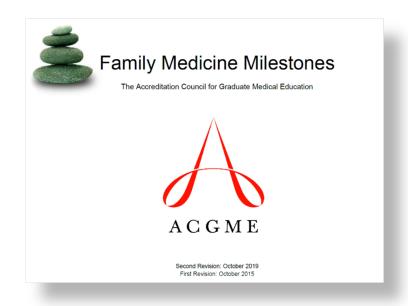
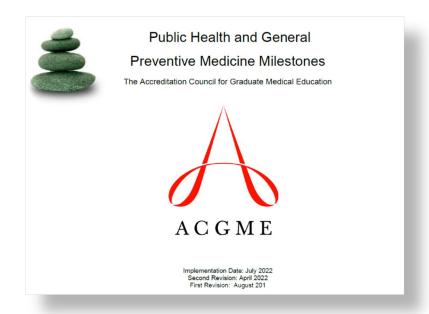
Family Medicine and Preventive Medicine (combined) programs must annually report on **each** set of Milestones.







Family Medicine Milestones

The Accreditation Council for Graduate Medical Education



Second Revision: October 2019 First Revision: October 2015

Family Medicine Milestones

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Family Medicine Milestones

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The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Association of Colleges of Osteopathic Medicine
Association of American Medical Colleges
American Board of Family Medicine
American College of Osteopathic Family Physicians
Association of Family Medicine Residency Directors
Assembly of Osteopathic Graduate Medical Educators
Committee on Osteopathic Recognition and Development
Review Committee for Family Medicine

Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of resident performance, and then report to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME Competencies organized in a developmental framework. The narrative descriptions are targets for resident performance throughout their educational program.

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident in the specialty or subspecialty. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each subcompetency.

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

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

Additional Notes

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

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

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

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

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

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

Systems-based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project	Designs,, implements, and assesses quality improvement initiatives at the institutional or community level
Comments: Not Yet Completed Level 1				
Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.			between levels ind	

Patient Care 1: Care of t	he Acutely III Patient			
Level 1	Level 2	Level 3	Level 4	Level 5
Generates differential diagnosis for acute presentations	Prioritizes the differential diagnosis for acute presentations	Promptly recognizes urgent and emergent situations and coordinates appropriate diagnostic strategies	Mobilizes the multidisciplinary team to manage care for simultaneous patient visits	Efficiently manages and coordinates the care of multiple patients with a range of severity, including life-threatening conditions
Recognizes role of clinical protocols and guidelines in acute situations	Develops management plans for patients with common acute conditions	Implements management plans for patients with complex acute conditions, including stabilizing acutely ill patients	Independently coordinates care for acutely ill patients with complex comorbidities	Directs the use of resources to manage a complex patient care environment or situation
Recognizes that acute conditions have an impact beyond the immediate disease process	Identifies the interplay between psychosocial factors and acute illness	Incorporates psychosocial factors into management plans of acute illness for patients and caregivers	Modifies management plans for acute illness based on complex psychosocial factors and patient preferences	Implements strategies to address the psychosocial impacts of acute illness on populations
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes that common conditions may be chronic (e.g., anxiety, high blood pressure)	Identifies variability in presentation and progression of chronic conditions	Determines the potential impact of comorbidities on disease progression	Balances the competing needs of patients' comorbidities	
Formulates a basic management plan that addresses a chronic illness	Identifies and accesses appropriate clinical guidelines to develop and implement plans for management of chronic conditions	Synthesizes a patient- centered management plan that acknowledges the relationship between comorbidities and disease progression	Applies experience with patients while incorporating evidence-based medicine in the management of patients with chronic conditions	Leads multidisciplinary initiatives to manage patient populations with chronic conditions and comorbidities
Recognizes that chronic conditions have an impact beyond the disease process	Identifies the impact of chronic conditions on individual patients and the others involved in their care	Develops collaborative goals of care and engages the patient in self-management of chronic conditions	Facilitates efforts at self-management of chronic conditions, including engagement of family and community resources	Initiates supplemental strategies (e.g., leads patient and family advisory councils, community health, practice innovation) to improve the care of patients with chronic conditions

