital**  
**Clinical Assistant Professor**  
**Wayne State University**



**17.10.17**

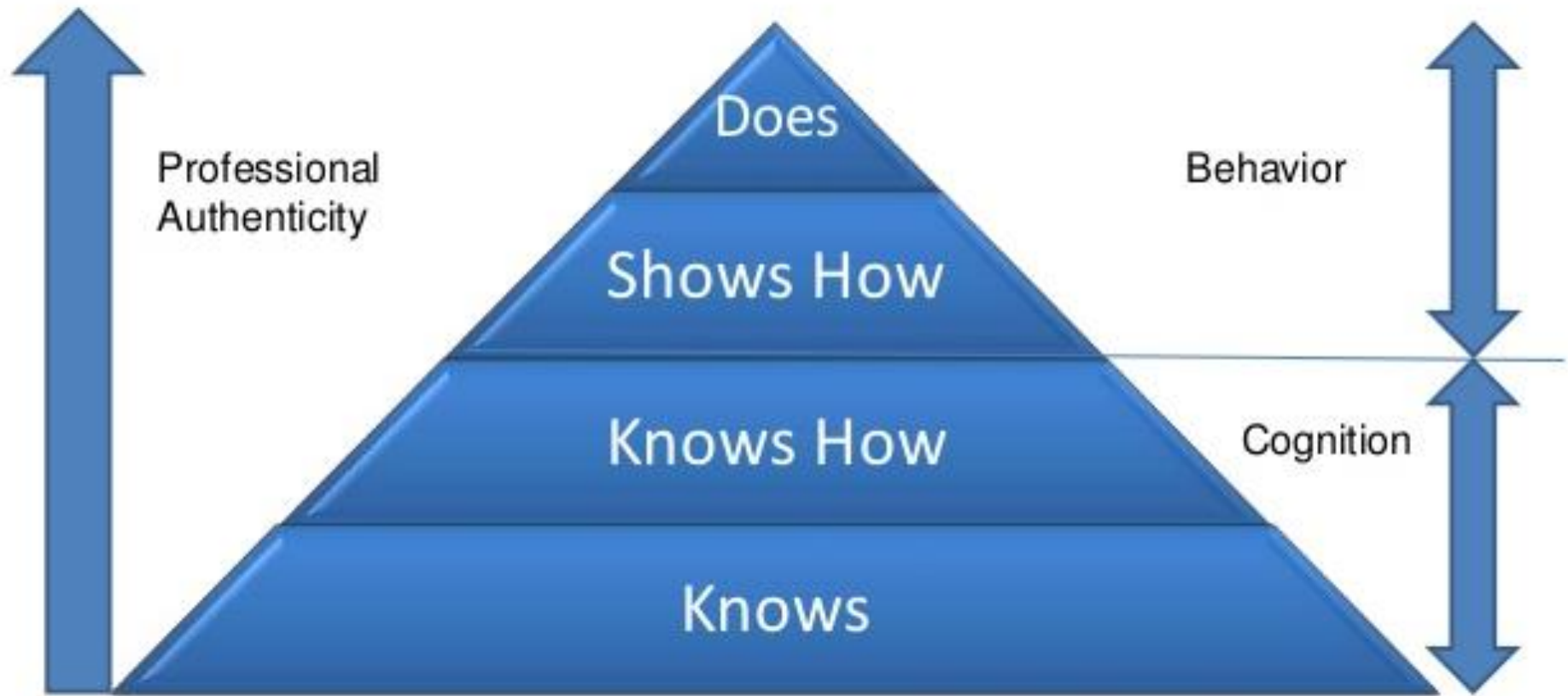
