

Thoracic Surgery Independent Milestones

The Accreditation Council for Graduate Medical Education



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Thoracic Surgery – Independent Milestones

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident 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.

Thoracic Surgery – Independent Milestones Work Group

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American Board of Thoracic Surgery

Review Committee for Thoracic Surgery

Thoracic Surgery Directors Association

Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of resident performance, and then report to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME Competencies organized in a developmental framework. The narrative descriptions are targets for resident performance throughout their educational program. Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident in the specialty or subspecialty. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each subcompetency.

These levels *do not* correspond with post-graduate year of education. Depending on previous experience, a junior resident may achieve higher levels early in his/her educational program just as a senior resident may be at a lower level later in his/her educational program. There is no predetermined timing for a resident to attain any particular level. Residents may also regress in achievement of their milestones. This may happen for many reasons, such as over scoring in a previous review, a disjointed experience in a particular procedure, or a significant act by the resident.

Selection of a level implies the resident substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v).

Additional Notes

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert resident whose achievements in a subcompetency are greater than the expectation. Milestones are primarily designed for formative, developmental purposes to support continuous quality improvement for individual learners, education programs, and the specialty. The ACGME and its partners will continue to evaluate and perform research on the Milestones to assess their impact and value.

Examples are provided for some milestones within this document. Please note: the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to ACGME supervision guidelines as described in the Program Requirements, 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.

A Supplemental Guide is also available to provide the intent of each subcompetency, examples for each level, assessment methods or tools, and other available resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee, and is not meant to demonstrate any required element or outcome.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On www.acgme.org, choose the applicable specialty under the "Specialties" menu, then select the "Milestones" link in the lower navigation bar.

The diagram below presents an example set of milestones for one subcompetency in the same format as the ACGME Report Worksheet. For each reporting period, a resident's performance on the milestones for each subcompetency will be indicated by selecting the level of milestones that best describes that resident's performance in relation to those milestones.

| Systems-Based Practice 2: System Navigation for Patient Centered Care | | | | |
|--|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional teams | Coordinates care of patients in complex clinical situations effectively utilizing the roles of their interprofessional teams | Leads effective coordination of patient- centered care among different disciplines and specialties | Analyzes the process of care coordination and leads in the design and implementation of improvements |
| Identifies key elements for safe and effective transitions of care and handoffs | Performs safe and effective transitions of care/handoffs in routine clinical situations | Performs safe and effective transitions of care/handoffs in complex clinical situations | Advocates for safe and effective transitions of care/handoffs within and across healthcare delivery systems including outpatient settings | Improves quality of transitions of care within and across healthcare delivery systems to optimize patient outcomes |
| Demonstrates knowledge of population and community health needs and disparities | Identifies specific population and community health needs and inequities for their local population | Uses local resources effectively to meet the needs of a patient population and community | Participates in changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with health care inequities |
| | | | | |
| Comments: | | | Yet C | ompleted Level 1 |
| Selecting a respons | se box in the | | Selecting a respons | |
| middle of a level implies that | | | • | cates that milestones |
| milestones in that level and in lower | | | in lower levels have been substantially | |
| levels have been substantially | | | demonstrated as we | ell as some |
| demonstrated. | - | | milestones in the hig | gher level(s). |

