The Pathology Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education and

The American Board of Pathology





July 2015

The Pathology Milestone Project

The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Pathology Milestone Group

Chair: Wesley Y. Naritoku, MD, PhD

Vice Chair: C. Bruce Alexander, MD

Betsy D. Bennett, MD, PhD

Mark Brissette, MD

Margaret M. Grimes, MD, MEd

Robert D. Hoffman, MD, PhD

Jennifer Leigh Hunt, MD

Julia C. lezzoni, MD

Rebecca Johnson, MD

Resident Member: Jessica Kozel, MD

Resident Member: Ricardo M. Mendoza, MD

Steven P. Nestler, PhD

Miriam D. Post, MD

Suzanne Z. Powell, MD

Gary W. Procop, MD, MS

Stephen Black-Schaffer, MD

Jacob J. Steinberg, MD

Linda Thorsen, MA

Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

For each reporting period, review and reporting will involve selecting the level of milestones that best describes each resident's current performance level in relation to milestones. Milestones are arranged into numbered levels. Selection of a level implies that the resident substantially demonstrates the milestones in that level, as well as those in lower levels. (See Reporting Form diagram on page v below.) A general interpretation of each level for pathology is below:

- **Level 1:** The resident is a graduating medical student/experiencing first day of residency.
- **Level 2:** The resident is advancing and demonstrating additional milestones.
- **Level 3:** The resident continues to advance and demonstrate additional milestones; the resident consistently demonstrates the majority of milestones targeted for residency.
- **Level 4:** The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.
- **Level 5:** The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Additional Notes

Level 4 is designed as the graduation *target* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (See the Milestones FAQ for further discussion of this issue: "Can a resident/fellow graduate if he or she does not reach every milestone?"). Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether Level 4 milestones and milestones in lower levels are in the appropriate level within the developmental framework, and whether Milestone data are of sufficient quality to be used for high stakes decisions.

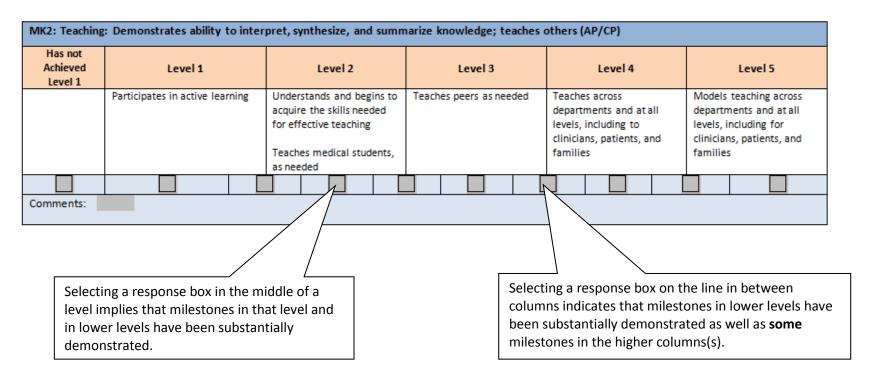
Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a resident who performs a procedure independently must, at a minimum, be supervised through oversight.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page: http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf

ACGME Report Form

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes the resident's performance in relation to the milestones or
- selecting the "Has not Achieved Level 1" option



PATHOLOGY MILESTONES ACGME Reporting Worksheet

Has not Achieved	Level 1	Level 2	Level 3	Level 4	Level 5
Level 1					
	Understands the implications	Prepares a draft	Prepares a full consultative	Independently prepares a	Proficient in pathology
	of and the need for a	consultative report (verbal	report with a written	full consultative written	consultations with
	consultation	or written)	opinion for common	report with comprehensive	comprehensive review of
			diseases	review of medical records	medical records
	Observes and assists in the	Performs timely, clinically		on common and	
	consultation	useful consultation for	Prioritizes and presents	uncommon diseases	Demonstrates an
		requests for products or	patient care issues for		expanded portfolio of
	Understands the concept of a	additional testing	report after call	Runs report conference	clinical and patient care
	critical value and the read-back	lla deneten de netionale fon	A	after call	experience with patholog
	procedure	Understands rationale for	Answers routine pathology	Davidana a nambfalia af	consultation
	Understands and applies	the critical value list	questions, drawing upon	Develops a portfolio of clinical consultation	Darticinates in intuitional
	Understands and applies Electronic Medical Record	Knows the critical value list	appropriate resources	experience	Participates in intuitional processes of generating
	(EMR) to obtain added clinical	and participates in the	Applies the escalation	experience	the critical value list
	information	critical value call-back of	procedure for failed critical	Recommends new or	the chical value list
	Illioilliation	results	value call-backs	alternate escalation	Is proficient in consultation
	Understands that advanced	resurts	value call-backs	procedures for failed	regarding test utilization
	precision diagnostics and	Understands the	Effectively communicates	critical value call-backs as	and treatment decisions
	personalized medicine (e.g.,	importance of accurate,	preliminary results on	needed	based on advanced
	molecular diagnostic testing)	timely, and complete	cases in progress		precision diagnostics and
	may be applied to patient care	reporting of laboratory test		Suggests evidence-based	personalized medicine
	for genetic, neoplastic and	results	Understands pre-analytic	management, prognosis,	,
	infectious disorders, and		issues and quality control	and therapeutic	
	population health	Understands the role of	for advanced precision	recommendations based	
		specific advanced precision	diagnostics and	on the consultation	
		diagnostics and	personalized medicine		
		personalized medicine		Provides consultation, as	
		assays, and how results		needed, to clinicians about	
		affect patient diagnosis		utilization and	
		and prognosis, and overall		interpretation of advanced	

