

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

An Analysis of Emergency Department Shift Evaluations to Determine Infrequently Assessed Milestones - A Preliminary Report

Permalink

<https://escholarship.org/uc/item/1wv58330>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 15(5.1)

ISSN

1936-900X

Authors

Baker, A D
Baker, S Y
Bondani, K J
[et al.](#)

Publication Date

2014

Copyright Information

Copyright 2014 by the author(s). This work is made available under the terms of a Creative Commons Attribution-NonCommercial License, available at <https://creativecommons.org/licenses/by-nc/4.0/>

Peer reviewed

37 An Analysis of Emergency Department Shift Evaluations to Determine Infrequently Assessed Milestones – A Preliminary Report

Baker AD, Baker SY, Bondani KJ, Silvestri S/Orlando Health, Orlando, FL

Background: The Milestones Project is a joint initiative of the Accreditation Council for Graduate Medical Education and the American Board of Emergency Medicine, designed to assess the acquisition and progression of competency-based outcome expectations for Emergency Medicine (EM) residents. Many residency programs use standardized shift evaluations to gather milestone-related data.

Objectives: To determine which milestones for Emergency Medicine are infrequently evaluated in the Emergency Department (ED) clinical setting.

Methods: We gathered shift evaluations of 43 residents in a PGY I-III EM residency program from July - October 2013. For each milestone on an evaluation, faculty had identified the item as either “not applicable” or observable (“yes” or “no”). For each milestone, the proportion of evaluations returned as “not applicable” was tabulated. Milestones that met the a priori threshold of >50% “not applicable” were identified as infrequently observed in the ED clinical setting.

Results: The data set included 9730 ratings of 96 EM milestones. Eleven milestones were identified as exceeding the 50% threshold for being evaluated as “not applicable” in the ED clinical setting (Table 1).

Conclusions: Our study identified a specific list of milestones that are difficult to observe in the ED clinical setting. In order to observe these milestones throughout an EM residency, additional methods of evaluation should be developed. Simulation cases, mock-patient encounters, knowledge-based examinations, and off-service evaluations may provide additional opportunities to demonstrate performance.

Table 1. Infrequently Observed Milestones.

Competency	Subcompetency	Milestone Level	Milestone	% Not Applicable (N/A) - all residents	%N/A PGY1	%N/A PGY2	%N/A PGY3
Patient Care	Emergency Stabilization (PC1)	4	Recognizes in a timely fashion when further clinical intervention is futile	52%	-- *	53%	52%
Systems-based practice	Systems-based Management (SBP2)	4	Participates in processes and logistics to improve patient flow and decrease turnaround times (e.g., rapid triage, bedside registration, Fast Tracks, bedside testing, rapid treatment units, standard protocols, and observation units)	56%	-- *	54%	57%
Patient Care	Emergency Stabilization (PC1)	4	Integrates hospital support services into a management strategy for a problematic stabilization situation	60%	-- *	63%	56%
ICS	Patient-centered Communication (ICS1)	2	Negotiates and Manages simple patient/family-related conflicts	64%	82%	65%	49%
Professionalism	Professional Values (PROF1)	3	Develops alternate care plans when patients' personal decisions/beliefs preclude the use of commonly accepted practices	65%	71%	63%	62%
Systems-based practice	Systems-based Management (SBP2)	2	Participates in patient satisfaction initiatives	65%	72%	67%	56%
Professionalism	Professional Values (PROF1)	4	Effectively analyzes and manages ethical issues in complicated and challenging clinical situations	72%	-- *	81%	65%
Systems-based practice	Patient Safety (SBP1)	3	Employs processes (e.g., checklists, SBAR), personnel, and technologies that optimize patient safety	72%	70%	89%	61%
Professionalism	Accountability (PROF2)	4	Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy	86%	-- *	81%	82%
Patient Care	Emergency Stabilization (PC1)	3	Evaluates the validity of a DNR order	88%	100%	94%	80%
Systems-based practice	Patient Safety (SBP1)	4	Leads team reflection such as code debriefings, root cause analysis, or M&M to improve ED performance	90%	-- *	97%	84%

*These items were not present on the standardized shift evaluations for PGY1-level residents