Internal Medicine – Emergency Medicine - Critical Care Medicine (Combined) programs must annually report on **each** set of milestones.

The Internal Medicine Milestone Project

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

July 2015

The Emergency Medicine Milestone Project

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

July 2015

The Internal Medicine Subspecialty Milestones Project

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

In Collaboration with

July 2015

The Internal Medicine Milestone Project

A Joint Initiative of

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July 2015

The Internal Medicine 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.

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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 that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice. 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.

The internal medicine milestones are arranged in columns of progressive stages of competence that do not correspond with post-graduate year of education. For each reporting period, programs will need to review the milestones and identify those milestones that best describe a resident's current performance and ultimately select a box that best represents the summary performance for that sub-competency (See the figure on page v.). Selecting a response box in the middle of a column implies that the resident has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for internal medicine is as follows:

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a resident's performance.

Column 2: Describes behaviors of an early learner.

Column 3: Describes behaviors of a resident who is advancing and demonstrating improvement in performance related to milestones.

Ready for Unsupervised Practice: Describes behaviors of a resident who substantially demonstrates the milestones identified for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the resident may display these milestones at any point during residency.

Aspirational: Describes behaviors of a resident who has advanced beyond those milestones that describe unsupervised practice. These milestones reflect the competence of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional residents will demonstrate these milestones behaviors.

For each ACGME competency domain, programs will also be asked to provide a summative evaluation of each resident's learning trajectory.

Additional Notes

The "Ready for Unsupervised Practice" milestones are designed as the graduation *target* but *do 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 the "Ready for Unsupervised Practice" milestones and all other milestones are in the appropriate stage within the developmental framework, and whether Milestone data are of sufficient quality to be used for high stakes decisions.

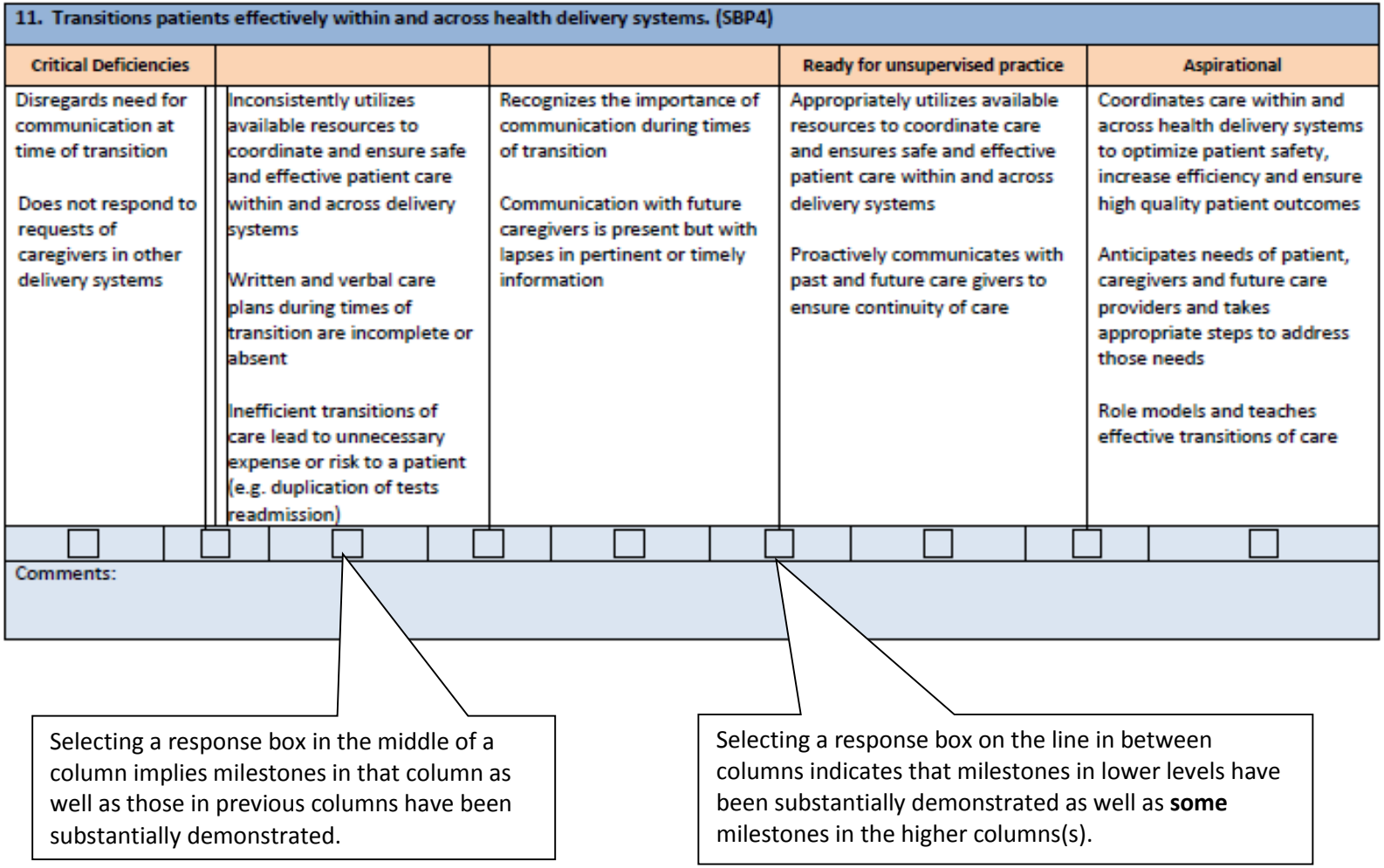
Answers to Frequently Asked Questions about Milestones are available on the Milestones web page: http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf.

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 column of milestones that best describes that resident's performance

or

- selecting the "Critical Deficiencies" response box



INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Does not collect accurate historical data Does not use physical exam to confirm history Relies exclusively on documentation of others to generate own database or differential diagnosis Fails to recognize patient's central clinical problems Fails to recognize potentially life threatening problems	Inconsistently able to acquire accurate historical information in an organized fashion Does not perform an appropriately thorough physical exam or misses key physical exam findings Does not seek or is overly reliant on secondary data Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Consistently acquires accurate and relevant histories from patients Seeks and obtains data from secondary sources when needed Consistently performs accurate and appropriately thorough physical exams Uses collected data to define a patient's central clinical problem(s)	Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion Performs accurate physical exams that are targeted to the patient's complaints Synthesizes data to generate a prioritized differential diagnosis and problem list Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis Identifies subtle or unusual physical exam findings Efficiently utilizes all sources of secondary data to inform differential diagnosis Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
☐	☐	☐	☐	☐
Comments:				

2. Develops and achieves comprehensive management plan for each patient. (PC2)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Care plans are consistently inappropriate or inaccurate Does not react to situations that require urgent or emergent care Does not seek additional guidance when needed	Inconsistently develops an appropriate care plan Inconsistently seeks additional guidance when needed	Consistently develops appropriate care plan Recognizes situations requiring urgent or emergent care Seeks additional guidance and/or consultation as appropriate	Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences Recognizes disease presentations that deviate from common patterns and require complex decision- making Manages complex acute and chronic diseases	Role models and teaches complex and patient-centered care Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles
☐	☐	☐	☐	☐
Comments:				

3. Manages patients with progressive responsibility and independence. (PC3)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Cannot advance beyond the need for direct supervision in the delivery of patient care Cannot manage patients who require urgent or emergent care Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care Inconsistently manages simple ambulatory complaints or common chronic diseases Inconsistently provides preventive care in the ambulatory setting Inconsistently manages patients with straightforward diagnoses in the inpatient setting Unable to manage complex inpatients or patients requiring intensive care	Requires indirect supervision to ensure patient safety and quality care Provides appropriate preventive care and chronic disease management in the ambulatory setting Provides comprehensive care for single or multiple diagnoses in the inpatient setting Under supervision, provides appropriate care in the intensive care unit Initiates management plans for urgent or emergent care Cannot independently supervise care provided by junior members of the physician-led team	Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes Seeks additional guidance and/or consultation as appropriate Appropriately manages situations requiring urgent or emergent care Effectively supervises the management decisions of the team	Manages unusual, rare, or complex disorders
☐	☐	☐	☐	☐
Comments:				

4. Skill in performing procedures. (PC4)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Attempts to perform procedures without sufficient technical skill or supervision Unwilling to perform procedures when qualified and necessary for patient care	Possesses insufficient technical skill for safe completion of common procedures	Possesses basic technical skill for the completion of some common procedures	Possesses technical skill and has successfully performed all procedures required for certification	Maximizes patient comfort and safety when performing procedures Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice Teaches and supervises the performance of procedures by junior members of the team
☐	☐	☐	☐	☐
Comments:				

