Supplemental Guide: Psychiatry

ACGME

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Psychiatry Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the Resources page of the Milestones section of the ACGME website.

Additional Notes:

The ACGME does not expect formal, written evaluations of all milestones (each numbered item within a subcompetency table) every six months. For example, formal evaluations, documented observed encounters in inpatient and outpatient settings, and multisource evaluation should focus on those subcompetencies and milestones that are central to the resident's development during that time period.

Progress through the Milestones will vary from resident to resident, depending on a variety of factors, including prior experience, education, and capacity to learn. Residents learn and demonstrate some skills in episodic or concentrated time periods (e.g., formal presentations, participation in quality improvement project, child/adolescent rotation scheduling, etc.). Milestones relevant to these activities can be evaluated at those times. The ACGME does not expect that programs organize their curricula to correspond year by year to the Psychiatry Milestones.

For the purposes of evaluating a resident's progress in achieving Patient Care and Medical Knowledge Milestones it is important that the evaluator(s) determine what the resident knows and can do, separate from the skills and knowledge of the supervisor.

Implicit in milestone level evaluation of Patient Care (PC) and Medical Knowledge (MK) is the assumption that during the normal course of patient care activities and supervision, the evaluating faculty member and resident participate in a clinical discussion of the patient's care. During these reviews the resident should be prompted to present their clinical thinking and decisions regarding the patient. This may include evidence for a prioritized differential diagnosis, a diagnostic workup, or initiation, maintenance, or modification of the treatment plan, etc. In offering independent ideas, the resident demonstrates their capacity for clinical reasoning and its application to patient care in real-time. As residents progress, their knowledge and skills should grow, allowing them to assume more responsibility and handle cases of greater complexity. They are afforded greater autonomy - within the bounds of the ACGME supervisory guidelines - in caring for patients. At Levels 1 and 2 of the Milestones, a resident's knowledge and independent clinical reasoning will meet the needs of patients with lower acuity, complexity, and level of risk, whereas, at Level 4, residents are expected to independently demonstrate knowledge and reasoning skills in caring for patients of higher acuity, complexity, and risk. Thus, one would expect residents achieving Level 4 milestones to be senior residents at an oversight level of supervision. In general, one would not expect beginning or junior residents to achieve Level 4 milestones. At all levels, it is important that residents ask for, listen to, and process the advice they receive from supervisors, consult the literature, and incorporate this supervisory input and evidence into their thinking.

Patient Care 1: Psychiatric Evaluation **Overall Intent:** To gather and organize findings from the patient interview; mental status and cognitive exams; targeted physical and neurologic exams; data from collateral sources including information gathered from the medical record, family members, other treaters; and laboratory and imaging results; to screen for risk, and integrate risk assessment into the patient evaluation	
Milestones	**Examples**
	Patient is referred to the emergency room by his or her primary care provider. The patient's partner is present and the patient reports feeling overwhelmed and anxious. At the conclusion of the assessment, the patient is found to have an alcohol use disorder and to be the victim of interpersonal violence. (Vignette written for Levels 1-4)
Level 1 *Collects general medical and psychiatric history and completes a mental status examination* *Collects relevant information from collateral sources* *Screens for risk of harm to self, to others, or by others*	● Uses a template to obtain thorough psychiatric and medical history and completes a mental status and cognitive exams ● Contacts primary care provider of a patient who said, "I don't think I can go on like this," during a visit ● Asks the patient if the patient is feeling suicidal
Level 2 *Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's presentation* *Selects appropriate laboratory and diagnostic tests* *Engages in a basic risk assessment and basic safety planning*	● Collects a focused history, notes tremulousness ● Conducts a targeted physical and neurologic exam guided by the findings ● Orders urine drug screen and liver function tests ● Asks patient about feelings of hopelessness, thoughts of self-harm or suicide, and what the patient would do if the patient had suicidal thoughts
Level 3 *Uses hypothesis-driven information gathering to obtain complete, accurate, and relevant history* *Interprets collateral information and test results to determine necessary additional steps*	● Uses the evolving differential diagnosis and mental status findings to prioritize the interview questions, address new diagnostic possibilities, differentiate among diagnoses, and avoid premature closure ● Orders liver function tests, and finding they are elevated, and asks for detail about patient's substance use