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| Patient Care 1: Ischemic Heart Disease | | | | |
|---|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a disease specific history and physical and develops a diagnostic plan for a patient with ischemic heart disease | Interprets diagnostic testing and develops a treatment plan, including outpatient follow-up, for a patient with routine ischemic heart disease | Develops a treatment plan, including outpatient follow-up, for a patient with complex ischemic heart disease | Develops a treatment plan, including outpatient follow-up, for a patient with multiple comorbidities and complex ischemic heart disease | |
| Assists in routine coronary procedures, including set-up and positioning | Performs components of coronary procedures | Performs basic coronary procedures and recognizes intra-operative complications | Performs complex coronary procedures and manages intra-operative complications | Performs advanced coronary procedures |
| Performs routine post- operative care and recognizes complications of coronary procedures | Manages simple post- operative complications of coronary procedures | Recognizes and creates a plan for complex complications of coronary | Manages complex complications of coronary procedures in critically ill patients | Manages advanced intra- and post-operative complications of coronary procedures in critically ill patients |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 2: Mechanical Circulatory Support | | | | | |
|---|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Identifies a patient in need of mechanical circulatory support | Develops a diagnostic and treatment plan for a patient in need of mechanical circulatory support | Develops a treatment plan for a patient in need of mechanical circulatory support with complex disease | Manages a patient on mechanical circulatory support and knows the principles of weaning a patient | Manages a patient who is able to be discontinued from mechanical circulatory support or in need of long-term strategy for end-stage failure | |
| Assists in routine procedures, including set-up and positioning | Assists in initiation of mechanical circulatory support | Performs components of mechanical circulatory support | Initiates routine mechanical circulatory support, and manages routine complications | | |
| | | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | | |

| Patient Care 3: Valvular Disease | | | | |
|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a disease specific history and physical and develops a diagnostic plan for patients with valvular heart disease | Interprets diagnostic testing and develops a treatment plan for a patient with routine valvular heart disease | Develops a treatment plan, including outpatient follow-up, for a patient with complex valvular heart disease | Develops a treatment plan, including outpatient follow-up, for a patient with multiple comorbidities and advanced valvular heart disease | |
| Assists in routine procedures, including set-up and positioning, for patients with valvular heart disease | Performs components of routine procedures for patients undergoing surgery for valvular heart disease | Performs basic procedures on patients with valvular heart disease and recognizes intra-operative complications | Performs complex procedures and manages intra-operative complications in patients undergoing surgery for valvular heart disease | Performs advanced procedures for valvular heart disease |
| Performs routine post- operative care and recognizes complications related to heart valve surgery | Manages routine post- operative complications | Recognizes and creates a plan for complex complications | Manages complex complications | Manages advanced intra- and post-operative complications |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 4: Great Vessel Disease | | | | |
|--|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a disease- specific history and physical and develops a diagnostic plan for patients with disease of the great vessels | Interprets diagnostic testing and develops a treatment plan, including outpatient follow-up, for a patient with routine great vessel disease | Develops a treatment plan, including outpatient follow-up, for a patient with complex disease of the great vessels | Develops a treatment plan, including outpatient follow-up, for a patient with multiple comorbidities and complex disease of the great vessels | |
| Assists in routine procedures, including set-up and positioning for patients with disease of the great vessels | Performs components of routine procedures on the great vessels | Plans and performs basic procedures and recognizes intra-operative complications | Plans and performs complex procedures and manages intra- operative complications | Performs advanced procedures |
| Performs routine post- operative care and recognizes complications in patients with disease of the great vessels | Manages simple post- operative complications in patients with disease of the great vessels | Recognizes and creates a plan for complex complications | Manages complex complications in critically ill patients | Manages advanced intra- and post-operative complications |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 5: Esophagus | | | | |
|--|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a disease specific history and physical and develops a diagnostic plan | Develops a treatment plan, including outpatient follow-up, for patients with routine esophageal disease | Develops a treatment plan, including outpatient follow-up, for patients with complex esophageal disease | Develops a treatment plan, including outpatient follow-up, for a patient with multiple comorbidities and complex esophageal disease | Develops a treatment plan for a patient condition that does not have clear guidelines |
| Assists in routine procedures, including set-up and positioning | Performs components of procedures | Performs routine procedures and recognizes intra-operative complications | Performs complex procedures and manages intra-operative complications | Performs advanced procedures and manages intra-operative complications |
| Performs routine post- operative care and recognizes complications | Manages routine post- operative complications | Recognizes and creates a plan for complex complications | Manages complex complications in critically ill patients | Manages advanced complications without clear guidelines |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 6: Lung and Airway | | | | |
|--|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a disease specific history and physical and develops a diagnostic plan | Interprets diagnostic testing and develops a treatment plan, including outpatient follow-up, for a patient with routine disease | Develops a treatment plan, including outpatient follow-up, for a patient with routine disease and multiple comorbidities or anatomic complexity | Develops a treatment plan, including outpatient follow-up, for a patient with complex disease | Develops a treatment plan for a condition that does not have clear guidelines |
| Assists in routine procedures, including set-up and positioning | Performs bedside procedures and components of routine procedures | Performs routine procedures and recognizes intra-operative complications | Performs complex procedures and manages intra-operative complications | Performs advanced procedures and manages intra-operative complications |
| Performs routine post- operative care and recognizes complications | Manages routine post- operative complications | Recognizes and creates a plan for complex complications | Manages complex complications in critically ill patients | Manages advanced complications without clear guidelines |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 7: Chest Wall/Pleura/Mediastinum/Diaphragm | | | | |
|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a disease- specific history and physical and develops a diagnostic plan | Interprets diagnostic testing and develops a treatment plan, including outpatient follow-up, for a patient with routine disease | Develops a treatment plan, including outpatient follow-up, for a patient with complex disease | Develops a treatment plan, including outpatient follow-up, for a patient with multiple comorbidities and complex disease | |
| Assists in routine procedures, including set-up and positioning | Performs bedside procedures and components of routine procedures | Performs routine procedures and recognizes intra-operative complications | Performs complex procedures and manages intra-operative complications | Performs advanced procedures |
| Performs routine post- operative care and recognizes complications | Manages routine post- operative complications | Recognizes and creates a plan for complex complications | Manages complex complications in critically ill patients | Manages advanced intra- and post-operative complications |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 8: Critical Care | | | | |
|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Interprets diagnostic data for a critically ill patient Performs routine critical | Implements a treatment plan for peri-operative patients with routine procedures Recognizes need for | Implements a treatment plan for peri-operative patients with complex procedures Performs complex | Implements a treatment plan for a patient with multiple comorbidities and complex disease Performs complex | Implements a treatment plan for a patient condition that does not have clear guidelines Performs advanced |
| care-related procedures | complex procedures | bedside procedures | bedside procedures during an emergency situation | bedside procedures |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 1: Cardiovascular Surgical Knowledge | | | | |
|--|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies normal cardiovascular anatomy | Identifies variants of cardiovascular anatomy | Integrates knowledge of anatomy with diagnostic testing | Integrates knowledge of anatomical changes after prior surgery with diagnostic testing | Uses advanced imaging techniques to help identify anatomic variability for operative planning |
| Identifies normal cardiovascular physiology | Identifies cardiovascular pathophysiology | Integrates knowledge of pathophysiology with diagnostic testing | Integrates knowledge of pathophysiologic changes after prior surgery with diagnostic testing | Contributes to medical literature |
| Lists components of cardiopulmonary bypass apparatus | Demonstrates knowledge of cardioplegia solutions, delivery modes, and complications of bypass | Discusses cannulation techniques and options for cardiopulmonary bypass | Explains management strategies of complex complications related to cardiopulmonary bypass | |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 2: General Thoracic Surgical Knowledge | | | | |
|--|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies normal general thoracic anatomy | Identifies variants of general thoracic anatomy | Integrates knowledge of anatomy with diagnostic testing | Integrates knowledge of anatomical changes after prior surgery with diagnostic testing | Uses advanced imaging techniques to help identify anatomic variability for operative planning |
| Identifies normal general thoracic physiology | Identifies general thoracic pathophysiology and staging of thoracic malignancies | Integrates knowledge of pathophysiology with diagnostic testing | Integrates knowledge of pathophysiologic changes after prior surgery with diagnostic testing | Contributes to medical literature |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 3: Congenital Heart Disease | | | | | |
|---|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates knowledge of embryology, anatomy, and physiology related to routine forms of congenital heart disease | Demonstrates knowledge of embryology, anatomy, and physiology related to complex forms of congenital heart disease | Demonstrates knowledge of operative principles and non-operative options for routine forms of congenital heart disease | Demonstrates knowledge of operative principles and non- operative options for complex forms of congenital heart disease | Demonstrates knowledge of operative principles and non-operative options for advanced forms of congenital heart disease | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |
| | | | Not Yet A | ssessable | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|---|---|--|
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Participates in analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Actively engages teams and processes to modify systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events to superiors/ faculty members | Reports patient safety events through institutional reporting systems (actual or simulated) | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Role models or mentors others in the reporting/disclosure of patient safety events to superiors/organization |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives | Participates in local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|--|---|
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical/social situations effectively using the roles of the interprofessional teams | Coordinates care of patients in complex clinical/social situations effectively using the roles of the interprofessional teams | Role models effective coordination of patient- centered care among different disciplines and specialties | Analyzes the process of care coordination and leads in the design and implementation of improvements |
| Identifies key elements for safe and effective transitions of care and hand-offs | Performs safe and effective transitions of care/hand-offs in routine clinical situations | Performs safe and effective transitions of care/hand-offs in complex clinical situations | Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| Demonstrates knowledge of population and community health needs and disparities | Identifies specific population and community health needs and inequities for their local population | Uses local resources effectively to meet the needs of a patient population and community | Adapts personal practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with health care inequities |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|--|---|---|
| Identifies key components of the complex health care system | Describes how components of a complex health care system are interrelated, and how this impacts patient care | Discusses how individual practice affects the broader system | Manages and adapts personal practice to provide efficient and effective patient care and transition of care | Advocates for or leads systems change that enhances efficient and effective patient care and transition of care |
| Describes basic health payment systems, including practice models | Delivers care with consideration of each patient's payment model | Engages with patients in shared decision making, informed by each patient's payment models | Advocates for patient care needs with consideration of the limitations of each patient's payment model | Participates in health policy advocacy activities |
| Identifies basic knowledge domains for effective transition to practice | Demonstrates use of information technology required for medical practice | Describes core administrative knowledge needed for transition to practice | Analyzes practice patterns and professional requirements in preparation for practice | Educates others to prepare them for transition to practice |
| | | | | |