Copyright (c) 2013 The Accreditation Council for Graduate Medical Education and The American Board of Pathology. All rights reserved. The copyright owners grant third parties the right to use the Pathology Milestones on a non-exclusive basis for educational purposes.

V	ersion 9/2013		
		patient care	precision diagnostics and

patient care precision diagnostics and personalized medicine

Comments:

Suggested Evaluation Methods: Direct observation, Retrospective peer review, Portfolio, Feedback from clinical colleagues (360 evaluations), Peer review, HIPAA training documentation provided

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Identifies key elements in the health care record Observes and assists in the interpretation and reporting of the diagnostic test Understands indications for common tests	Uses clinical correlation to interpret and report test results Describes the test platform and methodology Accurately interprets and reports the results Understands and applies algorithms in the work-up for common diagnoses	Limits and focuses a differential diagnosis Knows the current and upto-date literature about the test result Prepares a differential diagnosis for abnormal results Understands and applies algorithms in the work-up for common and uncommon diagnoses	Able to lead discussion on developing a differential diagnosis based upon clinical information Interfaces with clinical team to recommend tests, based upon current literature Knows potential confounding factors that may contribute to erroneous results Understands and prudently applies justification for approval of costly testing	Proficient in using health care records and clinical information to develop a limited and focused differential diagnosis Critically evaluates and applies the current literature Proficient in the interpretation and reporting of clinical pathology test results in the context of the patien medical condition Proficient in algorithms in the work-up for all diagnoses Writes policies on
					algorithms for testing

Suggested Evaluation Methods: Direct observation, Simulation, Feedback from clinical colleagues (360 evaluations), Retrospective peer review, Quality management results

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes the importance of a complete pathology report for patient care	Begins to make connections between clinical differential diagnosis, gross, and microscopic pathologic findings Generates a list of next steps (ancillary testing; has awareness of options available) needed to refine differential in the clinical context Distinguishes normal from abnormal histology and recognizes confounding factors	Correlates the clinical differential diagnosis with gross and microscopic pathologic findings Recognizes appropriate ancillary tests and refines knowledge of "next steps" and proper utilization for application to differential Consistently recognizes and correctly identifies common histopathologic findings (develops a "good eye"); able to troubleshoot (e.g., tissue artifacts, processing and sampling issues)	Analyzes complex cases, integrates literature, and prepares a full consultative written report with comprehensive review of medical records Interprets ancillary testing results in clinical context Makes accurate diagnoses reliably, appreciates the nuances of diseases, and is able to independently troubleshoot confounding factors	Assesses, analyzes, and is able to distinguish subtle differences in difficult cases Proficient in interpretation with comprehensive review of medical records Seeks appropriate consultations
omments:					

Suggested Evaluation Methods: Direct observation, Simulation, Feedback from clinical colleagues (360 evaluations), Examination