5. Requests and provides consultative care. (PC5)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services Unwilling to utilize consultant services when appropriate for patient care	Inconsistently manages patients as a consultant to other physicians/health care teams Inconsistently applies risk assessment principles to patients while acting as a consultant Inconsistently formulates a clinical question for a consultant to address	Provides consultation services for patients with clinical problems requiring basic risk assessment Asks meaningful clinical questions that guide the input of consultants	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment Appropriately weighs recommendations from consultants in order to effectively manage patient care	Switches between the role of consultant and primary physician with ease Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment Manages discordant recommendations from multiple consultants
☐	☐	☐	☐	☐
Comments:				

Patient Care

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

6. Clinical knowledge (MK1)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care	Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions
☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				

7. Knowledge of diagnostic testing and procedures. (MK2)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care	Inconsistently interprets basic diagnostic tests accurately Does not understand the concepts of pre-test probability and test performance characteristics Minimally understands the rationale and risks associated with common procedures	Consistently interprets basic diagnostic tests accurately Needs assistance to understand the concepts of pre-test probability and test performance characteristics Fully understands the rationale and risks associated with common procedures	Interprets complex diagnostic tests accurately Understands the concepts of pre-test probability and test performance characteristics Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures	Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures Pursues knowledge of new and emerging diagnostic tests and procedures
☐	☐	☐	☐	☐
Comments:				

Medical Knowledge

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

8. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (SBP1)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Refuses to recognize the contributions of other interprofessional team members Frustrates team members with inefficiency and errors	Identifies roles of other team members but does not recognize how/when to utilize them as resources Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders)	Understands the roles and responsibilities of all team members but uses them ineffectively Participates in team discussions when required but does not actively seek input from other team members	Understands the roles and responsibilities of and effectively partners with, all members of the team Actively engages in team meetings and collaborative decision-making	Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient Efficiently coordinates activities of other team members to optimize care Viewed by other team members as a leader in the delivery of high quality care
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				

9. Recognizes system error and advocates for system improvement. (SBP2)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Ignores a risk for error within the system that may impact the care of a patient Ignores feedback and is unwilling to change behavior in order to reduce the risk for error	Does not recognize the potential for system error Makes decisions that could lead to error which are otherwise corrected by the system or supervision Resistant to feedback about decisions that may lead to error or otherwise cause harm	Recognizes the potential for error within the system Identifies obvious or critical causes of error and notifies supervisor accordingly Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk Willing to receive feedback about decisions that may lead to error or otherwise cause harm	Identifies systemic causes of medical error and navigates them to provide safe patient care Advocates for safe patient care and optimal patient care systems Activates formal system resources to investigate and mitigate real or potential medical error Reflects upon and learns from own critical incidents that may lead to medical error	Advocates for system leadership to formally engage in quality assurance and quality improvement activities Viewed as a leader in identifying and advocating for the prevention of medical error Teaches others regarding the importance of recognizing and mitigating system error
☐	☐	☐	☐	☐
Comments:				

10. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (SBP3)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Ignores cost issues in the provision of care Demonstrates no effort to overcome barriers to cost-effective care	Lacks awareness of external factors *(e.g. socio-economic, cultural, literacy, insurance status)* that impact the cost of health care and the role that external stakeholders *(e.g. providers, suppliers, financers, purchasers)* have on the cost of care Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care Minimizes unnecessary diagnostic and therapeutic tests Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g. screening tests)	Consistently works to address patient specific barriers to cost-effective care Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions) Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests	Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care
☐	☐	☐	☐	☐
Comments:				

11. Transitions patients effectively within and across health delivery systems. (SBP4)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Disregards need for communication at time of transition Does not respond to requests of caregivers in other delivery systems	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems Written and verbal care plans during times of transition are incomplete or absent Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission)	Recognizes the importance of communication during times of transition Communication with future caregivers is present but with lapses in pertinent or timely information	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems Proactively communicates with past and future care givers to ensure continuity of care	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs Role models and teaches effective transitions of care
☐	☐	☐	☐	☐
Comments:				

Systems-based Practice

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

12. Monitors practice with a goal for improvement. (PBLI1)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement	Unable to self-reflect upon one's practice or performance Misses opportunities for learning and self-improvement	Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections Inconsistently acts upon opportunities for learning and self-improvement	Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement Actively engages in self-improvement efforts and reflects upon the experience
☐	☐	☐	☐	☐
Comments:				

13. Learns and improves via performance audit. (PBLI2)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Disregards own clinical performance data Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Limited awareness of or desire to analyze own clinical performance data Nominally participates in a quality improvement projects Not familiar with the principles, techniques or importance of quality improvement	Analyzes own clinical performance data and identifies opportunities for improvement Effectively participates in a quality improvement project Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Analyzes own clinical performance data and actively works to improve performance Actively engages in quality improvement initiatives Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients	Actively monitors clinical performance through various data sources Is able to lead a quality improvement project Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
☐	☐	☐	☐	☐
Comments:				

14. Learns and improves via feedback. (PBLI3)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Never solicits feedback Actively resists feedback from others	Rarely seeks feedback Responds to unsolicited feedback in a defensive fashion Temporarily or superficially adjusts performance based on feedback	Solicits feedback only from supervisors Is open to unsolicited feedback Inconsistently incorporates feedback	Solicits feedback from all members of the interprofessional team and patients Welcomes unsolicited feedback Consistently incorporates feedback	Performance continuously reflects incorporation of solicited and unsolicited feedback Able to reconcile disparate or conflicting feedback
☐	☐	☐	☐	☐
Comments:				

15. Learns and improves at the point of care. (PBLI4)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate Fails to seek or apply evidence when necessary	Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information Can translate medical information needs into well-formed clinical questions with assistance Unfamiliar with strengths and weaknesses of the medical literature Has limited awareness of or ability to use information technology Accepts the findings of clinical research studies without critical appraisal	Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information Can translate medical information needs into well-formed clinical questions independently Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication With assistance, appraises clinical research reports, based on accepted criteria	Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information Routinely translates new medical information needs into well-formed clinical questions Utilizes information technology with sophistication Independently appraises clinical research reports based on accepted criteria	Searches medical information resources efficiently, guided by the characteristics of clinical questions Role models how to appraise clinical research reports based on accepted criteria Has a systematic approach to track and pursue emerging clinical questions
☐	☐	☐	☐	☐
Comments:				

Practice-Based Learning and Improvement

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

16. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Lacks empathy and compassion for patients and caregivers Disrespectful in interactions with patients, caregivers and members of the interprofessional team Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self-interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate	Role models compassion, empathy and respect for patients and caregivers Role models appropriate anticipation and advocacy for patient and caregiver needs Fosters collegiality that promotes a high-functioning interprofessional team Teaches others regarding maintaining patient privacy and respecting patient autonomy
☐	☐	☐	☐	☐
Comments:				

17. Accepts responsibility and follows through on tasks. (PROF2)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks Shuns responsibilities expected of a physician professional	Completes most assigned tasks in a timely manner but may need multiple reminders or other support Accepts professional responsibility only when assigned or mandatory	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy Completes assigned professional responsibilities without questioning or the need for reminders	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner Willingness to assume professional responsibility regardless of the situation	Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner Assists others to improve their ability to prioritize multiple, competing tasks
☐	☐	☐	☐	☐
Comments:				

18. Responds to each patient's unique characteristics and needs. (PROF3)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter Is unwilling to modify care plan to account for a patient's unique characteristics and needs	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter Requires assistance to modify care plan to account for a patient's unique characteristics and needs	Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference Modifies care plan to account for a patient's unique characteristics and needs with partial success	Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver Appropriately modifies care plan to account for a patient's unique characteristics and needs	Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs Role models consistent respect for patient's unique characteristics and needs
☐	☐	☐	☐	☐
Comments:				

19. Exhibits integrity and ethical behavior in professional conduct. (PROF4)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Dishonest in clinical interactions, documentation, research, or scholarly activity Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures.	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates accountability for the care of patients Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity	Demonstrates integrity, honesty, and accountability to patients, society and the profession Actively manages challenging ethical dilemmas and conflicts of interest Identifies and responds appropriately to lapses of professional conduct among peer group	Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility Role models integrity, honesty, accountability and professional conduct in all aspects of professional life Regularly reflects on personal professional conduct
☐	☐	☐	☐	☐
Comments:				

Professionalism

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

20. Communicates effectively with patients and caregivers. (ICS1)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Ignores patient preferences for plan of care Makes no attempt to engage patient in shared decision-making Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences. Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful Defers difficult or ambiguous conversations to others	Engages patients in shared decision making in uncomplicated conversations Requires assistance facilitating discussions in difficult or ambiguous conversations Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds Incorporates patient-specific preferences into plan of care	Role models effective communication and development of therapeutic relationships in both routine and challenging situations Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds
☐	☐	☐	☐	☐
Comments:				

21. Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (ICS2)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non-verbal behaviors disrupt effective collaboration with team members	Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input	Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care	Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions
☐	☐	☐	☐	☐
Comments:				

22. Appropriate utilization and completion of health records. (ICS3)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Health records are absent or missing significant portions of important clinical data	Health records are disorganized and inaccurate	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific	Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				

Interpersonal and Communications Skills

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

Overall Clinical Competence

This rating represents the assessment of the resident's development of overall clinical competence during this year of training:

___ Superior: Far exceeds the expected level of development for this year of training

___ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training

___ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.

___ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.

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Emergency Medicine 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 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 a resident's current performance level in relation to milestones, using evidence from multiple methods, such as direct observation, multi-source feedback, tests, and record reviews, etc. Milestones are arranged into numbered levels. These levels do not correspond with post-graduate year of education.

