

# SUBSPECIALTY FELLOWSHIP MILESTONES

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Chair, Hematopathology Milestones Subcommittee

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## What are Milestones?

- General Definition: Skills and knowledge-based developments or accomplishments that commonly occur by a specific time
- Milestones Project Definition: Behaviors/outcomes in the competency domains to be demonstrated by residents [fellows] by a particular point during residency [fellowship]

Stephen Nestler, Ph.D., RRC for Pathology, Jackson Hole, Wyoming, October 2, 2010

## Why develop Milestones? The ACGME Milestones Project

- “The current accreditation system ...essentially takes a biopsy of the program every four to five years [and] *assumes...*
- 1) represents the longitudinal experience of the program;
- 2) predicts the future performance of the program; and
- 3) is relevant to the performance of program graduates.”

Thomas J. Nasca, MD, MACP, *Where will the “Milestones” Take Us? The Next Accreditation System.* ACGME Bulletin, Sept 2008

## The ACGME Milestones Project

- Mid-late 2000s: MedPAC, IOM, others [Sydney Wolf, Public Citizen] question the quality of preparation of graduates for “future” health care
- Milestones – making the transition from theory to practice, tracking what is important
- Outcomes: Do trainees know what they should know; is it reproducible (within reason)?

Thomas J. Nasca, MD, MACP, “ACGME: Milestones, the Next Step in Outcomes Evaluation and Program Accreditation.” APC/PRODS Meeting, Monterey, California – July 13, 2011

# The Next Accreditation System

- Most site visits at ~10-year intervals
- Increased reporting by programs
- Continuous oversight 2x/year, rather than episodic sampling
- Reduce accreditation demands on programs
- Specialty-specific milestones (outcomes)
- Emphasis on program improvement
- Identify opportunities for program improvement
- Identify programs that may need site visit
- Heightened responsibility of Sponsoring Institution

Stephen Nestler, Ph.D., RRC for Pathology, Jackson Hole, Wyoming, October 2, 2010

## Milestones Goals

- Improve patient safety
- Show stakeholders (Congress, CMS, public, etc.) what physicians are expected to know and to be able to do at completion of residency/fellowship
- Standardize resident/fellow educational outcomes in the United States

## How will Milestones affect the PD?

- Semiannual formal assessment of the Milestones for each fellow and report to ACGME
- The assessment will include fellow self-assessment as well as faculty/PD evaluation
- Will need to create a fellowship Clinical Competency Committee
- Fellows will need to log certain procedures (such as bone marrow aspiration/biopsy) into the ACGME Case Log system
- Pathology RRC will review every program (annually?): Milestones assessments, fellow and faculty surveys of program, Case Log system

## Pathology Milestones

- 29 Milestones for AP/CP residency currently
- Alpha testing is almost complete; beta testing in Apr-May 2013
- Preparatory year for programs starts July 2013
- “Go live” date for residency July 2014
- Program completes a self study before the site visit. Current PIFs will go away (less paperwork hopefully).
- Fellowships to have site visit in conjunction with the core program



## Pathology Milestones

- Based on Program Requirements
- 29 Milestones
- 50,000 ft level (except for procedures)
- Internal Medicine started with 450; Pediatrics- 80

## Milestones: Cognitive, AP and CP

- Patient Safety
- Recognition of Errors and Discrepancies
- Diagnostic Knowledge
- Consultation
- Intradepartmental Interactions and Development of Leadership Skills
- Inter-departmental and Healthcare Clinical Team Interactions
- Teaching
- Scholarly Activity
- Licensing, Certification and Examination
- Lab Mgmt: Regulatory and Compliance
- Lab Mgmt: Resource Utilization (Personnel & Finance)
- Lab Mgmt: Quality, Risk Mgmt and Laboratory Safety
- Lab Mgmt: Test Utilization
- Lab Mgmt: Technology Assessment
- Medical Informatics

## Milestones:

- Cognitive, CP
  - Interpretation and Reporting
- Procedural, AP/CP
  - Other (bone marrow, apheresis, ultrasound guided FNA, etc.)
- Cognitive, AP
  - Interpretation and Diagnosis
  - Reporting
- Procedural, AP
  - Autopsy
  - Surgical Pathology
  - Intraoperative Consultations/Frozen Sections
  - Performing Fine Needle Aspiration Biopsies

## Milestones: Professionalism, AP/CP

- Honesty, integrity and ethical behavior
- Humanistic behaviors of respect, compassion and empathy
- Responsibility and follow through on tasks
- Giving and receiving feedback
- Responsiveness to each patient's unique characteristics and needs
- Personal responsibility to maintain emotional, physical and mental health