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Applies prior knowledge and draws on resources to learn normal gross anatomy, histology, and special techniques	Attends and contributes to gross and microscopic conferences Brings clinical/ancillary	Reliably applies knowledge of gross and histologic features in formulating a diagnosis for common entities; able to present at	Reliably applies knowledge of gross and histologic features in formulating a diagnosis for common and uncommon entities	Participates in intradepartmental peer revie consultation with colleagues Manages ambiguity and
	Recognizes the role of the surgical pathologist in the management of patients,	information to sign-out (e.g., radiology, prior cases, reading about case)	gross conference Selects, orders, and interprets clinical/ancillary	Seeks appropriate consultations	uncertainty in result interpretation and ancillary testing
	including the utilization of cancer staging	Generates preliminary report and/or	information to refine a differential diagnosis	Integrates clinical/ancillary information into report	Produces timely reports with complete accurate gross and histopathologic findings,
		Preliminary Autopsy Diagnosis (PAD) (for autopsy) prior to signout with attending	Composes a complete and accurate report on common specimens	Composes a complete and accurate report on common and uncommon specimens, including	including ancillary studies; integrates evidence-based medicine/current literature a knowledge
	staff/responsible physician Is aware of accepted standards for turnaround time	staff/responsible	Able to generate a cause of death and manner of death for autopsy	autopsies Completes complicated	Ensures communication of results to appropriate audier
		standards for turn-	Completes routine preliminary and final reports within standards for turn-	preliminary and final reports within standards for turn-around time	Keeps current with evolving standards of synoptic report
		Becomes familiar with synoptic reporting	around time Knows when synoptic	Communicates effectively with family members, when applicable	
			reporting/template required	Able to complete synoptic report accurately	

Suggested Evaluation Methods: Direct observation, Narrative, Feedback from clinical colleagues (360 evaluations), Retrospective peer review

Copyright (c) 2013 The Accreditation Council for Graduate Medical Education and The American Board of Pathology. All rights reserved. The copyright owners grant third parties the right to use the Pathology Milestones on a non-exclusive basis for educational purposes.

surgical procedures and the resultant specimens reference book grossing for the interpretation of histology and management of patients Surgical procedures and the resultant specimens reference book gross manual or a similar reference book gross manual or a similar reference book grossing specimen types grossed specimens that demonstrates competency across a range of complex specimen type grossing specimens of widely diverse and conspective samples common and uncommon surgical specimens grossing specimens of widely diverse and conspective specimen type grossing specimen grossing specimens grossing specimen grossing specimens grossing sp	Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
emolency in prossing		surgical procedures and the resultant specimens Recognizes the importance of grossing for the interpretation of histology and management of patients Applies prior knowledge and draws on resources to learn normal gross	gross manual or a similar reference book Ensures and maintains the integrity of specimens to avoid cross-contamination or identity mix-up Correctly describes and appropriately samples common surgical specimens, including necessary tissues for ancillary studies in correct media/fixative Correlates clinical and/or radiological information Understands the components of an appropriate and complete	to newly encountered specimen types Correctly describes and appropriately samples common and uncommon surgical specimens Recognizes when additional gross sampling is necessary for diagnosis or staging Produces reports that contain all the necessary information for patient management; edits transcribed reports effectively Demonstrates increasing	grossed specimens that demonstrates competency across a range of complex specimens Correctly describes and appropriately samples all specimen types Dictates complete, logical, and succinct descriptions Efficient in grossing	Proficient in the performance of surgical pathology gross examination Proficient in the production of complete, logical, and
Develops time management skills specimens			Develops time management skills	·		

Suggested Evaluation Methods: Direct observation, 360 evaluation, Periodic self-assessment, Narrative, Portfolio, Quality management

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands common surgical procedures and the resultant specimens and potential intra-operative	Is aware of indications and contraindications for IOC/FS and follows protocols and regulations	Discusses with pathology attending staff member(s) any requests that are contraindicated	Appropriately and professionally discusses with requesting provider any IOC/FS that is contraindicated	Proficient in the performance IOC/FS Able to manage competing tasks, especially in time
	consultation/frozen section/intra-operative cytology (IOC/FS)	Procures tissue for diagnosis under supervision	Correctly selects tissue for frozen section diagnosis independently	Responds appropriately to the concerns of the surgeon	sensitive situations
		Prepares IOC/FS that are of good interpretive quality	Able to perform high quality IOC/FS on technically difficult and multiple specimens; performs IOC/FS within turnaround time standards	Given discussion of the case with the attending staff member(s), communicates	
		Understands and follows correct call-back guidelines	Effectively communicates the diagnosis and is cognizant of the impact of	appropriately with surgeon, asking appropriate questions that influence diagnosis	
		Aware of limitations of techniques and interpretation	diagnosis on patient care, even in ambiguous situations Demonstrates knowledge of the limitations of techniques	Communicates limitations of techniques and interpretation to clinicians	
			and interpretation		

Suggested Evaluation Methods: Direct observation, Narrative, Feedback from clinical colleagues (360 evaluations), Retrospective peer review, Portfolio, Quality management