Patient Care 3: Health Pr	omotion and Wellness			
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies screening and prevention guidelines by various organizations	Reconciles competing prevention guidelines to develop a plan for an individual patient, and considers how these guidelines apply to the patient population	Identifies barriers and alternatives to preventive health tests, with the goal of shared decision making	Incorporates screening and prevention guidelines in patient care outside of designated wellness visits	Participates in guideline development or implementation across a system of care or community
Identifies opportunities to maintain and promote wellness in patients	Recommends management plans to maintain and promote health	Implements plans to maintain and promote health, including addressing barriers	Implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial factors and other determinants of health	Partners with the community to promote health
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Patient Care 4: Ongoing Care of Patients with Undifferentiated Signs, Symptoms, or Health Concerns				
Level 1	Level 2	Level 3	Level 4	Level 5
Acknowledges the value of continuity in caring for patients with undifferentiated illness	Accepts uncertainty and maintains continuity while managing patients with undifferentiated illness	Facilitates patients' understanding of their expected course and events that require physician notification	Coordinates collaborative treatment plans for patients with undifferentiated illness	Coordinates expanded initiatives to facilitate care of patients with undifferentiated illness
	Develops a differential diagnosis for patients with undifferentiated illness	Prioritizes cost-effective diagnostic testing and consultations that will change the management of undifferentiated illness	Uses multidisciplinary resources to assist patients with undifferentiated illness to deliver health care more efficiently	Contributes to the development of medical knowledge around undifferentiated illness
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Patient Care 5: Management of Procedural Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the breadth of procedures that family physicians perform	Identifies patients for whom a procedure is indicated and who is equipped to perform it	Demonstrates confidence and motor skills while performing procedures, including addressing complications	Identifies and acquires the skills to independently perform procedures in the current practice environment	Identifies procedures needed in future practice and pursues supplemental training to independently perform
Recognizes family physicians' role in referring patients for appropriate procedural care	Counsels patients about expectations for common procedures performed by family physicians and consultants	Performs independent risk and appropriateness assessment based on patient-centered priorities for procedures performed by consultants	Collaborates with procedural colleagues to match patients with appropriate procedures, including declining support for procedures that are not in the patient's best interest	
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Level 1	Level 2	Level 3	Level 4	Level 5
Describes the pathophysiology and treatments of patients with common conditions	Applies knowledge of pathophysiology with intellectual curiosity for treatment of patients with common conditions	Demonstrates knowledge of complex pathophysiology and the comprehensive management of patients across the lifespan	Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan	Expands the knowledge base of family medicine through dissemination of original research
Describes how behaviors impact patient health	Identifies behavioral strategies to improve health	Engages in learning behavioral strategies to address patient care needs	Demonstrates comprehensive knowledge of behavioral strategies and resources to address patient's needs	

Medical Knowledge 2: 0	Critical Thinking and Decision	on Making		
Level 1	Level 2	Level 3	Level 4	Level 5
Incorporates key elements of a patient story into an accurate depiction of their presentation	Develops an analytic, prioritized differential diagnosis for common presentations	Develops a prioritized differential diagnosis for complex presentations	Synthesizes information to reach high probability diagnoses with continuous re-appraisal to minimize clinical	Engages in deliberate practice and coaches others to minimize clinical reasoning errors
Describes common causes of clinical reasoning error	Identifies types of clinical reasoning errors within patient care, with guidance	Demonstrates a structured approach to personally identify clinical reasoning errors	reasoning errors	
Interprets results of common diagnostic testing	Interprets complex diagnostic information	Synthesizes complex diagnostic information accurately to reach high probability diagnoses	Anticipates and accounts for errors and biases when interpreting diagnostic tests	Pursues knowledge of new and emerging diagnostic tests
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Systems-Based Practice	e 1: Patient Safety and Qual	ity Improvement		
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
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Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project	Designs, implements, and assesses quality improvement initiatives at the institutional or community level
Comments: Not Yet Completed Level 1				

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

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)	Manages various components of the complex health care system to provide efficient and effective patient care and transition of care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care
Describes basic health payment systems, (including government, private, public, uninsured care) and practice models	Delivers care with consideration of each patient's payment model (e.g., insurance type)	Engages with patients in shared decision making, informed by each patient's payment models	Advocates for patient care needs (e.g., community resources, patient assistance resources)	Participates in health policy advocacy activities
Identifies basic knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)	Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding)	Describes core administrative knowledge needed for transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance)	Analyzes individual practice patterns and prepares for professional requirements to enter practice	

