The Psychosomatic Medicine Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Psychiatry and Neurology





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The Milestones are designed only for use in evaluation of fellows 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 fellow 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.

Psychosomatic Medicine Milestones

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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 organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. 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.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

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

- **Level 1:** The fellow demonstrates milestones expected of an incoming fellow.
- **Level 2:** The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.
- **Level 3:** The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.
- **Level 4:** The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.
- **Level 5:** The fellow has advanced beyond performance targets set for fellowship 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 fellows will reach this level.

Additional Notes

Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Examples are provided with some milestones. Please note that the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

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

Answers to Frequently Asked Questions about the Next Accreditation System and Milestones are posted on the Next Accreditation System section of the ACGME website.

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 level of milestones that best describes that fellow's performance in relation to those milestones.

PC1 — Consultative Patient Care: clarifying the question, gathering data and collateral information, interviewing the patient, suggesting appropriate				
	otions, and communicating them	_		7 00 0 11 1
Level 1	Level 2	Level 3	Level 4	Level 5
Performs simple	Manages simple	Manages a broad range of	Independently manages	Supervises and serves as a
consultations with indirect	consultations in inpatient and	routine consultation requests	complicated and challenging	role model for trainees
supervision, with direct	outpatient settings	in inpatient and outpatient	consultation patients or	
supervision immediately		settings	situations (e.g., patients who	Effectively runs a
available			cannot/will not participate in	Psychosomatic Medicine
		Recognizes and addresses	the interview, highly	inpatient consult service or
		unrecognized psychiatric	agitated/high risk patient, or	outpatient clinic
		issues that are uncovered	patients with complicated	
		during the process of	medical/psychiatric illness)	
		consultation		
Comments:				Not yet rotated
	/		Selecting a response box of	on the line in
Selecting a response box in the middle			between levels indicates t	
of a level implies that milestones in that			in lower levels have been	substantially
evel and in lower levels ha			demonstrated as well as s	ome milestones
substantially demonstrate			in the higher level(s).	
substantially demonstrate	u.			

PC1 — Consultative Patient Care: clarifying the question, gathering data and collateral information, interviewing the patient, and suggesting				
appropriate diagnostic and t	reatment options and commun	icating them effectively to the p	rimary service	
Level 1	Level 2	Level 3	Level 4	Level 5
Performs simple	Manages simple	Manages a broad range of	Independently manages	Supervises and serves as a
consultations with indirect	consultations in inpatient and	routine consultation requests	complicated and challenging	role model for trainees
supervision, with direct	outpatient settings	in inpatient and outpatient	consultation patients or	
supervision immediately		settings	situations (e.g., patients who	Effectively runs a
available			cannot/will not participate in	psychosomatic medicine
		Recognizes and addresses	the interview, are highly	inpatient consult service or
		unrecognized psychiatric	agitated/high-risk, or with	outpatient clinic
		issues that are uncovered	complicated	
		during the process of	medical/psychiatric illness)	
		consultation		
Comments:				Not yet rotated

PC2 — Integrated Patient Ca	PC2 — Integrated Patient Care: performing, coordinating, and supervising care in multidisciplinary settings, inpatient or outpatient, and including liaison				
and educational roles	and educational roles				
Level 1	Level 2	Level 3	Level 4	Level 5	
Provides basic psychiatric assessment and treatment recommendations, requiring indirect supervision with direct supervision available	Provides basic psychiatric information and recommendations to multidisciplinary medical treatment team	Provides comprehensive integrated care for patients through collaboration with other providers	Provides effective care, guidance, and education in a multidisciplinary medical treatment team, including managing complex dynamics affecting the patient and treatment team (e.g., patient who splits treatment team)	Leads the psychosocial component of a multidisciplinary medical treatment team	
Comments:	Comments: Not yet rotated				