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | | |
|---|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates how to access and use available evidence to take care of a routine patient | Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care | Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients | Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient | Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines | |
| | | | | | |
| Comments: | Comments: Not Yet Completed Level 1 | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|---|--|---|
| Accepts responsibility for personal and professional development by establishing goals and actively seeking opportunities to improve | When prompted, uses performance data to identify gaps, design, and implement a learning plan | Independently uses performance data to identify gaps, design, and implement a learning plan | Independently uses performance data to measure the effectiveness of the learning plan and adapt the plan as needed | Facilitates the design and implementing learning plans for others |
| | | | | |

| Professionalism 1: Ethical Principles | | | | | |
|--|--|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics | Applies ethical principles during patient care | Recognizes need to seek help in managing and resolving ethical situations | Uses appropriate resources for managing and resolving ethical dilemmas as needed | Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution | |
| | | | | | |
| Comments: | Comments: Not Yet Completed Level 1 | | | | |

| Professionalism 2: Professional Behavior and Accountability | | | | | |
|--|--|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Completes patient care tasks and responsibilities, identifies potential barriers, and describes strategies for ensuring timely task completion | Performs patient care tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations | Performs patient care tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations | Recognizes situations that may impact others' ability to complete patient-care tasks and responsibilities in a timely manner | Develops systems to enhance other's ability to efficiently complete patient-care tasks and responsibilities | |
| Describes when and how to appropriately report lapses in professional behavior | Takes responsibility for his or her own professional behavior and reports lapses in self and others | Demonstrates professional behavior in complex or stressful situations | Intervenes to prevent and correct lapses in professional behavior in self and others | Coaches others when their behavior fails to meet professional expectations | |
| Accepts feedback highlighting gaps | Episodically seeks feedback | Intentionally seeks and integrates multisource feedback into practice | Provides constructive feedback to others | | |
| | | | | | |
| Comments: | Comments: Not Yet Completed Level 1 | | | | |