Systems-Based Practice 4: Advocacy				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies that advocating for patient populations is a professional responsibility	Identifies that advocating for family medicine is a professional responsibility	Describes how stakeholders influence and are affected by health policy at the local, state, and federal level	Accesses advocacy tools and other resources needed to achieve (or prevent a deleterious) policy change	Develops a relationship with stakeholders that advances or prevents a policy change that improves individual or community health
Comments:	Comments: Not Yet Completed Level 1			

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access, categorize, and analyze clinical evidence	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients; and/or collaboratively develops evidence-based decision-making tools
Comments:			Not Yet C	completed Level 1

Practice-Based Learning	Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5	
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) in order to inform goals	Intermittently seeks additional performance data with adaptability and humility	Consistently seeks performance data with adaptability and humility	Leads performance review processes	
Identifies the factors which contribute to gap(s) between expectations and actual performance	Self-reflects and analyzes factors which contribute to gap(s) between expectations and actual performance	Self-reflects, analyzes, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice	
Acknowledges there are always opportunities for self-improvement	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it	Facilitates the design and implementing learning plans for others	
Comments:			Not Yet C	ompleted Level 1	

Level 1	Level 2	Level 3	Level 4	Level 5
Describes professional behavior and potential triggers for personal lapses in professionalism	Demonstrates professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Mentors others in professional behavior
Takes responsibility for personal lapses in professionalism	Describes when and how to report professionalism lapses in self and others	Recognizes need to seek help in managing and resolving complex professionalism lapses	Recognizes and uses appropriate resources for managing and resolving dilemmas as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems and professionalism lapses or impede their resolution
Demonstrates knowledge	Analyzes straightforward	Analyzes complex		•
of ethical principles	situations using ethical	situations using ethical		
	principles	principles		

Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations	Recognizes and addresses situations that may impact others' ability to complete tasks and responsibilities in a timely manner	Takes ownership of system outcomes
Responds promptly to requests or reminders to complete tasks and responsibilities	Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met		

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being	Proposes a plan to optimize personal and professional well-being, with guidance	Independently develops a plan to optimize personal and professional well-being	Addresses system barriers to maintain personal and professional well-being
Recognizes limits in the knowledge/skills of self, with assistance	Independently recognizes limits in the knowledge/skills of self and team and demonstrates appropriate help-seeking behaviors	Proposes a plan to remediate or improve limits in the knowledge/skills of self or team, with guidance	Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team	Mentors others to enhance knowledge/skills of self or team

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

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal behavior to demonstrate respect, establish rapport while communicating one's own role within the health care system	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters	Maintains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Recognizes easily identified barriers to effective communication (e.g., language, disability)	Identifies complex barriers to effective communication (e.g., health literacy, cultural)	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Leads or develops initiatives to identify and address bias
Identifies the need to individualize communication strategies	Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding	Sensitively and compassionately delivers medical information, managing patient/family values, goals, preferences, uncertainty, and conflict	Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict

	nunication Skills 2: Interpro			
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests/receives a consultation	Clearly and concisely requests/responds to a consultation	Checks understanding of consult recommendations (received or provided)	Coordinates recommendations from different members of the health care team to optimize patient care, resolving conflict when needed	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	Communicates concerns and provides feedback to peers and learners	Communicates feedback and constructive criticism to supervising individuals	Facilitates regular health care team-based feedback in complex situations
Comments: Not Yet Completed Level 1				

Level 1	Level 2	Level 3	Level 4	Level 5
Accurately and timely records information in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Uses patient record to communicate updated and concise information in an organized format	Demonstrates efficiency in documenting patient encounters and updating record	Optimizes and improves functionality of the electronic medical record within their system
Learns institutional policy and safeguards patient personal health information	Appropriately uses documentation shortcuts; records required data in formats and timeframes specified by institutional policy	Appropriately selects direct (e.g., telephone, inperson) and indirect (e.g., progress notes, text messages) forms of communication based on context and policy	Manages the volume and extent of written and verbal communication that are required for practice	Guides departmental or institutional communication around policies and procedures
Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage)	Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions for system improvement while acknowledging system limitations	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders (residency institution, health care system, field)



Public Health and General Preventive Medicine Milestones

The Accreditation Council for Graduate Medical Education



Implementation Date: July 2022 Second Revision: April 2022 First Revision: August 201

Public Health and General Preventive Medicine Milestones

The Milestones are designed only for use in evaluation of residents or 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 competence 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.