# Disclosures

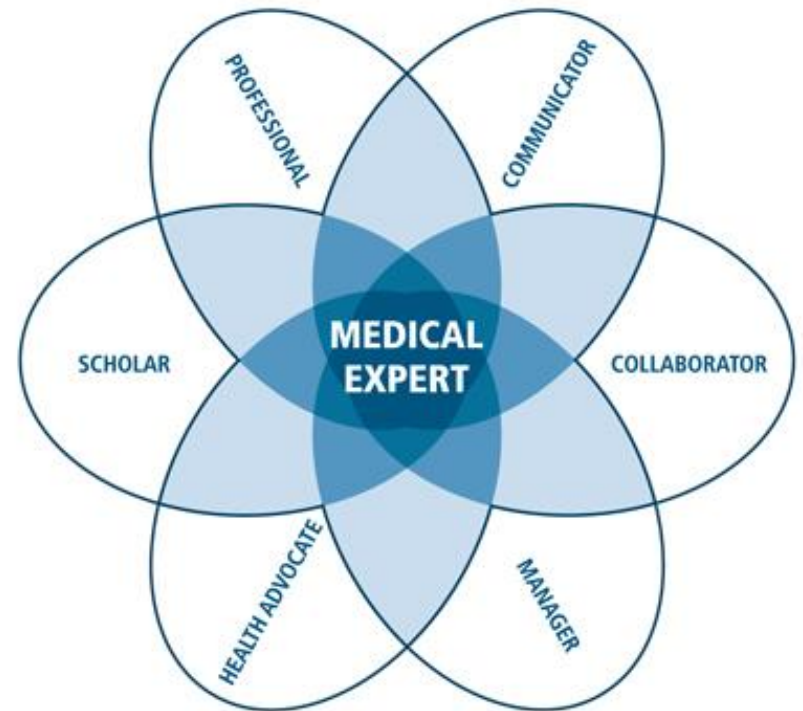
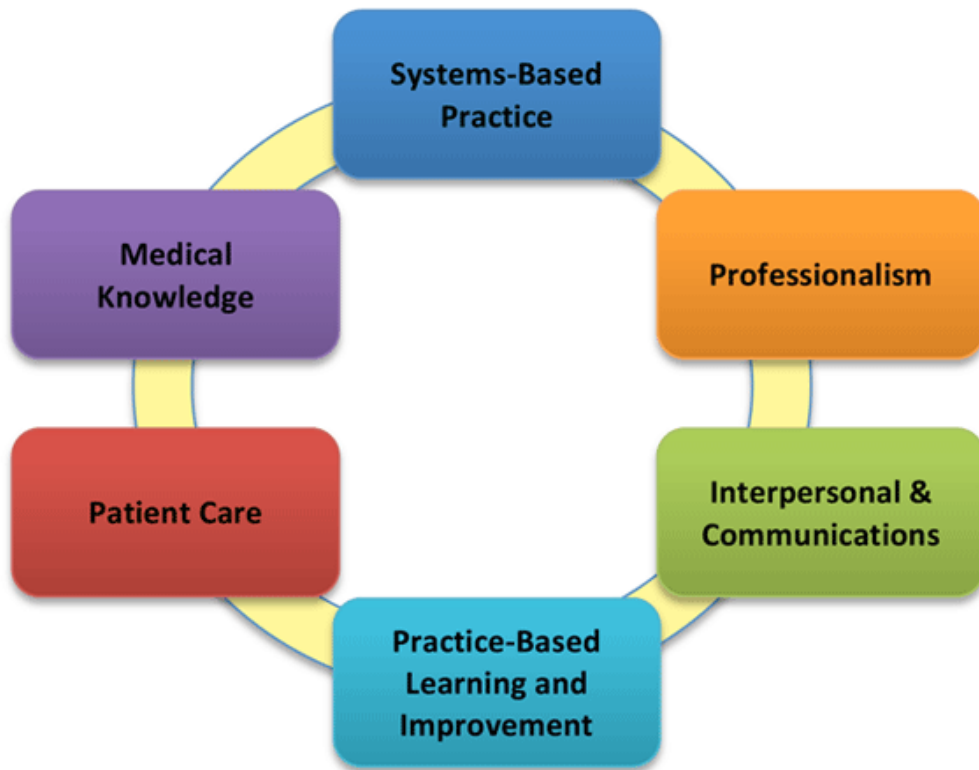
- None

