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Designing High Impact APP Fellowship Assessments:

From ACGME Alignment to Clinical Site Partnership

Hannah Anderson, MSPAS, PA-C
Ryan Hunton, DHSc, PA-C

Learning Objectives

1. Analyze how ACGME-aligned criteria can be integrated into APP fellowship assessment frameworks across diverse clinical sites.

2. Evaluate clinical site and specialty-specific needs to ensure assessment tools accurately reflect required competencies and level of training.

3. Design and administer robust, level-appropriate assessments in partnership with clinical sites to ensure evaluations are accurate and sufficiently challenging.

Overview of UK PA Residency Program

UK Healthcare

- Critical Care
- Hospital Medicine
- Neurology
- Acute Care/Trauma Surgery
- Orthopedic Surgery

UK St. Claire

- Hospital Medicine/Critical Care
- Emergency Medicine

St. Elizabeth Healthcare

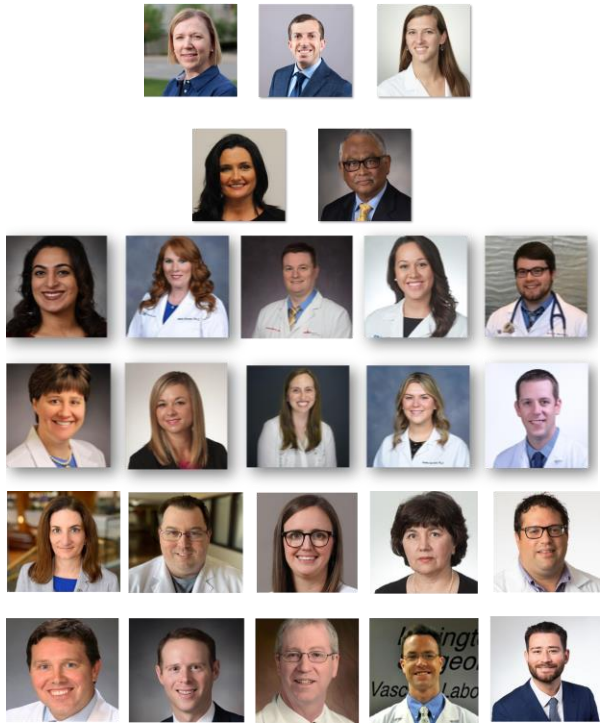
- General Surgery
- Cardiac Surgery

Baptist Health Louisville

- General Surgery
- Cardiac Surgery

Baptist Health Lexington

- General Surgery



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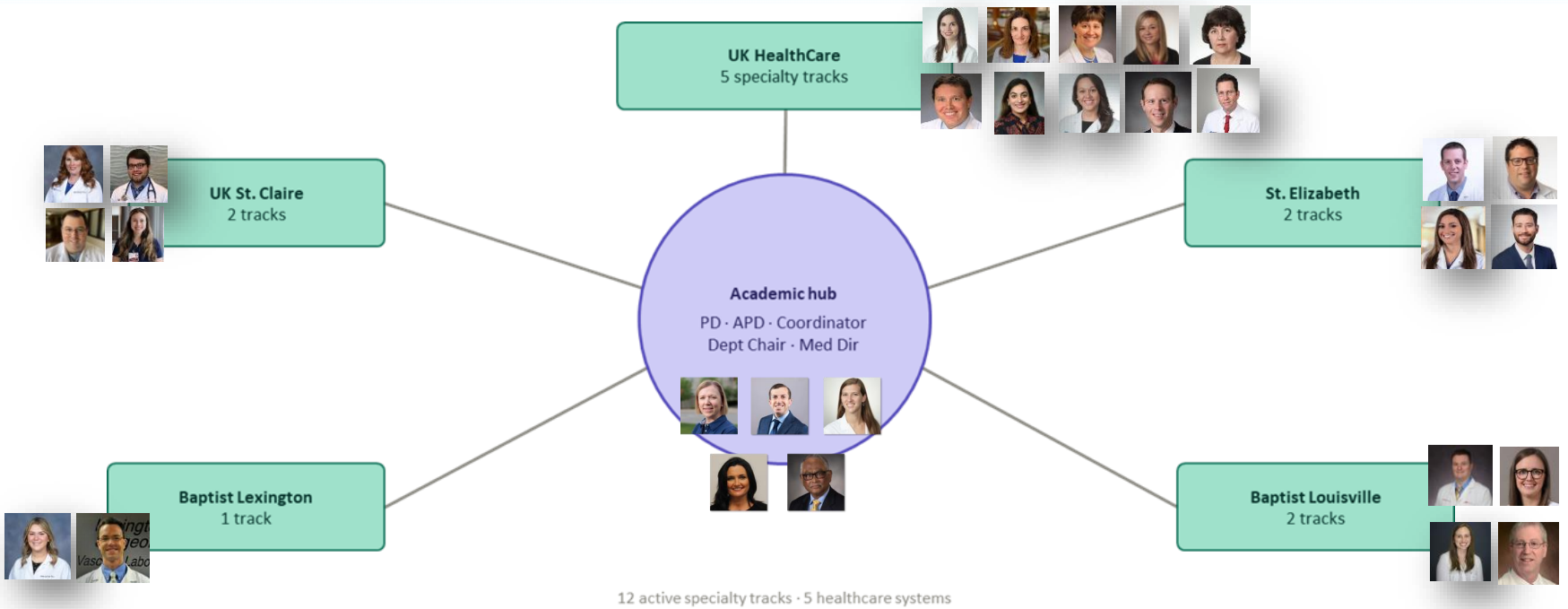
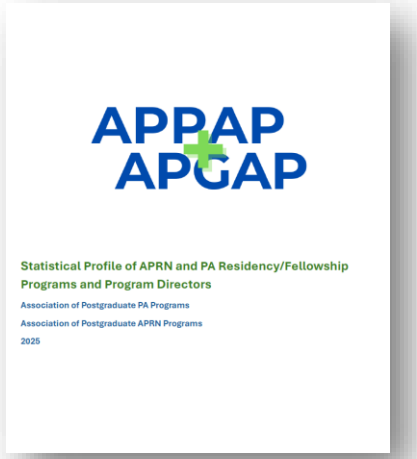
Administrative Hub & Spoke Model