| Professionalism 3: Administrative Tasks | | | | | |
|--|--|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Takes responsibility for failure to complete administrative tasks and responsibilities | Performs administrative tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations | Performs administrative tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations | Recognizes situations that may impact others' ability to complete administrative tasks and responsibilities in a timely manner | Develops systems to enhance other's ability to efficiently complete administrative tasks and responsibilities | |
| | | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 | |

| Professionalism 4: Well-Being | | | | | |
|---|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| With assistance, recognizes status of personal and professional well-being | Independently recognizes status of personal and professional well-being | Proposes a plan to optimize personal and professional well-being | Executes a plan to optimize personal and professional well-being | Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations | |
| | | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 | |

This subcompetency is not intended to evaluate a fellow's well-being, but to ensure each fellow has the fundamental knowledge of factors that impact wellbeing, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.

| Interpersonal and Comm | Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication | | | | |
|---|--|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Introduces themselves and explains their role to the patient and family | Delivers routine information to patients and families and confirms understanding | Delivers complex and difficult information to patients and families and confirms understanding | Facilitates interdisciplinary patient and family conferences | Coaches others in the facilitation of difficult conversations | |
| Provides timely updates to patients and families | Actively listens to patients and families to elicit patient preferences and expectations | Uses shared decision making to make a personalized care plan | Effectively negotiates and manages conflict among patients, families, and the health care team | Coaches others in conflict resolution | |
| Identifies common barriers to effective communication | Identifies complex barriers to effective communication | When prompted, reflects on personal biases while attempting to minimize communication barriers | Manages communication barriers and biases | | |
| | | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|---|---|---|
| Respectfully requests a consultation | Clearly and concisely requests a consultation | Verifies own understanding of consultant recommendations | Coordinates recommendations from different members of the health care team to optimize patient care | Models flexible communication strategies that value input from all health care team members, resolving conflict when needed |
| Respectfully receives a consultation request | Clearly and concisely responds to a consultation request | Verifies understanding of recommendations when providing consultation | Navigates and resolves disagreements with interprofessional team | |
| Uses language that values all members of the health care team | Communicates information effectively with all health care team members | Uses active listening to adapt communication style to fit team needs | Mediates conflict within the team | |
| | | | | |

| Interpersonal and Communication Skills 3: Communication within Health Care Systems | | | | |
|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Accurately and timely documents information in the patient record | Completes documentation thoroughly and communicates diagnostic and therapeutic reasoning in an organized fashion | Completes documentation accurately, concisely, and completely | Communicates in a clearly organized, concise, and timely manner, and includes anticipatory guidance | Models feedback to improve others' written communication |
| Safeguards patient personal health information | Documents required data in formats specified by institutional policy | Appropriately selects direct and indirect forms of communication | Uses written and verbal communication (e.g., patient notes, email) in a professional manner | Guides departmental or institutional communication around policies and procedures |
| Communicates through appropriate channels as required by institutional policy | Respectfully communicates concerns about the system | Uses appropriate channels to offer clear and constructive suggestions to improve the system | Initiates difficult conversations with appropriate stakeholders to improve the system | Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field) |
| | | | | |
| Comments: Not Yet Completed Level 1 | | | | |