# Objectives

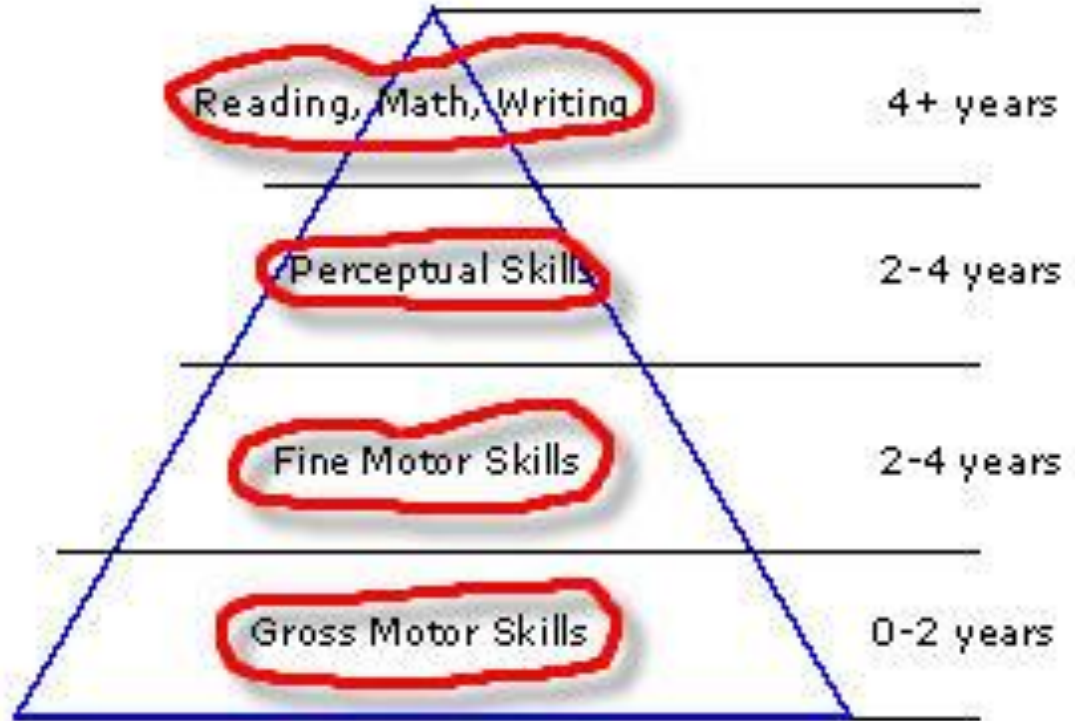
- Describe Competency Based Medical Education
- Define Milestones
- Outline Milestone Use in Resident Assessment
- Describe Difficulties with Milestone Implementation







# “A Mile What”



- Norcini J, Anderson B, Bollela V, et al. Criteria for good assessment: consensus statement and recommendations from the 2010 Ottawa Conference. *Med Teach* 2011;33:206-14.

**11. Anesthesia and Acute Pain Management (PC11) Provides safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation.**

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Discusses with the patient indications, contraindications and possible complications of local anesthesia</p> <p>Performs local anesthesia using appropriate doses of local anesthetic and appropriate technique to provide skin to sub-dermal anesthesia for procedures</p>	<p>Knows the indications, contraindications, potential complications and appropriate doses of analgesic/sedative medications</p> <p>Knows the anatomic landmarks, indications, contraindications, potential complications and appropriate doses of local anesthetics used for regional anesthesia</p>	<p>Knows the indications, contraindications, potential complications and appropriate doses of medications used for procedural sedation</p> <p>Performs patient assessment and discusses with the patient the most appropriate analgesic/sedative medication and administers in the most appropriate dose and route</p> <p>Performs pre-sedation assessment, obtains informed consent and orders appropriate choice and dose of medications for procedural sedation</p> <p>Obtains informed consent and correctly performs regional anesthesia</p> <p>Ensures appropriate monitoring of patients during procedural sedation</p>	<p>Performs procedural sedation providing effective sedation with the least risk of complications and minimal recovery time through selective dosing, route and choice of medications</p>	<p>Develops pain management protocols/care plans</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**Suggested Evaluation Methods:** Procedural competency forms, checklist assessment of procedure and simulation lab performance, global ratings, patient survey, chart review



# Why Milestones



Green ML, Aagaard EM, Caverzagie KJ, et al. Charting the road to competence: developmental milestones for internal medicine residency training. *J Grad Med Educ* 2009;1:5-20.



