**BACKGROUND**

- ACGME requires reporting of trainee performance on “milestones.”
- Online platforms facilitate reporting by linking evaluation questions to milestones.
- At BCM, each clinical rotation has a defined set of milestone goals/objectives to clarify what a resident should learn or demonstrate as part of the rotation.
- Goals are discussed with residents at the beginning of the rotation (Fig. 1).
- At the end of each rotation, residents are evaluated on these goals using a standard scale (Fig. 2).
- This system allows for tracking of trainee performance on milestones and may present opportunities for assessing curricular content of clinical rotations.

**GOALS**

- Investigate whether the BCM internal medicine residency milestone-linked evaluation system can be used to improve inpatient and ambulatory infectious diseases rotations by:
  1. Identifying goals/objectives on which residents receive particularly high (or low) scores
  2. Identifying goals/objectives on which residents are rated as “not observed” (i.e., curricular gaps)

**METHODS**

Evaluation data from residents on inpatient and ambulatory infectious diseases rotations between January 2016 and April 2018 were reviewed.

For each rotation, evaluation questions were scored 1 to 5 (see Fig. 2). As above, each evaluation question corresponds to a goal/objective for the rotation.

For each question on the infectious diseases rotation evaluation(s):
- The mean score was calculated per post-graduate-year (PGY) level
- The number of evaluators that answered “NA” or “not observed” was reported

**RESULTS**

Evaluation data from 205 inpatient rotations and 43 ambulatory rotations was reviewed.

In the inpatient setting, the mean scores for PGY1, 2 and 3 trainees were 2.62, 3.06, and 3.88.

In the ambulatory setting, the mean scores for PGY2 and 3 trainees were 3.44 and 3.61.

**DISCUSSION/CONCLUSIONS**

- A milestone-linked evaluation system appears helpful in identifying educational strengths and weaknesses of clinical infectious diseases experiences for internal medicine residents.
  - Residents performed well (Table 1) in:
    - Selection of antibiotic therapy for common inpatient infectious diseases
    - Developing a differential diagnosis for fever/leukocytosis
  - residents did not perform as well (Table 2) in:
    - Identifying infectious diseases in various immunodeficiencies
    - Incorporating medical evidence into the plan
    - Identifying side effects and drug interactions of commonly used ambulatory antiretroviral/antibacterial medications.
- More objectives in the ambulatory compared to inpatient rotations were rated as “not observed” (i.e., curricular gaps)
- Based on this data, key targets for improving clinical infectious diseases rotations for BCM IM residents may include:
  - Key goals/objectives on which residents receive low scores
  - Key goals/objectives not adequately discussed during ambulatory rotations

**FUTURE DIRECTIONS**

- Interventions to modify our curriculum can include increased clinical exposure in specific rotations
- Since several key goals and objectives in the ambulatory setting may not be adequately discussed, we can also implement the following to help residents acquire these important skills including:
  - Use of a pre- and post-rotation quiz
  - Dedicated didactics during the rotation and incorporation of information into the residency-wide noon lecture series
  - Ensure the rotation goals are discussed at the beginning of the rotation to encourage self-study
- Curricular goals may also be updated to incorporate new content, such as HIV Prevention (P6E),

**REFERENCES**

1. ACGME Internal Medicine Milestone Project. [http://www.acgme.org/Pages/default.aspx](http://www.acgme.org/Pages/default.aspx)