Incorporates risk and protective factors into the assessment of imminent, short, and long-term patient safety and the safety of others	● Asks patient's partner to leave the room after observing several healing bruises on patient's arm; inquires about safety at home, substance use, and the relationship between substance use and hopeless thoughts or impulsive behaviors
Level 4 *Elicits and observes subtle and unusual findings* *Interprets collateral information and test results to determine necessary additional steps in the evaluation of complex conditions* *Incorporates risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient*	● Notices the patient has healing bruises on arms, a subtle gait imbalance, and mild icterus ● Reviews medical record, finds multiple emergency room visits for contusions and burns, and decides to inquire about interpersonal violence ● Asks the patient's partner to leave the room and asks in a sensitive manner about safety at home, eliciting a long history of interpersonal violence, which the patient says contributes to heavy drinking, feelings of hopelessness, and current thoughts of death
Level 5 *Serves as a role model for gathering subtle and accurate findings from the patient and collateral sources* *Serves as a role model for risk assessment*	● Provides second opinions on colleagues' patients where the diagnosis is unclear ● Is recommended to serve as a consultant for patient risk assessment
Assessment Models or Tools	● American Board of Psychiatry and Neurology Clinical Skills Verification (ABPN CSV) ● Case-based discussion ● Clinical skills exam ● Direct observation ● Medical record (chart) audit ● Simulation or standardized patients
Curriculum Mapping	●

Notes or Resources	● This Milestone set refers to psychiatric evaluations in all clinical settings (e.g., emergency, inpatient, outpatient, consultation) and with patients throughout the lifespan ● Collateral includes information from family members, friends, caregivers, other providers, past medical records ● Case presentation and documentation is included in Interpersonal and Communication Skills ● American Association of Directors of Psychiatric Residency Training. Virtual Training Office. https://www.aadprt.org/training-directors/virtual-training-office. 2019. ● Columbia Suicide Severity Rating Scale ● American Psychiatric Association. *The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2016. https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426760. 2019.

Patient Care 2: Psychiatric Formulation and Differential Diagnosis **Overall Intent:** To organize and summarize findings and generate differential diagnosis; identify contributing factors and contextual features and creates a formulation, and use the emotional responses of clinician and patient as diagnostic information	
Milestones	**Examples**
Level 1 *Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression*	● Accurately reports evaluation data in a note and concludes that the patient is depressed
Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation	● When asked, identifies biopsychosocial factors that could contribute to psychiatric presentations, such as substance use, trauma history, or job loss
Recognizes that clinicians have emotional responses to patients	● Identifies one's own feelings of cheerfulness, sadness, anxiety, or anger when interviewing a manic or depressed patient
Level 2 *Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations*	● For a depressed patient, appropriately develops a differential diagnosis of major depressive disorder with or without psychotic features, persistent depressive disorder, bipolar depression, substance-induced mood disorder, adjustment disorder with depressed mood or depressive disorder due to another medical condition
Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient's presentation	● Accurately lists strong family history of depression, perfectionism, starting college, and family and cultural expectations of high achievement as factors that may contribute to depression in a particular patient
Recognizes that clinicians' emotional responses have diagnostic value	● Notices in themselves a pattern of feeling frustrated and helpless while interacting with patients with borderline personality disorder
Level 3 *Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of patient presentations*	● In an older patient with cognitive complaints, prioritizes Lewy body dementia in the differential based on the presence of visual hallucinations, but continues to consider and explore the possibility of other neurocognitive disorders, as well as mood, psychotic, and non-psychiatric medical disorders
Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, and developmental/life cycle factors	● Integrates contributing biopsychosocial factors and relates these factors to begin developing a formulation: perfectionism stemming from family and cultural expectations of high achievement then worsens underlying vulnerability to depression with increased academic demands of starting college
Begins to use the clinician's emotional responses to the patient to aid formulation	● Identifies own anger with a patient and considers the possibility that the patient has a personality disorder diagnosis

