The Diagnostic Radiology Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Radiology

July 2015
The Diagnostic Radiology 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.
Diagnostic Radiology Milestones

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Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the 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 diagnostic radiology 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 the figure on page v). A general interpretation of levels for diagnostic radiology is below:

**Level 1:** The resident demonstrates milestones expected of one who has had some education in diagnostic radiology.

**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 fellow 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:*  
The figure 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 that resident’s performance in relation to the milestones
- or
- selecting the “Has not Achieved Level 1” response option

<table>
<thead>
<tr>
<th>PCTS1: Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has not Achieved Level 1</strong></td>
</tr>
<tr>
<td>Uses established evidence-based imaging guidelines such as American College of Radiology (ACR) Appropriateness Criteria®</td>
</tr>
<tr>
<td>Appropriately uses the Electronic Health Record to obtain relevant clinical information</td>
</tr>
</tbody>
</table>

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s).
### DIAGNOSTIC RADIOLOGY MILESTONES

#### ACGME REPORT WORKSHEET

**Patient Care and Technical Skills (Residents must be able to meet previous year milestones when evaluated at a specific level)**

<table>
<thead>
<tr>
<th>PCTS1: Consultant</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has not Achieved Level 1</td>
<td>Uses established evidence-based imaging guidelines such as American College of Radiology (ACR) Appropriateness Criteria®</td>
<td>Recommends appropriate imaging of common* conditions independently</td>
<td>Recommends appropriate imaging of uncommon* conditions independently</td>
<td>Integrates current research and literature with guidelines, taking into consideration cost effectiveness and risk-benefit analysis, to recommend imaging</td>
<td>Participates in research, development, and implementation of imaging guidelines</td>
</tr>
<tr>
<td></td>
<td>Appropriately uses the Electronic Health Record to obtain relevant clinical information</td>
<td>*As defined by the residency program</td>
<td>*As defined by the residency program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**Possible Methods of Assessment/Examples:**

- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- End-of-Rotation Global Assessment
- Self-Assessment and Reflections/Portfolio
- End-of-Year Examination
- Simulation/OSCE
### Patient Care and Technical Skills

**PCTS2: Competence in procedures**

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competently performs basic procedures* under indirect supervision</td>
<td>Competently performs intermediate procedures, as defined by the residency program</td>
<td>Competently performs advanced procedures, as defined by the residency program</td>
<td>Able to competently and independently perform the following procedures:</td>
<td>Able to teach procedures to junior-level residents</td>
<td></td>
</tr>
<tr>
<td>Recognizes and manages complications of basic procedures</td>
<td>Recognizes and manages complications of intermediate procedures</td>
<td>Recognizes and manages complications of advanced procedures</td>
<td>• adult and pediatric fluoroscopy studies</td>
<td>Competently performs complex procedures, modifies procedures as needed, and anticipates and manages complications of complex procedures</td>
<td></td>
</tr>
</tbody>
</table>

*Basic procedures, as defined by each residency program, include those needed to take independent call

#### Comments:

Possible Methods of Assessment/Examples:
- 360 Evaluation/Multi-rater/Peer
- End-of-Rotation Global Assessment
- Case/Procedure Logs, including complications
- Direct observation and feedback
- Procedural competency checklists
- Self-Assessment and Reflections/Portfolio
- Simulation/OSCE
### Medical Knowledge

#### MK1: Protocol selection and optimization of images

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selects appropriate protocol and contrast agent/dose for basic imaging, including protocols encountered during independent call as defined by the residency program</td>
<td>Selects appropriate protocols and contrast agent/dose for intermediate imaging as defined by the residency program</td>
<td>Selects appropriate protocols and contrast agent/dose for advanced imaging as defined by the residency program</td>
<td>Independently modifies protocols as determined by clinical circumstances</td>
<td>Teaches and/or writes imaging protocols</td>
<td></td>
</tr>
<tr>
<td>Recognizes sub-optimal imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio
- Core exam
- OSCE/simulation
# Medical Knowledge

