The Accreditation Council for Graduate Medical Education (ACGME) Subspecialty Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by nephrology fellows from the beginning of nephrology fellowship through graduation. The ACGME will use the Milestones as a source of nephrology-specific data for the Residency Review Committee for Internal Medicine (RRC-IM) to use in assessing the quality of nephrology fellowship programs and for facilitating improvements to program curricula and fellow performance.

The Next Accreditation System (NAS) started in July 2013, and Internal Medicine core residency programs are reporting milestone performance for trainees this academic year. However, the internal medicine subspecialties will not report fellow milestone performance until the upcoming academic year. In July 2014, nephrology fellowship programs will prepare to report Subspecialty milestones in the Next Accreditation System (NAS). Milestones will be reported directly through the ACGME Accreditation Data System (ADS). The reporting windows are November 1-December 31, 2014 and May 1-June 15, 2015.

The American Society of Nephrology Training Program Directors held two retreats to develop nephrology specific milestones and assessment tools to assist program directors with the assessment of the Subspecialty Milestones. The Nephrology Curricular Milestones should be used to consider goals of rotations and the specific competency-based outcomes (knowledge, skills and attitudes) of our fellows as they progress through their training. We will use them for faculty development around training and assessment. We will not report Nephrology Curricular Milestones to ACGME or to anyone. Curricular milestones are likely to evolve more rapidly than the ACGME milestones, as nephrology training, practice and ABIM certification change. See also the ACGME Subspecialty Milestones frequently Asked Questions (FAQs).

During the November 1-December 31, 2014 reporting window, nephrology fellowship programs will be expected to submit the first set of Milestones assessments to the ACGME. All subspecialty programs (nephrology, cardiology, GI, endocrine, etc.) will submit assessments for each of their fellows for the 23 ACGME Subspecialty Milestones described in the following document:

1) **ACGME Subspecialty Milestones**

The Clinical Competency Committee (CCC) will synthesize the fellow assessments (End-of-Rotation Evaluations, Procedure Logs, multi-source assessments like Patient Evaluations and Nursing Evaluations, In-Training Exam, Simulation Lab, Evaluation of Quality Improvement Projects, Evaluation of Scholarly Activity), and the CCC will then decide on the assessment of each fellow on the 23 ACGME Subspecialty Milestones.

To assist program directors in reporting to the above generic Subspecialty Milestones, a number of nephrology specific assessment tools were developed by the ASN Training Program Directors during the Retreats.
Rotation Specific Assessment Tools:

In recognition of the common educational experiences of nephrology training programs, assessment tools have been developed for the following rotations and experiences:

1) **Inpatient Consultation Rotation**
2) **Dialysis Rotation**
3) **Transplant Rotation**
4) **Continuity Clinic**

Assessment tools 1-3 can be used as the end-of-rotation assessments tools for the inpatient consult, dialysis, and transplant rotations. These nephrology specific end-of-rotation evaluations can be “mapped” to the more generic ACGME Subspecialty Milestones by medical education management programs such as MedHub, E*Value, and MyEvaluations. In other words, multiple months of nephrology specific end-of-evaluation assessments will be converted to composite scores for each of the 23 more generic ACGME Subspecialty Milestones by the software. These composite scores will then be used by the CCC along with other assessment tools to assess the 23 ACGME Subspecialty Milestones.

The Continuity Clinic assessment tool can be used for a fellow assessment after every six months of continuity clinic. Programs may choose to have one faculty member synthesize the assessments of several evaluating clinic faculty or have multiple faculty complete individual evaluations.

**Procedures and Scholarly Activities**

1) **Procedures**
2) **Scholarly Activities**

The Procedures assessment tool can be used for fellow assessment after each procedure or incorporated into one of the rotation assessment tools.

The Scholarly Activities assessment tool can be used to assess fellow scholarly activities every six months whether the fellow is in a clinical or research fellowship track.

**System Based Practice, Practice Based Learning**

1) **SBP and PBLI**

The SBP and PBLI assessment tools can be incorporated into the rotation specific assessment tools or used at six month intervals. The tool includes assessment of QI projects which can be used after completion/presentation of the QI project.

**Professionalism and Communication**

1) **Clinic Patient Evaluation Form**
2) **Nephrology Fellow Interdisciplinary Team Evaluation Form**
A program may choose to use one or several of these tools to assess a fellow’s professionalism and communication skills. Usually programs will choose to use data from patient evaluation tools when at least 10 patients are sampled. The CCC will review these assessments during the CCC meeting and determine the assessment of ACGME Subspecialty Milestones 17-23.

Medical Knowledge and the In-training Exam

The ASN In-training exam results will be used by the CCC along with the end-of-rotation evaluations about Medical Knowledge to assess ACGME Subspecialty Milestones 6-7. The ASN In-training exam results should not be used alone but should be used with other assessment tools and considered in the context of specific rotation assignments. In many programs, the trend from the first to the second year will be an important contribution to the medical knowledge assessment. In some others, limited clinical experience in second year may not permit trend analysis.
**Timeline**

June 2014- *Faculty Development (faculty and fellows should be educated about the new milestones and assessment system).