Level 4 *Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings* *Develops formulations based on multiple conceptual models* *Integrates clinician's and patient's emotional responses into the diagnosis and formulation*	● In developing a differential diagnosis for a patient presenting with panic attacks and suicidal ideation, notes there have been inconsistencies with history previously provided by the patient and that the patient endorses unusual symptoms. Malingering is added to the differential ● Develops useful and comprehensive psychodynamic and cognitive-behavioral formulations for patients ● Identifies one's own anger with a patient; considers contributing factors to that anger that are not related to the patient; explores the patient's feelings of anger, fear, and helplessness; and uses this information to clarify the diagnosis and include in the formulation the effects of the patient's past experiences of trauma and betrayal on their current presentation
Level 5 *Serves as a role model in the development of accurate and complete differential diagnoses and formulations*	● Becomes a case discussant and models the process of developing a differential diagnosis and formulation as part of a case conference or grand rounds
Assessment Models or Tools	● Assessment of case conference presentations ● Case-based discussions ● Clinical skills evaluation ● Direct observation ● Medical record (chart) audit for assessments and formulations ● Simulation or standardized patient ● Written case formulations
Curriculum Mapping	●
Notes or Resources	● A psychiatric formulation is a theoretically-based conceptualization of the patient's mental disorder(s). It provides an organized summary of those individual factors thought to contribute to the patient's unique psychopathology. This includes elements of possible etiology, as well as those that modify or influence presentation, such as risk and protective factors. It is therefore distinct from a differential diagnosis that lists the possible diagnoses for a patient, or an assessment that summarizes the patient's signs and symptoms, as it seeks to understand the underlying mechanisms of the patient's unique problems by proposing a hypothesis as to the causes of mental disorders. ● Models of formulation include those based on either major theoretical systems of the etiology of mental disorders, such as behavioral, biological, cognitive, cultural, psychological, psychoanalytic, sociological, or traumatic, or comprehensive frameworks of understanding, such as bio-psycho-social or predisposing, precipitating, perpetuating, and prognostic outlines. Models of formulation set forth a hypothesis about the unique

	features of a patient's illness that can serve to guide further evaluation or develop individualized treatment plans. ● Lewis- Fernández R, Aggarwal NK, Hinton L, Hinton DE, Kirmayer LJ. *DSM-5® handbook on the cultural formulation interview.* 1st ed. Arlington, VA: American Psychiatric Publishing; 2016. ● Ross DE. A method for developing a biopsychosocial formulation. *Journal of Child and Family Studies*. 2000;9(1):1-6. https://cchs.ua.edu/wp-content/cchsfiles/psych/BIOPYCHOSOCIAL.pdf. 2019. ● DSM-5 Outline for Cultural Formulation

Patient Care 3: Treatment Planning and Management **Overall Intent:** To create a treatment plan, monitor and revise treatment when indicated, and incorporate the use of community resources	
Milestones	**Examples**
Level 1 *Identifies potential biopsychosocial treatment options*	● On an emergency department rotation, presents a case of bipolar disorder to the supervising attending and suggests a mood stabilizer, referral for individual psychotherapy and case management for the patient; requires discussion with the attending to identify the best option(s)
Recognizes that acuity affects level of care and treatment monitoring	● Recognizes the patient is not acutely unsafe or grossly functionally impaired and does not require hospitalization; discusses alternatives such as partial hospitalization/day treatment
Gives examples of community resources	● Suggests referral to community support groups for patient and family sponsored by patient advocacy organizations
Level 2 *Engages the patient in the selection of evidence-based biopsychosocial treatment, recognizing that comorbid conditions and side effects impact treatment*	● For a patient with bipolar disorder, suggests medication options such as atypical antipsychotic and anticonvulsant; reviews pros and cons of each medication choice; recognizes the risk of valproate for female patients of childbearing age ● Discusses with the patient and family the potential role for National Alliance on Mental Illness (NAMI) Family-to-Family Program
Selects the most appropriate level of care based on acuity and monitors treatment adherence and response	● Appropriately recommends a day treatment program
Coordinates care with community resources	● Provides referral to patient and family for local NAMI group
Level 3 *Applies an understanding of psychiatric, neurologic, and medical comorbidities in the management of common presentations*	● For a patient with schizoaffective disorder on olanzapine, monitors the patient's weight, hemoglobin A1c, glucose, and lipids; coordinates care with the patient's primary care physician; and considers alternative antipsychotic treatment when pre-diabetic conditions appear
Selects the most appropriate interventions, treatments, and adjustments in treatment in common presentations based on consideration of patient factors and acuity	● Discusses the potential benefits and risks of medication options with the patient, taking the patient's history and views into consideration in deciding on alternative treatment
Incorporates support and advocacy groups in treatment planning	● Refers patient to a clinic-based medication support group