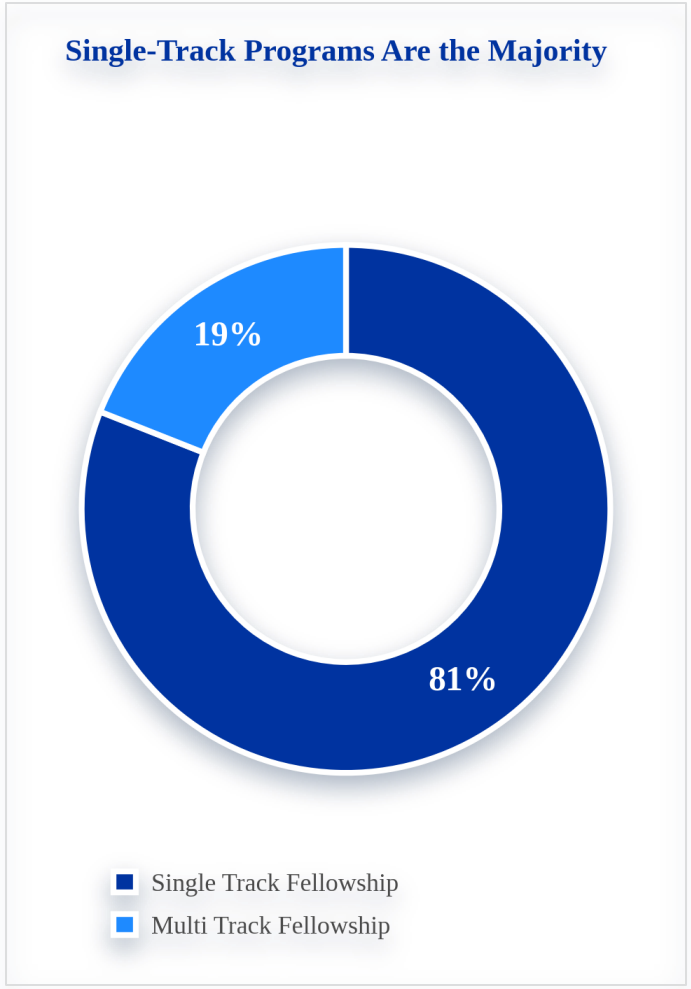


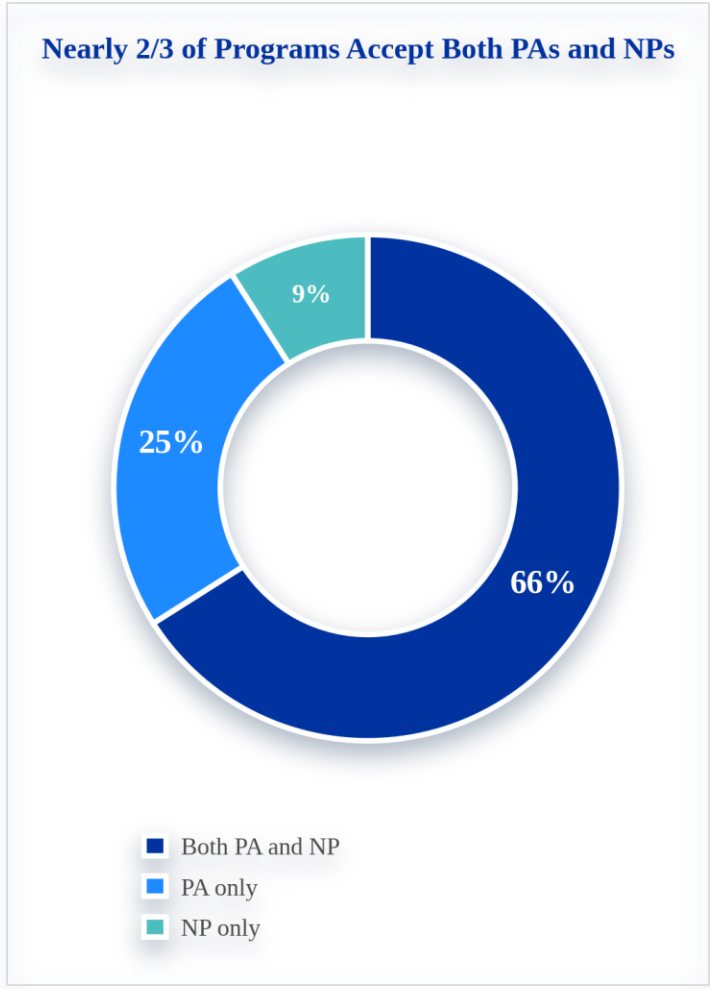
Administrative function allocation

Hub-exclusive	Shared / negotiated	Spoke-exclusive
• Accreditation & standards	• Curriculum adaptation	• Direct clinical supervision
• Evaluation platform (MedHub)	• Research mentorship	• Site-specific credentialing
• Cross-site curriculum	• Remediation planning	• EMR training & access
• Monthly lecture series	• Recruitment & selection	• Procedural sign-off
• Admissions & matching	• Faculty evaluation	• Preceptor selection
• Fiscal accountability		• Day-to-day scheduling
• Program handbook		
• Institutional reporting		

National Landscape







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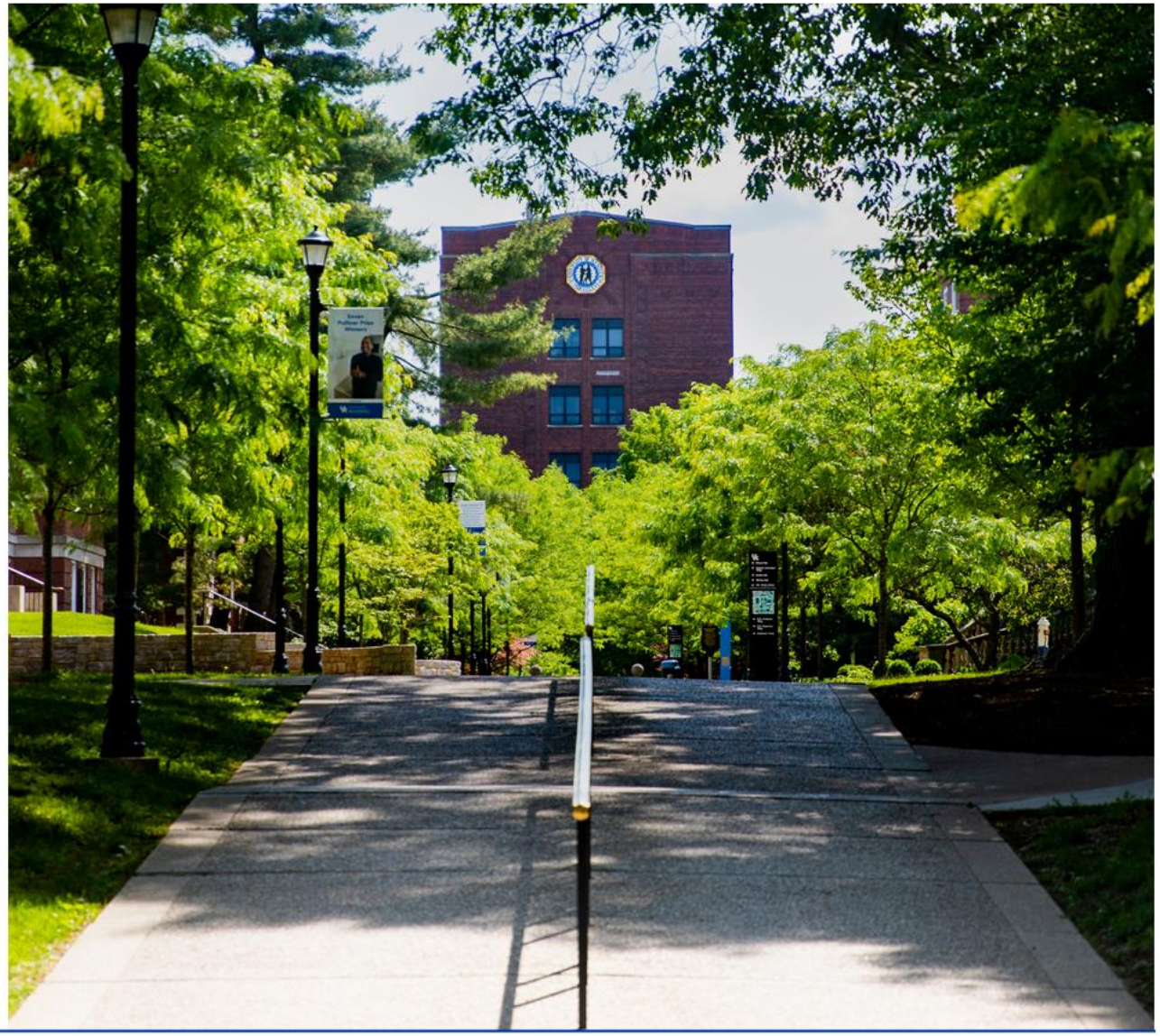
Developing Assessments