# Pathology Milestones – Definition of Levels

Subcompetency	Level 1	Level 2	Level 3	Level 4	Level 5	Assessment Tools
Training Level	Pre-resident	Training program – novice	Training program – advanced beginner	Training program – competent	Proficient – Practicing Pathologist	
Level of Supervision  <i>(Note: regulations regarding PGY level trumps this assumed level, based on milestones)</i>	Direct Supervision on all activities	Direct Supervision or indirect supervision with direct supervision immediately available as appropriate	Indirect Supervision with direct supervision immediately available and some Oversight Supervision as appropriate	Oversight Supervision	Enters practice without supervision	
Role	Observer	Early Idea generation	Refinement of Idea	Generate final answer	Provider of service	
Definition of Role	The resident functions as the junior member of a dyad)	The resident functions as a co-member of a dyad)	The resident functions as a junior member of a broader team)	The resident functions as an integral member of a clinical team)	The practicing physician functions as an integral member of a clinical team)	
Narrative of Description	The individual is at the level of a graduating medical school student. They are in the pre-residency training level and most of their work will be functioning as a junior member of a dyad. They can work with direct supervision.	The individual is in the early phase of residency training for the specific competency area being assessed. Most of their work will be as a co-member of a dyad. They can function with direct or indirect supervision.	The individual is in the mid phase of residency training for the specific competency area being assessed. Most of their work will be as junior member of a broader health care team. They can function with indirect supervision and can have some oversight supervision as appropriate	The individual is in the late phase of residency training for the specific competency area being assessed. Most of their work will be as an integral member of the clinical care team. They provide oversight supervision.	The individual is in early phases of an independent career, usually within 2-3 years of completion of the residency training program. They are a fully functioning and proficient physician, though their skills are still being perfected through life-long learning.	

# Pathology Milestones – example – CP

Subcompetency	Level 1	Level 2	Level 3	Level 4	Level 5	Assessment Tools
Training Level	Pre-resident	Training program – novice	Training program – advanced beginner	Training program – competent	Proficient – Practicing Pathologist	
Consultation (CP)	<ul style="list-style-type: none"> <li>Understands the implication and the need for a consultation.</li> <li>Observes and assist in the consultation.</li> <li>Understands the concept of a critical value and the read-back procedure.</li> <li>Understands the importance of accurate, timely, and complete reporting of laboratory test results.</li> <li>Recognizes the importance of clinical information.</li> <li>Can define appropriate disclosure of protected health information (PHI) as defined by HIPAA.</li> </ul>	<ul style="list-style-type: none"> <li>Prepares a draft consultative report (verbal or written)</li> <li>Understand the gate-keeper role and performs timely, clinically useful consultation for requests for products or additional testing.</li> <li>Knows the critical value list and participates in the critical value call-back of results.</li> <li>Understands and implements the escalation procedure for failed critical value call-back.</li> <li>Recognizes personal limitations and seek appropriate specialty consultation.</li> </ul>	<ul style="list-style-type: none"> <li>Prepares a full consultative report with a written opinion for common diseases.</li> <li>Answers routine clinical pathology questions, drawing upon appropriate resources.</li> <li>Effectively communicates preliminary results on cases in progress.</li> </ul>	<ul style="list-style-type: none"> <li>Independently prepares a full consultative written report with comprehensive review of medical records.</li> <li>Develops a portfolio of clinical consultation experience.</li> <li>Suggests evidence-based management, prognosis and therapeutic recommendations based on the consultation.</li> </ul>	<ul style="list-style-type: none"> <li>Proficient in clinical pathology consultations with comprehensive review of medical record.</li> <li>Demonstrates an expanded portfolio of clinical and patient care experience with clinical pathology consultation.</li> </ul>	<ul style="list-style-type: none"> <li>Direct Observation</li> <li>Feedback from clinical colleagues (360 evaluations).</li> <li>Peer review.</li> <li>Quality management.</li> </ul>

### Pathology Milestones- Example – AP/CP Procedural

	Level 1	Level 2	Level 3	Level 4	Level 5	Assess. Tools
Training Level	Pre-resident	Training program- novice	Training program- advanced beginner	Training Program- competent	Proficient- Practicing Pathologist	
Other Procedures	Understands procedure and the resultant specimens and potential complications	Is aware of indications and contraindications for procedure and follows protocols and regulations	Discusses with pathology attending staff any requests that are contraindicated, obtains informed consent, and able to assess specimen and procedure adequacy	Appropriately and professionally documents procedure and discusses with clinical team and manages complications	Proficient in the performance of the procedure	Direct Observation, Checklist

## Hematopathology Milestones

- Pathology subspecialty fellowship Milestones to be developed in 2013-2014 based on fellowship specific Program Requirements (2013 version)
- Draft Hematopathology Milestones expected to be sent to Society for Hematopathology/Hematopathology program directors for review/comments
- Milestones revised after comment period
- “Go live” date ? 2015



## Hematopathology Milestones Subcommittee

- Mark Brissette, M.D. Chair
- Magdalena Czader, M.D, Ph.D. PD, Univ of Indiana
- Raymond Felgar, M.D., Ph.D. PD, Univ of Pittsburgh

## Thanks to:

- Wesley Naritoku, M.D., Ph.D., Chair Pathology Milestones Working Group, for many of the General/Pathology Milestones slides
- Pathology Subspecialty Fellowship Milestones meeting:
  - Tues, 5 Mar, 07:00-08:00
  - Hilton Hotel Baltimore, Holiday Ballroom 2