Level 4 *Devises individualized treatment plan for complex presentations; integrates multiple modalities and providers in a comprehensive approach* *Selects the most appropriate interventions, treatments, and adjustments in treatment in complex presentations based on consideration of patient factors and acuity* *Locates and connects patients to community resources in complex and difficult situations*	● For a depressed patient with a history of psychological trauma and traumatic brain injury, obtains a longitudinal history of behaviors including substance abuse and self-harm, including a chain analysis; independently develops a treatment plan that includes medication, individual psychotherapy, and community-based support ● Evaluates risk and protective factors for suicide and harm to others; in planning treatment, considers neuropsychological testing, substance abuse treatment, cognitive remediation, cognitive behavioral therapy, and dialectical behavior therapy as potential interventions; considers pharmacologic treatments ● Refers a psychotic patient who has recently lost housing to a local homeless shelter and social worker for case management
Level 5 *Supervises treatment planning of other learners and multidisciplinary providers* *Participates in the creation or administration of community-based programs*	● When on elective, supervises treatment planning with clinical staff members at the local mental health center ● Works with state rehabilitation agency to create a new supported employment program
Assessment Models or Tools	● APBN CSV ● ACGME annual clinical skills examination ● Assessment of case conference presentations ● Case-based discussions ● Direct observation ● Medical record (chart) audit for assessments and formulations ● Written case formulations
Curriculum Mapping	●
Notes or Resources	● American Psychiatric Association. *The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2016. https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426760. 2019. ● American Psychiatric Association. Clinical Practice Guidelines. https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines. 2019. ● Mental Health. Local Organizations with Mental Health Expertise. https://www.mentalhealth.gov/talk/community-conversation/services. 2019.

Patient Care 4: Psychotherapy **Overall Intent:** To establish a therapeutic alliance, select and provide psychotherapies, and manage therapeutic process	
Milestones	**Examples**
	Clinical skills residents demonstrate are listed and applicable to the sample patient described. This may include the resident's work with the patient or with the psychotherapy supervisor. For a female patient who has recently been in the military (US Army) and is now seeking help. (Vignette for Levels 1-5)
Level 1 *Establishes a working relationship with patients demonstrating interest and empathy*	● Demonstrates respect and empathy during the initial encounter, shows genuine curiosity about the patient's experience in the military, and asks the patient more about the Army in contrast to the other military service branches
Lists the three core psychotherapies	● Suggests supportive, psychodynamic, or cognitive behavioral therapy as treatment options
Accurately identifies patient emotions, particularly sadness, anger, and fear	● When observed, makes good eye contact and follows the patient's cues ● Respects the patient's word choice in a mutually agreeable way, using "frustrated" instead of angry when examining the patient's feelings towards people close to her ● When supervised, is interested in the patient's story
Level 2 *Establishes a bounded therapeutic alliance with patients with uncomplicated problems*	● Lets the patient know that the initial session will be 45-minutes long and stops at the appropriate time with empathy and tact despite the fact that the patient says she has more to say ● Works with the patient to establish that a primary goal of therapy is to improve her relationship with her sister ● Creates and maintains a bounded, warm emotional bond with the patient ● Highlights the importance of adherence to the process of psychotherapy ● In psychotherapy, uses the basic elements of validation, reframing, and redirection ● Understands the concept of case formulation and, with supervision, can create a basic biopsychosocial formulation for their psychotherapy patients ● When supervised, identifies patterns of dysfunctional interpersonal relationships and limited coping skills when under stress
Uses the common factors of psychotherapy in providing supportive therapy to patients	● In supervision, describes a supportive psychotherapy plan designed to provide her with more effective coping strategies; explains how psychotherapy will help the patient identify dysfunctional patterns in her life and suggest changes that could lead to establishing healthier interactions with those she loves