Has not Achieved Level 1	Level 1	Le	evel 2			Level 3			Le	vel 4		L	evel 5	
	Recognizes the role of the procedure	experience procedure slide prepared staining, if Observes at the procedure Observes of in providin other service performing procedure Is aware of complicating procedure	, including aration and applicable and assists of lure or participate g support to be g the	n es o s	attendiany recontraitinform able to proced proced proced adequatinges appropriate applicating the matter of the ma	es an accurat acy assessme specimens for riate ancillar cable s informed con sizes and und nagement of	nber(s) re tains nd is men and / ut" rd ns the s s, if e nt and or y studies, onsent erstands	prof proc with man Able proc supe Und for a ultra need (FNA biop Prov prov	ropriatel essionall edure ar clinical ages coredure wervision erstands and/or personal ages coredure appropriates appropri	ly document disconding the discondin	cusses and cions enimal etions s Fine biopsy e needle e te nent tions of efers to	icient in t	-	rmance
					compli proced	cations of the ure	5							

Suggested Evaluation Methods: Direct observation, Simulation

Copyright (c) 2013 The Accreditation Council for Graduate Medical Education and The American Board of Pathology. All rights reserved. The copyright owners grant third parties the right to use the Pathology Milestones on a non-exclusive basis for educational purposes.

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Identifies the resources for learning in pathology	Assimilates medical knowledge in pathology from various learning sources Demonstrates textbooklevel diagnostic knowledge for pathology	Performs scientific literature review and investigation of clinical cases to inform patient care (evidence-based medicine) and improve diagnostic knowledge of pathology	Applies and synthesizes medical knowledge from scientific literature review and investigation to inform patient care (evidence-based medicine) Presents and discusses cases Demonstrates competence in diagnostic knowledge of pathology	Contributes to medical knowledge of others and participates in life-long learning through literature review, Continuing Medica Education [(CME), and Self Assessment Modules (SAMs) Demonstrates proficiency in knowledge of pathology

Suggested Evaluation Methods: Direct observation, Pre- and post-test, Rotation exams, Narrative, 360 evaluation, Board examination, Maintenance of certification/SAMs, Resident In-Service Examination (RISE) and Pathologist Recertification Individualized Self-Assessment Exam (PRISE)

Version 9/2013

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Participates in active learning	Understands and begins to acquire the skills needed for effective teaching Teaches medical students, as needed	Teaches peers as needed	Teaches across departments and at all levels, including to clinicians, patients, and families	Models teaching across departments and at all levels, including for clinicians, patients, and families

Suggested Evaluation Methods: Direct observation, 360 evaluations, Teaching evaluations, Student performance on exams, Simulations, Conference presentation evaluation portfolio

Comments:

MK3: Procedure: Autopsy: Demonstrates knowledge and practices that enable proficient performance of a complete autopsy (analysis and appraisal of findings, synthesis and assembly, and reporting) (AP) Has not **Achieved** Level 1 Level 2 Level 3 Level 4 Level 5 Level 1 Understands the principles Properly identifies the Able to plan and perform Proficient in the Performs uncomplicated of confidentiality, universal decedent and verifies consent complex/difficult cases performance of a complete gross dissection within four precautions, chemical and limitations to extent of the hours autopsy and in reporting hazards, and personal Assists in preparation of the results in a timely autopsy presentations for protective equipment Presents results at M&M, manner Able to perform all seven morbidity and mortality CPC. or other conferences. Understands the value of aspects of a routine autopsy (M&M), Clinical Pathologic and effectively answers Proficient in the Conference (CPC), or other clinical questions presentation of results at an autopsy Concisely reviews and presents conferences M&M, CPC, or other clinical records/history; Assesses and applies chain conferences, and in contacts the clinical team in Understands chain of of custody, interprets the answering clinical advance of the case and elements of scene custody, the elements of questions summarizes questions posed by scene investigation, trace investigation, trace the clinical team evidence, and court evidence, and court Proficient in the discussion testimony testimony of the chain of custody, Is aware of reporting and interpretation and regulations, such as legal assessesment of the jurisdiction, statutes regarding elements of scene authorization to perform investigation, trace autopsy (medical examiner), evidence, and giving court device reporting, testimony communicable diseases

Suggested Evaluation Methods: Direct observation; Feedback from clinical colleagues (360 evaluations), Narrative, Portfolio review, Quality management; Peer evaluation