| PC1: Ischemic Heart Disease Examples of Routine, Complex, and Advanced | | | |
|--|--|---|--|
| Procedures | | | |
| Routine | Complex | Advanced | |
| Primary CABG, Normal EF, First Sternotomy | Primary CABG, Low EF, First Sternotomy Primary Valve-CABG Redosternotomy, Primary CABG | Redo CABG LV Aneurysm Repair Post-infarct VSD | |
| | Complications | | |
| Routine | Complex | Advanced | |
| Atrial fibrillation, postoperative hypotension, bleeding, | Graft occlusion, tamponade, protamine reaction | Inability to wean from cardio-pulmonary bypass | |

| PC2: Mechanical Circulatory Support Examples of Routine, Complex, and Advanced | | | |
|--|-------------------|-----------------|--|
| | Proce | edures | |
| Routine | | | Advanced |
| ECMO | | Durable LVAD, E | BiVAD |
| Intra-aortic balloon pump | | | |
| From the former complex category: Temporary Centrimag, Tandem) | MCS (Impella, | | |
| | Compl | ications | |
| Routine | | Complex | Advanced |
| bleeding, coagulopathy, thrombus in pump or | peripheral ischer | • | Right ventricular failure, |
| circuit, arrhythmias, | distension/pulmo | nary edema | Acute pump thrombosis, |
| suction events | | | Differential upper and lower extremity perfusion |

| PC3: Valvular Dis | ease Examples of Rou | tine, Cor | mplex, and Advanced |
|---|---|-----------------|--|
| | Diseases | | |
| Routine | | | Complex |
| | surgica | al vs. transcat | heter |
| | Procedures | | |
| Routine | Complex | | Advanced |
| Aortic Valve Replacement | Aortic Root Replacement (Ber | ntall) | Aortic Valve Repair |
| Mitral Valve Replacement | Mitral Valve Repair | | Aortic Root Replacement (any other than |
| | Double Valve Replacement | | Bentall) |
| BASIC | Arrhythmia Procedures | | Redo Valve Replacement |
| paravalvular leak, systolic anterior motion | | | Aortic root enlargement |
| | Complications | | |
| Routine | Complex | | Advanced |
| heart block, atrial fibrillation, hypotension, bleeding, tamponade | SAM, small aortic root/PPM, occluded/kinked coronary butt paravalvular leak, left circumfl calcified mitral annulus, A-V g disruption | ex injury, | Management of aortic root abscess Management of complications of multi- valve surgery |

| PC4: Great Vessel Disease Examples of Routine, Complex, and Advanced | | |
|--|---|--|
| | Procedures | |
| Routine | Complex | Advanced |
| Ascending Aortic Replacement | Type A Aortic Dissection Repair | TEVAR |
| | Combined Valve-Ascending Aortic Surgery | Thoraco-abdominal Aortic Aneurysm Surgery |
| | Complications | |
| Routine | Complex | Advanced |
| Bleeding, hypothermia | Acute coronary ischemia | Acute spinal cord ischemia |
| | Need for aortic arch replacement | Acute end-organ ischemia following repair |
| | Acute cerebral ischemia | |

| PC 5: Esophagus Examples of Routine, Complex, and Advanced | | | | |
|--|-------------------------------|------------------------|--|--|
| Diseases | | | | |
| Routine | | Complex | | |
| Initial Reflux | | Achalasia/Mobility Dis | orders | |
| Foreign body impaction | | Perforation | | |
| Leiomyoma | | Esophageal Cancer | | |
| Diverticula | | Stricture | | |
| Barrets | | Fistula | | |
| PEH | | Trauma | | |
| Hiatal Hernia | | Congenital disorders | | |
| | | Post-endoscopic Com | plications | |
| | | Recurrent Reflux | | |
| | | Recurrent Hernia | | |
| | | Giant PEH | | |
| | Proc | edures | | |
| Routine | Com | plex | Advanced | |
| EGD | Stent | | Redo plication | |
| Dialation | Heller myotomy | | Belsey fundoplication | |
| Hiatal hernia repair | Collis | | Esophagectomy with non-gastric conduit | |
| First time fundo | Repair esophageal perforation | | Complex esophagectomy (prior fundo) | |
| | Esophageal diversion | | Management corrosive injury | |
| | Open esophagectomy | | | |
| | MIE (VATS or robotic) | | | |
| | POEM | | | |

