

SIGN OF THE TIMES: PART II

Chicagoland Program Directors Collaborative

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Drs. Abrams, Arora, Bellam, Ekpenyong, Icayan, McConville, and Oyler represent the Chicagoland Program Directors Collaborative Steering Committee.

In response to the need to design implementation plans to meet the requirements of the Next Accreditation System (NAS), internal medicine program directors (PDs) and associate program directors (APDs) from the Chicagoland area convened for the first time in 2012 to form the “Chicagoland Program Directors Collaborative.” To date, more than 40 members from 18 area programs have been represented in this forum created under the leadership of John McConville, MD, program director at the University of Chicago. The collaborative was developed based on a “communities of practice” conceptual framework. Our members share a common motivation to learn how to teach, assess, and document their process of training outstanding physicians. These meetings occur in a safe and comfortable atmosphere in which the members can share stories, be inspired, and learn from one another. We ultimately hope to create best practices and new knowledge regarding the assessment of the milestones—and further yet, the entrustable professional activities—using educationally sound methodology.

The goals of the collaborative are two-fold: 1) to assist program leaders in developing milestone-based tools and evaluation procedures and 2) to disseminate this content to the core faculty at each of our institutions. This is accomplished via a two-tiered faculty development model in which some meeting sessions are planned specifically for program leaders and others for their core faculty. To date, there have been four meetings. The focus of the first meeting was to

meet colleagues, share ideas, and develop goals for the collaborative and a plan moving forward. Subsequently, members have presented their works in progress including the ways in which they are attempting to incorporate the use of milestones and entrustable professional activities into their evaluation systems. In March 2013, Kelly Caverzagie, MD, from the University of Nebraska, a national leader in the effort to develop and implement the milestones, was invited to speak to the group and its core faculty about the NAS, use of the milestones, and implementation of clinical competency committees. In attendance were program leaders and core faculty from 15 of our area institutions (n=43). This session helped solidify our knowledge of the NAS requirements and clarify expectations and the nomenclature commonly used in the literature on this topic. *Of note, 93% of the participants rated the session as “useful and effective,” and 98% “planned to make changes in their program as a result of the information they learned.”*

In November 2014, we also had the pleasure of learning from Eric Holmboe, MD, senior vice president for milestone development and evaluation at the Accreditation Council for Graduate Medical Education (ACGME) during a very well-received session titled “Competency-based Medical Education (CBME): Assessments Systems, Milestones and Group Process/Judgment.” We will continue to work toward designing such high-yield faculty development sessions for our members.

The activities and meetings of the collaborative are arranged via a steering committee of PDs and APDs from the University of Chicago (Drs. John McConville, Vineet Arora, and Julie Oyler); Rush University Medical Center (Drs. Andy Ekpenyong and Richard Abrams); and NorthShore University Health System (Drs. Liza Icayan and Shashi Bellam). In addition, one senior program coordinator (Laney McDougal from Rush University Medical Center) and one research coordinator (Maria Jacobson from University of Chicago) have been invaluable for providing administrative support and managing the logistic elements of the meetings. Meetings are held approximately every three to four months at one of our institutions.

Our collaborative has provided us with the opportunity to share successes, voice concerns, learn, and perhaps most importantly experience a community of practice from which we draw upon each other's enthusiasm and effort. This model of regional collaboration among multiple residency programs in an urban area can not only serve to meet ongoing faculty development needs regarding the NAS but can also create a learning community whose goal is to improve residency education for the region.

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