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands the importance of identity and integrity of the specimen and requisition form and verifies the identity Understands the risk inherent in hand-overs	Consistently checks identity and integrity of specimen Independently obtains clinical information when needed Explores other resources such as EMR and radiology Handles deviations from policies (waivers) with supervision Performs hand-overs in an appropriate manner, according to guidelines (e.g., Situation- Background-Analysis- Recommendation [SBAR]	Trouble-shoots pre- analytic problems, as needed, with minimal supervision, including deviations from policies (waivers) Follows patient safety policies and accreditation requirements	Trouble-shoots patient safety issues (including pre-analytic, analytic, and post-analytic), as needed, without supervision	Models patient safety practices Writes and implements policies on patient safety as needed Completes an advanced MOC patient safety module
		or local guidelines)			

Suggested Evaluation Methods: Direct observation, Narrative, QA reports (misidentification rates, amended report rates), Transfusion committee results/work-ups, Documentation provided

Version 9/2013

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Knows that laboratories must be accredited Can define appropriate disclosure of protected health information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA)	Knows accrediting agencies of the laboratory Is aware of requirements for institutional review for human experimentation (research) and biospecimen donation Understand and apply policies and procedures inPHI as defined by HIPAA	Understands the components of lab accreditation and regulatory compliance (Clinical Laboratory Improvement Ammendments [CLIA] and others), either through training or experience Confirms institutional review board approval prior to biospecimen procurement Completes laboratory inspector training Understands ICD9 (ICD10) coding and the need to document appropriately in reports Teaches allied health professionals and clerical staff as necessary about the policies and procedures of PHI as defined by HIPAA	Understands the components and processes for credentialing and privileging Participates in an internal or external laboratory inspection Able to correctly use Current Procedural Terminology (CPT) and ICD9 (ICD10) codes for billing purposes; understands elements of a compliance plan Assists colleagues as needed with policies and procedures of PHI as defined by HIPAA	Participates in and complies with ongoing ar focused competency assessment Participates in or leads internal or external laboratory inspections Participates in institution review process, as needed. Creates and follows a compliance plan Uses best practices for billing compliance
			defined by HIPAA		

Suggested Evaluation Methods: Direct observation, Portfolio, Simulation, Examination, Team leader performance evaluation, Portfolio review, Quality management; Peer evaluation

Copyright (c) 2013 The Accreditation Council for Graduate Medical Education and The American Board of Pathology. All rights reserved. The copyright owners grant third parties the right to use the Pathology Milestones on a non-exclusive basis for educational purposes.

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Interprets an organizational chart and is aware of employment contracts and benefits Describes a budget	Knows the personnel and lines of reporting in the laboratory Recognizes different budget types (i.e., capital vs. operating budget) Understands the basics of pathology practice finance (e.g., Part A and Part B, Centers for Medicare & Medicaid Services [CMS])	Understands and describes the process of personnel management and employment laws (e.g., interview questions, Family and Medical Leave Act, termination policies) Understands key elements of hospital and laboratory budgets	Creates a basic job description and participates in employee interviews/performance evaluation (real or simulated experiences) Participates in a budget cycle exercise (draft, defend, and propose logical cuts and/or additions)	Manages personnel effectively Develops and manages a laboratory budget

Suggested Evaluation Methods: Direct observation, Portfolio, Simulation, 360 evaluation, Analysis of resident evaluations (meeting, employee interview, difficult conversations)

SBP4: Lab Management: Quality, risk management, and laboratory safety: Explains, recognizes, summarizes, and is able to apply quality improvement, risk management and safety issues (AP/CP) Has not **Achieved** Level 1 Level 2 Level 3 Level 4 Level 5 Level 1 Participates in basic safety Participates in laboratory Interprets quality data and Has completed a quality **Utilizes** continuous training (e.g., Occupational specific safety training charts and trends improvement project improvement tools, such Safety and Health (e.g., sharps disposal, as Lean and Six Sigma Administration [OSHA], blood proper equipment Understands continuous Reviews and analyzes proficiency testing results Manages laboratory borne pathogen, personal utilization) improvement tools, such protective equipment) as Lean and Six Sigma quality assurance and Understands when and Participates in department safety how to file an incident or Understands serious and hospital-wide quality, safety report reportable events (SREs) risk management, and safety initiatives and appropriate reporting, Understands the concept and participates in root of a laboratory quality cause analysis (RCA) management plan Demonstrates a knowledge of proficiency testing and its consequences Attends and participates in quality improvement meetings Comments:

Suggested Evaluation Methods: Direct observation, Portfolio, Simulation, Narrative, Examination, 360 evaluations