Turning ACGME milestones into rubrics, timelines, and clinical partnerships



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Developing Assessments

Key principles:

1. Degree of uniformity in curriculum and assessment
   - AMBOSS & MedHub
2. Assessments built from specialty-defined competencies
   - ACGME Milestones: 6 Domains
     - Level 4 is physician fellow goal
     - 61 specialties and subspecialties
3. Integrate clinical partner specialty expertise in building assessments
   - Curriculum
   - Competencies
   - Assessments
   - Rubrics

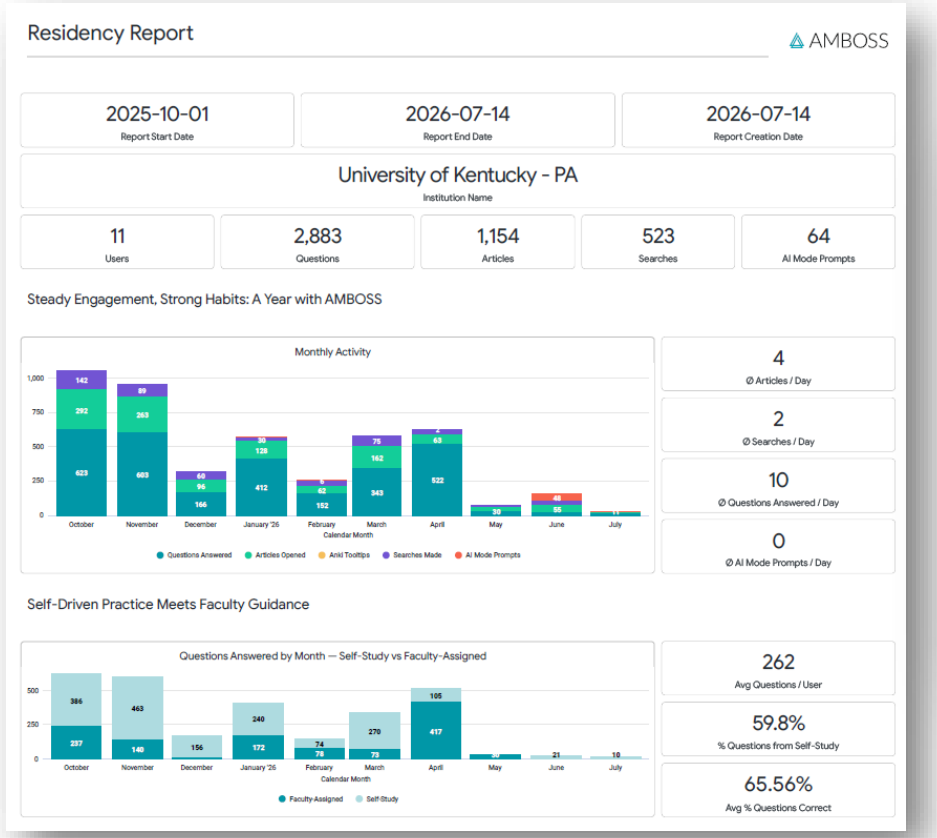
AMBOSS

medhub

Accreditation Council for Graduate Medical Education

Multiple levels of assessment validation

Degree of Uniformity



Residency Report

AMBOSS

2025-10-01	2026-07-14	2026-07-14
Report Start Date	Report End Date	Report Creation Date

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Institution Name

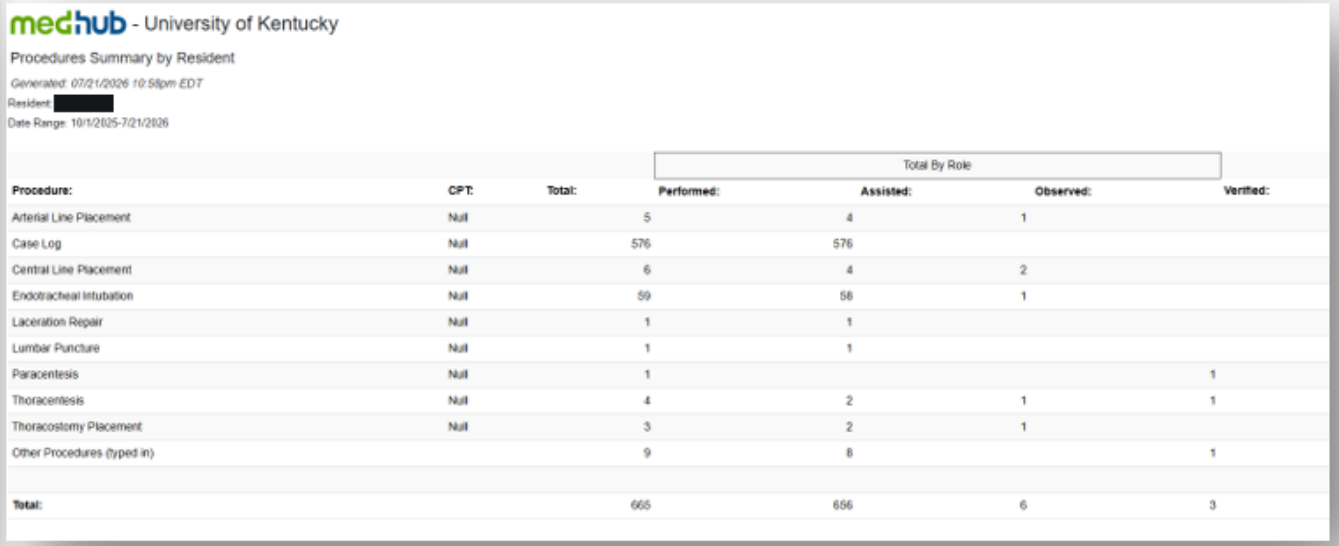
11	2,883	1,154	523	64
Users	Questions	Articles	Searches	AI Mode Prompts

Steady Engagement, Strong Habits: A Year with AMBOSS

4	2	10	0
Ø Articles / Day	Ø Searches / Day	Ø Questions Answered / Day	Ø AI Mode Prompts / Day

Self-Driven Practice Meets Faculty Guidance

262	59.8%	65.56%
Avg Questions / User	% Questions from Self-Study	Avg % Questions Correct



medhub - University of Kentucky

Procedures Summary by Resident

Generated: 07/21/2026 10:58pm EDT

Resident: [redacted]

Date Range: 10/1/2025-7/21/2026

			Total By Role			
Procedure:	**CPT:**	**Total:**	**Performed:**	**Assisted:**	**Observed:**	**Verified:**
Arterial Line Placement	Null	5	4	1		
Case Log	Null	576	576			
Central Line Placement	Null	6	4	2		
Endotracheal Intubation	Null	59	58	1		
Laceration Repair	Null	1	1			
Lumbar Puncture	Null	1	1			
Paracentesis	Null	1				1
Thoracentesis	Null	4	2	1		1
Thoracostomy Placement	Null	3	2	1		
Other Procedures (typed in)		9	8			1
Total:		665	656	6		3