Selection of a level implies that the resident substantially demonstrates the milestones in that level, as well as those in lower levels (See the diagram on page v). A general interpretation of levels for emergency medicine is below:

Level 1: The resident demonstrates milestones expected of an incoming resident.

Level 2: The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.

Level 3: The resident continues to advance and demonstrate additional milestones; the resident demonstrates the majority of milestones targeted for residency in this sub-competency.

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.

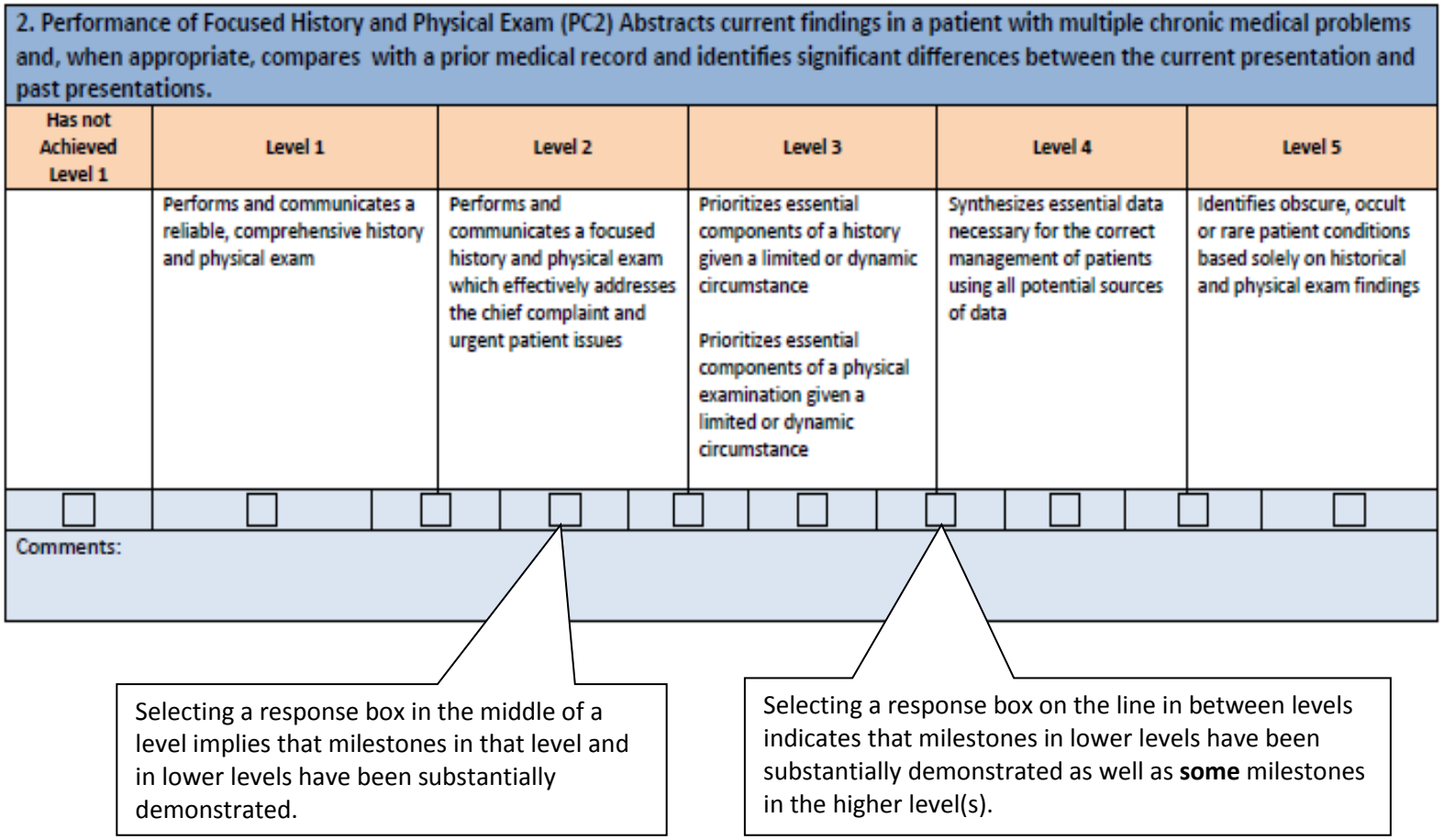
Answers to Frequently Asked Questions about Milestones are available on the Milestones web page: http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf.

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

<u>or</u>

- selecting the "Has not Achieved Level 1" response option



EMERGENCY MEDICINE MILESTONES

ACGME REPORT WORKSHEET

1. Emergency Stabilization (PC1) Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes abnormal vital signs	Recognizes when a patient is unstable requiring immediate intervention Performs a primary assessment on a critically ill or injured patient Discerns relevant data to formulate a diagnostic impression and plan	Manages and prioritizes critically ill or injured patients Prioritizes critical initial stabilization actions in the resuscitation of a critically ill or injured patient Reassesses after implementing a stabilizing intervention Evaluates the validity of a DNR order	Recognizes in a timely fashion when further clinical intervention is futile Integrates hospital support services into a management strategy for a problematic stabilization situation	Develops policies and protocols for the management and/or transfer of critically ill or injured patients
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT, observed resuscitations, simulation, checklist, videotape review

2. Performance of Focused History and Physical Exam (PC2) Abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Performs and communicates a reliable, comprehensive history and physical exam	Performs and communicates a focused history and physical exam which effectively addresses the chief complaint and urgent patient issues	Prioritizes essential components of a history given a limited or dynamic circumstance Prioritizes essential components of a physical examination given a limited or dynamic circumstance	Synthesizes essential data necessary for the correct management of patients using all potential sources of data	Identifies obscure, occult or rare patient conditions based solely on historical and physical exam findings
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Global ratings of live performance, checklist assessments of live performance , SDOT, oral boards, simulation

3. Diagnostic Studies (PC3) Applies the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Determines the necessity of diagnostic studies	Orders appropriate diagnostic studies Performs appropriate bedside diagnostic studies and procedures	Prioritizes essential testing Interprets results of a diagnostic study, recognizing limitations and risks, seeking interpretive assistance when appropriate Reviews risks, benefits, contraindications, and alternatives to a diagnostic study or procedure	Uses diagnostic testing based on the pre-test probability of disease and the likelihood of test results altering management Practices cost effective ordering of diagnostic studies Understands the implications of false positives and negatives for post-test probability	Discriminates between subtle and/or conflicting diagnostic results in the context of the patient presentation
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT, oral boards, standardized exams, chart review, simulation

4. Diagnosis (PC4) Based on all of the available data, narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Constructs a list of potential diagnoses based on chief complaint and initial assessment	Constructs a list of potential diagnoses, based on the greatest likelihood of occurrence Constructs a list of potential diagnoses with the greatest potential for morbidity or mortality	Uses all available medical information to develop a list of ranked differential diagnoses including those with the greatest potential for morbidity or mortality Correctly identifies "sick versus not sick" patients Revises a differential diagnosis in response to changes in a patient's course over time	Synthesizes all of the available data and narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management	Uses pattern recognition to identify discriminating features between similar patients and avoids premature closure
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT as baseline, global ratings, simulation, oral boards, chart review

5. Pharmacotherapy (PC5) Selects and prescribes, appropriate pharmaceutical agents based upon relevant considerations such as mechanism of action, intended effect, financial considerations, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, institutional policies, and clinical guidelines; and effectively combines agents and monitors and intervenes in the advent of adverse effects in the ED.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Knows the different classifications of pharmacologic agents and their mechanism of action. Consistently asks patients for drug allergies	Applies medical knowledge for selection of appropriate agent for therapeutic intervention Considers potential adverse effects of pharmacotherapy	Considers array of drug therapy for treatment. Selects appropriate agent based on mechanism of action, intended effect, and anticipates potential adverse side effects Considers and recognizes potential drug to drug interactions	Selects the appropriate agent based on mechanism of action, intended effect, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, financial considerations, institutional policies, and clinical guidelines, including patient's age, weight, and other modifying factors	Participates in developing institutional policies on pharmacy and therapeutics
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT, portfolio, simulation, oral boards, global ratings, medical knowledge examinations