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Is aware of the test menu and rationale for ordering	Organizes basic data for utilization review Identifies key elements of ordering practices Able to understand appropriate ordering or inappropriate ordering and over-utilization	Able to interpret charts and graphs that demonstrate utilization patterns Intervenes in inappropriate or over-utilization situations	Able to create charts and graphs that demonstrate utilization patterns (simulated or real experiences) Maintains a portfolio that includes experience in test utilization reviews and interventions that drive change	Demonstrates a broad portfolio of analyses for utilization reviews in complex scenarios and team management to drive change in areas both within and outside of the department

Suggested Evaluation Methods: Direct observation, Portfolio, 360 analysis, Simulation

Has not Achieved Level 1	ι	evel 1			Lev	el 2					Le	evel	3				Le	vel 4			Leve	15
	Understands technology	the value of	new	proce new t	rstands s ss in impechnolo e of cost sis for no ology	olem gy -ben	enti	ng	the im tee	e pro pler chno	ocess nenti ology	of ng n	ew a cos	cribes	i i v r	instrun selection implen validat referen and ma	nent a on, ve nentation (ir nce ra aintair	in new ind test rification, an icluding inge and ins a por ion in t	on, d g olysis) tfolio	for new able to optimiz	primary techno lead eff e test u ource m	logy and orts to tilization
]																				

Suggested Evaluation Methods: Direct observation, Portfolio, Simulation

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates familiarity with basic technical concepts of hardware, operating systems, and software for general purpose applications	Understands lab specific software, key technical concepts and subsystems on interfaces, workflow, barcode application, automation systems (enterprise systems architecture)	Applies informatics skills as needed in project management (data management, computational statistics)	Participates in operational and strategy meetings, apprentices troubleshooting with IT staff, applies informatics skills in laboratory management and integrative bioinformatics (able to aggregate multiple data sources and often multiple data analysis services)	Is proficient in medical informatics systems Able to assess and purchase a laboratory information system for anatomic and/or clinical pathology laboratories Able to utilize medical informatics in the direction and operation of the laboratory

Suggested Evaluation Methods: Direct observation, 360 evaluation, Portfolio data

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Acknowledges and takes responsibility for errors when recognized	Recognizes limits of own knowledge Initiates self-reflection process, (e.g., as evidenced in self-assessment interviews with program director)	Reflects upon errors in a group setting (such as M&M type conference setting) Participates in root cause analysis (RCA)	Demonstrates significant awareness of own blind spots Participates in or leads communication of error/discrepancies to clinicians	Models use of errors and discrepancies to improve practice Provides immediate communication of error/discrepancies to clinicians

Suggested Evaluation Methods: Self-assessment (written and verbal), Direct observation, Narrative