MK1 — Knowledge regarding Psychiatric Illnesses in the Medically III: assessment and management of major psychiatric disorders, substance use disorders, somatic symptom disorders, adjustment disorders, and psychological factors affecting medical conditions				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates limited	Demonstrates basic	Demonstrates	Demonstrates	Develops, synthesizes, or
knowledge regarding	knowledge regarding	comprehensive knowledge	comprehensive knowledge	presents new knowledge
common psychiatric	epidemiology, etiology,	regarding the assessment	regarding the presentation	regarding psychiatric
illnesses and their	phenomenology, prognosis,	and management of	and assessment of	illnesses and their
treatments in the	and treatment of common	psychiatric illnesses in the	complex/atypical psychiatric	treatments in the medically
medically ill	psychiatric illnesses in the	medically ill, including	illnesses in the medically ill,	ill
	medically ill, including	detailed knowledge of	including advanced	
	common adverse effects and	adverse effects and drug-	knowledge in specific medical	
	drug-drug interactions	drug interactions	populations (e.g., cancer,	
			transplant, OB-GYN)	
Comments:				Not yet rotated

MK2 — Knowledge regarding Psychiatric Manifestations of Medical Illnesses: assessment and management of physical and psychological reactions to medical illness and its treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates limited	Demonstrates basic	Demonstrates	Demonstrates	Develops, synthesizes, or
knowledge regarding common psychiatric manifestations of medical illnesses and their treatments (e.g., delirium, syndromes and symptoms secondary to medical conditions)	knowledge regarding the presentation and treatment of psychiatric symptoms caused by common medical illnesses and their treatments	comprehensive knowledge regarding the assessment and management of psychiatric symptoms caused by common medical illnesses and their treatments	comprehensive knowledge regarding the assessment and management of psychiatric symptoms caused by complex/uncommon medical illnesses and their treatments	presents new knowledge regarding psychiatric symptoms caused by medical illnesses and their treatments
Comments:				Not yet rotated

MK3 — Practice of Psychosomatic Medicine

- A. Ethics and legal issues
- B. Models of consultation and collaborative care
- C. Issues in diverse populations (e.g., cultural, ethnic, developmental, gender, sexual orientation)

2A Demonstrates knowledge of essential ethical and legal	3A Demonstrates	4A Demonstrates advanced	5A Functions as leader or
of essential ethical and legal			JA I WILCHOLLS as leader Of
	comprehensive knowledge of	knowledge of clinically	expert in institutional ethical
ssues	clinically relevant legal and	relevant legal and ethical	or legal processes
	ethical issues in medical	issues in medical settings,	
	settings (e.g., capacity	including in difficult and	
	evaluations)	challenging situations	
2B Demonstrates basic	3B Demonstrates	4B Demonstrates advanced	5B Explores new forms of
knowledge of common	comprehensive knowledge of	knowledge of consultation	care models or performs
consultation and	consultation and	and collaborative care	health services research in
collaborative care models	collaborative care models	models, including emerging	consultation and
		new modes of clinical care	collaborative care
2C Demonstrates recognition	3C Consistently demonstrates	4C Anticipates the impact of	5C Generates new
of issues in delivering	awareness and skill regarding	diversity on patient care and	understanding of diversity
culturally-competent care	the impact of cultural	serves as role model in	issues
	differences in patient care	provision of care in diverse	
		groups	
			Not yet rotated
2) (2)	B Demonstrates basic nowledge of common onsultation and ollaborative care models C Demonstrates recognition f issues in delivering	ethical issues in medical settings (e.g., capacity evaluations) B Demonstrates basic nowledge of common consultation and collaborative care models C Demonstrates recognition f issues in delivering ulturally-competent care evaluations ethical issues in medical settings (e.g., capacity evaluations) 3B Demonstrates comprehensive knowledge of consultation and collaborative care models 3C Consistently demonstrates awareness and skill regarding the impact of cultural	ethical issues in medical settings, settings (e.g., capacity evaluations) B Demonstrates basic nowledge of common onsultation and collaborative care models C Demonstrates recognition f issues in delivering ulturally-competent care ethical issues in medical settings, including in difficult and challenging situations 4B Demonstrates advanced knowledge of consultation and collaborative care models, including emerging new modes of clinical care 4C Anticipates the impact of diversity on patient care and serves as role model in provision of care in diverse

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SBP1 — Patient Safety and the Health Care Team

