# The Thoracic Surgery Milestone Project: Assessment Tools

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Thoracic Surgery

Milestone evaluation is completed by the Clinical Competency Committee using resident assessments completed throughout resident education. These assessments are completed by faculty members, other care providers, and patients. The Thoracic Surgery Milestone Working Group altered exiting assessment tools to simplify evaluating the Milestones. These assessment tools are not required.

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## **Chart Audit of Patient Encounter**

Resider	nt:				Date:				
Evaluat	or:								
Topic:	IHD Valve Gre Chest Wall/Mediasti		Congenital End- ical Care Other			Lung/Airway			
1. Medic	cal History								
	0 Fails to document major elements of history	1	2 Documents m elements of h	naior	B Docume	4 ents all relevant element of history			
2. Physic	al Exam								
-	0 ails to document major findings	1	2 Documents major	findings	B Do	4 ocuments major and subtle findings			
3. Test R	esults			_	_	_			
t	0 ocumentation of major est results is missing or accurately documented	1	2 Major test re documented bu relevant find documente	sults t not all ings	appro	4 st results documented priately and all relevant ndings documented			
4. Plan o	f Care								
Ir	0 ncomplete or irrelevant plan provided	1	2 Basic elements of an ap are documer	propriate	3 Comple conti	4 ex plan with appropriate ingencies documented			
5. Organi	zation								
N	0 Poorly organized Major elements missing Incomplete	1	2 Major elements o properly but inefi grammatically ir	rganized ficient or	3 Well-or Effi	4 rganized documentation cient documentation			
6. Timelir	ness								
Late	0 e and required reminders to effect completion	1	2 Late but still con without remir	npleted nders	3	4 In time completion			
7. Overa	II Level of Competence No Knowledge	Beginner	Advanced Beginne	er Interme	diate Co	mpetent			
Suggesti	ions for improvement:								
Reviewe	Reviewed with Resident: Yes No								
Date rev	viewed:	Revie	wer:						
Residen	t Signature:				_				

#### **Presentation Evaluation**

Resident:		Date:			
Presentation Title:		Evaluator:			
		genital End-Stage Diseas re Other		is Lung/Airway	
<ol> <li>Organization         <ul> <li>0</li> <li>Disorganized</li> </ul> </li> </ol>	1	2 Partially organized No clear flow of topic	3	4 Concise, logical, integrated	
2. Objectives 0 Not stated	1	2 Some, but not all objectives covered	3	4 Objectives completed and covered Relevant disclosures made	NA
3. Verbal Communication 0 Ineffective	1	2 Monotonous tone Unclear jargon Flow is halting	3	4 Facile, engaging Excellent flow Effective	
<b>4. Non-verbal Communica</b> 0 No eye contact Lacks confidence	ation 1	2 Somewhat comfortable Some eye contact	3	4 Confident Good eye contact and body language	
<b>5. AV Materials</b> 0 Visually unclear, illegib ineffective	1 le,	2 Mostly relevant and legible Distracts from content	3	4 Organized, concise, readable Effective Enhances presentation	
<b>6. Content</b> 0 Not relevant Misleading	1	2 Some lack of relevance or accuracy Superficial	3 R	4 delevant, accurate, up-to-date, evidence-based	
7. Audience Engagement 0 Unengaged	1	2 Some participation, asks for questions	3 A	4 Elicits participation Able to expand presentation in response to questions	NA
8. Overall Effectiveness of No Knowledge		Advanced Beginner	Intermediate	Competent	
Suggestions for improvement:					
Reviewed with Resident: Yes N	o				
Date reviewed:	Reviewer:				

#### **OBSERVATION OF PATIENT ENCOUNTER IN CARDIOTHORACIC SURGERY**

Resident Signatu	re:									
Resident:				Evalu	ıator:			Date:		
Diagnosis:				Setting:	Ambulatory	Inpatient	Emerg	ency Department	Other	
Milestone Topic:	IHD	Valve	<b>Great Vessel</b>	Congenital	End-Stage Dise	ease Eso	phagus	Lung/Airway	Chest	
Wall/Mediastinum	Criti	cal Care	Other							