Public Health and General Preventive Medicine Milestones Work Group

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The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Board of Preventive Medicine

Review Committee for Preventive Medicine

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Additional Notes

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	and Improvement 1: Evide			Lovel 5
Level 1 Recognizes the need for evidence in decision making in order to care for a routine patient, situation, or public health problem	Level 2 Identifies evidence and elicits patient or population preferences and values to guide a patient or population intervention	Level 3 Applies the best available evidence, integrated with patient or population preferences and values	Level 4 Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to an individual or population	Level 5 Trains others to critically appraise and apply evidence to complex situations
Comments: Not Yet Completed Level 1			ompleted Level 1	
Selecting a response middle of a level implimilestones in that level levels have been subdemonstrated.	es that el and in lower	between levels indi		

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Patient Care 1: Emergency Preparedness and Response – Apply Skills in Emergency Preparedness and Response				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies examples of public health threats that might warrant an emergency response	Describes how a response to a public health emergency is organized	Plans and/or participates in an emergency preparedness event (actual or simulated)	Evaluates an emergency preparedness event (actual or simulated)	Provides leadership during an emergency preparedness event (actual or simulated)
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Patient Care 2: Policies and Plans – Develop Policies and Plans to Support Individual and Community Health Efforts					
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies pertinent policies and interventions for individual patient care	Describes how policies and plans are developed and implemented to support the health of individuals and communities	Applies policies and plans for disease prevention and health promotion to individuals and/or communities	Evaluates policies and plans for disease prevention and health promotion that have been applied to individuals and/or communities	Develops and/or implements policies or plans to improve community health	
Comments:	Comments: Not Yet Completed Level 1 Not Yet Assessable				

Patient Care 3: Clinical and Community Preventive Services					
Level 1	Level 2	Level 3	Level 4	Level 5	
Locates and appraises evidence about a clinical preventive service for an individual patient	Discusses the strengths and weaknesses of an individual study relevant to a clinical preventive service	Examines the quality and strength of evidence of a clinical preventive service	Participates in the analysis of a guideline to address a clinical preventive service	Evaluates the implementation of an evidence-based guideline to address a clinical preventive service and identifies barriers and proposes solutions to improving system-level adherence	
Recognizes distinctions between population and individual health services	Describes the usefulness and value of population-based health services in meeting the needs of target populations	Assesses evidence for population-based health services	Uses established performance criteria to evaluate a population-based health service, to include identifying barriers to services and strategies for improvement	Develops program goals and/or performance criteria to evaluate a population-based health service for strategic or operational improvements	
Comments:	Comments: Not Yet Completed Level 1 Not Yet Assessable				