- A. Medical errors and quality improvement activities
- B. Communication and patient safety
- C. Regulatory and educational activities related to patient safety

Level 1	Level 2	Level 3	Level 4	Level 5	
1AB Describes the common	2A Describes systems and	3A Understands and	4A Skillfully participates and	5A/B/C Provides	
system causes for errors	procedures that promote	consistently uses safety	contributes in a	organizational leadership or	
(e.g., communication	patient safety	procedures	multidisciplinary context in	consultation to improve care	
failures, equipment			quality improvement and	quality and patient safety	
failures, and other failures			patient safety projects (e.g.,		
of the health care delivery			morbidity and mortality	5A/B/C Implements	
system)			conference, root cause	innovative systems to	
			analysis meeting)	improve care quality and	
				patient safety	
	2B Effectively and regularly	3B Displays effective	4B Takes a leadership role in		
	uses all appropriate forms of	communication with	ensuring coordinated patient	5A/B/C Develops new	
	communication to ensure	colleagues and recognizes	care, including accurate	curricula and approaches to	
	accurate transitions of care	special circumstances that	transitions of care	education in safety and	
		will affect safety		quality issues	
1C Follows institutional	2C Follows regulatory	3C Effectively communicates	4C Develops content for	5A/B/C Contributes on a	
safety policies, including	requirements related to	safety procedures and	and/or facilitates patient	regulatory level to safety	
reporting of problematic	reporting requirements and	requirements to trainees and	safety	and quality improvement	
behaviors and processes,	prescribing practices	other audiences	presentations/conferences		
errors, and near misses			focusing on systems-based		
			errors in patient care		
Comments:	Comments: Not yet achieved Level 1				

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SBP2 — Resource Management: costs of care and resource selection					
Level 1	Level 2	Level 3	Level 4	Level 5	
Recognizes disparities in	Coordinates patient access to	Consistently provides cost-	Practices efficient, cost-	Designs new approaches to	
health care at individual	community and system	effective care, using	effective, high-value clinical	provide efficient care to	
and community levels	resources	a variety of resources,	care, using a full range of	monitor and educate	
		including the Electronic	resources, in routine and	regarding health care	
Knows the relative cost of care (e.g., medications, diagnostics, levels of care,	Understands health care funding and regulations related to organization of	Medical Record (EMR)	complex cases	Advocates for improved	
procedures)	health care services			access to and additional resources within systems of care	
Comments: Not yet achieved Level 1					

SBP3 — Community-based Care: community-based programs; self-help groups, including 12-step approaches; medical, psychiatric, and substance abuse recovery/rehabilitation programs				
Level 1	Level 2	Level 3	Level 4	Level 5
Has a basic knowledge of local health care delivery systems	Has a basic knowledge of community resources; coordinates care with community mental health agencies, schools, and other agencies; recognizes importance of self-help groups, and recovery and	Incorporates community resources, self-help groups (including 12-step approaches), and social networks in clinical care; appropriately refers to rehabilitation and recovery programs	Skillfully uses a wide range of community-based resources for rehabilitation and recovery, including in challenging cases of comorbid chronic medical and psychiatric illnesses	Develops new care programs and new approaches to link medical and community-based programs
	rehabilitation approaches			
Comments:	Comments: Not yet achieved Level 1			

SBP4 — Consultation to Hea	SBP4 — Consultation to Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5	
Describes how systems	Identifies systems issues in	Communicates with other	Provides expert, advanced	Measures outcomes of	
issues affect clinical care	clinical care and clarifies	providers and provides	recommendations to address	systems-based	
	required interactions and	effective recommendations	systems issues in clinical care,	interventions, contributes to	
	communication	regarding systems issues in	including in challenging and	improvement of existing	
		clinical care	complex situations requiring	service delivery systems, or	
			novel management	develops new modes of	
				health care delivery	
Comments:	Comments: Not yet achieved Level 1				

