Making Milestone Evaluations Meaningful with Dr. Nachbor

Join Logan and Dr. Nachbor, University of Minnesota Medical Student and soon to be Ophthalmology Resident as they discuss Dr. Nachbor's work on making milestone evaluations more meaningful

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Logan 00:00
Welcome to the program director podcast with Logan. I'm your host Logan, a medical student, where I feature different graduate medical education leadership personnel to discuss all things program director related. This podcast is affiliated with the University of Minnesota graduate medical education office. The content and opinions discussed on this podcast are meant for informational purposes only. Thank you for listening today. On today's episode, I talk with Kristine Nachbor, graduating medical student and soon to be ophthalmology resident about Kristine's work on making milestone evaluations program and rotation specific thank you for joining us today, Kristine.

Dr. Nachbor 00:42
Wonderful to be here.

Logan 00:44

And we're super glad to have you and talk with us about this. So, I recently did a podcast with Dr. Nijjar on milestone evaluations and how her program utilizes them. But we never got into talking about how to make milestones program and rotation specific, which correct me if I'm wrong, I believe is where you have done a lot of your work in.

Dr. Nachbor 01:05
That's where I've focused the last year of work on

Logan 01:09
Awesome. And it was specifically for the ophthalmology milestone evaluation. So, you **could you explain your project and the work you did with that?**

Dr. Nachbor 01:18
So, the general idea is that we already have ophthalmology, ACGME milestones the supplemental Guide, which has detailed an example of how we could evaluate residents throughout residency, but we don't have subspecialty specific evaluations, we use some of the documents from Washu, where they had subspecialty specific evaluations and tried to cross talk between the two of them so that each of the milestones was represented within the subspecialties. For example, in pediatric ophthalmology, we have basic pediatric exam and testing, which may be slightly different than what you're going to look at and what you're going to test then in an adult patient. So that's one part of what we did, we then also got away from ranking residents by numbers, we saw in past research that there's a tendency to rank residents highly, because they're going to be your colleague in the future, you want to give them good scores. But this led to residents not receiving real, timely feedback about where they were in understanding where they should be at that point in time. So instead, we changed the ranking to entry level, early learning, and of rotation, graduation, and then aspirational goals, which are long term things that we think residents should be trying to achieve within that subspecialty if they went into it. So those are some of the ways that we have translated the milestones from that example, the big general example to these different subspecialties.

Logan 03:05
Okay, I know milestones was ranked level one through five. **So those were the numbers that you took out, and you put in those aspirational goals and all the down all the way down to in turn level...**

Dr. Nachbor 03:19
Exactly. So, this idea was that it would help both the resident and the attending, before they start even the rotation to know what they should have read about what they should already have in their mind, and that by attending is not going to teach them on the rotation. For example, before we start pediatric ophthalmology surgery, you should already know how to scrub, prep, and drape the patient. That's not something that the attending is going to spend a lot of time teaching you. So if you need to go to an outside resource, or refresh on how to scrub and drape, those are things that you could even ask a co resident about, so that when you then go into the operating room that first day, as a resident, you're ready, but later within the first week, you should be able to assess the patients and understand who should be going to surgery and who shouldn't be going to surgery, then by the end of the rotation or the

last week of the rotation, you're going to be able to do more calm, complicated things. And then but you're not each rotation is going to be different links at different places. So, these are just examples. And then some students throughout residency, you're going to continue to get skills in different surgical skills and different knowledge and understanding. So, by graduation, you should be building not just your skills within that subspecialty but within all the subspecialties. So, in neuro ophthalmology, you might see pediatric patients and using your pediatric rotation skills you should be applying those in building those who are at your residency, so we have graduation level competencies as well.

Logan 05:05
Okay. **So, when you are coming up with these examples to put in the supplemental milestone guide for these milestone evaluations, did you work with any faculty in those subspecialty areas?**

Dr. Nachbor 05:19
Yeah, that's a great question. We actually have used faculty both within the University of Minnesota and across the country to review what I've done because I have a general understanding of what residents are doing within each subspecialty. And I can look up a lot of stuff based on already created manuals and guidelines. But I don't have the expertise to know where they should be at entry level where they should be within the first weeks, last week's, end of residency and what types of goals don't only achieve if they go into that subspecialty after many years, so we have had a wonderful group of ophthalmologists from all around the country. Within each subspecialty they've reviewed my work end gave me feedback about what I should add or take away and change around. So that's been really, really helpful, and great, even for my learning. As I'm about to start residency, I have this idea of where I should be going into my residency.

