Milestones for Apheresis Education

Carol Marshall MD
University of California Davis Medical Center
Overview

• History
• Current Activities
• Future Direction
Milestone

• A significant point in a journey
• A significant point in development
• A crucial element in the New Accreditation System (NAS) of the American Council on Graduate Medical Education (ACGME)
ACGME Major Competency Areas

1) Patient Care
2) Medical knowledge
3) Practice Based Learning
4) Interpersonal Communication Skills
5) Professionalism
6) System Based Practice
Physician Competency the Public Trust
A Storm was Brewing

- IOM report on Medical Errors, 1999
- Physician Fatigue – Duty Hr Limitations
- Underserved populations – Insufficient primary care physicians & insufficient access to healthcare
- Lack of insurance coverage for millions of Americans
2008 • MedPac decides we should shift funding of GME to align with the public’s needs

2009 • ACGME Competency evaluations stall at program level

2010 • MedPac recommends modulating IME payments based on competency review

2011 • House of Representatives codifies “New Physician Competencies”

2011 • Josiah Macy Foundation issues report “Reforming Medical Education to Meet the Needs of the Public”
• Calls for IOM review of GME governance & financing

2012 • IOM begins an “independent and external review of GME governance and financing”
• Report due May 2014
How does Medical Education shape Patient Outcomes?

• David Asch et al, JAMA 2011, studied patient outcomes as a function of where physicians trained.

• Looked at:
  2. All obstetrical discharges in Florida and New York.
  3. Where physicians had trained.
  4. Complication rate of training institution.

• Found higher complication rates among graduates of teaching programs that had high complication rates.

Public expects all physicians to have equal competency but they don’t.
New Accreditation System

• New Accreditation System (NAS)
  – Dr Nasca, NEJM  2012
• Responding to public demand for greater accountability
• Competency Assessed through use of
  1. Explicit specialty specific Milestones
  2. Traditional and Workplace types of Assessment Tools
  3. Clinical Competency Committees to review & monitor resident progression
  4. ACGME review of Resident & Program Outcome Data
What are Milestones?

• Specific behaviors, attributes, or outcomes in the six core competency domains to be demonstrated by residents during residency.
Milestone Concept Evolution

• First Publication
  – Internal Medicine Defined “Curricular” Milestones and specified the time to acquisition - Journal of Med Education 2009

• Apheresis Milestones
  – Curricular Milestones - Journal of Clinical Apheresis 2012

• ACGME Defined “Reporting” Milestones
  • Merger of Curriculum Milestones and Dreyfus scale
**ACGME Competency** | **Developmental Milestones Informing ACGME Competencies** | **Approximate Time Frame for Trainee to Achieve Competency* | **General Evaluation Strategies**
--- | --- | --- | ---
Clinical Skills & Reasoning  
- Patient History  
- Physical Exam  
- Lab Evaluation  
- Imaging  
- Assessment for Apheresis | **History Gathering**  
Demonstrate the ability to obtain essential and accurate clinical information | 1 | • Direct Observation  
• Interactive Discussion  
• Chart Audit  
Demonstrate the ability to obtain information from patient, family member, and other health care providers | 1  
Gather relevant information from the medical record | 1  
Incorporate lab & imaging data into diagnosis & treatment plan | 2  
Physical |  

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<table>
<thead>
<tr>
<th>Level</th>
<th>Knowledge</th>
<th>Autonomy</th>
<th>Dealing with Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice</td>
<td>Minimal or Text book</td>
<td>Close supervision</td>
<td>Little or no capability</td>
</tr>
<tr>
<td>Adv Beginner</td>
<td>Working knowledge of key aspects</td>
<td>Able to achieve some steps but still needs overall supervision</td>
<td>Appreciates complexity but can only achieve partial resolution</td>
</tr>
<tr>
<td>Competence</td>
<td>Good working and background knowledge</td>
<td>Able to achieve most tasks using own judgment</td>
<td>Copes through deliberate analysis and planning</td>
</tr>
<tr>
<td>Proficient</td>
<td>Depth of Understanding</td>
<td>Take full responsibility for self and others</td>
<td>Deals with complexity holistically and with confidence</td>
</tr>
<tr>
<td>Expert</td>
<td>Authoritative knowledge</td>
<td>Goes beyond existing standards and develops own interpretations</td>
<td>Intuitive approach or easy shift between analytic and intuitive problem solving</td>
</tr>
</tbody>
</table>