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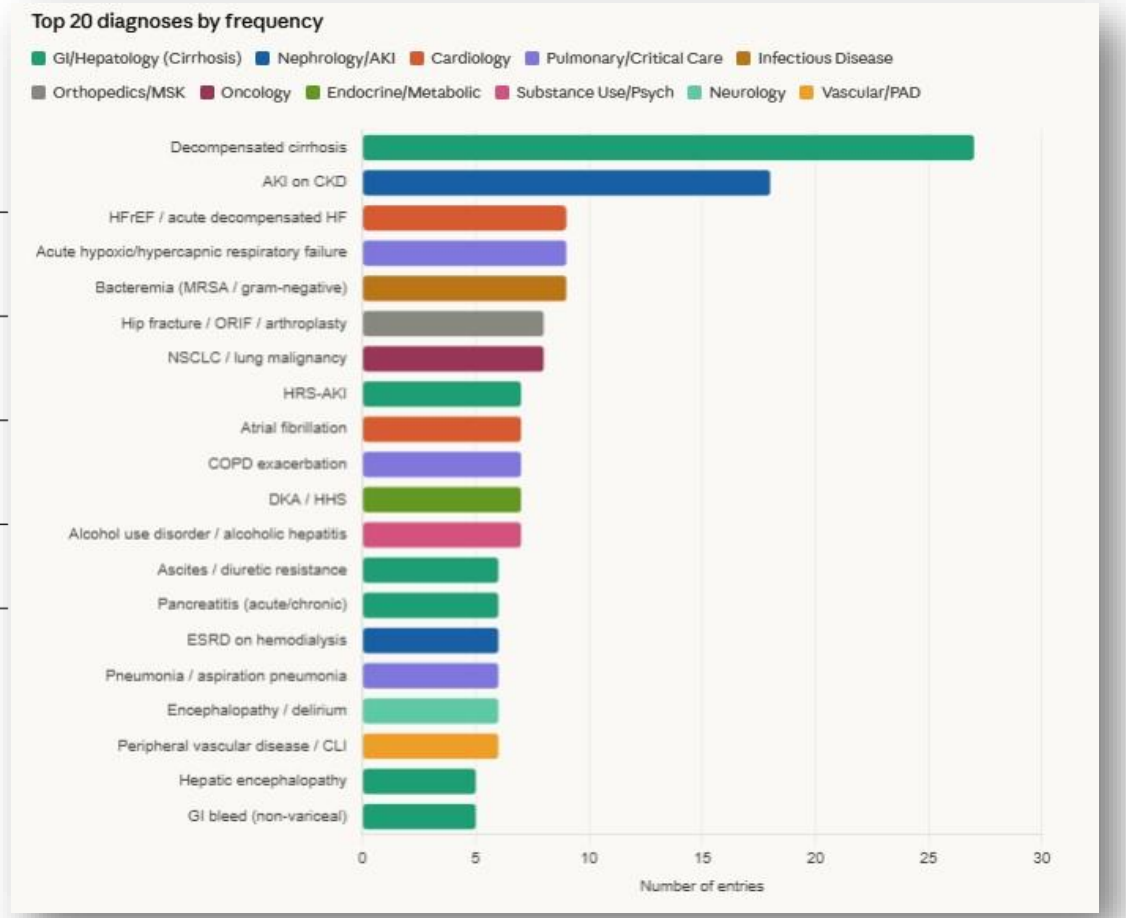
Degree of Uniformity

Resident	Total	Top Procedures (Ranked by Volume)	Resident	Total	Top Procedures (Ranked by Volume)
St. Claire Hospital Medicine/Critical Care	**171**	(1) Endotracheal Intubation (59) (2) Central Line Placement (20) (3) Arterial Line Placement (12) (4) Paracentesis (8)	**Baptist Louisville General Surgery**	**186**	(1) Surgical First Assist (179) (2) Wound VAC Placement (3) (3) Incision & Drainage (2) (4) Endotracheal Intubation (1) (5) Sedation (1)
St. Claire Hospital Medicine/Critical Care	**143**	(1) Endotracheal Intubation (43) (2) Arterial Line (16) (3) Paracentesis (12) (4) Central Line (12) (5) Thoracentesis (10)	**UK Acute Care/Trauma Surgery**	**44**	(1) Surgical First Assist (13) (2) Paracentesis (4) (3) Wound VAC (4) (4) Arterial Line (4) (5) Central Line (3)
UK Critical Care	**107**	(1) Endotracheal Intubation (36) (2) Central Line Placement (23) (3) Arterial Line Placement (20) (4) Paracentesis (3) (5) eFAST (4)	**St. Elizabeth General Surgery**	**302**	(1) Surgical First Assist (268) (2) Wound VAC Placement (15) (3) Anesthesia Administration (5) (4) Arterial Line (4) (5) Intubation (2)
UK Critical Care	**139**	(1) Endotracheal Intubation (49) (2) Central Line Placement (33) (3) Arterial Line Placement (27) (4) Paracentesis (9)	**UK Ortho Surgery**	**215**	(1) Surgical First Assist (131) (2) Joint Injection (67) (3) Splint Placement (12) (4) Laceration Repair (1)
UK Neurology	**185**	(1) Musculoskeletal trigger point injection (80) (2) Chemodenervation (botox) (76) (3) Occipital nerve block (25) (4) Electromyelogram (2) (5) Lumbar Puncture (1)			



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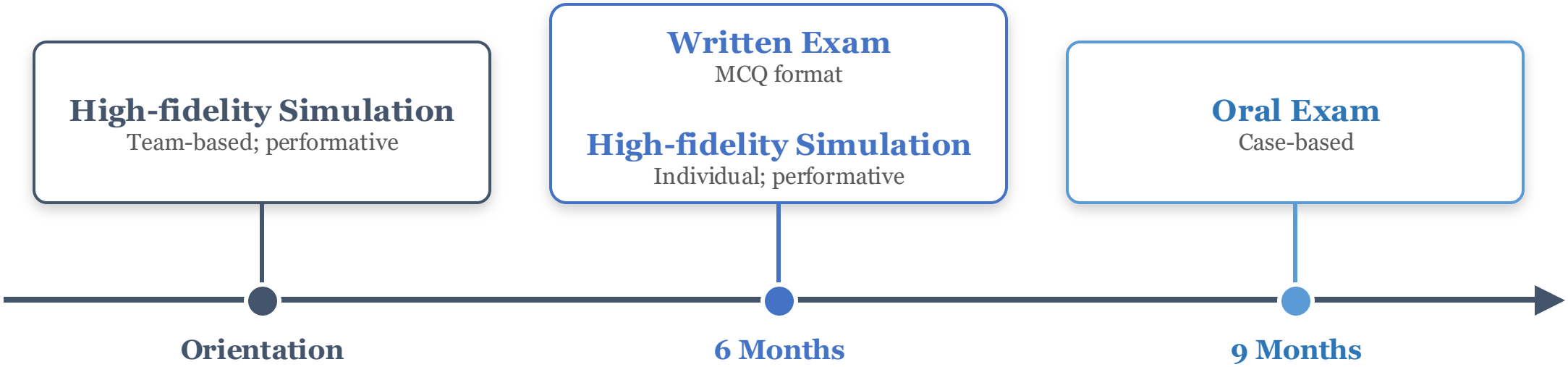
Specialty-Based Assessment Timeline