Patient Care 4: Lifestyle Medicine					
Level 1	Level 2	Level 3	Level 4	Level 5	
Lists modifiable and non- modifiable risk factors associated with the development of prevalent chronic conditions	Identifies evidence of utilizing lifestyle interventions that reduce the risk of developing, or to mitigate the effects of, prevalent chronic conditions	Recommends lifestyle interventions to mitigate and treat prevalent chronic conditions in individuals	Evaluates or develops a plan for management of lifestyle factors associated with prevalent chronic conditions at the population or community level	Implements and evaluates a population- based strategy for an evidence-based lifestyle program or policy that mitigates prevalent chronic conditions at the population or community level	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Medical Knowledge 1: Environmental Health				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies common illnesses that may be caused or influenced by exposure to environmental hazards	Identifies the components of an environmental exposure history	Takes a complete environmental exposure history, including individual factors that impact susceptibility to environmental hazards	Recommends methods for reducing or eliminating exposure to environmental hazards and methods for addressing the health effects resulting from these exposures	Evaluates and interprets the results of individual and/or population-level environmental monitoring
Identifies major classes of environmental hazards and their routes of human exposure	Describes situations that warrant an environmental risk assessment	Identifies the steps in an environmental risk assessment and describes how the results are used to manage and communicate risk	Conducts a population- level environmental risk assessment (actual or simulated)	Makes policy recommendations based on the results of an environmental risk assessment
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Medical Knowledge 2: Biostatistics					
Level 1	Level 2	Level 3	Level 4	Level 5	
Recognizes common statistical concepts and tests	Identifies statistical test(s) for a given research question and data set	Performs data analyses using various statistical methods	Interprets the statistical and clinical significance of a data set and evaluates the generalizability of the results to a population	Analyzes and interprets large data sets using complex statistical methods and submits the results for publication or presentation	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Medical Knowledge 3: Epidemiology				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies sources of data and common measures for descriptive epidemiology	Defines basic measures of disease frequency and excess risk	Calculates measures of disease frequency and excess risk for a specified disease or condition	Uses data to characterize the health of a local population and compares it with that of other populations	Teaches use of data to characterize the health of a population and compare it with that of other populations
Describes the basic types of research studies	Compares and contrasts commonly used study designs	Critiques epidemiologic studies, including assessing external and internal validity and distinguishing between association and causation	Participates in epidemiological research, including evaluating and interpreting results	Independently designs and conducts epidemiologic research
Describes the natural history of disease and relevance to primary, secondary, and tertiary prevention	Identifies criteria for effective screening tests	Assesses the validity and reliability of individual screening tests	Uses evidence about individual screening tests, interventions, and harms to weigh the potential benefits and harms of screening programs	Provides expert opinion on the benefits and harms of screening programs
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Medical Knowledge 4: Public Health Regulations				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies examples of public health regulatory agencies	Describes the regulatory requirements for a specific public health topic	Interprets regulatory requirements as applied to individuals and/or populations	Develops or modifies a public health policy based upon regulatory requirements or public health laws (actual or simulated)	Contributes to the development or modification of a proposed regulatory requirement or public health law
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Medical Knowledge 5: Infectious Diseases of Public Health Significance					
Level 1	Level 2	Level 3	Level 4	Level 5	
Describes common methods for preventing the transmission of infectious diseases	Discusses aspects of disease and common environmental, health, and behavioral risk factors associated with infectious diseases of public health significance	Describes the epidemiology, risk factors, prevention strategies, diagnosis, and treatment for infectious diseases of public health significance	Applies knowledge of the epidemiology, risk factors, prevention strategies, diagnosis, and treatment for infectious diseases of public health significance to the individual or population- level	Designs a plan for the prevention, diagnosis, and treatment of an infectious disease of public health significance at the population level	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists common patient safety events and describes how to report patient safety events	Identifies system factors that lead to patient safety events	Participates in a root cause analysis (actual or simulated)	Conducts analysis of patient safety events and offers error prevention strategies (actual or simulated)	Actively modifies systems to prevent patient safety events
Discusses basic quality improvement methodologies and metrics	Describes quality improvement initiatives	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Leads the conduct and implementation of a quality improvement project
Comments: Not Yet Completed Level 1				

Systems-Based Practice 2: System Navigation for Patient- and Population-Centered Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists examples of care coordination in a health care system	Demonstrates coordination of care of patients in routine clinical situations, effectively using the roles of interprofessional team members and care settings	Demonstrates coordination of care of patients in complex clinical situations, effectively using the roles of interprofessional team members	Models effective coordination of patient- and population-centered care among different disciplines and specialties/settings	Analyzes the process of care coordination and leads in the design and implementation of improvements
Recognizes population and community health needs and inequities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively address the health needs and inequities of a patient population and community	Participates in changing and adapting practice to provide for the health needs and inequities experienced by specific populations	Leads innovations and advocates for populations and communities with health needs and inequities
Comments: Not Yet Completed Level 1				

Systems-Based Practice 3: Physician Leadership in Health Care and Community Health Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the health care system	Describes how components of a health care system are inter- related, and how they impact patient and/or population/stakeholder care	Discusses how individual practice affects the broader system	Navigates components of the complex health care system to promote efficient and effective patient and/or population/stakeholder care	Leads health care systems change that enhances high-value, efficient, and effective patient care
Identifies key agencies involved in community health efforts	Describes the interactions between agencies and how these impact the overall health of the community	Discusses how each agency impacts the broader goal of a healthy community	Participates in a community needs assessment to identify and improve the overall health of a community (actual or simulated)	Leads a community needs assessment to identify and improve the overall health of a community
Comments: Not Yet Completed Level 1				