6. Observation and Reassessment (PC6) Re-evaluates patients undergoing ED observation (and monitoring) and using appropriate data and resources, determines the differential diagnosis and, treatment plan, and displosition.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes the need for patient re-evaluation	Monitors that necessary therapeutic interventions are performed during a patient's ED stay	Identifies which patients will require observation in the ED Evaluates effectiveness of therapies and treatments provided during observation Monitors a patient's clinical status at timely intervals during their stay in the ED	Considers additional diagnoses and therapies for a patient who is under observation and changes treatment plan accordingly Identifies and complies with federal and other regulatory requirements, including billing, which must be met for a patient who is under observation	Develops protocols to avoid potential complications of interventions and therapies
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT, multi-source feedback, oral boards, simulation

7. Disposition (PC7) Establishes and implements a comprehensive disposition plan that uses appropriate consultation resources; patient education regarding diagnosis; treatment plan; medications; and time and location specific disposition instructions.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes basic resources available for care of the emergency department patient	Formulates a specific follow-up plan for common ED complaints with appropriate resource utilization	Formulates and provides patient education regarding diagnosis, treatment plan, medication review and PCP/consultant appointments for complicated patients Involves appropriate resources (e.g., PCP, consultants, social work, PT/OT, financial aid, care coordinators) in a timely manner Makes correct decision regarding admission or discharge of patients Correctly assigns admitted patients to an appropriate level of care (ICU/Telemetry/Floor/ Observation Unit)	Formulates sufficient admission plans or discharge instructions including future diagnostic/therapeutic interventions for ED patients Engages patient or surrogate to effectively implement a discharge plan	Works within the institution to develop hospital systems that enhance safe patient disposition and maximizes resource utilization
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT, shift evaluations, simulation cases / Objective Structure Clinical Exam (OSCE)**,** multi-source feedback, chart review

8. Multi-tasking (Task-switching) (PC8) Employs task switching in an efficient and timely manner in order to manage the ED.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Manages a single patient amidst distractions	Task switches between different patients	Employs task switching in an efficient and timely manner in order to manage multiple patients	Employs task switching in an efficient and timely manner in order to manage the ED	Employs task switching in an efficient and timely manner in order to manage the ED under high volume or surge situations
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Simulation, SDOT, mock oral examination, multi-source feedback

9. General Approach to Procedures (PC9) Performs the indicated procedure on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Identifies pertinent anatomy and physiology for a specific procedure Uses appropriate Universal Precautions	Performs patient assessment, obtains informed consent and ensures monitoring equipment is in place in accordance with patient safety standards Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for common ED procedures Performs the indicated common procedure on a patient with moderate urgency who has identifiable landmarks and a low-moderate risk for complications Performs post-procedural assessment and identifies any potential complications	Determines a backup strategy if initial attempts to perform a procedure are unsuccessful Correctly interprets the results of a diagnostic procedure	Performs indicated procedures on any patients with challenging features (e.g., poorly identifiable landmarks, at extremes of age or with co-morbid conditions) Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure	Teaches procedural competency and corrects mistakes
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Procedural competency forms, checklist assessment of procedure and simulation lab performance, global ratings

10. Airway Management (PC10) Performs airway management on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognize the outcome and/or complications resulting from the procedure.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes upper airway anatomy Performs basic airway maneuvers or adjuncts (jaw thrust/chin lift/oral airway/nasopharyngeal airway) and ventilates/oxygenates patient using BVM	Describes elements of airway assessment and indications impacting the airway management Describes the pharmacology of agents used for rapid sequence intubation including specific indications and contraindications Performs rapid sequence intubation in patients without adjuncts Confirms proper endotracheal tube placement using multiple modalities	Uses airway algorithms in decision making for complicated patients employing airway adjuncts as indicated Performs rapid sequence intubation in patients using airway adjuncts Implements post-intubation management Employs appropriate methods of mechanical ventilation based on specific patient physiology	Performs airway management in any circumstance taking steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure Performs a minimum of 35 intubations Demonstrates the ability to perform a cricothyrotomy Uses advanced airway modalities in complicated patients	Teaches airway management skills to health care providers
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Airway Management Competency Assessment Tool (CORD), Airway Management Assessment Cards, SDOT checklist, procedure log, and simulation

11. Anesthesia and Acute Pain Management (PC11) Provides safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Discusses with the patient indications, contraindications and possible complications of local anesthesia Performs local anesthesia using appropriate doses of local anesthetic and appropriate technique to provide skin to sub-dermal anesthesia for procedures	Knows the indications, contraindications, potential complications and appropriate doses of analgesic/sedative medications Knows the anatomic landmarks, indications, contraindications, potential complications and appropriate doses of local anesthetics used for regional anesthesia	Knows the indications, contraindications, potential complications and appropriate doses of medications used for procedural sedation Performs patient assessment and discusses with the patient the most appropriate analgesic/sedative medication and administers in the most appropriate dose and route Performs pre-sedation assessment, obtains informed consent and orders appropriate choice and dose of medications for procedural sedation Obtains informed consent and correctly performs regional anesthesia Ensures appropriate monitoring of patients during procedural sedation	Performs procedural sedation providing effective sedation with the least risk of complications and minimal recovery time through selective dosing, route and choice of medications	Develops pain management protocols/care plans
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Procedural competency forms, checklist assessment of procedure and simulation lab performance, global ratings, patient survey, chart review

12. Other Diagnostic and Therapeutic Procedures: Goal-directed Focused Ultrasound (Diagnostic/Procedural) (PC12) **Uses goal-directed focused Ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance.**					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes the indications for emergency ultrasound	Explains how to optimize ultrasound images and Identifies the proper probe for each of the focused ultrasound applications Performs an eFAST	Performs goal-directed focused ultrasound exams Correctly interprets acquired images	Performs a minimum of 150 focused ultrasound examinations	Expands ultrasonography skills to include: advanced echo, TEE, bowel, adnexal and testicular pathology, and transcranial Doppler
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: OSCE, SDOT**,** videotape review**,** written examination, checklist

13. Other Diagnostic and Therapeutic Procedures: Wound Management (PC13) Assesses and appropriately manages wounds in patients of all ages regardless of the clinical situation.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Prepares a simple wound for suturing (identify appropriate suture material, anesthetize wound and irrigate) Demonstrates sterile technique Places a simple interrupted suture	Uses medical terminology to clearly describe/classify a wound (e.g., stellate, abrasion, avulsion, laceration, deep vs superficial) Classifies burns with respect to depth and body surface area Compares and contrasts modes of wound management (adhesives, steri-strips, hair apposition, staples) Identifies wounds that require antibiotics or tetanus prophylaxis Educates patients on appropriate outpatient management of their wound	Performs complex wound repairs (deep sutures, layered repair, corner stitch) Manages a severe burn Determines which wounds should not be closed primarily Demonstrates appropriate use of consultants Identifies wounds that may be high risk and require more extensive evaluation (example: x-ray, ultrasound, and/or exploration)	Achieves hemostasis in a bleeding wound using advanced techniques such as: cautery, ligation, deep suture, injection, topical hemostatic agents, and tourniquet Repairs wounds that are high risk for cosmetic complications (such as eyelid margin, nose, ear) Describes the indications for and steps to perform an escharotomy	Performs advanced wound repairs, such as tendon repairs and skin flaps
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Direct observation, procedure checklist, medical knowledge quiz, portfolio , global ratings, procedure log

14. Other Diagnostic and Therapeutic Procedures: Vascular Access (PC14) Successfully obtains vascular access in patients of all ages regardless of the clinical situation.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Performs a venipuncture Places a peripheral intravenous line Performs an arterial puncture	Describes the indications, contraindications, anticipated undesirable outcomes and complications for the various vascular access modalities Inserts an arterial catheter Assesses the indications in conjunction with the patient anatomy/pathophysiology and select the optimal site for a central venous catheter Inserts a central venous catheter using ultrasound and universal precautions Confirms appropriate placement of central venous catheter Performs intraosseous access	Inserts a central venous catheter without ultrasound when appropriate Places an ultrasound guided deep vein catheter (e.g., basilic, brachial, and cephalic veins)	Successfully performs 20 central venous lines Routinely gains venous access in patients with difficult vascular access	Teaches advanced vascular access techniques
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Knowledge assessment using MCQ, checklist driven task analysis, procedure log

15. Medical Knowledge (MK) Demonstrates appropriate medical knowledge in the care of emergency medicine patients.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Passes initial national licensing examinations (e.g., USMLE Step 1 and Step 2 or COMLEX Level 1 and Level 2)	Resident develops and completes a self-assessment plan based on the in-training examination results Completes objective residency training program examinations and/or assessments at an acceptable score for specific rotations	Demonstrates improvement of the percentage correct on the in-training examination or maintain an acceptable percentile ranking	Obtains a score on the annual in-training examination that indicates a high likelihood of passing the national qualifying examinations Successfully completes all objective residency training program examinations and/or assessments Passes final national licensing examination (e.g., USMLE Step 3 or COMLEX Level 3)	Passes ABEM certifying examinations Meets all the requirements for the ABEM Maintenance of Certification program set forth by national certifying agency
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: National licensing examinations (USMLE, COMLEX), national in-training examination (developed by ABEM & AOA), CORD Question & Answer Bank tests, MedChallenger, local residency examinations