Logan 06:31
Yeah, definitely. I mean, it sounds very important because I was looking at the milestones before this. And I just see that level 12345. And, you know, it says competent and procedural complex ophthalmology procedures or something like that. And it's like, you know, what, are those complex? What are examples of them? Where should you be? So, I can definitely see the importance in this, **have you been able to put these milestone evaluations into practice yet?**

Dr. Nachbor 06:58
It's been a lot of work. One, me going through all of it, because I'm doing this with the support of all the attendings. But more or less, I'm doing most of the editing and then waiting for the feedback. But we're planning on hopefully getting this out before I start residency. But I agree what you were saying before this idea of, I think people think they're giving you good feedback. And I always do appreciate feedback. But there's a difference between good feedback and great feedback. And I think that this can standardize what we need to do and make it, so the goal is that all residents who leave ophthalmology residency have the same level of training. And I know, if I'm calling an ophthalmology resident who was trained at a different institution, they have at least these basic competencies, then they're meeting them throughout their residency and training, as well as this gives us an idea of what we should be trying to achieve at each step of our residency and doesn't make, I don't know if you've ever gotten lower numbers back from your evaluations, but that makes you feel sort of bad. Whereas if you're, you get an

oh, you're at your first week learning level. And that's where you really are, you don't feel as bad about it, you're like, oh, that's where I'm supposed to be. There's no number associated with this. I'd grown up my whole life thinking, you know, I want to get the high grades, high scores. This really allows us to be feel like this is where I'm supposed to be at this point in time. And that's what we're hoping for. They'll get help and attendings give better feedback. And residents feel better about being where they are truly at that point in time.

Logan 08:50
Yeah, definitely. I remember receiving like a two out of five and be like, you know, what does that even mean? So, like, as a medical student, when I would have to explain evaluations to an attending for myself, I would explain it in a way as okay, this is first- and second-year medical student, this is a third-year medical student. This is where a fourth-year medical student would be. And they found that a lot more helpful than just trying to think of me as a number.

Dr. Nachbor 09:17
Exactly.

Logan 09:18
Yeah. **And so, is there just one institution that you're going to pilot these milestone evaluations or your form of milestone evaluations to start, or can it be sent out to everybody?**

Dr. Nachbor 09:29
I don't know quite yet. I know. I'm currently at the University of Minnesota for medical school. And I know they're interested in using these and he have asked me to try to expand this to they want me to make a general ophthalmology milestone one, which I was planning on just doing subspecialties. We'll see. But we're definitely going to be doing at University of Minnesota. I'm not sure if other institutions will be interested in also for piloting this, we probably at all the places that we already have these connections, people who've reviewed them and be easy to send them there, but I'm not sure how much how large of a group we want to start with.

Logan 10:14
Yep, I'm pretty excited to see where this goes, I think it's really important work and definitely needed. So definitely thank you for doing that.

Dr. Nachbor 10:24
Yeah, and in previous, so general surgery actually has done this similar type of pilots where they used milestones as a ranking of where their residents were, and they looked at PGY level. And the milestones actually were better at predicting where they followed pretty closely along with PGY level work versus the numbered scale rankings have, they were often inflated a lot, and then you could easily see two, if, you always have the one attending who gives love scores. So, you could see that that that person had been graded that day by that attending. So, I'm hoping that this will be a better way at truly seeing where people are. And then also, the big thing and learning as you want to, if someone is struggling in an area, let's say they are having a lot of trouble with cataract surgery, you can really focus in on that milestone area and say, okay, these other areas they're excelling in. And this is really what

this resident is struggling with. That's why I really hope that it will turn out to be because the current system, even in medical school, I think that we're trying to change it. But we haven't quite figured out the best way to truly give people good feedback.

Logan 11:51
Right. Yeah, yeah, I mean, seeing it on the side of faculty, like you're saying, a faculty could just give the same number the whole time. Whereas saying, this is what a first year, the second-year graduation level should be about, you know, that specific wording where they're like, okay, that makes a little bit more sense or at help improve their evaluations. And then on the other side, the resident or fellow side, looking at, okay, so I'm a PGY, three, but I'm getting maybe ranked as like PGY. Two. So, there's definitely something maybe that I need to learn here.