Key assessment points across the program

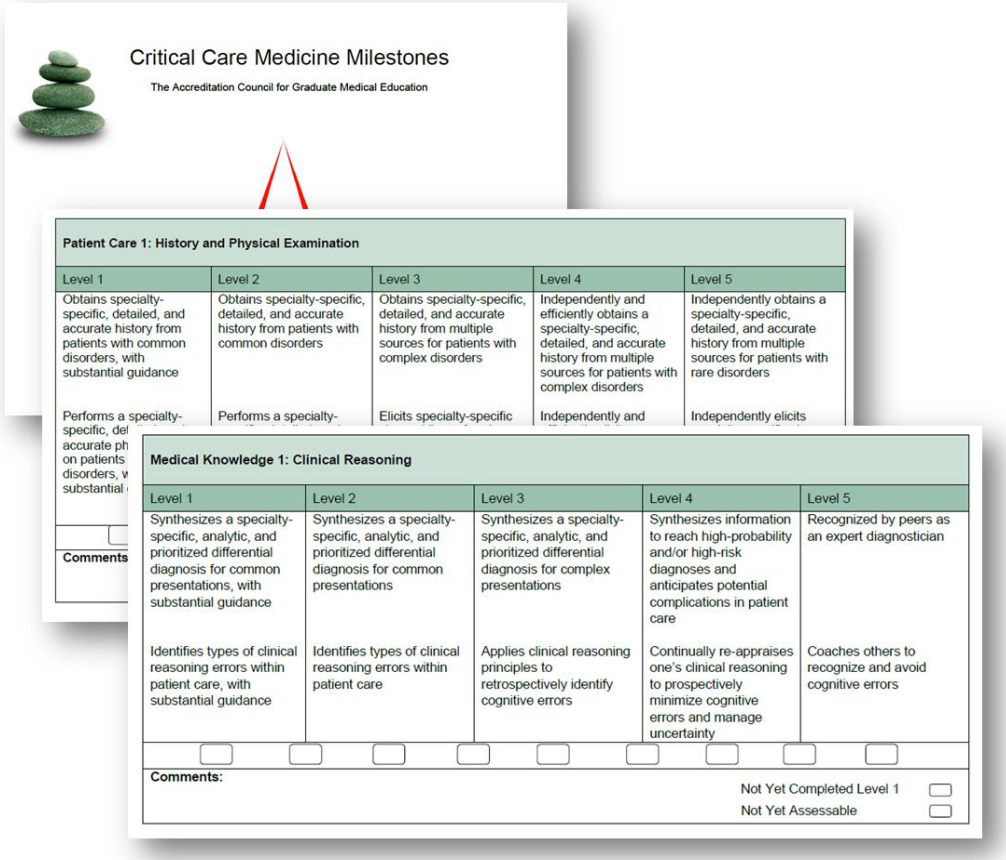


Monthly Evaluations — ACGME milestone reviews conducted every month, ongoing throughout the program

Monthly Evaluations

Formative Assessment

- Triangulation – evaluation of…
  - Resident: Modified ACGME Milestones
  - Clinical Site/Preceptor: Program-developed instrument
  - Program: Self-reflection at 6 months and Exit interview at 11 months
- Monthly distribution to resident's preceptors and colleagues
- Feedback provided to residents at each quarterly check-in



Critical Care Medicine Milestones

The Accreditation Council for Graduate Medical Education

Patient Care 1: History and Physical Examination

Level 1	Level 2	Level 3	Level 4	Level 5
Obtains specialty-specific, detailed, and accurate history from patients with common disorders, with substantial guidance	Obtains specialty-specific, detailed, and accurate history from patients with common disorders	Obtains specialty-specific, detailed, and accurate history from multiple sources for patients with complex disorders	Independently and efficiently obtains a specialty-specific, detailed, and accurate history from multiple sources for patients with complex disorders	Independently obtains a specialty-specific, detailed, and accurate history from multiple sources for patients with rare disorders
Performs a specialty-specific, del… accurate ph… on patients… disorders, w… substantial…	Performs a specialty-…	Elicits specialty-specific …	Independently and …	Independently elicits …

Comments

Medical Knowledge 1: Clinical Reasoning

Level 1	Level 2	Level 3	Level 4	Level 5
Synthesizes a specialty-specific, analytic, and prioritized differential diagnosis for common presentations, with substantial guidance	Synthesizes a specialty-specific, analytic, and prioritized differential diagnosis for common presentations	Synthesizes a specialty-specific, analytic, and prioritized differential diagnosis for complex presentations	Synthesizes information to reach high-probability and/or high-risk diagnoses and anticipates potential complications in patient care	Recognized by peers as an expert diagnostician
Identifies types of clinical reasoning errors within patient care, with substantial guidance	Identifies types of clinical reasoning errors within patient care	Applies clinical reasoning principles to retrospectively identify cognitive errors	Continually re-appraises one's clinical reasoning to prospectively minimize cognitive errors and manage uncertainty	Coaches others to recognize and avoid cognitive errors

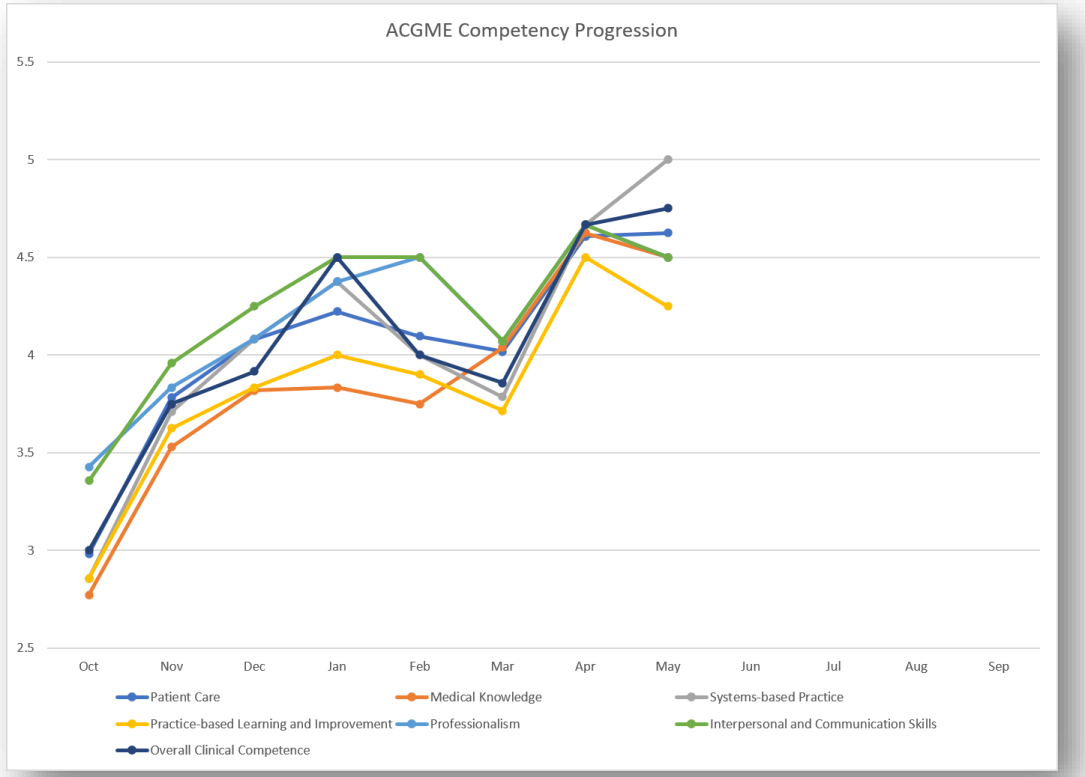
Comments:

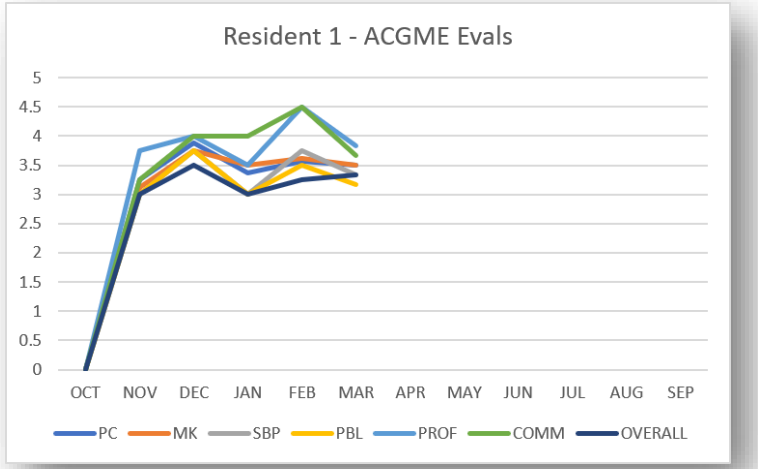
Not Yet Completed Level 1

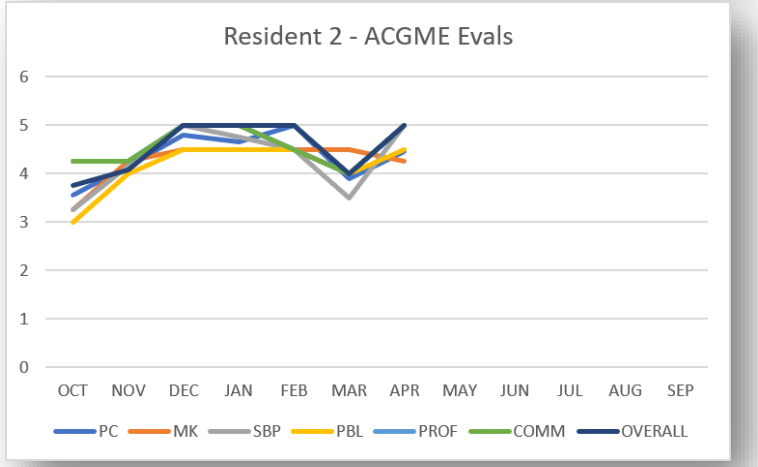
Not Yet Assessable

Monthly Evaluations

Longitudinal data







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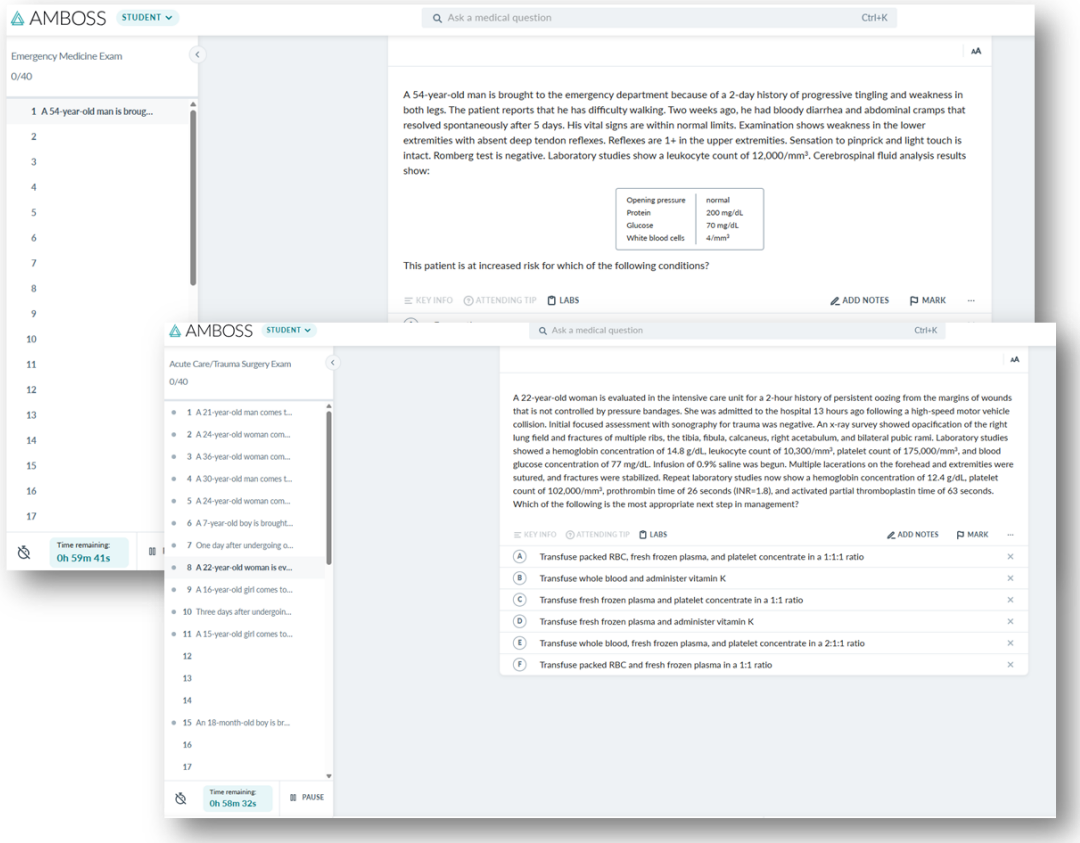
Written Exams