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Thoracic Surgery – Independent, Appendix

| | Enucleation | |
|------------------------|----------------------|----------|
| | Diverticulectomy | |
| | Giant PEH | |
| | Penetrating injuries | |
| | Complications | |
| Routine | Complex | Advanced |
| Stricture | Leak | |
| Afib | Dehiscence | |
| Atelectasis | Chylothorax | |
| Pneumonia | Fistula | |
| Fever | Conduit necrosis | |
| Arrhythmia | Death | |
| Recurrent nerve injury | Empyema | |
| Aspiration | Airway injury | |
| DVT/PE | Perforation | |
| lleus | Conduit dysmotility | |
| Bleeding | | |
| UTI | | |

| PC6: Lung and Airway Examples of Routine, Complex, and Advanced | | | |
|---|-----------------|---|--|
| Diseases | | | |
| Routii | ne | Complex | |
| Solitary Lung Nodule | | Locally Advanced Lung Cancer | |
| Early Stage Lung Cancer | | Severe Bullous Emphysema | |
| Metastasis to Lung | | End Stage COPD | |
| Stable Hemoptysis | | End Stage Lung Disease (Cystic | Fibrosis, etc) |
| Tracheal Stenosis | | Lung Abscess | |
| Pulmonary Sequestration | | Bronchopleural Fistula | |
| Carcinoid | | Massive Hemoptysis | |
| | | Tracheal Malignancy | |
| | | | |
| | Proce | dures | |
| Bedside procedures/components | Routine | Complex | Advanced |
| Flexible Bronchoscopy | Lung biopsy | Segmentectomy | Sleeve/ bronchoplasty |
| Port Placement | Wedge resection | Pneumonectomy | Tracheal resection |
| Thoracotomy | Lobectomy | Extended pulmonary resections | Pancoast Tumor |
| Division of individual structures during lobectomy (vein, artery) | Tracheostomy | Minimally invasive lobectomy Interventional Bronchoscopy / EBUS | Lung Volume Resection Surgery Rigid Bronchoscopy |
| (Post-operative) Complications | | | |

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| Routine (simple) | Complex | Advanced |
|-------------------------|----------------------------|----------|
| Hemothorax | Bronchopleural fistula | |
| Effusion | Empyema | |
| Prolonged airleak | Respiratory failure | |
| Atrial fibrillation | Vascular injury | |
| Surgical site infection | Chylothorax | |
| Nerve injury | Tracheo-Innominate fistula | |

PC7: Chest Wall/Pleura/Mediastinum Examples of Routine, Complex, and Advanced

| Diseases | | |
|--------------------------------|--------------------------------|--|
| Routine | Complex | |
| Chylothorax | Malignant Pleural Mesothelioma | |
| Hyperhidrosis | Thoracic Outlet Syndromes | |
| Hemothorax | Chest wall tumors | |
| Pneumothorax/Pneumomediastinum | Pectus Excavatum | |
| Malignant effusion | Mediastinal Tumors | |
| Fibrothorax | Bronchopleural fistula | |
| Chest Wall Infections | Diaphragm Rupture | |

| Procedures | | | |
|---|---|--|---|
| Bedside procedures/components | Basic | Complex | Advanced |
| Port placement Thoracotomy Tube thoracostomy Thoracentesis Intercostal muscle harvest | Mediastinoscopy/ Chamberlin Pleurodesis PleurX Catheter Pleural Biopsy Rib Plating Evacuation of Hemothorax Sympathectomy Mediastinal drainage Pericardial window | Decortication Diaphragm repair/ resection Mediastinal mass/cyst resection Thoracic Outlet Syndrome Pectus excavatum Chest wall/ Sternal reconstruction Diaphragm plication Congenital diaphragmatic hernia Congenital cystic adenomatoid malformation (CCAM) | Pancoast Tumor Extra Pleural Pneumonectomy with Pleurectomy Decortication Pericardiectomy |