16. Patient Safety (SBP1) Participates in performance improvement to optimize patient safety.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Adheres to standards for maintenance of a safe working environment Describes medical errors and adverse events	Routinely uses basic patient safety practices, such as time-outs and 'calls for help'	Describes patient safety concepts Employs processes (e.g., checklists, SBAR), personnel, and technologies that optimize patient safety (SBAR= Situation – Background – Assessment – Recommendation) Appropriately uses system resources to improve both patient care and medical knowledge	Participates in an institutional process improvement plan to optimize ED practice and patient safety Leads team reflection such as code debriefings, root cause analysis, or M&M to improve ED performance Identifies situations when the breakdown in teamwork or communication may contribute to medical error	Uses analytical tools to assess healthcare quality and safety and reassess quality improvement programs for effectiveness for patients and for populations Develops and evaluates measures of professional performance and process improvement and implements them to improve departmental practice
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT, simulation, global ratings, multi-source feedback, portfolio work products, including a QI project

17. Systems-based Management (SBP2) Participates in strategies to improve healthcare delivery and flow. Demonstrates an awareness of and responsiveness to the larger context and system of health care.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes members of ED team (e.g., nurses, technicians, and security)	Mobilizes institutional resources to assist in patient care Participates in patient satisfaction initiatives	Practices cost-effective care Demonstrates the ability to call effectively on other resources in the system to provide optimal health care	Participates in processes and logistics to improve patient flow and decrease turnaround times (e.g., rapid triage, bedside registration, Fast Tracks, bedside testing, rapid treatment units, standard protocols, and observation units) Recommends strategies by which patients' access to care can be improved Coordinates system resources to optimize a patient's care for complicated medical situations	Creates departmental flow metric from benchmarks, best practices, and dash boards Develops internal and external departmental solutions to process and operational problems Addresses the differing customer needs of patients, hospital medical staff, EMS, and the community
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Direct observation-SDOT, chart review, global ratings, billing records, simulation, multi-source feedback, and outcome data including throughput numbers and patients per hour

18. Technology (SBP3) Uses technology to accomplish and document safe healthcare delivery.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Uses the Electronic Health Record (EHR) to order tests, medications and document notes, and respond to alerts Reviews medications for patients	Ensures that medical records are complete, with attention to preventing confusion and error Effectively and ethically uses technology for patient care, medical communication and learning	Recognizes the risk of computer shortcuts and reliance upon computer information on accurate patient care and documentation	Uses decision support systems in EHR (as applicable in institution)	Recommends systems re-design for improved computerized processes
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Direct observation-SDOT, chart review, global ratings, billing records, simulation, multi-source feedback

19. Practice-based Performance Improvement (PBLI) Participates in performance improvement to optimize ED function, self-learning, and patient care.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes basic principles of evidence-based medicine	Performs patient follow-up	Performs self-assessment to identify areas for continued self-improvement and implements learning plans Continually assesses performance by evaluating feedback and assessment Demonstrates the ability to critically appraise scientific literature and apply evidence-based medicine to improve one's individual performance	Applies performance improvement methodologies Demonstrates evidence-based clinical practice and information retrieval mastery Participates in a process improvement plan to optimize ED practice	Independently teaches evidence-based medicine and information mastery techniques
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: SDOT, simulation, global ratings, checklist or ratings of portfolio work products, including a literature review, Vanderbilt matrix evaluation of a clinical issue, critical appraisal

20. Professional values (PROF1) Demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families	Demonstrates an understanding of the importance of compassion, integrity, respect, sensitivity and responsiveness and exhibits these attitudes consistently in common/uncomplicated situations and with diverse populations	Recognizes how own personal beliefs and values impact medical care; consistently manages own values and beliefs to optimize relationships and medical care Develops alternate care plans when patients' personal decisions/beliefs preclude the use of commonly accepted practices	Develops and applies a consistent and appropriate approach to evaluating appropriate care, possible barriers and strategies to intervene that consistently prioritizes the patient's best interest in all relationships and situations Effectively analyzes and manages ethical issues in complicated and challenging clinical situations	Develops institutional and organizational strategies to protect and maintain professional and bioethical principles
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Direct observation, SDOT, portfolio, simulation, oral board, multi-source feedback, global ratings

21. Accountability (PROF2) Demonstrates accountability to patients, society, profession and self.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/grooming, rested and ready to work, delivery of patient care as a functional physician Maintains patient confidentially Uses social media ethically and responsibly Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting	Identifies basic principles of physician wellness, including sleep hygiene Consistently recognizes limits of knowledge in common and frequent clinical situations and asks for assistance Demonstrates knowledge of alertness management and fatigue mitigation principles	Consistently recognizes limits of knowledge in uncommon and complicated clinical situations; develops and implements plans for the best possible patient care Recognizes and avoids inappropriate influences of marketing and advertizing	Can form a plan to address impairment in one's self or a colleague, in a professional and confidential manner Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy	Develops institutional and organizational strategies to improve physician insight into and management of professional responsibilities Trains physicians and educators regarding responsibility, wellness, fatigue, and physician impairment
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Direct observation, SDOT, portfolio, simulation, oral boards, multi-source feedback, global ratings

22. Patient Centered Communication (ICS1) Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Establishes rapport with and demonstrate empathy toward patients and their families Listens effectively to patients and their families	Elicits patients' reasons for seeking health care and expectations from the ED visit Negotiates and manages simple patient/family-related conflicts	Manages the expectations of those who receive care in the ED and uses communication methods that minimize the potential for stress, conflict, and misunderstanding Effectively communicates with vulnerable populations,including both patients at risk and their families	Uses flexible communication strategies and adjusts them based on the clinical situation to resolve specific ED challenges, such as drug seeking behavior, delivering bad news, unexpected outcomes, medical errors, and high risk refusal-of-care patients	Teaches communication and conflict management skills Participates in review and counsel of colleagues with communication deficiencies
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Direct observation, SDOT, simulation, multi-source feedback, OSCE, global ratings, oral boards

23. Team Management (ICS2) Leads patient-centered care teams, ensuring effective communication and mutual respect among members of the team.					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Participates as a member of a patient care team	Communicates pertinent information to emergency physicians and other healthcare colleagues	Develops working relationships across specialties and with ancillary staff Ensures transitions of care are accurately and efficiently communicated Ensures clear communication and respect among team members	Recommends changes in team performance as necessary for optimal efficiency Uses flexible communication strategies to resolve specific ED challenges such as difficulties with consultants and other health care providers Communicates with out-of-hospital and nonmedical personnel, such as police, media, and hospital administrators	Participates in and leads interdepartmental groups in the patient setting and in collaborative meetings outside of the patient care setting Designs patient care teams and evaluates their performance Seeks leadership opportunities within professional organizations
☐	☐	☐	☐	☐	☐
Comments:					

Suggested Evaluation Methods: Direct observation, SDOT, simulation, multi-source feedback, OSCE, global ratings, oral boards

The Internal Medicine Subspecialty Milestones Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education
and
The American Board of Internal Medicine

In Collaboration with

July 2015

Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of fellow performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development of competence from an early subspecialty learner up to and beyond that expected for unsupervised practice. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

The Subspecialty Milestones are arranged in columns of progressive stages of competence that do not correspond with post-graduate year of education. For each reporting period, programs will need to review the Milestones, identify those that best describe a fellow's current performance, and ultimately select a box that best represents the summary performance for that sub-competency (see the figure on page v). Selecting a response box in the middle of a column implies that the fellow has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for subspecialty medicine is as follows:

Not Yet Assessable: This option should be used only when a fellow has not yet had a learning experience in the sub-competency.

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a fellow's performance.

Column 2: Describes behaviors of an early learner.

Column 3: Describes behaviors of a fellow who is advancing and demonstrating improvement in performance related to milestones.

Ready for Unsupervised Practice: Describes behaviors of a fellow who substantially demonstrates the milestones identified for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the fellow may display these milestones at any point during fellowship.

Aspirational: Describes behaviors of a fellow who has advanced beyond those milestones that describe unsupervised practice. These milestones reflect the competence of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional fellows will demonstrate these milestones behaviors.

For each ACGME competency domain, programs will also be asked to provide a summative evaluation of each fellow's learning trajectory.

Additional Notes

The "Ready for Unsupervised Practice" milestones are designed as the graduation *target* but *do 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 the "Ready for Unsupervised Practice" milestones and all other milestones are in the appropriate stage within the developmental framework, and whether Milestone data are of sufficient quality to be used for high stakes decisions.

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

Listed below are the societies and members who have participated in the development of the Internal Medicine Subspecialty Reporting Milestones.