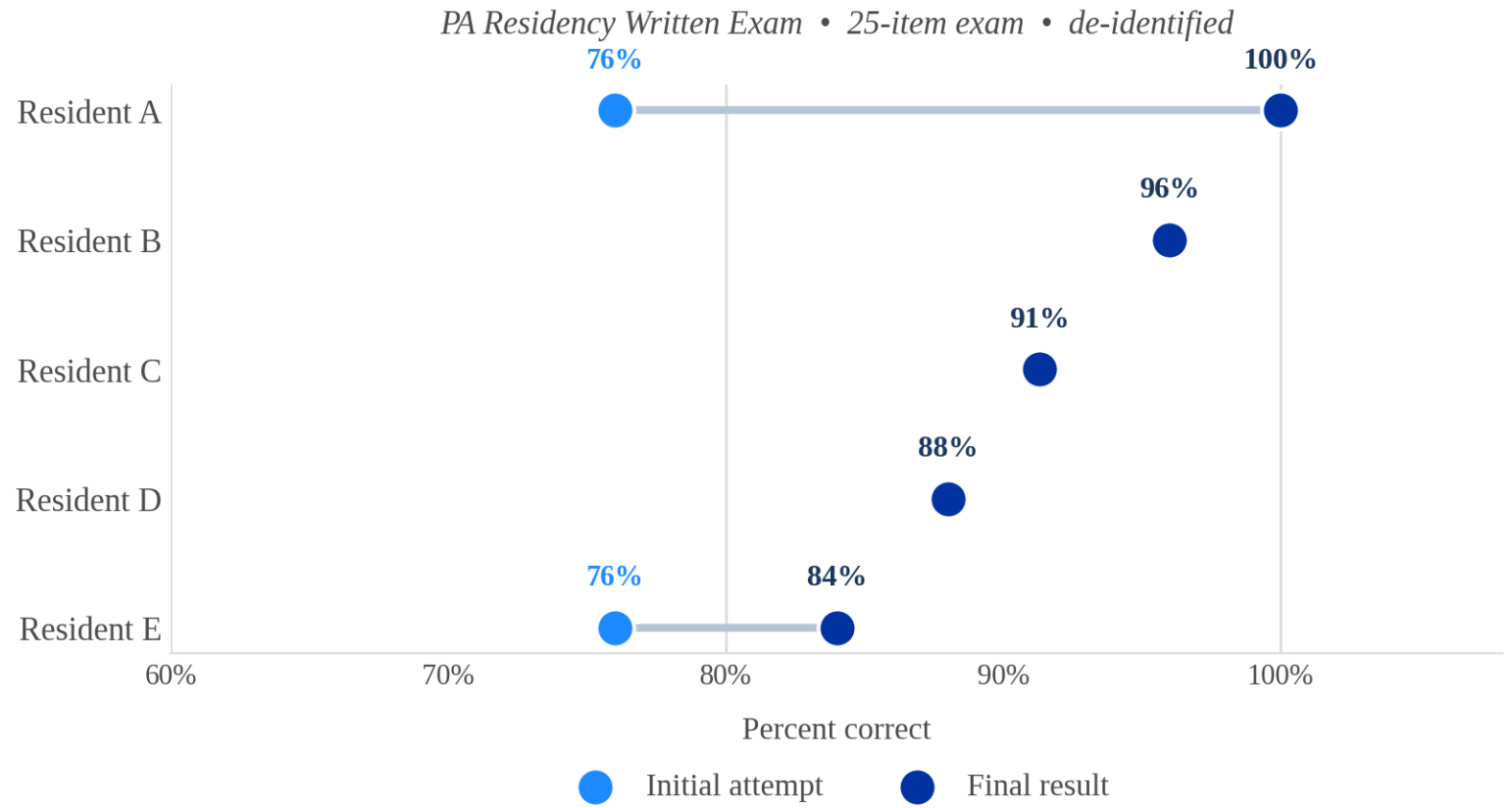
Summative Assessment

- Evolution of assessment to validated, specialty-focused exams
- MCQ Written Exam @ 6 months
- Evaluation of medical knowledge
- Mastery learning principles
  - Must score 80% or higher
  - Remediation: review
  - Reassessment until at least 80%



Written Exams

Written Exam: Initial vs. Final Performance



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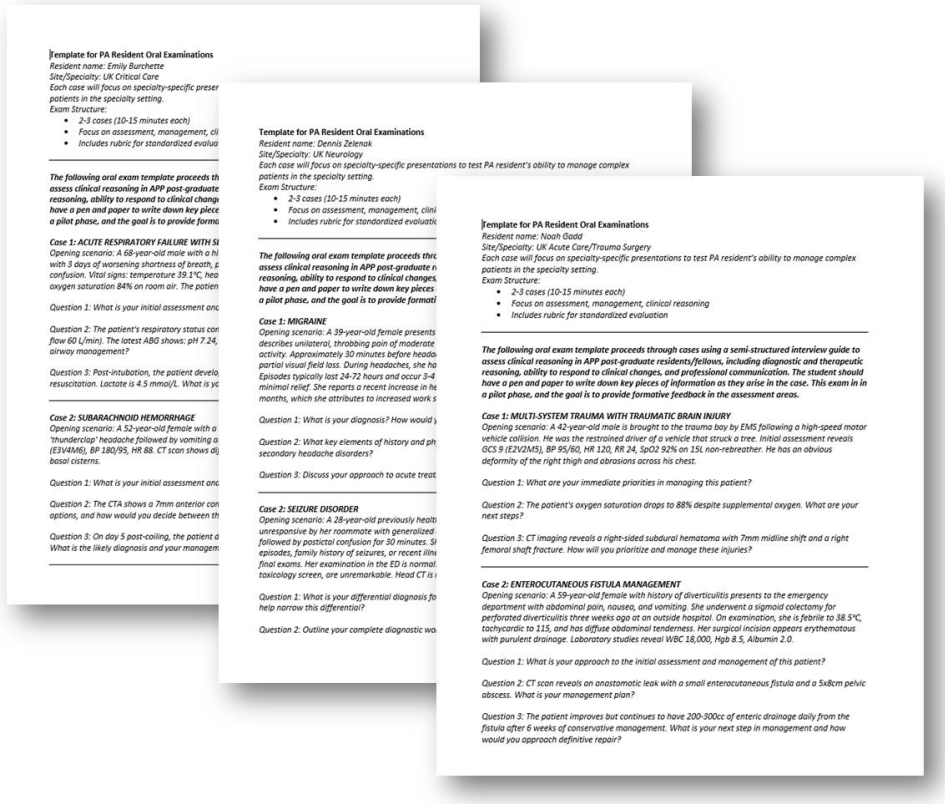
Oral Exams

Summative Assessment

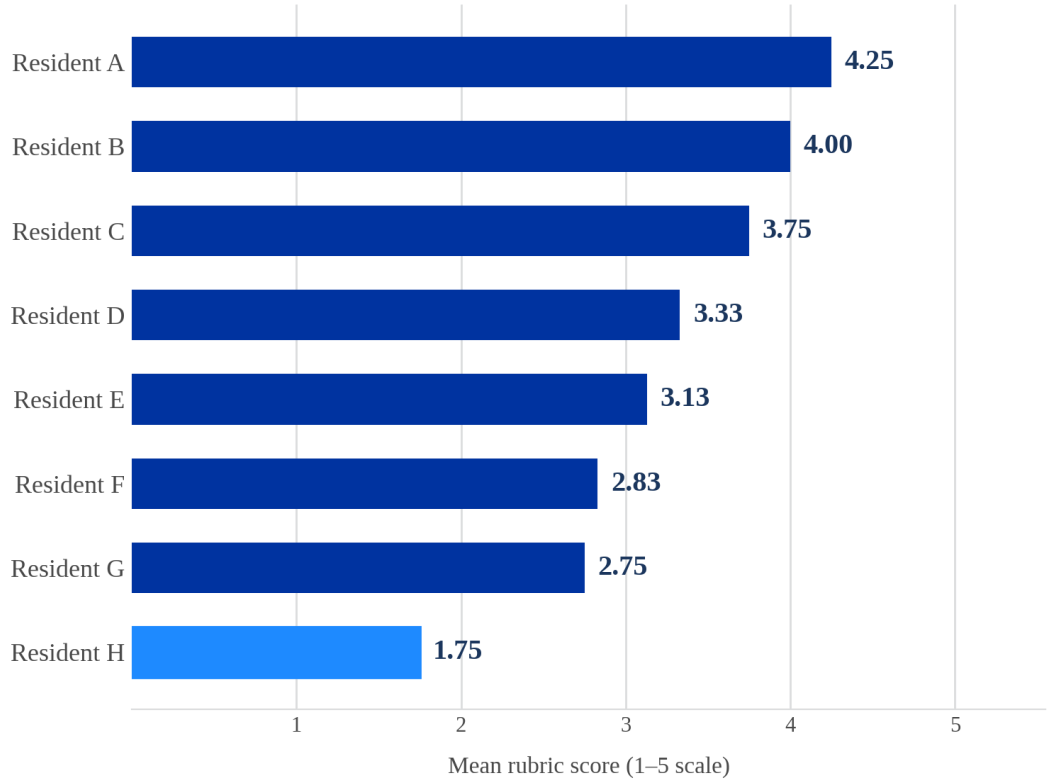
- Case-based Oral Exam @ 9 months
  - Introduced at 6 months
  - 3 cases built from case logs
- Evaluation of (1) diagnostic reasoning, (2) therapeutic reasoning, (3) response to clinical changes, (4) communication and professionalism
- Mastery learning principles
  - Must score an average 3 (out of 5) across cases (total = 36 / 60)
  - Remediation: review rubric → discuss with clinical team → reassess