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Thoracic Surgery – Independent, Appendix

| Complications | | | |
|----------------------------------|---------------------------|----------|--|
| Routine (simple) | Complex | Advanced | |
| Effusion | Empyema | | |
| Hemothorax | Infected hardware/implant | | |
| Pneumothorax | Vascular injury | | |
| Atrial fibrillation | Diaphragmatic disruption | | |
| Nerve injury (Recurrent/Phrenic) | Chylothorax | | |
| Surgical site infection | | | |

| PC 8: Critical Care Examples of Routine, Complex, and Advanced | | | |
|--|---|--|--|
| Diseases | | | |
| Routine | Complex | | |
| Distributive shock | Any shock with complications | | |
| Cardiogenic shock | Heart failure treated with > 1 inotrope | | |
| Obstructive shock | Heart failure treated with a temporary or permanent device | | |
| Hypovolemic shock | RV failure treated with a temporary device (percutaneous or central RVAD) | | |
| Workup for cardiac transplantation | , | | |
| Workup for pulmonary transplantation | RV failure treated with inhaled pulmonary vasodilators (NO, veletri, etc) | | |
| Postop care for pulmonary transplantation without complications | Hemodynamic instability treated with > 1 vasoactive infusion | | |
| Postop care for cardiac transplantation without complications | Hypertensive emergency with complications (dissection, PAU) with the need for vasoactive infusions | | |
| Postop care for routine cardiac operations (CABG, isolated valve, valve + CABG, uncomplicated aortic replacement) | Postop care for PTE | | |
| Routine postop care for cardiopulmonary operations | Postop care for complicated aortic surgery | | |
| complicated by 1 or less additional organ dysfunction (GI bleed, renal failure, liver failure, respiratory failure, etc) | Postop care for cardiac transplantation with complications (hemorrhage, tamponade, persistent lactate, open chest, | | |
| Management of nutritional deficiencies | mechanical support, etc) | | |
| Management of kidney injury (initial workup, treatment, fluid and diuretic management, recognizing the need for renal replacement) | Postop care for pulmonary transplantation (hemorrhage, tamponade, persistent lactate, open chest, mechanical support, etc) | | |
| Management of respiratory failure and adjuncts for treatment | Care of a patient with a disease complicated by multi-organ system dysfunction (renal failure, liver failure, respiratory failure, etc) | | |
| | | | |

| Procedures | | |
|--|---------------------------------------|---|
| Routine | Complex | Advanced |
| Central line (internal jugular, subclavian, femoral) | Arterial line (femoral, brachial) TTE | Arterial line (cut down approach) Bedside surgical procedures (ex-lap, |
| Arterial line (radial) | TEE | thoracotomy, reopening of sternotomy) |
| Intubation | IABP placement | IABP placement |
| Temporary dialysis catheter placement | Flexible bronchoscopy with or without | Placement of temporary mechanical support (ECMO, Impella, percutaneous |
| Transcutaneous pacing and defibrillation | BAL, lavage, brushings, etc | RVAD) |
| Cardioversion | Transvenous pacemaker placement | Tracheostomy |
| Management of epicardial pacemaker | Intubation | Percutaneous gastrostomy tube |
| Management of nutritional deficiencies | CPAP/BiPAP/ Invasive ventilator | placement (PEG) |
| with enteral or parenteral nutrition | management | EGD |
| | | Rigid bronchoscopy |
| | | Flexible bronchoscopy with biopsy |
| Complications | | |
| Routine | Complex | Advanced |
| Single organ complication (hemorrhage, isolated organ failure, etc.) | Multiorgan system failure | |