Modified From Institute of Conservation (London) 2003 based on Dreyfus Model
# Milestone Template

## Milestone Description: Template

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the expectations for a beginning resident?</td>
<td>What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?</td>
<td>What are the key developmental milestones mid-residency?</td>
<td>What does a graduating resident look like?</td>
<td>Stretch Goals – Exceeds expectations</td>
</tr>
</tbody>
</table>

**Comments:**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

- **Milestones at Level 1** have been accomplished
- **Milestones at Level 3** mostly completed and few at Level 4

Modified From ACGME website Faculty Development Milestone Slide Deck. Downloaded Mar 2014
# PC1. Consultation

Consultation: Analyzes, appraises, formulates, generates, and effectively reports consultation (AP/CP)

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the implications of and the need for a consultation</td>
<td>Prepares a draft consultative report (verbal or written)</td>
<td>Prepares a full consultative report with a written opinion for common diseases</td>
<td>Independently prepares a full consultative written report with comprehensive review of medical records on common and uncommon diseases</td>
<td>Proficient in pathology consultations with comprehensive review of medical records</td>
</tr>
<tr>
<td>Observes and assists in the consultation</td>
<td>Performs timely, clinically useful consultation ...</td>
<td>Prioritizes and presents patient care issues for report after call</td>
<td>Runs report conference after call</td>
<td>Demonstrates an expanded portfolio of clinical and patient care experience with pathology consultation</td>
</tr>
<tr>
<td>Understands and applies Electronic Medical Record (EMR) to obtain added clinical information</td>
<td>Understands the importance of accurate, timely, and complete reporting of laboratory test results</td>
<td>Effectively communicates preliminary results on cases in progress</td>
<td>Suggests evidence-based management, prognosis, and therapy.</td>
<td>Is proficient in consultation regarding test utilization and treatment decisions...</td>
</tr>
</tbody>
</table>

**Milestone**

Modified From ACGME website Faculty Development Milestone Slide Deck. Downloaded Mar 7 2014
Milestones for Pathology

• Pathology AP/CP – 29 Milestone Sets [sub competencies]
  – CP: 23 Milestone Sets
    • Milestones: 331
  – AP: 26 Milestone Sets
    • Milestones: 404

– Apheresis Relevant : 23 Milestone Sets
  • Milestones 240
Milestones for Apheresis Training

1. ACGME Pathology Milestone Sets relevant to Apheresis training in Pathology Residency
   - PC1; PC2; PC7; MK1; MK2; SBP1-6; PBL1 & 2; PROF 2-5; ICS1 & 2

2. ACGME Pathology Milestone Sets correlation with JCA Apheresis Milestones
   - PC1; PC2; PC7; MK1; ICS2; SBP1

JCA Article Ref:
1. Crosswalk & correlations done by J Winters, Chester Andrzejewski & C Marshall, ASFA Curriculum Content & Development Committee
<table>
<thead>
<tr>
<th>Sub competency (Milestone Set)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PC1</strong> Consultation: Analyzes, appraises, formulates, and effectively reports consultation (AP &amp; CP)</td>
</tr>
<tr>
<td><strong>PC2</strong> Interpretation and Reporting: Analyzes data, appraises, formulates and generates effective and timely reports (CP)</td>
</tr>
<tr>
<td><strong>PC7</strong> Procedures: If program teaches other procedures (e.g. bone marrow aspiration, apheresis, fine needle aspiration biopsy, ultrasound guided FNA, etc.) (AP &amp; CP)</td>
</tr>
<tr>
<td><strong>MK1</strong> Diagnostic Knowledge: Demonstrates attitudes knowledge and practices that incorporate evidence-based medicine and promote life-long learning. (AP &amp; CP)</td>
</tr>
<tr>
<td><strong>SBP1</strong> Patient safety: Demonstrates attitudes, knowledge, and practices that contribute to patient safety. (AP &amp; CP)</td>
</tr>
<tr>
<td><strong>ICS2</strong> Interdepartmental and Healthcare Clinical Team Interactions: Displays attitudes, knowledge and practices that promote safe patient care through interdisciplinary team interactions</td>
</tr>
</tbody>
</table>
TRANSLATING MILESTONE SETS FOR APHERESIS
### PC7: Procedures