**Reliable  
Not Valid**



**Low Validity  
Low Reliability**



**Not Reliable  
Not Valid**



**Both Reliable  
and Valid**

Beeson MS et al. Initial Validity Analysis of the Emergency Medicine Milestones. *Acad Emerg Med*. 2015 Jul;22(7):838-44  
Dehon E et. al. Use of Emergency Medicine Milestones as Items on End-of-Shift Evaluations Results in Overestimates of Residents' Proficiency Level. *J Grad Med Educ*. 2015 Jun;7(2):192-6  
Hauff SR, et. al. Programmatic assessment of level 1 milestones in incoming interns. *Acad Emerg Med*. 2013;21(6):694–698.

chronic medical problems  
current presentation and

**Level 5**

Identifies obscure, occult  
or rare patient conditions  
based solely on historical  
and physical exam findings

(2)

diagnoses, resuscitation

**Level 5**

Expands ultrasonography  
skills to include: advanced  
echo, TEE, bowel, adnexal  
and testicular pathology,  
and transcranial Doppler





Henry Ford  
Hospital

Henry Ford Hospital

# Henry Ford WIRE

Welcome, Taher Vohra [logout]


Resident: \*Residente, Test ▾


Category:  1  2  3/4

Not observed

Done appropriately

Unsuccessful/incorrect

 New milestones

 Addl. resident

Please select behaviors exhibited by the resident:

- Appropriately limited high-yield exam on sick patient
- Managed and prioritized sick patients
- Knew available ED resources (advocates, social work, etc.)
- Knew a drug's class and general mechanism of action
- Assessed pt before procedural sedation, obtained consent and ordered right drug and dose
- Worked well with consultants and ancillary staff
- Used correct medical terms to describe wound
- Performed appropriate bedside tests & procedures

Optional comments:


Submit

## Instructions

Please document what you observed; for instance, if you saw the resident correctly identify tachycardia, click  next to "Recognized abnormal vital signs" - it will change to

Please also document if you saw a resident do something incorrectly. For example they did not identify the patient's penicillin allergy, click  next to "Consistently asked about medication allergies" twice; it will change to  and then

If you made a mistake, click  and it will change back to

If you did not have an opportunity to observe any of the listed behaviors, please click the  button - this will save your current selections and generate 8 new milestones for you to describe.

**Try to identify at least 4-5 behaviors done correctly or incorrectly on every shift.**



**Reliable  
Not Valid**



**Low Validity  
Low Reliability**



**Not Reliable  
Not Valid**



**Both Reliable  
and Valid**



Resident: \*Residente, Test

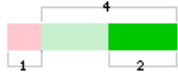

Show Comments:  fac  ccc

All data till 10-11-2017. "Recent" - After 04-11-2017.

1. Emergency Stabilization (PC1): Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.

Calculated Level: 4

Level 1	Level 2	Level 3	Level 4	Level 5
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<p>PC1.5.1-&gt; Develops policies and protocols for the management and/or transfer of critically ill or injured patients</p> <p>(id: 11)</p>	 <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">add a comment..</div> <div style="text-align: right; margin-top: 5px;"> <input type="text" value="0"/> </div>	 <p>Rule: 1 scholarly activity, committee activity</p>
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2. Performance of Focused History and Physical Exam (PC2): Abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations.

Calculated Level: 4

Level 1	Level 2	Level 3	Level 4	Level 5
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<p>PC2.5.1-&gt; Identifies obscure, occult or rare patient conditions based solely on historical and physical exam findings</p> <p><i>Detected obscure/rare condition based solely on H&amp;P (no testing)</i></p> <p>(id: 17)</p>	 <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">add a comment..</div> <div style="text-align: right; margin-top: 5px;"> <input type="text" value="0"/> </div>	 <p>Rule: 5 WIRE</p>
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3. Diagnostic Studies (PC3): Applies the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management.

Calculated Level: 1.5

Welcom

THE FUTURE  
IS NOW