PBLI1 — Lifelong Learning

- A. Self-assessment and self-improvement
- B. Use of evidence-based medical knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
1A Regularly seeks and	2A Demonstrates a balanced	3A Demonstrates	4A Identifies and meets self-	5A/B Synthesizes and
incorporates feedback to	and accurate self-assessment	improvement in clinical	directed learning goals with little	presents new findings;
improve performance;	of own competence, using	practice based on continual	external guidance; keeps up with	develops educational
identifies self-directed	clinical outcomes to identify	self-assessment and	relevant changes in medical	methodology to
learning goals and	areas for continued	evidence-based information	knowledge using a system or	communicate new
periodically reviews them	improvement		process ² ; recognizes limits of own	medical knowledge
with supervisory guidance			knowledge	
1B Formulates a searchable	2B Selects an appropriate,	3B Efficiently searches and	4B Consistently makes informed,	
question from a clinical	evidence-based information	uses medical literature to	evidence-based clinical decisions;	
question	tool ¹ to meet self-identified	answer clinical questions;	demonstrates a recognized	
	learning goals	critically appraises different	mastery of the knowledge base	
		types of research, including	of psychosomatic medicine	
		randomized controlled trials,		
		systematic reviews, meta-		
		analyses, and practice		
		guidelines		

Comments: Not yet achieved Level 1

Footnotes:

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¹Examples include: practice guidelines; PubMed Clinical Queries; Cochrane, DARE, or other evidence-based reviews; Up-to-Date, etc.

²Examples include: a performance-in-practice (PIP) module as included in the American Board of Psychiatry and Neurology (ABPN) Maintenance of Certification (MOC) process; or regular and structured readings of specific evidence sources.

PBLI2 — Teaching A. Development as a teacher B. Observable teaching skills Level 2 Level 3 Level 4 Level 5 Level 1 1A Assumes a role in the 2A Participates in activities 3A Actively participates in 4A Independently develops 5A Is recognized as an educator of colleagues, the clinical teaching of designed to develop and didactic presentations on and provides consistently broader professional trainees, and assists faculty improve teaching skills, and effective presentations on psychosomatic medicine community, and/or the members in providing assists faculty members in psychosomatic medicine to topics to groups (e.g., grand supervision to these providing supervision to rounds, case conference, groups, including to health public trainees (e.g., medical **learners** journal club) professionals in nonstudents, residents) in psychiatric disciplines psychosomatic medicine settings 1B Recognizes role of 2B Evaluates and provides 3B Effectively teaches 4B Demonstrates recognized 5B Organizes and develops physician as teacher feedback to trainees, and individual trainees in clinical skill in the education of curriculum materials communicates goals and trainees, including those in settings; effectively uses relevant to psychosomatic objectives for instruction of feedback on teaching to non-psychiatric disciplines medicine improve teaching methods trainees and approaches **Comments:**

Not yet achieved Level 1

PROF1 — Compassion, Integrity, and Respect A. Compassion for others, self-reflection, sensitivity to diverse patient populations B. Adherence to ethical principles Level 2 Level 3 Level 4 Level 5 Level 1 1A Demonstrates capacity 2A Routinely displays 3A Facilitates positive 5A Serves as a role model 4A Consistently displays for self-reflection, empathy, compassion, and communication and develops compassion, integrity, and and teacher of compassion, sensitivity to diversity in a mutually agreeable care sensitivity, including in the integrity, respect for others, empathy, openness to different beliefs, and psychiatric evaluation and more challenging areas of and sensitivity to diverse plan in the context of respect for diversity; medical practice patient populations treatment conflicting physician, patient, provides examples of the and/or family values and importance of attention to 4A Displays recognized beliefs diversity in psychiatric expertise in, and leads evaluation and treatment 3A Discusses own cultural educational activities background and beliefs and regarding, ethical and the ways in which these practice issues affect interactions with patients 1B Recognizes ethical 4B Systematically analyzes 5B Identifies emerging 2B Analyzes and manages 3B Manages ethical issues in conflicts in practice and a wide range of clinical and manages complex ethical ethical issues in common ethical issues within subseeks supervision to clinical situations in the situations in the issues in psychosomatic specialty practice and can medicine (e.g., end-of-life manage them psychosomatic medicine psychosomatic medicine discuss opposing viewpoints setting setting decisions) **Comments:** Not yet achieved Level 1