## MK2: Interpretation of examinations

<table>
<thead>
<tr>
<th>Level</th>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Makes core observations, formulates differential diagnoses, and recognizes critical findings</td>
<td>Makes secondary observations, narrows the differential diagnosis, and describes management options</td>
<td>Provides accurate, focused, and efficient interpretations</td>
<td>Makes subtle observations and prioritizes differential diagnoses and recommends management</td>
<td>Suggests a single diagnosis when appropriate</td>
<td>Demonstrates expertise and efficiency at a level expected of a subspecialist and advances the art and science of image interpretation</td>
</tr>
<tr>
<td></td>
<td>Differentiates normal from abnormal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Possible Methods of Assessment/Examples:
- End-of-Rotation Global Assessment
- Direct observation and feedback
- Reading out with resident
- ER preparedness test
- Review of reports
- Rate of major discrepancies
- Core exam
# Systems-based Practice

## SBP1: Quality Improvement (QI)

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describes departmental QI initiatives</td>
<td>Incorporates QI into clinical practice</td>
<td>Identifies and begins a systems-based practice project incorporating QI methodology</td>
<td>Completes a systems-based practice project as required by the ACGME Review Committee</td>
<td>Leads a team in the design and implementation of a QI project</td>
</tr>
<tr>
<td></td>
<td>Describes the departmental incident/occurrence reporting system</td>
<td>Participates in the departmental incident/occurrence reporting system</td>
<td></td>
<td>Describes national radiology quality programs (e.g., National Radiology Data Registry, accreditation, peer-review)</td>
<td>Routinely participates in root cause analysis</td>
</tr>
</tbody>
</table>

**Comments:**

**Possible Methods of Assessment/Examples:**
- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio
- Semi-annual evaluation with program director
- Written feedback on project (with mentor)
- Project presentation feedback (faculty, peers, others in system)
- Critical incidents reporting and feedback
## Systems-based Practice

### SBP2: Health care economics

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describes the mechanisms for reimbursement, including types of payors</td>
<td>States relative cost of common procedures</td>
<td>Describes the technical and professional components of imaging costs</td>
<td>Describes measurements of productivity (e.g., RVUs)</td>
<td>Describes the radiology revenue cycle</td>
</tr>
</tbody>
</table>

**Comments:**

**Possible Methods of Assessment/Examples:**
- End-of-Rotation Global Assessment
- Project presentation feedback (faculty, peers, others in system)
- Completion of knowledge-based modules

**Suggested educational strategies:**
- Annual QA session with head of billing
- Institute for Health Care International modules
- Agency for Healthcare Research and Quality modules
## Practice-based Learning and Improvement

<table>
<thead>
<tr>
<th>PBL1: Patient safety: contrast agents; radiation safety; MR safety; sedation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has not Achieved Level 1</strong></td>
</tr>
<tr>
<td><strong>Contrast Agents:</strong> Recognizes and manages contrast reactions</td>
</tr>
<tr>
<td><strong>Radiation Safety:</strong> Describes the mechanisms of radiation injury and the ALARA (“as low as reasonably achievable”) concept</td>
</tr>
<tr>
<td><strong>MR Safety:</strong> Describes risks of MRI</td>
</tr>
</tbody>
</table>

### Possible Methods of Assessment/Examples:
- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio
- Completion of institutional safety modules, BCLS/ACLS

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**Practice-based Learning and Improvement**

### PBLI2: Self-Directed Learning

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops an annual learning plan based on self-reflection and program feedback</td>
<td>Evaluates and modifies learning plan</td>
<td>Evaluates and modifies learning plan</td>
<td>Evaluates and modifies learning plan</td>
<td>Advocates for lifelong learning at local and national levels</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**Possible Methods of Assessment/Examples:**
- End-of-Rotation Global Assessment
- Semi-annual evaluation meeting with program director
- Self-Assessment and Reflections/Portfolio
- Resident teaching and feedback
- Core exam
Practice-based Learning and Improvement

### PBLI3: Scholarly activity

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents training in critical thinking skills and research design</td>
<td>Works with faculty mentors to identify potential scholarly projects</td>
<td>Begins scholarly project</td>
<td>Completes and presents a scholarly project</td>
<td>Independently conducts research and contributes to the scientific literature and/or completes more than one scholarly project</td>
<td>Completes an IRB submission</td>
</tr>
</tbody>
</table>

**Comments:**

**Possible Methods of Assessment/Examples:**
- End-of-Rotation Global Assessment
- Self-Assessment and Reflections/Portfolio
- Core exam
- Journal club discussions
- Written feedback on project (with mentor)
- Project presentation feedback (faculty, peers, others in system)
- Completion of AJR Self-Assessment Modules or CITI modules
### Professionalism