If program teaches other procedures (e.g., bone marrow aspiration, apheresis, fine needle aspiration biopsy, ultrasound guided FNA, etc.) (AP/CP)

<table>
<thead>
<tr>
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<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recognizes role of the procedure</strong></td>
<td>Participates in simulated experience of the procedure.</td>
<td>Discusses with the pathology attending...any requests that are contraindicated, obtains informed consent and is able to assess ...procedure adequacy.</td>
<td>Appropriately and professionally documents the procedure, discusses with clinical team and manages complications.</td>
<td>Proficient in the performance of the procedure.</td>
</tr>
<tr>
<td>Observes and assists the procedure</td>
<td>Performs “time out”...performs procedure and procures adequate specimen...</td>
<td></td>
<td>Able to perform the procedure with minimal supervision</td>
<td></td>
</tr>
<tr>
<td>Observes or participates in providing support to others performing the procedure</td>
<td>Recognizes and understands the management of complications of the procedure.</td>
<td>Provides provisional assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is aware of the potential complications of the procedure and the need for informed consent.</td>
<td></td>
<td></td>
<td>Manages complications or refers to the appropriate health care professionals.</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment:** Direct Observation, Simulation
Possible Additional PC-7 Procedure Milestones

Level 2

- Demonstrate the ability to assess the appropriateness of apheresis for patient’s condition.
- Demonstrate the ability to assess the patient’s physical condition prior to apheresis by evaluating vital signs, lab tests, and performing an abbreviated physical exam including venous access potential.

Level 3

- Discuss the use of pharmacotherapy during apheresis and the effect of apheresis may have on [levels of] commonly used medications...

Level 4

- Demonstrate knowledge of necessary modifications for donor collections in pediatric donors.

Level 1-5 – Degree of supervision
SUBSPECIALTY (FELLOWSHIP) MILESTONES
### PC3: Procedures

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands common procedures performed in BB/TM and apheresis (including donor-related procedures).</td>
<td>Understands indications and contraindications for procedures.</td>
<td>Able to discuss with attending staff the role of the BB/TM physician in the procedures.</td>
<td>Documents and discusses with the clinical care team, indications, contraindications and complications of the procedure.</td>
<td>Demonstrates expertise and proficiency at the level expected of a subspecialist in BB/TM.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obtains informed consent from the patient for procedures (as appropriate).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Demonstrates competency in the independent <strong>performance</strong> or oversight of the procedure (as appropriate).</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Actively participates in apheresis procedures including therapeutic, hematopoietic stem cell (HSC) collections, and donor collections.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assessment:** Direct Observation, Simulation
## TM Fellowship Milestones Draft

### MK2- Apheresis

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the basic concepts of therapeutic and donor apheresis.</td>
<td>Applies concepts and knowledge of therapeutic apheresis procedures in clinical practice.</td>
<td>Manages therapeutic apheresis procedures with minimal oversight.</td>
<td><strong>Competent in the performance and supervision of apheresis in all settings.</strong></td>
<td><strong>Proficient in the performance and supervision of apheresis in all settings.</strong></td>
</tr>
<tr>
<td>Obtains an appropriate history and performs an appropriate physical examination on the apheresis patient.</td>
<td>Aware of potential complications of apheresis.</td>
<td>Demonstrates ability to manage complications and to support ancillary staff.</td>
<td>Can independently act in the role as apheresis consultant.</td>
<td><strong>Demonstrates expertise and proficiency at the level expected of a subspecialist.</strong></td>
</tr>
<tr>
<td>Performs a “time out” and obtains informed consent.</td>
<td></td>
<td></td>
<td></td>
<td><strong>Is proficient in consultation regarding test utilization and treatment decisions...</strong></td>
</tr>
</tbody>
</table>
Supervision Commentaries