Utilizes and applies basic texts Uses presentation software, online literature databases, and searches as needed Demonstrates working knowledge of basic statistical analysis Develops knowledge of the basic principles of research (demographics, Institutional Review Board [IRB], human subjects), including how research is conducted, evaluated, explained to patient care Applies knowledge of the basic principles of research was principles of research and use in evidence-based clinical care Identifies gaps in the currently available knowledge Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific presentation	Has not Achieved Level 1		Le	vel 1				Leve	el 2					Le	vel	3			L	evel 4				Lev	el 5	
Uses presentation software, online literature databases, and searches as needed Demonstrates working knowledge of basic statistical analysis Oscillation of the patient care (demographics, Institutional Review Board [IRB], human subjects), including how research is conducted, evaluated, explained to patient care (demographics, Institutional Review Board [IRB], human subjects), including how research is conducted, evaluated, explained to patients, and applied to patient care Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentations and lectures Adds to a portfolio of scholarly activities Has a well developed portfolio of scholarly activities and use in evidence-based clinical care Identifies gaps in the currently available knowledge Has a well developed portfolio of scholarly activities		Utilizes an	d ap	plies basic te	exts	Devel	ops	knov	wled	ge o	f the	Cr	itica	lly rea	ds a	nd		Critica	ally ex	amines			Profic	ient in c	ritical	
online literature databases, and searches as needed Institutional Review Board [IRB], human subjects), including how research is conducted, evaluated, explained to patient care Institutional Review Board [IRB], human subjects), including how research is conducted, evaluated, explained to patient care Applies knowledge of the basic principles of research explained to patient care Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific						basic	prin	ciple	s of	rese	arch	in	corp	orate	s the	med	ical	literat	ure fo	or study	desi	gn	evalu	ation of	the lite	ratu
searches as needed [IRB], human subjects), including how research is conducted, evaluated, explained to patient care [IRB], human subjects), including how research is conducted, evaluated, explained to patients, and applied to patient care Applies knowledge of the basic principles of research Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific		Uses prese	entat	ion software	е,	(demo	ogra	phics	s,			lit	erat	ure in	to			and u	se in (evidenc	e-bas	sed	and p	articipa	es in li	fe-lo
Demonstrates working knowledge of basic statistical analysis conducted, evaluated, explained to patients, and applied to patient care Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific currently available knowledge Has a well developed portfolio of scholarly activities					, and							pr	eser	ntatio	ns ar	id lec	tures	clinica	l care	<u> </u>			learni	ng		
knowledge of basic statistical analysis explained to patients, and applied to patient care Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific						includ	ling l	how	rese	earch	n is	Αŗ	oplie	s kno	wled	ge of	the	Identi	fies g	aps in tl	he					
knowledge of basic statistical analysis explained to patients, and applied to patient care Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific		Demonstra	ates	working			_						-			-			_	-						
analysis applied to patient care Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific		knowledge	of b	oasic statisti	cal	explai	ned	to p	atie	nts,	and			•				know	edge							
scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific		_				-		-				Ad	dds t	o a po	rtfo	lio of			Ū							
may include manuscript preparation, abstract activities presentation at a local, regional or national meeting, or other scientific		,						•						•				Has a	well	develop	ed					
preparation, abstract activities presentation at a local, regional or national meeting, or other scientific														-						•						
presentation at a local, regional or national meeting, or other scientific													•				•			55.15.4	.,					
regional or national meeting, or other scientific													-					400.00								
meeting, or other scientific												-					'',									
													_				ntific									
P. C. C. C.														-		.1 3010										
						7			7													- [

Suggested Evaluation Methods: Direct observation and evaluation of presentations by participants, Portfolio, Examination

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Completes and passes Step 2Cl and 2CS of United States Medical Licensing Examination (USMLE)	Completes and passes Step 3 of USMLE Performs at expected level on objective examinations Begins assembling portfolio of experiences, including case log and participation in administrative tasks	Performs at expected level on objective examinations Demonstrates expanded portfolio and reviews with program director at semiannual evaluation	Applies for full and unrestricted medical license Demonstrates complete portfolio and reviews with program director at semi-annual evaluation	Obtains full and unrestricted medical license Board-eligible/Board-certified and begins to participate in maintenance of certification (SAMS, etc. Maintains portfolio

Suggested Evaluation Methods: Documentation provided

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Behaves truthfully and	Is truthful,	Demonstrates truthfulness	Exemplifies truthfulness to	Models truthfulness to all
	understands the concepts	acknowledges personal	to all members of the health	all members of the health	members of the health care
	of ethical behavior,	near misses and errors,	care team	care team	team; is viewed as a role mod
	occasionally requiring	and puts the needs of			in accepting personal
	guidance; seeks counsel when ethical questions	patients first	Identifies, communicates, and corrects errors	Serves as a role model for members of the health	responsibility by members of the health care team; and
	arise	Engages in ethical		care team in accepting	always puts the needs of eac
		behavior	Demonstrates respect,	personal responsibility	patient above his or her own
	Understands the concepts		compassion, and empathy,		interests
	of respect, compassion,	Observes patient	even in difficult situations	Puts the needs of each	
	and empathy	confidentiality		patient above his or her own interests	Models respect, compassion and empathy, in complex
		Manifests sensitivity to			situations
		patient's fears and		Promotes respect,	
		concerns		compassion, and empathy in others	
		Demonstrates respect,			
		compassion, and			
		empathy to all			

Suggested Evaluation Methods: Direct observation, 360 evaluation

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Completes assigned tasks on time	Dependably completes assigned tasks in a timely manner Assists team members when requested Respects assigned schedules	Anticipates team needs and assists as needed	Anticipates team needs and takes leadership role to independently implement solutions	Exemplifies effective management of multiple competing tasks, including follow-through on tasks Is source of support/guidance to other members of health care team
				$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	

Suggested Evaluation Methods: Direct observation, 360 evaluation, Portfolio data (e.g., autopsy TAT)

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Receives feedback constructively	Accepts feedback constructively and modifies practice in response to feedback	Able to provide constructive feedback	Exemplifies giving and receiving constructive feedback Encourages and actively seeks feedback to improve performance	Models giving and receiving constructive feedback Encourages and actively seeks feedback to improve performance