Chairs: Scott Gitlin, MD and John Flaherty, MD

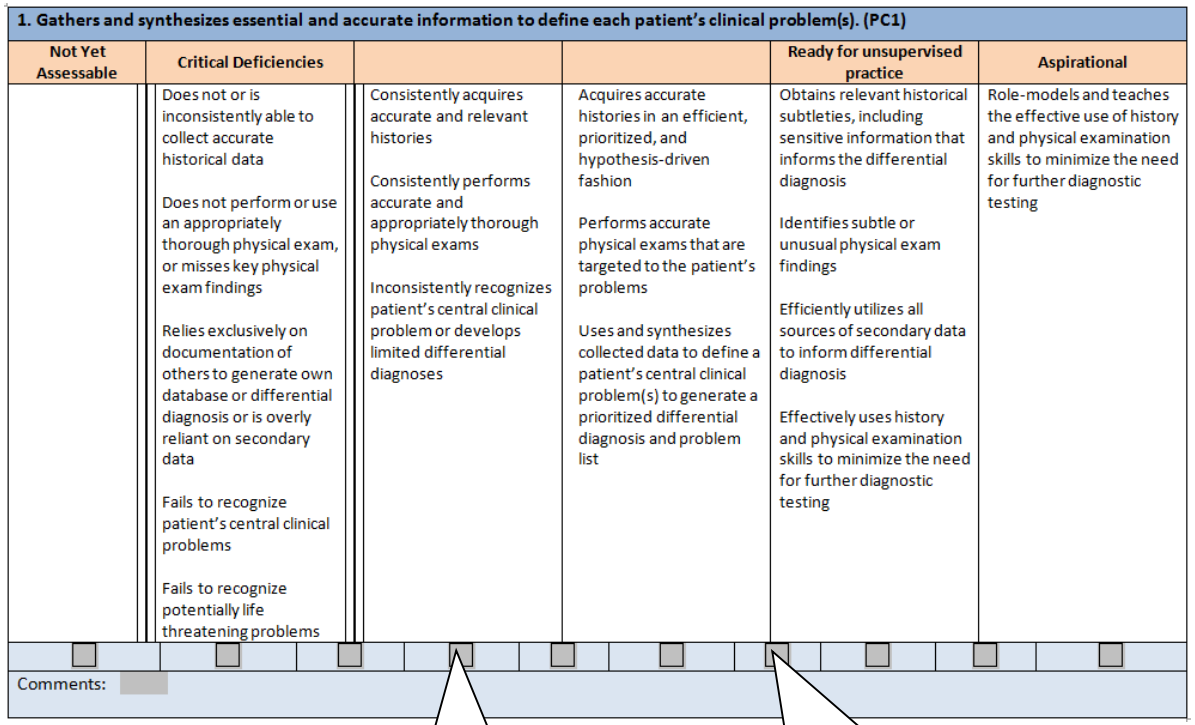
Accreditation Council of Graduate Medical Education: James Arrighi, MD; Susan Swing, PhD; Jerry Vasilias, PhD
Alliance for Academic Internal Medicine: D. Craig Brater, MD; Margaret Breida; Kelly Caverzagie, MD; Gregory C. Kane, MD; Consuelo Nelson Grier; Polly Parsons, MD; Bergitta Smith
American Academy of Hospice and Palliative Care Medicine: Laura Morrison, MD; Steven Radwany, MD; Timothy Quill, MD
American Academy of Sleep Medicine: Vishesh Kapur, MD; Becky Roberts; Michael Silber, MB ChB
American Association for the Study of Liver Diseases: Adrian Di Bisceglie, MD; Oren Fix, MD; Ayman Koteish, MD
American Association of Clinical Endocrinologists: Pasquale Palumbo, MD; Dace Trence, MD
American Board of Internal Medicine: Lee Berkowitz, MD; Eric Holmboe, MD; Sarah Hood; William Iobst, MD; Sharon Levin, MD; Sandra Yaich
American College of Cardiology: Jill Foster; Marcia Jackson, PhD; Jeff Kuvin, MD; Eric Williams, MD
American College of Chest Physicians: Doreen Addrizzo-Harris, MD; John Buckley, MD; Paul Markowski, CAE; Curtis Sessler, MD; Kenneth Torrington, MD
American College of Gastroenterology: Seth Richter, MD; Ronald Szyjkowski, MD
American College of Physicians: Patrick Alguire, MD; Molly Cooke, MD
American College of Rheumatology: Marcy Bolster, MD; Calvin Brown, MD
American Gastroenterological Association: Tamara Jones; Lori Marks, PhD; Darrell Pardi, MD; Suzanne Rose, MD; Brijen Shah, MD
American Geriatrics Society: Jan Busby-Whitehead, MD; Lisa Granville, MD; Rosanne Leipzig, MD
American Society of Clinical Oncology: Frances Collichio, MD; Marilyn Raymond, MD; Jamie Von Roenn, MD
American Society of Gastrointestinal Endoscopy: Diane Alberson; Walter Coyle, MD; Robert Sedlack, MD
American Society of Hematology: Linda Burns, MD; Charles Clayton; Karen Kayoumi; Elaine Muchmore, MD
American Society of Nephrology: Nancy Adams, MD; Raymond Harris, MD; Tod Ibrahim; Ryan Russell
American Society of Nuclear Cardiology: Brian Abbott, MD; James Arrighi, MD
American Thoracic Society: Henry Fessler, MD
Association of Program Directors in Endocrinology, Diabetes and Metabolism: Ashok Balasubramanyan, MD; Ann Danoff, MD; Geetha Gopalakrishnan, MD
Association of Pulmonary and Critical Care Medicine Program Directors: Craig Piquette, MD; David Schulman, MD
Association of Specialty Professors: John Flaherty, MD; Mark Geraci, MD; Scott Gitlin, MD; Don Rockey, MD; Joshua Safer, MD
Infectious Diseases Society of America: Wendy Armstrong, MD; Daniel Havlichek, Jr, MD
Society of Cardiac Angiography and Interventions: Tarek Helmy, MD; Daniel Kolansky, MD
Society of Critical Care Medicine: Stephen Pastores, MD; Antoinette Spevetz, MD
The Endocrine Society: Beverly Biller, MD; Ailene Cantelmi

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

- selecting the column of milestones that best describes that fellow's performance

or,

- selecting the "Critical Deficiencies" response box



1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Does not or is inconsistently able to collect accurate historical data Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data Fails to recognize patient's central clinical problems Fails to recognize potentially life threatening problems	Consistently acquires accurate and relevant histories Consistently performs accurate and appropriately thorough physical exams Inconsistently recognizes patient's central clinical problem or develops limited differential diagnoses	Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion Performs accurate physical exams that are targeted to the patient's problems Uses and synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis Identifies subtle or unusual physical exam findings Efficiently utilizes all sources of secondary data to inform differential diagnosis Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
☐	☐	☐	☐	☐	☐
Comments:					

Selecting a response box in the middle of a column implies milestones in that column as well as those in previous columns have been substantially demonstrated. The fellow is in transition to the next level of development.

Selecting a response box on the line inbetween columns indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher columns(s).

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Does not or is inconsistently able to collect accurate historical data Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data Fails to recognize patient's central clinical problems Fails to recognize potentially life threatening problems	Consistently acquires accurate and relevant histories Consistently performs accurate and appropriately thorough physical exams Inconsistently recognizes patient's central clinical problem or develops limited differential diagnoses	Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion Performs accurate physical exams that are targeted to the patient's problems Uses and synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis Identifies subtle or unusual physical exam findings Efficiently utilizes all sources of secondary data to inform differential diagnosis Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
☐	☐	☐	☐	☐	☐
Comments:					

2. Develops and achieves comprehensive management plan for each patient. (PC2)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Care plans are consistently inappropriate or inaccurate Does not react to situations that require urgent or emergency care Does not seek additional guidance when needed	Inconsistently develops an appropriate care plan Inconsistently seeks additional guidance when needed	Consistently develops appropriate care plan Recognizes situations requiring urgent or emergency care Seeks additional guidance and/or consultation as appropriate	Appropriately modifies care plans based on patient's clinical course, additional data, patient preferences, and cost-effectiveness principles Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty Manages complex acute and chronic conditions	Role-models and teaches complex and patient-centered care Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost-effectiveness principles
☐	☐	☐	☐	☐	☐
Comments:					

3. Manages patients with progressive responsibility and independence. (PC3)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Cannot advance beyond the need for direct supervision in the delivery of patient care Cannot manage patients who require urgent or emergency care Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings Inconsistently provides preventive care in all appropriate clinical settings Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings Unable to manage complex inpatients or patients requiring intensive care Cannot independently supervise care provided by other members of the physician-led team	Requires indirect supervision to ensure patient safety and quality care Provides appropriate preventive care and chronic disease management in all appropriate clinical settings Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings Under supervision, provides appropriate care in the intensive care unit Initiates management plans for urgent or emergency care	Independently manages patients across applicable inpatient, outpatient, and ambulatory clinical settings who have a broad spectrum of clinical disorders, including undifferentiated syndromes Seeks additional guidance and/or consultation as appropriate Appropriately manages situations requiring urgent or emergency care Effectively supervises the management decisions of the team in all appropriate clinical settings	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings
☐	☐	☐	☐	☐	☐
Comments:					