Oral Exams

Oral Exam Performance by Resident

Cohort average across all cases × 4 rubric domains • n = 8 residents • de-identified



Oral Exam Performance by Rubric Domain

Mean score (1–5 scale) per resident • n = 8 residents • de-identified

	Diagnostic Reasoning	Therapeutic Reasoning	Response to Clinical Changes	Communication & Professionalism
Resident A	3.67	4.33	4.00	5.00
Resident B	4.00	3.67	4.33	4.00
Resident C	3.33	3.67	3.83	4.17
Resident D	3.33	3.33	3.33	3.33
Resident E	3.17	2.83	3.33	3.17
Resident F	2.33	2.67	2.67	3.67
Resident G	3.00	2.67	3.00	2.33
Resident H	1.67	1.83	2.00	1.50

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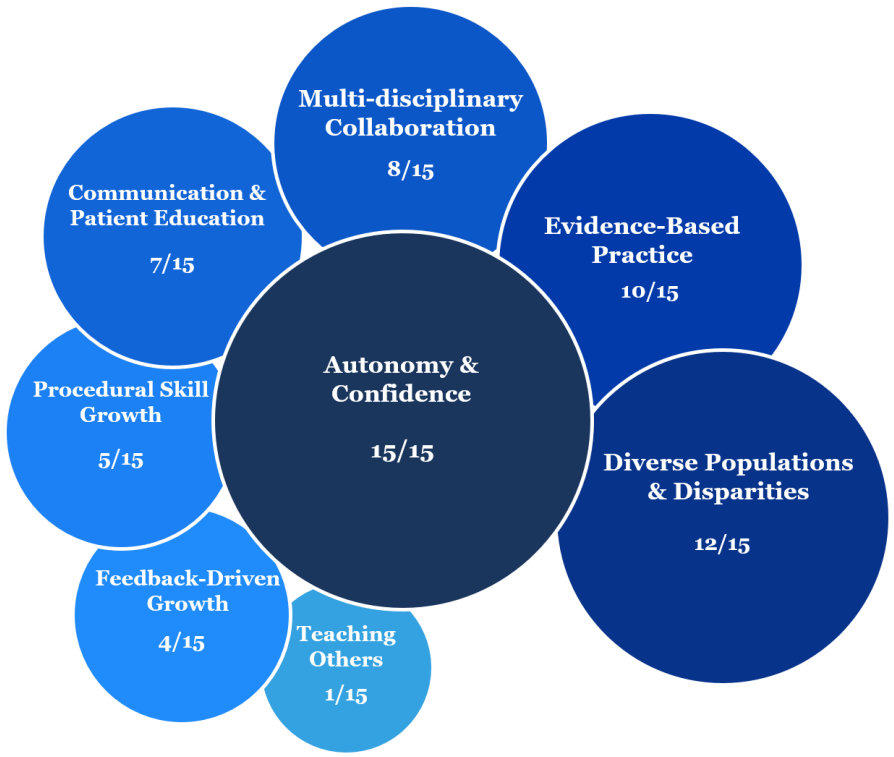
High-fidelity Simulations

Performative Assessment

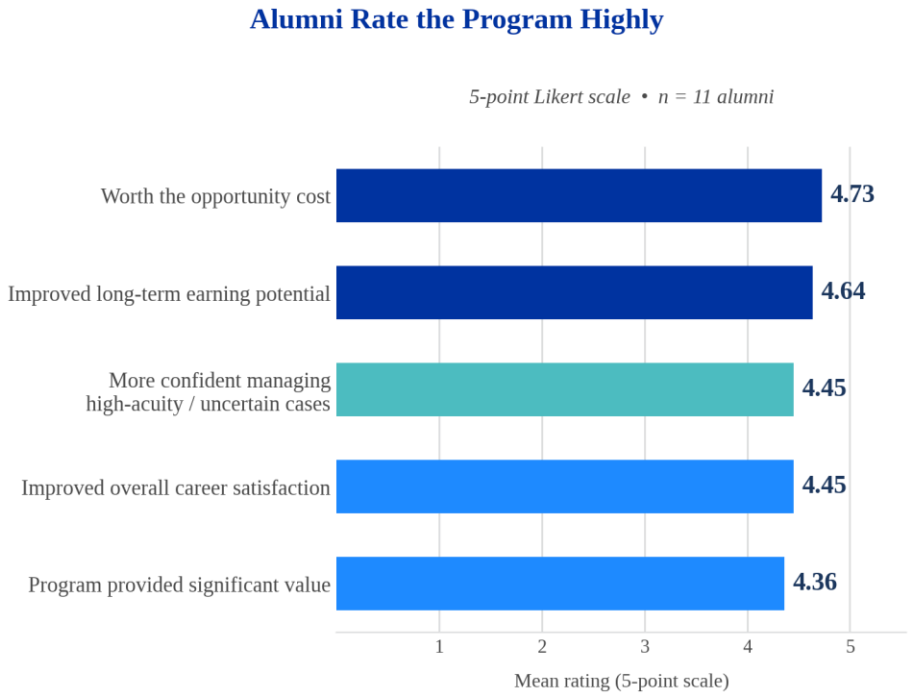
- Development of an inter-specialty sim program to assess skills and transfers of care
  - E.g., Rural/community EM → Rural/community HM → Urban/tertiary HM
- Two sim events – pre-program & 6 months
  - Pre-Program/Orientation - objectives
    - Team-building
    - Emotional regulation
    - Orientation to clinical space
  - 6 months - objectives
    - Handoffs and multi-disciplinary care
    - Procedures and clinical reasoning
    - System-based care

Programmatic feedback



Resident Feedback

- During residency: Mid-year reflection
- Post-residency: Alumni survey



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Thank you!

Interested in learning more?

Reach out:

Hannah Anderson, MSPAS, PA-C
Hannah.anderson1@uky.edu

Ryan Hunton, DHSc, PA-C
ryan.hunton@uky.edu

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