#### PROF1: Professional Values and Ethics

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
</table>
| Demonstrates the following professional behaviors:  
- recognizes the importance and priority of patient care and advocates for patient interests  
- fulfills work-related responsibilities  
- is truthful  
- recognizes personal limitations and seeks help when appropriate  
- recognizes personal impairment and seeks help when needed  
- responds appropriately to constructive criticism  
- places needs of patients before self  
- maintains appropriate boundaries with patients, colleagues, and others  
- exhibits tolerance and acceptance of diverse individuals and groups  
- maintains patient confidentiality  
- fulfills institutional and program requirements related to professionalism and ethics  
- attends required | Is an effective health care team member  
Demonstrates professional behaviors listed in the second column | Is an effective health care team leader, promoting primacy of patient welfare, patient autonomy, and social justice  
Demonstrates professional behaviors listed in the second column | Serves as a role model for professional behavior  
Demonstrates professional behaviors listed in the second column | Participates in local and national organizations to advance professionalism in radiology  
Mentors others regarding professionalism and ethics |
Possible Methods of Assessment/Examples:
- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Conference attendance logs
- Timeliness in completing institutional and program requirements

Suggested Educational Tools:
1. Teaching and Assessing Professionalism: A Program Director’s Guide by the ABP and APPD – see Chapter 8: Measuring Professionalism
   - Critical incidents
   - Peer assessments
   - Multi-source assessments
   - Professionalism Mini-Evaluation Exercise (P-MEX)

2. The Professionalism Mini-Evaluation Exercise: A Preliminary Investigation

3. ABRF Online Modules on Ethics and Professionalism
   https://www.abronline.org/asp/abrf/

**Interpersonal and Communication Skills**

**ICS1: Effective communication with patients, families, and caregivers**

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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<tr>
<td>Communications information about imaging and examination results in routine, uncomplicated circumstances</td>
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<tr>
<td>Obtains informed consent</td>
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</tbody>
</table>

- Communicates, under *direct* supervision, in challenging circumstances (e.g., cognitive impairment, cultural differences, language barriers, low health literacy)
- Communicates, under *direct* supervision, difficult information such as errors, complications, adverse events, and bad news
- *see ACGME definition of direct supervision in the Program Requirements

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
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<th>Level 5</th>
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</table>

- Communicates, under *indirect* supervision, in challenging circumstances (e.g., cognitive impairment, cultural differences, language barriers, low health literacy)
- Communicates complex and difficult information, such as errors, complications, adverse events, and bad news
- Serves as a role model for effective and compassionate communication
- Develops patient-centered educational materials

**Comments:**

**Possible Methods of Assessment/Examples:**

- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio
### Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>ICS2: Effective communication with members of the health care team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has not Achieved Level 1</strong></td>
</tr>
<tr>
<td>Adheres to transfer-of-care policies</td>
</tr>
<tr>
<td><strong>Written/Electronic:</strong> Generates accurate reports with appropriate elements required for coding</td>
</tr>
<tr>
<td><strong>Verbal:</strong> Communicates urgent and unexpected findings according to institutional policy and ACR guidelines</td>
</tr>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Written/Electronic: Efficiently generates clear and concise reports that do not require substantive faculty member correction on routine cases</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
</tr>
<tr>
<td>Written/Electronic: Efficiently generates clear and concise reports that do not require substantive faculty member correction on common complex cases</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
</tr>
<tr>
<td>Written/Electronic: Efficiently generates clear and concise reports that do not require substantive faculty member correction on all cases</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
</tr>
<tr>
<td><strong>Level 5</strong></td>
</tr>
<tr>
<td>Leads interdisciplinary conferences</td>
</tr>
<tr>
<td>Written/Electronic: Generates tailored reports meeting needs of referring physician</td>
</tr>
<tr>
<td>Develops templates and report formats</td>
</tr>
<tr>
<td><strong>Verbal:</strong> Communicates effectively and professionally in all circumstances</td>
</tr>
<tr>
<td><strong>Verbal:</strong> Serves as a role model for effective communication</td>
</tr>
</tbody>
</table>

**Comments:**

**Possible Methods of Assessment/Examples:**
- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE (Intra-departmental and Team)
- Direct observation and feedback
- Self-Assessment and Reflections/Portfolio