4a. Demonstrates skill in performing and interpreting invasive procedures. (PC4a)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Attempts to perform invasive procedures without sufficient technical skill or supervision Fails to recognize cases in which invasive procedures are unwarranted or unsafe Does not recognize the need to discuss procedure indications, processes, or potential risks with patients Fails to engage the patient in the informed consent process, and/or does not effectively describe risks and benefits of procedures	Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision Inattentive to patient safety and comfort when performing invasive procedures Applies the ethical principles of informed consent Recognizes the need to obtain informed consent for procedures, but ineffectively obtains it Understands and communicates ethical principles of informed consent	Possesses basic technical skill for the completion and interpretation of some common invasive procedures with appropriate supervision Inconsistently manages patient safety and comfort when performing invasive procedures Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures Obtains and documents informed consent	Consistently demonstrates technical skill to successfully and safely perform and interpret invasive procedures Maximizes patient comfort and safety when performing invasive procedures Consistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers) Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures or therapies	Demonstrates skill to independently perform and interpret complex invasive procedures that are anticipated for future practice Demonstrates expertise to teach and supervise others in the performance of invasive procedures Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application
☐	☐	☐	☐	☐	☐
Comments: ☐ Not Applicable					

4b. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing. (PC4b)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Does not recognize patients for whom non-invasive procedures and/or testing is not warranted or is unsafe Attempts to perform or interpret non-invasive procedures and/or testing without sufficient skill or supervision Does not recognize the need to discuss procedure indications, processes, or potential risks with patients Fails to engage the patient in the informed consent process and/or does not effectively describe risks and benefits of procedures	Possesses insufficient skill to safely perform and interpret non-invasive procedures and/or testing with appropriate supervision Inattentive to patient safety and comfort when performing non-invasive procedures and/or testing procedures Applies the ethical principles of informed consent Recognizes need to obtain informed consent for procedures but ineffectively obtains it Understands and communicates ethical principles of informed consent	Inconsistently recognizes appropriate patients, indications, and associated risks in the utilization of non-invasive procedures and/or testing Inconsistently integrates procedures and/or testing results with clinical features in the evaluation and management of patients Can safely perform and interpret selected non-invasive procedures and/or testing procedures with minimal supervision Inconsistently recognizes high-risk findings and artifacts/normal variants Obtains and documents informed consent	Consistently recognizes appropriate patients, indications, limitations, and associated risks in utilization of non-invasive procedures and/or testing Integrates procedures and/or testing results with clinical findings in the evaluation and management of patients Recognizes procedures and/or testing results that indicate high-risk state or adverse prognosis Recognizes artifacts and normal variants Consistently performs and interprets non-invasive procedures and/or testing in a safe and effective manner Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers)	Demonstrates skill to independently perform and interpret complex non-invasive procedures and/or testing Demonstrates expertise to teach and supervise others in the performance of advanced non-invasive procedures and/or testing Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application

						Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures and/or tests				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments: ☐ Not Applicable										

5. Requests and provides consultative care. (PC5)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services Unwilling to utilize consultant services when appropriate for patient care	Inconsistently manages patients as a consultant to other physicians/health care teams Inconsistently applies risk assessment principles to patients while acting as a consultant Inconsistently formulates a clinical question for a consultant to address	Provides consultation services for patients with clinical problems requiring basic risk assessment Asks meaningful clinical questions that guide the input of consultants	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment Appropriately integrates recommendations from other consultants in order to effectively manage patient care	Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment Models management of discordant recommendations from multiple consultants
☐	☐	☐	☐	☐	☐
Comments:					

Patient Care

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

6. Possesses Clinical knowledge (MK1)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Lacks the scientific, socioeconomic, or behavioral knowledge required to provide patient care	Possesses insufficient scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care	Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex conditions
☐	☐	☐	☐	☐	☐
Comments:					

7. Knowledge of diagnostic testing and procedures. (MK2)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Lacks foundational knowledge to apply diagnostic testing and procedures to patient care	Inconsistently interprets basic diagnostic tests accurately Does not understand the concepts of pre-test probability and test performance characteristics Minimally understands the rationale and risks associated with common procedures	Consistently interprets basic diagnostic tests accurately Needs assistance to understand the concepts of pre-test probability and test performance characteristics Fully understands the rationale and risks associated with common procedures	Interprets complex diagnostic tests accurately while accounting for limitations and biases Knows the indications for, and limitations of, diagnostic testing and procedures Understands the concepts of pre-test probability and test performance characteristics Teaches the rationale and risks associated with common procedures and anticipates potential complications of procedures	Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures Pursues knowledge of new and emerging diagnostic tests and procedures
☐	☐	☐	☐	☐	☐
Comments:					

8. Scholarship. (MK3)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Foundation Unaware of or uninterested in scientific inquiry or scholarly productivity	Interested in scholarly activity, but does not initiate or follow through	Identifies areas worthy of scholarly investigation and formulates a plan under supervision of a mentor	Formulates ideas worthy of scholarly investigation	Independently formulates novel and important ideas worthy of scholarly investigation
	Investigation Unwilling to perform scholarly investigation in the specialty	Performs a literature search using relevant scholarly sources to identify pertinent articles	Critically reads scientific literature and identifies major methodological flaws and inconsistencies within or between publications	Collaborates with other investigators to design and complete a project related to clinical practice, quality improvement, patient safety, education, or research	Leads a scholarly project advancing clinical practice, quality improvement, patient safety, education, or research Obtains independent research funding
	Analysis Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research	Aware of basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodological flaws	Understands and is able to apply basic statistical concepts, and can identify potential analytic methods for data or problem assessment	Critiques specialized scientific literature effectively Dissects a problem into its many component parts and identifies strategies for solving Uses analytical methods of the field effectively	Critiques specialized scientific literature at a level consistent with participation in peer review Employs optimal statistical techniques Teaches analytic methods in chosen field to peers and others
	Dissemination Unable or unwilling to effectively communicate and/or disseminate knowledge	Communicates rudimentary details of scientific work, including his or her own scholarly work; needs to improve	Effectively presents at journal club, quality improvement meetings, clinical conferences, and/or is able to	Presents scholarly activity at local or regional meetings, and/or submits an abstract summarizing scholarly work to	Effectively presents scholarly work at national and international meetings

		ability to present in small groups	effectively describe and discuss his or her own scholarly work or research	regional/state/ national meetings, and/or publishes non-peer-reviewed manuscript(s) (reviews, book chapters)	Publishes peer-reviewed manuscript(s) containing scholarly work (clinical practice, quality improvement, patient safety, education, or research)	
☐	☐	☐	☐	☐	☐	☐
Comments:						

Medical Knowledge

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

9. Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBP1)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Refuses to recognize the contributions of other interprofessional team members Frustrates team members with inefficiency and errors Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)	Identifies roles of other team members, but does not recognize how/when to utilize them as resources Participates in team discussions when required, but does not actively seek input from other team members	Understands the roles and responsibilities of all team members, but uses them ineffectively Actively engages in team meetings and collaborative decision-making	Understands the roles and responsibilities of, and effectively partners with, all members of the team Efficiently coordinates activities of other team members to optimize care	Develops, trains, and inspires the team regarding unexpected events or new patient management strategies Viewed by other team members as a leader in the delivery of high-quality care
☐	☐	☐	☐	☐	☐
Comments:					

10. Recognizes system error and advocates for system improvement. (SBP2)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Ignores a risk for error within the system that may affect the care of a patient Ignores feedback and is unwilling to change behavior in order to reduce the risk for error	Does not recognize the potential for system error Makes decisions that could lead to errors that are otherwise corrected by the system or supervision Resistant to feedback about decisions that may lead to error or otherwise cause harm	Recognizes the potential for error within the system Identifies obvious or critical causes of error and notifies supervisor accordingly Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk Willing to receive feedback about decisions that may lead to error or otherwise cause harm	Identifies systemic causes of medical error and navigates them to provide safe patient care Advocates for safe patient care and optimal patient care systems Activates formal system resources to investigate and mitigate real or potential medical error Reflects upon and learns from own critical incidents that may lead to medical error	Advocates for system leadership to formally engage in quality assurance and quality improvement activities Viewed as a leader in identifying and advocating for the prevention of medical error Teaches others regarding the importance of recognizing and mitigating system error
☐	☐	☐	☐	☐	☐
Comments:					

11. Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care. (SBP3)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Ignores cost issues in the provision of care Demonstrates no effort to overcome barriers to cost-effective care	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care Minimizes unnecessary diagnostic and therapeutic tests Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests)	Consistently works to address patient-specific barriers to cost-effective care Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests	Teaches patients and health care team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care
☐	☐	☐	☐	☐	☐
Comments:					