Suggested Evaluation Methods: Direct observation, 360 evaluation, Role-play or simulation, Resident experience narrative

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Respects diversity,	Embraces diversity and	Demonstrates cultural	Exemplifies cultural	Models cultural competency
	vulnerable populations, and patient autonomy	respects vulnerable populations	Identifies and avoids biases,	competency Identifies and avoids	Works with peers to avoid biases
		Is aware of potential for bias or cultural differences to affect clinical care	and recognizes cultural differences that may affect clinical care	biases, and recognizes cultural differences that may affect clinical care	Recognizes cultural differences that may affect clinical care

Suggested Evaluation Methods: Direct observation, 360 evaluation, Role-play or simulation, Resident experience narrative

Copyright (c) 2013 The Accreditation Council for Graduate Medical Education and The American Board of Pathology. All rights reserved. The copyright owners grant third parties the right to use the Pathology Milestones on a non-exclusive basis for educational purposes.

Has not Achieved Level 1	Level 1			Leve	el 2		L	evel.	3		ι	evel 4	4				Lev	el 5	
	Is aware of importance emotional, physical, a mental health and issurelated to fatigue/sleed deprivation	nd ues	physi healt to fat	cal, and	otional, mental sues rela eep	phys and fatig espe	ages en ical, and issues ro ue/slee cially in litions	d me elate p dep	ntal he d to orivatio	impa othe seek	ognizes airmen ers, and ing ap n need	it in se d facili propri	elf an tate:	6	to a initi	iddre iates	institut ss impai seeking en need	rment, approp	and
	Exhibits basic professi responsibilities, such a timely reporting for dirested, readiness to wand being appropriate dressed	as uty ork,	impa	opriate l	igns of and see nelp who					beha	cipates aviors t npairm	that m							

Suggested Evaluation Methods: Direct observation, 360 evaluation, Role-play or simulation, Resident experience narrative

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates respect for and willingness to learn from all members of the pathology team	Works effectively with all members of the pathology team	Understands own role on the pathology team, and flexibly contributes to team success through a	Helps to organize the pathology team to facilitate optimal communication and co-	Leads the pathology tean effectively Models respect for other
	Is aware of the significance of conflict in patient care	Attends laboratory, departmental, or institutional committee	willingness to assume appropriate roles as needed	education among members	Models effective conflict prevention and resolutio
	commet in patient care	meetings Aware of the mechanisms	Understands the basics of running a meeting	Demonstrates the ability to lead and run an effective meeting	skills
		for conflict resolution Participates in a cytopathology team with	Utilizes mechanisms for conflict resolution and helps to defuse and	Participates effectively in conflict resolution	
		cytopathologists, cytotechnologists and lab assistants, or surgical	ameliorate conflict Participates in groups to	Demonstrates ability to lead groups to reach a consensus and accomplish	
		pathology team with surgical pathologists, histotechnicians and lab assistants or clnical pathology team with the pathologist, clinical	accomplish goals	goals	
		laboratory scientists and lab assistants			

Suggested Evaluation Methods: Direct observation, 360 evaluation, Narrative

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes the importance of clinical input in formulating a differential diagnosis and composing a final diagnosis Is aware that multi-disciplinary conferences are used to further appropriate patient care Is aware of pathologist's role in the clinical team Understands utility of communication with other members of the clinical team	Participates through observation and active interaction with clinicians to obtain relevant clinical and/or radiologic data Attends multidisciplinary conferences Recognizes the importance of timely production of a final diagnosis and the role it plays in patient care Appropriately triages requests for information from the clinical team Is aware of the limitations of own knowledge	Assesses, analyzes, and interprets pathology reports and is able to discuss findings in consultation with clinical colleagues Prepares and presents cases at multidisciplinary conferences Responds to inquiries from the clinical team to contribute to patient care Effectively communicates clinically significant or unexpected values, including critical values Is aware of the limitations of medical knowledge	Routinely interfaces with clinical colleagues to formulate a narrow differential diagnosis and arrive at a final diagnosis Can lead multidisciplinary conferences Knows how subtleties may impact or alter patient care; recognizes and uses nuances in the proper wording in the discussion of pathology findings Participates in or leads communication with the clinical team to contribute to patient care Communicates the limitations of medical knowledge	Fully participates as a member of the health cateam, and is recognized a proficient by peers and clinical colleagues Organizes and is responsible for multidisciplinary conferences Serves as a consultant to the health care team

Suggested Evaluation Methods: Direct observation, 360 evaluation, Narrative