July 1, 2014 *Fellowship Programs start assessing fellow performance with goal of Reporting Milestones twice annually

*Implement new assessment tools

11/1/14-12/31/14 *Clinical Competency Committee Meets to assess all fellows

*Reporting Window for the Milestones in ADS

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**Clinical Competency Committee**

- Procedure Logs and Evaluations
- Nursing, staff, and Patient Evaluations
- Resident and Student Evaluations
- Scholarly Activity Evaluation
- End-of-Rotation Evaluations Txp/Consult/Dial
- ASN In-training Exam
- Sim Lab
- Self-Evaluations
- QI Project Evaluation
- Clinic Evaluations
- Dialysis Interdisciplinary Team Evaluation
- Portfolio

**Assessment of ACGME 23 Subspecialty Milestones**
Frequently Asked Questions:

1) Will programs be mandated to use these assessment tools?

Answer:

No. Nephrology Fellowship Program directors may choose to use all, some, or none of these tools. These assessment tools were created to assist program directors in meeting the ACGME Milestones Reporting requirements.

2) What is the advantage of using these nephrology specific assessment tools vs. our institution’s generic tools?

Answer:

In contrast to most internal medicine residency programs, nephrology fellowship programs tend to be small and therefore, validating the milestones process will be difficult in individual programs. By using common assessment tools, validating the assessment tools and the Subspecialty Milestones will be facilitated on a national basis. In addition, the nephrology specific assessment tools will hopefully improve the feedback process provided to fellows by providing more precise feedback focused on important nephrology related competencies.

3) Will these tools be available on the medical education software programs (MedHub, MyEvaluations, etc.)?

Answer:

Yes. Most of these medical education software programs allow sharing of templates between programs. Please check back on this website and release dates will be posted for each software program (assessment tools in the program, mapping to the ACGME Subspecialty Milestones)

   a) MedHub date: TBA
   b) MyEvaluations date: TBA
   c) New Innovations date: TBA
   d) E*Value date: TBA
   e) Others: TBA

4) Will these assessment tools be updated in the future?

Answer:
We plan to collect feedback and will update the tools periodically. In addition, other assessment tools will be added to the collection.

5) **Most fellows will only spend two months on a transplant rotation. Will the expected rating be “Ready for Unsupervised Practice” at the end of the two month rotation?**

   **Answer:**

   If a fellow starts his fellowship with the two month transplant rotation, the fellow would lack the general nephrology skills necessary to manage a transplant patient despite completing the two month rotation and the appropriate rating would likely be below “Ready for Unsupervised Practice.”

6) **In a 24 month nephrology fellowship, only 12-months of clinical nephrology are required, and some fellows complete a second 12 months of clinical nephrology while others enter research tracks. Should the expectation be that most fellows are reaching “Ready for Unsupervised Practice” for most of the ratings in the 23 [ACGME Subspecialty Milestones] at the end of the first 12 months of fellowship?**

   **Answer:**

   Yes, most nephrology fellows should be developing to the “Ready for Unsupervised Practice” level in most of the 23 [ACGME Subspecialty Milestones] by the end of the first year of fellowship. Clinical fellows should continue to develop to the “Aspirational” levels during the second half of a clinical fellowship, and research track fellows will also continue to develop clinical skills and may develop to “Aspirational” levels for the Medical Knowledge Competency 3, Scholarship.

7) **What is the purpose of the Nephrology End of Training Entrustable Professional Activities (EPA’s)?**

   **Answer:**

   The [Nephrology End of Training Entrustable Professional Activities] are the specific knowledge, skills and attitudes acquired over the course of a nephrology fellowship that our profession believes are critical to performing as a nephrologist. The Clinical Competency Committee should review the End of Training EPA’s and ask if the graduating nephrology fellow could be entrusted to perform the professional activities without supervision. The EPA’s are a useful tool in assessing fellows at the end of training.

8) **What is the purpose of the Nephrology Curricular Milestones?**
Answer:

During the November 1-December 31, 2014 reporting window, nephrology fellowship programs will be expected to submit the first set of Milestones assessments to the ACGME. All subspecialty programs (nephrology, cardiology, GI, endocrine, etc.) will submit assessments for each of their fellows for the 23 ACGME Subspecialty Milestones (not specialty specific). In recognition of the common educational experiences of nephrology training programs, the assessment tools in this guide were developed to assess the existing teaching activities in most nephrology programs as described in the ACGME Program Requirements for Graduate Medical Education in Nephrology. The assessments tools in this guide encompass most of the essential competencies and nephrology specific milestones. These milestones are not intended to represent a comprehensive list of nephrology competencies and milestones, but instead, an essential list to meaningfully assess the more generic ACGME Subspecialty Milestones.

9) Why do subspecialty fellows need to be measured on the more general Internal Medicine competencies of Professionalism and Communication?

Answer:

These are developmental characteristics that are context-free. Sometimes a trainee finds it difficult to function in a particular context of the subspecialty, such as a busy dialysis unit. Sometimes life-events cause regression of behavior which manifests as unprofessional behavior or poor communication, and might not be evident if we were not tracking these competencies from residency through fellowship. ACGME plans to review the validity of these competencies and the developmental trajectory of trainees throughout residency and fellowship. See also the ACGME Subspecialty Milestones frequently Asked Questions (FAQs).