12. Transitions patients effectively within and across health delivery systems. (SBP4)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Disregards need for communication at time of transition Does not respond to requests of caregivers in other delivery systems Written and verbal care plans during times of transition are absent	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems Provides incomplete written and verbal care plans during times of transition Provides inefficient transitions of care that lead to unnecessary expense or risk to a patient (e.g., duplication of tests, readmission)	Recognizes the importance of communication during times of transition Communicates with future caregivers, but demonstrates lapses in provision of pertinent or timely information	Appropriately utilizes available resources to coordinate care and manage conflicts to ensure safe and effective patient care within and across delivery systems Actively communicates with past and future caregivers to ensure continuity of care Anticipates needs of patient, caregivers, and future care providers and takes appropriate steps to address those needs	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high-quality patient outcomes Role-models and teaches effective transitions of care
☐	☐	☐	☐	☐	☐
Comments:					

Systems-based Practice

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

13. Monitors practice with a goal for improvement. (PBLI1)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Unwilling to self-reflect upon one's practice or performance Not concerned with opportunities for learning and self-improvement	Unable to self-reflect upon practice or performance Misses opportunities for learning and self-improvement	Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections Inconsistently acts upon opportunities for learning and self-improvement	Regularly self-reflects upon one's practice or performance, and consistently acts upon those reflections to improve practice Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Regularly seeks external validation regarding self-reflection to maximize practice improvement Actively and independently engages in self-improvement efforts and reflects upon the experience
☐	☐	☐	☐	☐	☐
Comments:					

14. Learns and improves via performance audit. (PBLI2)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Disregards own clinical performance data Demonstrates no inclination to participate in or even consider the results of quality-improvement efforts Not familiar with the principles, techniques, or importance of quality improvement	Limited ability to analyze own clinical performance data Nominally engaged in opportunities to achieve focused education and performance improvement	Analyzes own clinical performance gaps and identifies opportunities for improvement Participates in opportunities to achieve focused education and performance improvement Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Analyzes own clinical performance data and actively works to improve performance Actively engages in opportunities to achieve focused education and performance improvement Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients	Actively monitors clinical performance through various data sources Able to lead projects aimed at education and performance improvement Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
☐	☐	☐	☐	☐	☐
Comments:					

15. Learns and improves via feedback. (PBLI3)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Never solicits feedback Actively resists feedback from others	Rarely seeks and does not incorporate feedback Responds to unsolicited feedback in a defensive fashion Temporarily or superficially adjusts performance based on feedback	Solicits feedback only from supervisors and inconsistently incorporates feedback Is open to unsolicited feedback Inconsistently incorporates feedback	Solicits feedback from all members of the interprofessional team and patients Welcomes unsolicited feedback Consistently incorporates feedback Able to reconcile disparate or conflicting feedback	Performance continuously reflects incorporation of solicited and unsolicited feedback Role-models ability to reconcile disparate or conflicting feedback
☐	☐	☐	☐	☐	☐
Comments:					

16. Learns and improves at the point of care. (PBLI4)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate Fails to seek or apply evidence when necessary	Rarely reconsiders an approach to a problem, asks for help, or seeks new information Can translate medical information needs into well-formed clinical questions with assistance Unfamiliar with strengths and weaknesses of the medical literature Has limited awareness of, or ability to use, information technology or decision support tools and guidelines Accepts the findings of clinical research studies without critical appraisal	Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information Can translate medical information needs into well-formed clinical questions independently Aware of the strengths and weaknesses of medical information resources, but utilizes information technology without sophistication With assistance, appraises clinical research reports based on accepted criteria	Routinely reconsiders an approach to a problem, asks for help, or seeks new information Routinely translates new medical information needs into well-formed clinical questions Guided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelines Independently appraises clinical research reports based on accepted criteria	Role-models how to appraise clinical research reports based on accepted criteria Has a systematic approach to track and pursue emerging clinical questions
☐	☐	☐	☐	☐	☐
Comments:					

Practice-Based Learning and Improvement

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

17. Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). (PROF1)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Disrespectful in interactions with patients, caregivers, and members of the interprofessional team Sacrifices patient needs in favor of self-interest Does not demonstrate empathy, compassion, and respect for patients and caregivers Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion Does not consider patient privacy and autonomy Unaware of physician and colleague self-care and wellness	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy Inconsistently aware of physician and colleague self-care and wellness	Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care Emphasizes patient privacy and autonomy in all interactions Consistently aware of physician and colleague self-care and wellness	Demonstrates empathy, compassion, and respect to patients and caregivers in all situations Anticipates, advocates for, and actively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self-interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness	Role-models compassion, empathy, and respect for patients and caregivers Role-models appropriate anticipation and advocacy for patient and caregiver needs Fosters collegiality that promotes a high-functioning interprofessional team Teaches others regarding maintaining patient privacy and respecting patient autonomy Role-models personal self-care practice for others and promotes programs for colleague wellness
☐	☐	☐	☐	☐	☐
Comments:					

18. Accepts responsibility and follows through on tasks. (PROF2)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks Shuns responsibilities expected of a physician professional	Completes most assigned tasks in a timely manner but may need reminders or other support Accepts professional responsibility only when assigned or mandatory	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy Completes assigned professional responsibilities without questioning or the need for reminders	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner Willingly assumes professional responsibility regardless of the situation	Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner Assists others to improve their ability to prioritize many competing tasks
☐	☐	☐	☐	☐	☐
Comments:					

19. Responds to each patient's unique characteristics and needs. (PROF3)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Is insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter Is unwilling to modify care plan to account for a patient's unique characteristics and needs	Is sensitive to and has basic awareness of differences related to personal characteristics and needs in the patient/caregiver encounter Requires assistance to modify care plan to account for a patient's unique characteristics and needs	Seeks to fully understand each patient's personal characteristics and needs Modifies care plan to account for a patient's unique characteristics and needs with partial success	Recognizes and accounts for the personal characteristics and needs of each patient Appropriately modifies care plan to account for a patient's unique characteristics and needs	Role-models professional interactions to navigate and negotiate differences related to a patient's unique characteristics or needs Role-models consistent respect for patient's unique characteristics and needs
☐	☐	☐	☐	☐	☐
Comments:					

20. Exhibits integrity and ethical behavior in professional conduct. (PROF4)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Dishonest in clinical interactions, documentation, research, or scholarly activity Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures Fails to recognize conflicts of interest	Honest in clinical interactions, documentation, research, and scholarly activity Requires oversight for professional actions related to the subspecialty Has a basic understanding of ethical principles, formal policies, and procedures and does not intentionally disregard them Recognizes potential conflicts of interest	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates accountability for the care of patients Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity Consistently attempts to recognize and manage conflicts of interest	Demonstrates integrity, honesty, and accountability to patients, society, and the profession Actively manages challenging ethical dilemmas and conflicts of interest Identifies and responds appropriately to lapses of professional conduct among peer group Regularly reflects on personal professional conduct Identifies and manages conflicts of interest	Assists others in adhering to ethical principles and behaviors, including integrity, honesty, and professional responsibility Role-models integrity, honesty, accountability, and professional conduct in all aspects of professional life Identifies and responds appropriately to lapses of professional conduct within the system in which he or she works
☐	☐	☐	☐	☐	☐
Comments:					

Professionalism

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the trainingprogram. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

21. Communicates effectively with patients and caregivers. (ICS1)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Ignores patient preferences for plan of care Makes no attempt to engage patient in shared decision-making Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful Defers difficult or ambiguous conversations to others	Engages patients in shared decision-making in uncomplicated conversations Requires assistance facilitating discussions in difficult or ambiguous conversations Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision-making in complex patient care conversations and the plan of care Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds	Role-models effective communication and development of therapeutic relationships in both routine and challenging situations Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds Assists others with effective communication and development of therapeutic relationships
☐	☐	☐	☐	☐	☐
Comments:					

22. Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non-verbal behaviors disrupt effective collaboration with team members	Uses unidirectional communication that fails to utilize the wisdom of team members Resists offers of collaborative input	Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal, and written communication consistently acts to facilitate collaboration with team members to enhance patient care	Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions
☐	☐	☐	☐	☐	☐
Comments:					

23. Appropriate utilization and completion of health records. (ICS3)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Provides health records that are missing significant portions of important clinical data Does not enter medical information and test results/interpretations into health record	Health records are disorganized and inaccurate Inconsistently enters medical information and test results/ interpretations into health record	Health records are organized and accurate, but are superficial and miss key data or fail to communicate clinical reasoning Consistently enters medical information and test results/ interpretations into health records	Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoning Provides effective and prompt medical information and test results/ interpretations to physicians and patients	Role-models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific
☐	☐	☐	☐	☐	☐
Comments:					

Interpersonal and Communications Skills

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

Overall Clinical Competence

This rating represents the assessment of the fellow's development of overall clinical competence during this year of training:

____ Superior: Far exceeds the expected level of development for this year of training

____ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training

____ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.

____ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.