The University of Texas at Austin
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TEXAS CENTER FOR PEDIATRIC & CONGENITAL HEART DISEASE
Advanced Practice Provider Milestones Initiative · 2026

Milestones, Not Months

Adapting the ACGME Framework for Competency-Based APP Orientation

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dell children's Ascension

5
APP tracks evaluated CCU · ACC · ACHD · CHS · HF/Transplant

21
shared-core milestones identical across every track

11
matched self/preceptor pairs across mid- and end-orientation

THE CHALLENGE

The ACGME Milestones provide physicians in postgraduate training with a nationally recognized framework for competency-based development. However, no comparable, widely established milestone framework exists for advanced practice provider (APP) postgraduate training programs. As a result, orientation feedback is often informal, varies between preceptors, and is rarely tracked longitudinally. Structured, objective feedback supports adult learning by helping learners monitor progress, identify competency gaps, and direct their own development.

OBJECTIVE

Adapt the ACGME framework for APPs — scored by both orientee and preceptor at defined orientation checkpoints — so growth and gaps surface early enough to act on, and so the tool carries forward as APPs move into early-career independent practice.

METHODS

Orientees and preceptors across five APP tracks independently rated milestone items on a 1–4 scale (novice → independent). 21 items form a shared core common to every track; each track layers on 3–24 scope-specific items.

We compared total scores and, for matched self/preceptor pairs, item-level ratings within the shared core. Where one orientee had several preceptor raters, their ratings were averaged. "Not observed" responses were excluded; individuals are identified only by track.

HOW THE TOOL IS USED

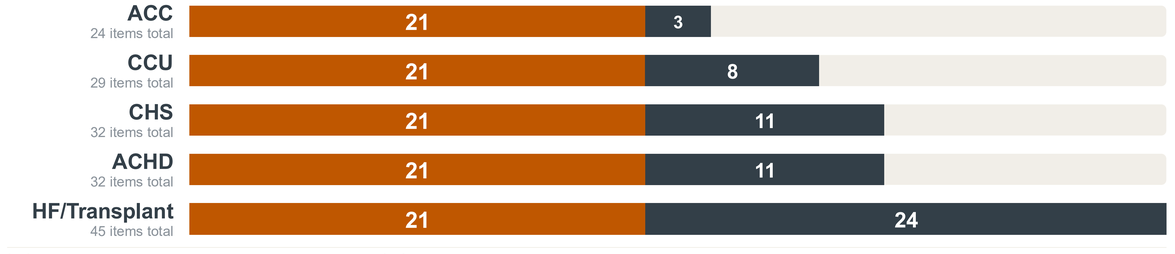
1. **Orientation starts** — Baseline scope & expectations set
2. **Checkpoint 1 · midpoint** — Self + preceptor milestone rating
3. **Recalibrate** — Target gaps for the second half
4. **Checkpoint 2 · end** — Self + preceptor milestone rating
5. **Independent practice** — Tool continues into early career

FIGURES & RESULTS

THE 1–4 SCALE: 1 Novice · 2 Developing · 3 Proficient · 4 Independent

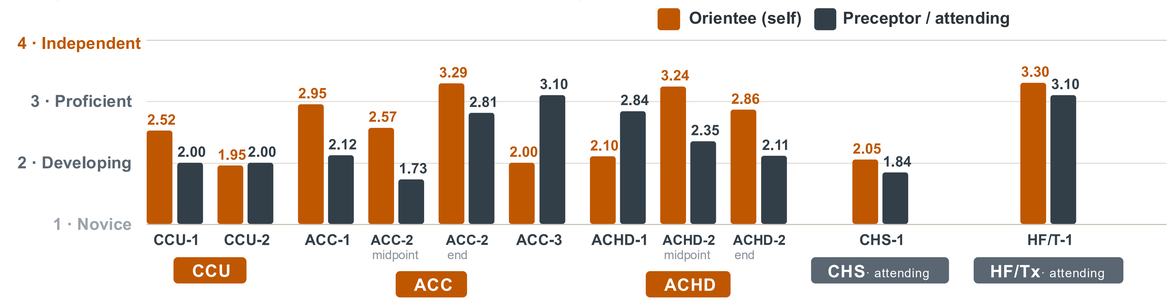
A shared core, plus a scope-specific tail

Every track scores the same **21 core milestones**; each adds **3–24 items** unique to its clinical scope. Milestone items per track:



Self vs. preceptor average milestone score

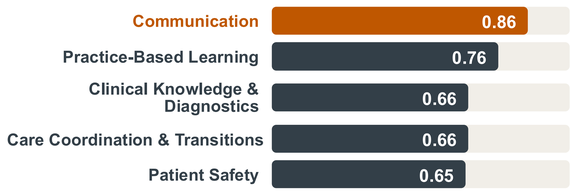
Average across all applicable items, per matched pair — **11 pairs** spanning all five tracks. Each individual is identified by track only.



Most orientees rate themselves close to their preceptor. The wide gaps are the story: **ACC-3 rates a full level below** her preceptor (under-confident), while **ACC-2 and ACHD-2 rate above** theirs (gaps to target). For the two paired timepoints, the self–preceptor gap **narrows from midpoint to end** — calibration improving over orientation.

Where self & preceptor disagree most

Mean gap on the 21 shared-core items (1–4 scale). **Lower = closer agreement.**



Communication is consistently where orientee and preceptor see things differently — a track-agnostic growth target, not self-assessment noise.

The gap narrows over orientation

Both paired individuals re-rated at midpoint and end. Self and preceptor scores **converge**.

KEY FINDINGS

- **82%** of shared-core ratings agree within one level — the adapted scale measures something real and consistent across all five tracks.
- **21** core milestones are identical for every track ; scope-specific tails (3–24 items) flex to each unit. APPs grow on a common spine.
- Communication is where self and preceptor diverge most (gap 0.86) — the same growth target in every track.
- → When orientees re-rate at the end of orientation, the self–preceptor gap narrows — checkpoints drive calibration.

THE GAP IS THE SIGNAL

A rating gap isn't a failure — it's where coaching goes next. The same number can hide **under-confidence** or an **unseen gap** ; the paired comments tell them apart.

ACC-3 · self 2.0 vs preceptor 3.1 — under-rates herself

SELF
"I struggle communicating clearly with consultants when I am new to a patient… I have noticed my preceptors stepping in for me."

PRECEPTOR
"[Orientee] is progressing well. She asks for help and appropriately asks for clarification with complex patient situations."

ACC-2 · self 3.3 vs preceptor 2.8 — an unseen gap

SELF
"I've become more confident in my abilities, more proactive in seeking solutions, and more adaptable."

PRECEPTOR
"Continues to require oversight… needs assistance summarizing patient plans and anticipating patient needs."

DATA QUALITY & NEXT STEPS

This window yields 11 matched pairs across all five tracks. CHS and HF/Transplant currently rest on attending ratings paired with self-reflection — fewer formal preceptor evaluations.

Next: tighten rater-role instructions; schedule a true mid- and end-orientation administration for every orientee in every track; expand to a full academic year before drawing program-level conclusions.

ACKNOWLEDGMENTS & REFERENCES

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Feedback or interest in piloting this tool — methodology and full dataset available on request: kayleigh.todd@austin.utexas.edu