

到達目標の評価手法の標準化に関する研究

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- 臨床研修における評価の手法や運用にかかる実態調査の結果を踏まえつつ、研修医の到達度をより具体的に評価し、指導に活用するとともに、到達手法の標準化を図るための基準を作成する必要がある。
- 到達度に関する基準は、研修評価として最も多く用いられている EPOC において「十分できる」「できる」と表記されているなど、やや具体性に欠ける記述になっている。そのため、より明確に、かつ研修医の成長段階を適確に評価するために、マイルストーン方式の導入を検討する。その参考例を別紙 1 に示す。

<参考>

- ・ The Internal Medicine Milestone Project (American Board of Internal Medicine) (別紙 2)

- この例は、現在の評価項目に対応する形で作成されている。到達目標の枠組みが変わればそれに連動して検討すべきものであり、今後の議論を踏まえて見直すことが必要。

マイルストーン評価の一例

行動目標

Level 0	Level 1	Level 2	Level 3	Level 4
評価不能	〇〇の基本的知識を説明できる。	診療の中で、〇〇の重要性を認識している。	診療の中で、〇〇を積極的に実践している。	より複雑な場面においても、セッティングに合わせて〇〇を実践している。〇〇について学生や他の医療職を教育できる。
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

経験目標(経験すべき診察法・検査・手技)

Level 0	Level 1	Level 2	Level 3	Level 4
評価不能	手技に関する基本的知識や適応、手順について説明できる。	〇〇において(あまり複雑ではないセッティングを記述する)、指導医の指導・監督下で手技の一部のプロセスを実施できる。	〇〇において(あまり複雑ではないセッティングを記述する)、指導医の指導・監督下で手技のすべてのプロセスを実施できる。	指導医が直接立ち会わなくても、独立して適切に手技を実施できる。
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

経験目標(経験すべき症状・病態・疾患)

Level 0	Level 1	Level 2	Level 3	Level 4
評価不能	受け持ち医ではない医療チームの一員として、当該疾患で入院している患者の一部の診療プロセスに参加した。	受け持ち医として、当該疾患で入院している患者の一部の診療プロセスに参加した。	受け持ち医として、当該疾患で入院している患者のすべての診療プロセスに参加した。	受け持ち医として、当該疾患で入院している患者を複数受け持ち、すべての診療プロセスに参加した。
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

経験目標(特定の医療現場の経験)

Level 0	Level 1	Level 2	Level 3	Level 4
評価不能	受け持ち医ではない医療チームの一員として、当該医療現場を少し(3症例以下)経験した。	受け持ち医として、当該医療現場を少し(3症例以下)経験した。	受け持ち医として、当該医療現場をある程度(4症例以上～10症例未満)経験した。	受け持ち医として、当該医療現場をかなり(10症例以上)経験した。
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(評価スケールは、内容により中間を含むものと含まないもの両方が考えられる)

The Internal Medicine Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education
and

The American Board of Internal Medicine



American Board
of Internal Medicine®

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Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

The internal medicine milestones are arranged in columns of progressive stages of competence that do not correspond with post-graduate year of education. For each reporting period, programs will need to review the milestones and identify those milestones that best describe a resident's current performance and ultimately select a box that best represents the summary performance for that sub-competency (See the figure on page v.). Selecting a response box in the middle of a column implies that the resident has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for internal medicine is as follows:

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a resident's performance.

Column 2: Describes behaviors of an early learner.

Column 3: Describes behaviors of a resident who is advancing and demonstrating improvement in performance related to milestones.

Ready for Unsupervised Practice: Describes behaviors of a resident who substantially demonstrates the milestones identified for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the resident may display these milestones at any point during residency.

Aspirational: Describes behaviors of a resident who has advanced beyond those milestones that describe unsupervised practice. These milestones reflect the competence of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional residents will demonstrate these milestones behaviors.

For each ACGME competency domain, programs will also be asked to provide a summative evaluation of each resident's learning trajectory.

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)									
Critical Deficiencies					Ready for unsupervised practice			Aspirational	
Does not collect accurate historical data	Inconsistently able to acquire accurate historical information in an organized fashion	Consistently acquires accurate and relevant histories from patients			Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion			Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis	
Does not use physical exam to confirm history	Does not perform an appropriately thorough physical exam or misses key physical exam findings	Seeks and obtains data from secondary sources when needed			Performs accurate physical exams that are targeted to the patient's complaints			Identifies subtle or unusual physical exam findings	
Relies exclusively on documentation of others to generate own database or differential diagnosis	Does not seek or is overly reliant on secondary data	Consistently performs accurate and appropriately thorough physical exams			Synthesizes data to generate a prioritized differential diagnosis and problem list			Efficiently utilizes all sources of secondary data to inform differential diagnosis	
Fails to recognize patient's central clinical problems	Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Uses collected data to define a patient's central clinical problem(s)			Effectively uses history and physical examination skills to minimize the need for further diagnostic testing			Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing	
Fails to recognize potentially life threatening problems									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

4. Skill in performing procedures. (PC4)									
Critical Deficiencies					Ready for unsupervised practice		Aspirational		
<p>Attempts to perform procedures without sufficient technical skill or supervision</p> <p>Unwilling to perform procedures when qualified and necessary for patient care</p>		<p>Possesses insufficient technical skill for safe completion of common procedures</p>			<p>Possesses basic technical skill for the completion of some common procedures</p>		<p>Possesses technical skill and has successfully performed all procedures required for certification</p>		<p>Maximizes patient comfort and safety when performing procedures</p> <p>Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice</p> <p>Teaches and supervises the performance of procedures by junior members of the team</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p>									

6. Clinical knowledge (MK1)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care		Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care			Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care			Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

20. Communicates effectively with patients and caregivers. (ICS1)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Ignores patient preferences for plan of care		Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences.			Engages patients in shared decision making in uncomplicated conversations			Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations		Role models effective communication and development of therapeutic relationships in both routine and challenging situations
Makes no attempt to engage patient in shared decision-making		Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful			Requires assistance facilitating discussions in difficult or ambiguous conversations			Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds		Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds
Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers		Defers difficult or ambiguous conversations to others			Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds			Incorporates patient-specific preferences into plan of care		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										