• PC3: Procedures - Levels 1-5 Add Level of supervision as worded in the current Common Program requirements:
  – Level 1: Demonstrates abilities to manage procedures only with “Direct Supervision.”
  – Level 2: Demonstrates ability to manage procedures with “Indirect Supervision with Direct Supervision Immediately Available.”
  – Level 3: Demonstrates ability to manage procedures with “Indirect Supervision with Direct Supervision Available.”
  – Level 4: Demonstrates ability to manage apheresis procedures independently or “Oversight.”
  – Level 5: Demonstrates ability to manage procedures independently
ASSESSMENTS & MILESTONE REPORTING
Collecting the Assessment Data

1. Traditional Education Assessment Tools
   - Standardized Exams
   - Standardized Patients

2. Workplace Based Assessment Tools
   - Direct Observation of Clinical Skills (DOPS)- Evaluate performance against a structured checklist
   - Case Based Discussions (CBD) – Assesses management of patients and clinical reasoning
   - Mini Clinical Evaluation Exercise (MiniCEX) - Evaluation of real clinical encounter and elements such as history taking or clinical reasoning are evaluated by an assessor
   - Multisource Feedback (MSF) – 360 evaluations
# Example Rotation Evaluation Form

**Instructions on Use of Rating Scale:**
1. Circle a number from 1-9 or indicate under the comment section: N.A. (not applicable) if behaviour does not apply to the doctor; N.O. (Not Observed) if the behaviour was not observed during the period under evaluation. Ratings on a doctor’s attainment of competencies are based on what is expected of his/her cohort.
2. For HOs, the minimum pass mark is 4 for Professionalism, Interpersonal & Communication, Medical Knowledge and Patient Care. The minimum pass mark is 3 for the other categories i.e. minimum pass mark is anything higher than the red bar on the scale.

<table>
<thead>
<tr>
<th>Superior</th>
<th>All behaviours performed very well (ratings 7, 8, or 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>Most behaviours performed acceptably (ratings 4, 5, or 6); satisfactory performance is described below</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Most behaviour performed poorly (ratings 1, 2, or 3)</td>
</tr>
</tbody>
</table>

Please see “Minimum Competency Requirements” on the GM Bulletin Board in Intranet for the minimum requirements for the 6 competencies for each residency year in the Internal Medicine Residency Program.

<table>
<thead>
<tr>
<th></th>
<th>Professionalism</th>
<th>Interpersonal &amp; Communication Skills</th>
<th>Medical Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Accepts responsibility and follows through on tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Responds to patient’s unique characteristics and needs equitably</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates integrity and ethical behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates care and concern for the patient/family</td>
<td>Establishes rapport; respectful and compassionate.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Communicates effectively with patient/family</td>
<td>Good verbal &amp; non-verbal skills; involves patient or family in decision-making.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Communicates and works effectively with other healthcare professionals</td>
<td>Good medical records, summaries &amp; referrals; considerate to other healthcare professionals.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates good basic science knowledge</td>
<td>Intelligently discuss pathophysiology and basic sciences within his/her level.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Superior</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Rotation Evaluation** -From presentation at ACGME Educational Conference 2014 National Healthcare Group, Singapore. Dr Koh Nien Yue
Clinical Competency Committee

- End-of-Rotation Evaluations
- Self Evaluations
- Case Logs
- Unsolicited Comments
- Student Evaluations
- In Service Exams
- Resident Presentations
- Nursing and Ancillary Personnel Evaluations
- Direct Observations
- Peer Evaluations
- Sim Lab

Assessment of Milestones

Modified from ACGME website Faculty Development Slide Deck. Downloaded Mar 2014
Converting Assessment Data to Milestone Reports

1. Quantitative:
   - Numerical scales on all assessment tools
   - Combine assessment scores to create numerical value.
   - Map scores to competencies for several cohorts over several years.
   - Establish correlation with Milestone Levels.