	None		Advanced Beginner		Competent	NO*
History	0	1	2	3	4	140
Obtains history in	Misses multiple elements of	-	Notes majority of major	,	Accurate, thorough,	
organized/focused way	history		elements of history		complete history	l
Attentive, good eye contact	Inattentive with infrequent		Intermittent eye contact		Attentive, with good eye	
, , , , , , , , , , , , , , , , , , , ,	eye contact				contact	l
Introduces self, addresses	Does not introduce self		Partial explanation of role		Fully explains role/	
patient by name			Uses improper salutation		relationship to care team	ļ
	Does not address patient by					ļ
	name				Respectfully addresses	ļ
					patient	
Responds appropriately to	Does not notice affect/non-		Partially aware and responsive		Fully aware of affect/non-	l
affect/non-verbal cues	verbal clues				verbal clues and responds	ļ
81 : 15					appropriately	
Physical Exam	0	1	2	3	The near the section of the section	
Obtains physical in organized	Disorganized, incomplete		Organized exam, includes most		Thorough and complete	l
Way Humanistic	exam		major elements		exam	
qualities/professionalism	0	1	2	3	4	
Shows respect, compassion,	Unkind, rough, or hurried		Does not respect personal or		Shows respect,	
empathy, confidentiality	encounter		cultural differences		compassion, empathy,	l
, , , , , , , , , , , , , , , , , , , ,					confidentiality	l
Works effectively with	Rude to ancillary staff		Does not actively engage		Works effectively with	
ancillary staff members	members		ancillary staff members		ancillary staff members	l
1		]	·		·	1
Decision making	0	1	2	3	4	
Communicates possible	Does not communicate with	1	Uses medical terminology	3	Demonstrates effective	
	-	1	=	3	Demonstrates effective communication; discusses	
Communicates possible	Does not communicate with	1	Uses medical terminology	3	Demonstrates effective communication; discusses diagnosis, risks and	
Communicates possible diagnosis	Does not communicate with patient	1	Uses medical terminology patient does not understand	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options	
Communicates possible diagnosis  Allows further	Does not communicate with patient  Avoids answering patient	1	Uses medical terminology	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient	
Communicates possible diagnosis  Allows further questions/elicits patient	Does not communicate with patient	1	Uses medical terminology patient does not understand	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options	
Communicates possible diagnosis  Allows further	Does not communicate with patient  Avoids answering patient	1	Uses medical terminology patient does not understand	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions	
Communicates possible diagnosis  Allows further questions/elicits patient	Does not communicate with patient  Avoids answering patient	1	Uses medical terminology patient does not understand	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions Communicates what to	
Communicates possible diagnosis  Allows further questions/elicits patient preference	Does not communicate with patient  Avoids answering patient	1	Uses medical terminology patient does not understand	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions	
Communicates possible diagnosis  Allows further questions/elicits patient	Does not communicate with patient  Avoids answering patient questions	1	Uses medical terminology patient does not understand  Responds to patient questions	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate	1	Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely,	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate	1	Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective,	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects	1	Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective, complete	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests		Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests		Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions Communicates what to expect to patient Encounter is timely, succinct, effective, complete Practices in cost-conscious manner	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests	1	Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions Communicates what to expect to patient Encounter is timely, succinct, effective, complete Practices in cost-conscious manner	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping  Note is timely, concise, and	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests  0  Note omits major elements of		Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing  2  Major elements are		Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective, complete Practices in cost-conscious manner  4 Documentation is	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests		Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing		Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions Communicates what to expect to patient Encounter is timely, succinct, effective, complete Practices in cost-conscious manner	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping  Note is timely, concise, and complete	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests  0  Note omits major elements of encounter/plan, etc.		Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing  2  Major elements are documented, but incomplete		Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective, complete Practices in cost-conscious manner  4  Documentation is complete, accurate, timely	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping  Note is timely, concise, and complete  Coding is accurate and	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests  O  Note omits major elements of encounter/plan, etc.  Limited understanding of		Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing  2  Major elements are documented, but incomplete  Understands importance of		Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective, complete  Practices in cost-conscious manner  4  Documentation is complete, accurate, timely  Coding of routine	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping  Note is timely, concise, and complete	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests  0  Note omits major elements of encounter/plan, etc.		Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing  2  Major elements are documented, but incomplete		Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective, complete  Practices in cost-conscious manner  4  Documentation is complete, accurate, timely  Coding of routine diagnoses is accurate and	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping  Note is timely, concise, and complete  Coding is accurate and	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests  O  Note omits major elements of encounter/plan, etc.  Limited understanding of		Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing  2  Major elements are documented, but incomplete  Understands importance of coding		Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective, complete  Practices in cost-conscious manner  4  Documentation is complete, accurate, timely  Coding of routine diagnoses is accurate and supported by	
Communicates possible diagnosis  Allows further questions/elicits patient preference  Encounter is timely and succinct  Considers cost-effectiveness of testing and treatment  Record Keeping  Note is timely, concise, and complete  Coding is accurate and	Does not communicate with patient  Avoids answering patient questions  Rushes encounter, inadequate time for questions  Does not select appropriate diagnostic tests or selects excessive tests  O  Note omits major elements of encounter/plan, etc.  Limited understanding of	1	Uses medical terminology patient does not understand  Responds to patient questions  Encounter ends without completion of forms, consent, etc.  Selects some appropriate tests but requires guidance to prioritize appropriate testing  2  Major elements are documented, but incomplete  Understands importance of	3	Demonstrates effective communication; discusses diagnosis, risks and benefits, and options Actively elicits patient questions  Communicates what to expect to patient Encounter is timely, succinct, effective, complete  Practices in cost-conscious manner  4  Documentation is complete, accurate, timely  Coding of routine diagnoses is accurate and	

