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to the process in order for this fairly new intervention to be critically evaluated—and possibly successful.

Milestones provide good residents with feedback that can provide them assurance that they are moving in the right direction. But, in general, Milestones are not meant for good residents. Milestones—and all forms of assessment, are made for the early detection of residents who are struggling in a given specialty so that they can be remediated early enough to prevent a catastrophe and to guide them to the right place.

Although Milestones in and of themselves may not be the *apotheosis* of assessing residents, it is a large part of our foundation for creating an effective workforce. And, certainly, if we are not mindful of how to assess residents—and do our part to train them, it might be the *antithesis* to our profession.

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<https://doi.org/10.1016/j.urology.2018.10.043>
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EDITORIAL COMMENT

This topic is extremely relevant to the Urology Graduate Medical Education (GME) community at large, as it shines a light on, not only the process, but the *progress* of educating urology residents in the era of Milestones. It is critical to review what we are doing and to gain perspective in order to determine the effectiveness of any intervention. The authors do just that by obtaining feedback from program directors about the usefulness of Milestones for urology residents. What the authors fail to do, however, is point out that imperfections are *expected* with an introduction of a fairly new intervention, like the Milestones.

The initial introduction of the Milestones was never meant to be the final process by which we assess residents. Perhaps we have forgotten the Outcomes Project, introduced by the Accreditation Council for Graduate Medical Education in 1999, nearly 20 years ago. This iteration of assessing residents provided us with the 6 core competencies, which were admittedly too broad to be effective in evaluating residents in all specialties. But, in my humble opinion, the Outcome Project did exactly what it was supposed to do at the time, which was to introduce to the GME community to the Competencies which were used to create the next iteration of resident assessment, the Milestones.

Historically, developing behavioral interventions involve an iterative process to build a robust body of evidence that initially supports feasibility, proves efficacy and effectiveness, and subsequently involves translation, implementation, and cultural change. The process of change occurs over several decades, and, even then, typically yields under 20% of the evidence being integrated into practice.

In my view, we need to question what we are doing. We need to be skeptical, as these authors are, of the process. Success in evaluating residents can only be measured when we are skeptical because it forces us to look closer at what we are presently doing—and to think about what we should be doing or what we could be doing better.

In the final analysis, though, assessing residents will take us truly believing in the process so that we can *earnestly* educate ourselves, our faculty, Clinical Competency Committees, and trainees about the goals of the Milestones. Milestones cannot teach residents, provide them with timely verbal feedback or written evaluations. This is the task of the faculty. But, faculty needs education of and dedication

AUTHOR REPLY

We appreciate the editorial comments regarding our survey-based study. We agree the topic is extremely relevant to the urology community, and we hope our efforts can help initiate some of the necessary conversations to continue to refine the urology Milestones moving forward. Our intentions in creating this survey were purely to gain a better understanding of how the Milestones are currently viewed within the urology education community. We in no way mean to imply that we do not support the mission of the Accreditation Council for Graduation Medical Education Milestones project, and agree with the reviewers that the Milestones are a work in progress. We also agree with the sentiments that the Milestones are only useful in conjunction with feedback. In fact, as our survey indicates, most urology Program Directors have found that the Milestones have been successful in obtaining better feedback from faculty and useful in identifying residents who are struggling.

As we stated in the manuscript, the Milestones are still in the early stages of implementation, and we hope information, such as that obtained by our survey, will continue to spark internal review within our subspecialty in order to optimize the system. We agree with the reviewer’s statements that educational and behavioral interventions are an iterative process. As we now have several years of information on the current Milestones, we believe the present is an appropriate time to start a critical review of the process in order to continue to improve our resident education and evaluation for the future.

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<https://doi.org/10.1016/j.urology.2018.10.044>
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