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the need for evidence in decision-making to care for a routine patient, situation, or public health problem	Identifies evidence and elicits patient or population preferences and values to guide a patient or population intervention	Applies the best available evidence, integrated with patient or population preferences and values	Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to an individual or population	Trains others to critically appraise and apply evidence to complex situations
Comments: Not Yet Completed Level 1				

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Establishes goals for personal and professional development	Demonstrates openness to feedback and other input to inform goals	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Intentionally seeks feedback consistently, with adaptability and humility	Role models consistently seeking feedback with adaptability and humility
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses feedback to measure the effectiveness of the learning plan and, when necessary, improves it	Facilitates the design and implementation of learning plans for others
Comments: Not Yet Completed Level 1				

Practice-Based Learning and Improvement 3: Disease Outbreak and Surveillance Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Discusses common causes of disease clusters and outbreaks	Describes the steps of a cluster or outbreak investigation	Analyzes an outbreak, assessing for steps taken, mitigation strategies, results, and areas for improvement in the approach	Participates in the planning and implementation of a cluster/outbreak investigation (actual or simulated)	Leads a team to investigate and manage an outbreak, including supervision of staff members, assignment of roles, program design, monitoring of effectiveness, etc.
Recognizes the need to report selected diseases to public health authorities and describes the need for surveillance systems in a variety of settings	Identifies and summarizes commonly used surveillance systems	Lists the challenges in designing and maintaining a surveillance system	Analyzes surveillance data to identify appropriate targets for individual, community, and/or systems interventions and to evaluate the quality of the system	Independently designs and implements a new surveillance system
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies potential triggers for and reporting of professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Intervenes to prevent or mitigate lapses in professional behavior of oneself and others	Coaches others when their behavior fails to meet professional expectations
Defines the ethical principles underlying informed consent, surrogate decision-making, advance directives, privacy and confidentiality, error disclosure, stewardship of limited resources, and related topics	Analyzes straightforward situations using ethical principles	Uses appropriate resources for managing ethical dilemmas	Develops an approach to manage and resolve complex ethical situations	Implements system-level factors to improve ethical behavior in health care professionals
Comments: Not Yet Completed Level 1				

Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes situations that may impact one's own ability to complete tasks and takes responsibility	Responds promptly to requests to complete tasks and responsibilities	Proactively implements strategies to ensure responsibilities are met	Recognizes situations that may impact others' ability to complete tasks and responsibilities in an accurate and timely manner	Modifies/develops a system of accountability to ensure completeness of tasks and responsibilities in an accurate and timely manner
Comments: Not Yet Completed Level 1				

Professionalism 3: Self-Awareness and Help-Seeking Behaviors				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being	With assistance, proposes a plan to optimize personal and professional well-being	Independently develops a plan to optimize personal and professional well-being	Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations
Comments: Not Yet Completed Level 1				

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

Interpersonal and Communication Skills 1: Community- and Population-Centered Communication and Shared Decision-Making				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies common barriers to effective communication while accurately communicating one's own role and responsibilities within the health system	Identifies complex barriers to effective communication	Recognizes personal biases while attempting to minimize communication barriers	Independently uses shared decision-making to align community/population values, goals, and preferences with preventive services	Practices shared decision-making in community/population communication, including in situations with a high degree of uncertainty/conflict
Comments: Not Yet Completed Level 1				

Interpersonal and Communication Skills 2: Interprofessional Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language that values all members of an interprofessional team	Communicates information effectively, including the use of active listening and feedback, with all members of an interprofessional team and/or with community stakeholders	Adapts communication style to fit the needs of health care team members or community stakeholders	Facilitates interprofessional team and community group communication using multiple communication strategies	Serves as a role model for effective interprofessional team communication
Recognizes the importance of the role of feedback within an interprofessional team	Solicits feedback on performance as a member of an interprofessional team or community group	Communicates concerns and provides feedback to peers and learners	Uses constructive criticism skills in communicating with interprofessional team members, community stakeholders, and leaders	
Comments: Not Yet Completed Level 1				