Suggestions for improvement:		
Reviewed with Resident: Yes No		
Date reviewed:	Reviewer:	
Resident Signature:		

# **QUALITY IMPROVEMENT REVIEW (M&M) IN THORACIC SURGERY**

	YR IN PROGRAM		DATE	EVALUATO	)R	_
Complication(s)/Session Addressed: Milestone Topic: IHD Valve Chest Wall/Mediastinum Critical C		enital	End-Stage Disease	Esophagus	- Lung/Airway	
Medical Knowledge Understands root cause of the M&M understands the management options of original patient issue and reasoning of resulting complication(s)	0 No understanding	1	2 Some understanding	3	4 Objectives covered	N/A
Patient Care Managed original patient issue and appropriately recognized/managed complication	0 Did not understand complication	1	2 Limited understanding of complication	3	4 Clearly understood complication  Recognized opportunity for improvement	N/A
Practice-based Learning and Improvement Effectively reviewed the literature and scientific evidence relative to complication; suggests appropriate practice modifications to prevent future occurrences	0 Did no review	1	2 Missed key references and modifications	3	4 Presented key evidence and appropriate modifications	N/A
Interpersonal and Communication Skills Presented in a succinct and engaging manner with the appropriate AV enhancements; information was appropriate to the range of learners	0 Ineffective	1	2 Some lack in organization, engagement with audience	3	4 Organized, concise, engaging	N/A
Professionalism Disclosed information to appropriate parties/patient; appropriate medicolegal documentation; discussed complications with colleagues and family	0 Disclosed no information or failed to engage colleagues/family	1	Disclosed some information; poor communication; some family discussion	3	4 Fulfilled objectives	N/A
Systems-based Practice Demonstrated an understanding of resources available to provide optimal patient care; demonstrated cost-conscious, evidence-based	0 No demonstration	1	2 Demonstrated some understanding of resources	3	4 Fulfilled objectives	N/A

treatment strategies; report to QI committees to improve practices

and costrelated issues

**Overall Level of Review:** None Beginner Advanced Beginner Intermediate Competent **Suggestions for Improvement: Reviewed with Resident:** Yes No Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Resident: \_\_\_\_\_

## **Residents as Educators in Thoracic Surgery**

Instructions: Please use the scale to rate the resident on his or her teaching skills during the clinical rotation. The results of this evaluation will be shared with the resident, the residency program director, as well as the clerkship director. Your comments will remain anonymous.