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PROF2 — Accountability to Self, Patients, Colleagues, and Profession A. Work balance and fatigue management B. Professional behavior and participation in professional community Level 2 Level 4 Level 5 Level 1 Level 3 1A Notifies team and 2A Identifies and manages 3A Demonstrates healthy and 4A Effectively prioritizes and 5A Participates as an active enlists appropriate situations in which responsible work style; takes balances conflicting interests member on committees or coverage for clinical and maintaining personal health of self, family, and others to steps to address impairment in organizations that non-clinical responsibilities is challenged, and seeks in self and in colleagues if optimize medical care and address physician wellness when fatigued or ill practice of profession assistance when needed present 2B Recognizes the 3B Displays professionalism 4B Participates in the primary 5B Develops organizational 1B Follows institutional policies for physician importance of participating in in work, collaborates specialty and subspecialty policies, programs, or conduct and responsibility one's professional effectively with colleagues, professional community (e.g., curricula for professionalism maintains skills (e.g., community professional societies, prepares for obtaining and patient advocacy groups, maintaining board community service certification), and organizations); displays consistently displays exemplary professionalism responsibility for ensuring and serves as role model in that patients receive the best ensuring that patients possible care receive best possible care Comments: Not yet achieved Level 1

ICS1 — Relationship Development and Conflict Management

- A. Relationship with patients
- B. Conflict management with patients, families, colleagues, and members of the health care team

Level 1	Level 2	Level 3	Level 4	Level 5	
1A Develops therapeutic	2A Develops therapeutic	3A Skillfully forms	4A/B Sustains therapeutic	5A/B Develops approaches	
relationship with patients	relationships with patients; is	therapeutic relationship with	and working relationships in	to managing difficult	
and their families, is aware	respectful of cultural	a wide range of patients in	complex and challenging	situations and	
of cultural diversity in	diversity in discussions with	the psychosomatic medicine	contexts, including in	communications in the	
communicating with	patients and their families	setting	situations with significant	psychosomatic medicine	
people of different			differences of opinion among	setting	
backgrounds			care providers, families, and		
			patients	5A/B Effectively mentors	
1B Recognizes	2B Develops working	3B Appropriately sustains		other health care providers	
communication conflicts in	relationships across	working relationships in the		in leadership,	
work relationships	specialties and systems of	face of conflict or differences		communication skills, and	
	care in uncomplicated	in opinions with other		conflict management	
	situations	services or colleagues, and is			
		able to efficiently resolve		5A/B Engages in scholarly	
		routinely-encountered		activity (e.g., teaching,	
		conflicts		research) regarding	
				teamwork and conflict	
				management	
Comments: Not yet achieved Level 1					

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ICS2 — Information Sharing and Record Keeping A. Accurate documentation and effective communication with health care team and patients B. Maintaining professional boundaries Level 3 Level 5 Level 1 Level 2 Level 4 1A Ensures transitions of 2A Provides complete, timely, 3A Demonstrates effective 5A/B Develops new **4A Demonstrates** and accurate documentation verbal and written modes of system care are accurately communication that is documented, amd that the organization to facilitate communication with appropriate, efficient, concise, 2A Consistently demonstrates written record is accurate patients, families, and pertinent in challenging communication and and timely, with attention communication strategies to colleagues, and other health situations (e.g., significant maintenance of differences of opinion, with to preventing confusion ensure patient and family care providers that is professional relationships understanding, including use of patients with limited and error, consistent with appropriate, efficient, institutional policies easy-to-understand language, concise, and pertinent communication and/or skillful use of interpreters, and cognitive abilities, etc.) 3A Consistently engages 1A Organizes both written face-to-face interaction while and oral information to be patients and families in 4A Recruits appropriate using EMR shared with patient, family, shared decision making assistance when cultural team, and others differences create barriers to patient care 1B Maintains appropriate 2B Demonstrates respect for 3B Consistently maintains 4B Uses discretion and boundaries in sharing patient confidentiality professional boundaries and judgment in the inclusion of information by electronic respect for confidentiality sensitive patient material in communication and in the the medical record and in all use of social media communication with patients, families, and colleagues **Comments:**

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Not yet achieved Level 1