Dr. Nachbor 12:23
And like, for example, in the pathophysiology of common pediatric diseases, let's say that you're getting ranked entry level, and you're trying to figure out why am I not at early learning or end of rotation. And then you look at their early learning stuff a new they can actually read down; they're supposed to have knowledge of the pathophysiology in clinical findings of these diseases. These esotropia, exotropia, leukocoria and then there's a list of examples of what you should be, at minimum able to come up with what the pathophysiology and clinical features are. So, it then can help even the resident think to themselves and start doing some of their own reflection about why am I being ranked lower? Is there something that I'm missing so that you don't have to rely on someone? Sometimes I think attendings are they everyone wants people to learn and to do well, I think if we go in with that mindset, but understand that also people have limited time to their day. So, if we can take on some of that work to then it makes it easier, because you can say, hey, well, I really don't understand pseudo papillaoedema, I see about that, I'm supposed to understand that by my first weeks, and I'm really missing it. Now you have a directed thing that the attending can work on you with instead of having to teach you all of the first week of learning.

Logan 13:54
Right. Yeah, and that first week of learning could vary. Each faculty thinks of maybe their third, that first week of learning or entry level stuff all a little differently. So, they could be teaching you all different stuff. Whereas now all the faculty have exactly what you need to know for the first week, and you have what you need to know for the or not first week, but first year maybe or, or something like that. And so, then you can work on it together.

Dr. Nachbor 14:20
Well, and there is some flexibility to in this. It's more of this is an example of ideas of what you should know, main three are the most common general ideas, but if you had at your institution, you have some sort of specialty area or thing that the faculty member feels is important that they can also add that into, so it's not limited, but it does help the person at least have a start about general what they should know about each subspecialty.

Logan 14:51

Yep, yeah, definitely. So was really great. And thank you again for doing that work. And I hope I'm sure like you to see this, you know, just kind of take-off and be a standard of practice for milestone evaluations.

Dr. Nachbor 15:05
Yeah, I do really wish this is something that all specialties pick up. And I don't know which ones have and haven't done it. But I do think this could be really helpful in any subspecialty or in any specialty on medicine, any residency program, to have an example and where the student should be, the resident gets up the first day before you even start residency with all this information you get, you can get this that tells you okay, this is what I'm supposed to know before I start residency, because there's a lot of us right now, I don't know what you're doing. But I think there's a lot of us who are sitting here being like, am I supposed to be doing something to get different feedback, some people who say, oh, you should start doing this and other people who say just take a break. But if you get a thing that says okay, this is where you should be before you start residency or before you start this rotation. Now you can go through and be like, okay, I actually can take a break, because I know that stuff, or I need to review this because I forgot it all, and I'm going to remember it. But right now, I don't. So, I just think it would be such a powerful tool for residents before they start and also help decrease some of that nervousness about now being called doctor.

Logan 16:27
Right, yeah. So, **is there anything that maybe I missed or that you wanted to highlight or talk about?**

Dr. Nachbor 16:33
Yeah, I think that the big things that I want summarized are that we want clear competencies for our residents. We want standardization of grading in absolute and not relative scores. So, we're not using our feelings to grade the residents, and we're actually able to tell them where they are. And then the long-term growth, we want to be able to see our residents, where are they doing well, where are they doing poorly so that we can really help them and hopefully, there's other people and other residencies who want to take up this type of project, because I think that is pretty powerful. I hope that this is going to help ophthalmology residents, and I think that this type of project could really help other residency programs.

Logan 17:24
Yeah, I think so too. And I hope to see it just continued to grow into other residency programs and just evolve and get better and better. Yeah, thank you, Kristine, for taking your time and discussing your important work on making milestone evaluations specific to the program and the rotation milestones for each specialty. And its downloadable supplemental guide can be found on the ACGME website. And hopefully, maybe your work Kristine will sometimes soon be found on the internet, too.

Dr. Nachbor 17:54
Yeah, and I do think that the big thing that residency, we always think about healing one person or killing the people we see. But if we really learn to teach, we can teach and we can empower people. And then with that empowerment, we can change people's lives. That is the goal of all of what we do,

because even if we're walking into a room with a patient, we're trying to teach them. Thank you for the time and I really appreciate talking to you. If anyone has any questions, they can find me now in Minnesota and next year in Michigan.

Logan 18:26
Awesome. Thank you. Thank you for listening today. This podcast was produced by Logan. For more episodes, and other program director related content, visit z.umn.edu/programdirector.