Resident:	Clinical Rotation:	Date:
Extent of contact with resident during rota	ntion: Minimal (<1 day)Mo	derate (<1 week)Extensive (>1 week)
1. Communication of learning goals; A		porative learning environment
No communication	The resident 2 The resident communicates information accurately at appropriate level for the learner.	The resident recognizes teachable moments and respectfully engages the learner. The resident teaches junior team members about presentation skills.
2. Knowledge about team member ro	le and responsibilities; Leadership sl	kills
0 1 No knowledge		The resident assumes overall leadership of a health care team responsible for his/her patients,
3. Attitude towards teaching and lear		
Undesirable behaviors, including acting impolitely and disrespectful, not respecting patient privacy, demonstrating lack of integrity, or failing to take responsibility for educational activities. Unaware of their role as a teacher.	The resident anticipates logistical issues regarding surgical care and communicate with the patient and hospital staff, engaging members of the team to solve problems.	modeling professional
4. Identification of learning resources	for educational sessions	
The resident does not engage in directed learning activities or utilize available resources.		up with changes in the literature and initiates assignments for
5. Effective content delivery		
0 1 The resident delivers inaccurate or inappropriate information.	The resident delivers accurate information ineffectively; does not embrace teaching opportunity.	The resident delivers content effectively and engages the learner.
<b>6. Overall Level of Competence</b> No Knowledge Novi	ice Advanced Beginner	Intermediate Competent
Suggestions for improvement:		
Reviewed with Resident: Yes No		
Date reviewed: Review	ver:	

Resident Signature:		

For Program Director Use: The 5 areas of review may aid in the evaluation of the four general competencies.

- Q1 Interpersonal and Communication Skills, Practice Based Learning and Improvement and Systems Based Practice
- Q2 Interpersonal and Communication Skills, Professionalism and Systems Based Practice
- Q3 Professionalism
- Q4 Practice Based Learning and Improvement
- Q5 Interpersonal and Communication Skills

## **Mock Oral Examination Assessment**

Residen	t:		Date:			
Evaluato	or:					
Topic:			ngenital End-Stage Disease are Other		agus Lung/Airway	
1.	. Understand General Scenario 0 No understanding Generic questions Stalling	1	2 Some understanding Some appropriate questions for clarification Some hesitation	3	4 Full understanding Appropriate questions for clarification No hesitation	
2.	Anatomy/Pathophysiology 0 No basic knowledge	1	2 Integrates anatomy and pathophysiology	3	4 Understands complex variations	NA
3.	Diagnostic Tests  0  Unclear, generic  Unable to interpret Incorrect follow-up tests	1	2 Understands advantages and disadvantages Mostly appropriate interpretation Mostly appropriate follow-up	3	4 Interprets and integrates results Avoids unnecessary tests Appropriate follow-up	
4.	Formulate Differential Diagnos 0 Unable to formulate Unclear path	i <b>s</b> 1	2 Moderate list of differential diagnoses Somewhat logical path	3	4 Distinguishes complex clinical manifestations/complications Logical path	
5.	Diagnosis  O  No diagnosis	1	2 Mostly correct	3	4 Correct diagnosis	
6.	Treatment Plan  0  No/inappropriate plan Does not seek assistance	1	2 Understands advantages and disadvantages of options Seeks qualified assistance	3	4 Appropriate plan or approach Accounts for complex patient	
	Management of Complications 0 Tails to recognize complication	1	2 Recognizes complication Incomplete understanding of treatment	3	4 Correctly identifies complication and appropriate treatment	
8.	Overall Level of Competence No Knowledge	Beginner	Advanced Beginner	Intermed	liate Competent	
Suggesti	ons for improvement:					
Reviewe	d with Resident: Yes No					
Date rev	iewed: Re	viewer: _				
Resident	t Signature:					

#### **Patient Evaluation Form**

It is important to the Department of Cardiothoracic Surgery to know how our residents interact with patients. We would like them to be aware of what they do well and what they need to improve. Thank you!

Resident Name:			Da	te:			
1. The resident introdu	ced him/herself	to me clearly ex	xplaining his/her	role in my care.			
Strongly disagree	Disagree	Neutral	Agree	Strongly agree			
2. The resident behave	d in a profession	al manner and v	was respectful o	f me.			
Strongly disagree	Disagree	Neutral	Agree	Strongly agree			
3. The resident explaine	ed my problem a	and care plan in	terms I underst	ood.			
Strongly disagree	Disagree	Neutral	Agree	Strongly agree			
4. The resident answered my questions clearly.							
Strongly disagree	Disagree	Neutral	Agree	Strongly agree			