

## Association for Hospital Medical Education

*Presents a new educational vehicle...Teleconferences by phone!*

### “The ACGME Milestones Project – Implications for Transitional Year Residency Programs”

A price-conscious, value-packed audio conference sponsored by CTYPD (The Council of Transitional Year Program Directors) – one of AHME's four councils.

**Thursday, January 21, 2010 ~ 3:00 - 4:00 p.m. EST**

#### Objectives:

*At the end of this Teleconference, the learner should be able to...*

1. Understand the driving forces behind competency-based education training (CBET)
2. Understand key principles of CBET and how milestones can facilitate assessment
3. Review the history of the Internal Medicine Milestones Project and lessons learned that can facilitate milestones development for Transitional Year training.
4. Explore current plans for the development of TY milestones and the expected timeline for development and implementation of these milestones

**Speaker:** A former TY Program Director, **William Iobst, MD**, is currently the Director of Academic Affairs at the American Board of Internal Medicine. A board-certified rheumatologist, Dr. Iobst continues to practice and teach part time at Lehigh Valley Hospital in Allentown, Pennsylvania. Prior to working for the ABIM, Dr. Iobst served as the Designated Institutional Official and Director of Graduate Medical Education at Lehigh Valley Hospital Network. Before becoming the DIO and DGME, Dr. Iobst served as the Program Director for the Internal Medicine and Transitional Year Residency Programs at Lehigh Valley Hospital. He recently served on the Internal Medicine Milestones Taskforce and helped direct the Writing Subcommittee for the Taskforce that generated the milestones report recently released for review and public comment.



**Moderator:** Chair of the Council of Transitional Year Program Directors, **Steven Craig, MD**, is Director of the Des Moines Medical Education Consortium in Des Moines, Iowa. He also serves as Director of the Transitional Year Residency Program at Iowa Methodist Medical Center in Des Moines. He will serve as Teleconference coordinator and moderator for this session.



**Register online now ~ [www.ahme.org](http://www.ahme.org)**

\* **AHME Members: Only \$75** if you register by **Jan. 14** -- \$85 after 01/14/10

\* **Non-Members: Only \$99** if you register by **Jan. 14** -- \$109 after 01/14/10

\* Registration fee covers one phone line connection for multiple people. Include your TY Program Director, Coordinator, and TY Education Committee!

**Contact AHME Headquarters with questions – 724-864-7321**



**AHME Teleconference Registration Form**  
**“The ACGME Milestones Project – Implications for Transitional Year Residency Programs”**  
**Thursday, January 21, 2010, 3:00 – 4:00 pm ET**

**Institution Name** \_\_\_\_\_

**Registrant #1: Main Contact for Registration & First Participant** (optional)

Name \_\_\_\_\_ Degree \_\_\_\_\_ AHME Member ID: \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Registrant #2:** (optional)

Name \_\_\_\_\_ Degree \_\_\_\_\_ AHME Member ID: \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_

**Registrant #3:** (optional)

Name \_\_\_\_\_ Degree \_\_\_\_\_ AHME Member ID: \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_

**Registrant #4:** (optional)

Name \_\_\_\_\_ Degree \_\_\_\_\_ AHME Member ID: \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_

**PAYMENT CALCULATION\*** \*\* Registration fee covers one phone line connection for multiple people. Include your TY Program Director, Coordinator, and TY Education Committee!

**AHME Members:**

# of registrants \_\_\_\_\_ X  \$75 (by 01/14/10) OR  \$85 (after 01/14/10) = Total \$ \_\_\_\_\_

**Non-Members:**

# of registrants \_\_\_\_\_ X  \$99 (by 01/14/10) OR  \$109 (after 01/14/10) = Total \$ \_\_\_\_\_

**METHOD OF PAYMENT – NOTE: If registering by check/mail, be sure to fax your registration as well!**

**Credit Card:** \_\_\_ Visa \_\_\_ MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Total Cost to Charge to Card \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Check Enclosed:** Made payable to **AHME** – mail to: **AHME, PO Box 725, Indiana, PA 15701**

**Check to Follow:** Fax a copy of your internal check request to 724-864-6153

**Cancellation Policy:** Cancellations made within 3 business days of the course are subject to a 25% service fee. Registrants who do not dial in and who do not cancel before the conference date are liable for the full fee. Only written requests for cancellation will be accepted. Cancellations must be made by fax at 724-864-6153 or by email (sandi@ahme.org).