Identifies and reflects the core feelings and key issues for the patient during the session	● Examines if the resident and the patient agree that the therapy accurately focuses on the patient's most important problems ● With supervision, accurately identifies the patient's feelings and the central issues discussed; identifies that the patient's pattern of feeling controlled by others can be seen in other relationships; with the supervisor and resident, helps the patient explore if this feeling could originate in the patient's belief that she is less competent than others
Level 3 *Establishes and maintains a therapeutic alliance with patients with uncomplicated problems, and can recognize and avoid boundary violations*	● Uses validation and the exploration of meaning of external events to foster an alliance with the patient ● After the patient states she believes the psychotherapy "isn't going anywhere," and that the resident "couldn't possibly understand" where she is coming from, the resident accurately reflects to the patient the challenges she is facing in treatment while reassuring her that the resident and supervisor will continue to do their best in working with her
Provides selected psychotherapies (including supportive, psychodynamic, and cognitive-behavioral), sets goals and integrates therapy with other treatment modalities	● With supervision, assesses patients for psychotherapy and selects the most appropriate modality ● With supervision, creates a detailed case formulation for patients in both psychodynamic and cognitive behavioral psychotherapy ● Collaboratively sets therapeutic goals and instills hope in the patient ● Empathically confronts problems with adherence and develops solutions ● In cognitive-behavioral therapy, identifies and discusses maladaptive thinking and unproductive behaviors ● In psychodynamic therapy, helps patients discuss feelings, including those that are out of awareness ● Once the resident and the patient choose to use cognitive behavioral therapy, the resident helps the patient to successfully complete a Triple Column worksheet to explore her cognitive distortions surrounding what it means to be taking psychotropic medications
Identifies and reflects the core feelings, key issues and what the issues mean to the patient during the session, while managing the emotional content and feelings elicited	● In cognitive-behavioral therapy, the patient, using language from military resilience training, talks about her "thinking traps" and "icebergs;" the resident acknowledges these concepts to the patient as metaphors for cognitive distortions and core beliefs ● In psychodynamic therapy, the patient, using language from military resilience training, talks about her "thinking traps" and "icebergs," and the resident acknowledges these concepts, inquires how they are used in the Army and what they might mean to the patient; if safe to suggest, wonders what feelings might lie behind these "icebergs" and "thinking traps," and recognizes one's own impatience with the patient and the patient's inability to express feelings

Level 4 *Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations*	● Maintains a therapeutic alliance with patients who are aggressive, paranoid, and in other ways challenge the treatment relationship ● Explains reasons for boundaries to challenging patients in a non-judgmental way ● After discerning that the patient is deeply concerned that being in treatment could jeopardize her government security clearance, the resident openly acknowledges the vulnerable position the patient is in, and is reassuring that her care is completely confidential and will proceed at her pace
Selects appropriate psychotherapeutic modality based on case formulation, tailors the therapy to the patient, and provides psychotherapy (at least supportive and one of psychodynamic or cognitive-behavioral) to complex patients	● Creates detailed case formulations using the theoretical principles of at least one of psychodynamic or cognitive-behavioral psychotherapy ● In cognitive-behavioral therapy, independently conducts sessions with thought records, action plans, and feedback; plans next steps ● In psychodynamic therapy, conducts patient-directed sessions, uses silence, pays attention to transference and resistance, and can use confrontation and interpretation to reveal maladaptive patterns of relating to others ● Recognizes when the patient, who was initially very interested in completing thought records outside of appointments, expresses growing tired of the process ● In cognitive-behavioral therapy, responds not only with constructive suggestions like reviewing old thought records with similar automatic thoughts to a current situation, but also with an exploration of behavioral activation to improve functioning ● In psychodynamic therapy, wonders whether the patient experiences treatment as controlling, a common experience she has had with others including her sister
Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions	● In cognitive-behavioral therapy, explores the patient's tendency to disqualify the positive, and then challenges the patient to look outward and ask how circumstances or other people contribute supportively to an activating event ● In psychodynamic therapy, returns to the topics of fear, vulnerability, and trust raised in a session; guides the patient to see these are connected to events and relationships in childhood, that their amplification as a consequence of deployment, and to the issue of trust in the treatment relationship. The resident raises the issue of timing of these powerful connections in supervision.
Level 5 *Assesses and can help repair troubled alliances and/or boundary difficulties between junior residents and their patients*	● After the patient suffers a significant personal loss during treatment and experiences considerable thoughts of suicide, builds on all of their past work together to create a robust safety plan with the patient that reassures her she can survive the current turmoil ● In the emergency room, demonstrates to the junior supervisee how one can understand the unexpected thrashing, shouting, and wailing of a middle-aged woman as anxiety about the departure of her only child to college; using respectful tolerance and