2. Qualitative:
   - Committee members review all evaluations and assessment tools to look for trends.
   - Assign a Milestone Level using qualitative intellectual analysis of the data.
   - Text commentaries are the most valuable assessment element.
Submit Resident Milestones to ACGME

Version 9/2013

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes the role of the procedure</td>
<td>Participates in simulated experience in the procedure, including slide preparation and staining, if applicable</td>
<td>Discusses with pathology attending staff member(s) any requests that are contraindicated, obtains informed consent, and is able to assess specimen and procedure adequacy</td>
<td>Appropriately and professionally documents procedure and discusses with clinical team and manages complications</td>
<td>Proficient in the performance of the procedure</td>
<td></td>
</tr>
<tr>
<td>Observes and assists on the procedure</td>
<td>Performs a &quot;time-out&quot; according to standard procedures; performs the procedure, procures adequate specimens, if applicable</td>
<td>Able to perform the procedure with minimal supervision</td>
<td>Understands indications for and/or performs ultrasound guided fine needle aspiration biopsy (FNAB) and/or core needle biopsy, if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observes or participates in providing support to other service providers performing the procedure</td>
<td>Provides an accurate adequacy assessment and trages specimens for appropriate ancillary studies, if applicable</td>
<td>Provides appropriate provisional assessment</td>
<td>Manages complications of the procedure or refers to the appropriate health care professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is aware of potential complications of the procedure and need to obtain informed consent</td>
<td>Obtains informed consent</td>
<td></td>
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</tr>
</tbody>
</table>

Comments: Modified From ACGME website Faculty Development Milestone Slide Deck. Downloaded Mar 2014
Overall Rating of Six Competencies

Expert
Proficient
Competent
Advanced Beginner
Novice

End PGY 1  Mid PGY 2

Singapore experience
n=122 paired observations

Increase the Accreditation Emphasis on Educational Outcomes

Professionalism
Communications
Medical Knowledge
Patient Care
Practice Based Learning and Improvement
Systems Based Practice

From: Milestones Webinar-ACGME  website downloaded Mar 29, 2014
End of PGY-1, Mid PGY-2 Year Evaluation, Overall Rating of Patient Care and Technical Skills across All Specialties

Singapore experience n=122 paired observations
Entrustable Professional Activities
A Method for Assessing Competencies

• Specific Goals or Objectives
• Distinct Element of clinical practice
  – Routine activities of a physician
  – Tasks or responsibilities
  – Entrusted to be performed unsupervised
• Independently performed, observable & measurable
• May incorporate progressive difficulty or risk
• Assessment based on level of supervision required
Redesigning Attending Evaluation of Resident: Clinical Medicine – PGY 1

CONTENT GOALS & OBJECTIVES

Initiates basal bolus insulin therapy and manages blood glucose over time:
- Requires Remediation
- Requires Close/Direct Supervision
- Requires Distant/Indirect Supervision
- Ready for Unsupervised Practice
- Exemplary Performance
- Did not Assess

Manages elevated blood pressure:
- Requires Remediation
- Requires Close/Direct Supervision
- Requires Distant/Indirect Supervision
- Ready for Unsupervised Practice
- Exemplary Performance
- Did not Assess

Diagnoses the cause of loss of consciousness and differentiates syncope from other etiologies:
- Requires Remediation
- Requires Close/Direct Supervision
- Requires Distant/Indirect Supervision
- Ready for Unsupervised Practice
- Exemplary Performance
- Did not Assess

Applies the proper diagnostic test in the workup of VTE:
- Requires Remediation
- Requires Close/Direct Supervision
- Requires Distant/Indirect Supervision
- Ready for Unsupervised Practice
- Exemplary Performance
- Did not Assess

Map results to Milestones
What Should a CCC Do First?

- Learn your specialty Milestones
  - Posted on acgme.org
- Decide how to assess the Milestones
- If necessary, identify new evaluation tools from program director associations, societies, colleges
- Faculty members should:
  - Discuss definitions and narratives
  - Agree on the narratives
  - Learn about assessment tools

From ACGME website Faculty Development Slide Deck. Downloaded Mar 2014
Timelines

• First Milestones Evaluations begun by Phase I core specialties, July 2013 & Reported Dec 2013

• Pathology will begin the Milestones Assessment May-July 2014 & Report Dec 2014

• Milestone Assessments for Transfusion Medicine to begin May – July 2015 & Report Dec 2015