	containment of the patient's feelings, the senior names the feelings, connects them to the human experience of loss along with remembered admiration of their child and their parenting; makes plans for new free-time for hobbies and a referral is made for outpatient psychotherapy
Tailors psychotherapeutic treatment based on awareness of own skill sets, strengths, and limitations	● Seeks out new inspiration for guided imagery, deep breathing, and progressive muscle relaxation after reflective practice reveals a number of patients could have potentially more enduring retention in acquiring relaxation skills ● Recognizing the importance of relapse prevention, seeks to have the patient give herself credit for her own progress and asks her to examine how she has recently been able to use cognitive-behavioral therapy techniques in different situations both in her professional and personal life
Links feelings, recurrent/central themes/schemas and their meaning to the patient as they shift within and across sessions	● In supervision, links feeling states not only to the current causes but to the central, recurring themes/schemas as they meander, disappear, and reappear in the current session as well as in recent and distant sessions; links the material to the original case formulation and uses it to revise the formulation and the way in which the residents works with the patient
Assessment Models or Tools	● Direct observation ● Medical record (chart) review ● Patient surveys or debriefing ● Audio or video recording review
Curriculum Mapping	●
Notes or Resources	● Psychodynamic therapy includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to understand the concepts of resistance/defenses, transference/countertransference. ● Cognitive-behavioral therapy includes the capacity to generate a case formulation, to demonstrate techniques of intervention, including behavior change, skills acquisition, and to address cognitive distortions. ● Supportive therapy includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to strengthen the patient's adaptive defenses, resilience, and social supports. ● Gabbard GO, Roberts LW, Crisp-Han H, Ball V, Hobday G, Rachal F. Professionalism and the clinical relationship: boundaries and beyond. In: Gabbard GO, Roberts LW, Crisp-Han H, Ball V, Hobday G, Rachal F. *Professionalism in Psychiatry*. Arlington, VA: American Psychiatric Publishing; 2012: 35-59.

	● American Association of Directors of Psychiatric Residency Training (AADPRT) Psychotherapy Workgroup's document "Benchmarks for Psychotherapy Training." https://portal.aadprt.org/public/vto/categories/Psychotherapy%20Committee%20Tips%20of%20the%20Month/2012/57c7898088044_psychotherapy_benchmarks.pdf ● AADPRT Virtual Training. Psychotherapy Competency Tools. https://portal.aadprt.org/user/vto/category/483. 2019. ● AADPRT. Psychiatric Interview. https://portal.aadprt.org/user/vto/category/593. 2019.

Patient Care 5: Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) **Overall Intent:** To understand the mechanisms of action, indications, and evidence base for somatic therapies and appropriately apply them to patient care; educate patients about somatic therapies including access to accurate psychoeducational resources; and appropriately monitor a patient's response to treatment	
Milestones	**Examples**
Level 1 *Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms*	● Recognizes that selective serotonin reuptake inhibitors (SSRIs) treat depression and anxiety disorders
Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments	● Reviews with patient that taking SSRIs may cause gastrointestinal and sexual side effects
Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety	● Lists lipid profile and glucose as baseline assessments before initiating an antipsychotic medication
Level 2 *Appropriately prescribes commonly used somatic therapies and understands their mechanism of action*	● Suggests a specific SSRI such as fluoxetine for the treatment of patients with depression and understands that SSRIs increase synaptic serotonin level
Appropriately uses educational and other resources to support the patient and optimize understanding and adherence	● Selects appropriate medication information handout, reviews with patient, and answers any questions
Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies	● Orders and reviews baseline renal function and thyroid stimulating hormone before starting lithium
Level 3 *Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies*	● Reviews American Psychiatric Association (APA) guidelines for the treatment of bipolar disorder and selects appropriate medication for the patient
Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families	● Explains to a patient with alcohol use disorder that naltrexone blocks the pleasurable effects of alcohol and that liver function tests will need to be monitored ● Explains the theoretical mechanism of action of electroconvulsive therapy and that a patient will need to undergo an anesthesia work up prior to starting electroconvulsive therapy

Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy	● Chooses alternative treatment for a patient with alcohol use disorder when liver function tests become elevated while taking naltrexone
Level 4 *Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases* *Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base* *Manages adverse effects and safety concerns in complex or treatment refractory cases*	● Consistently reviews the literature when prescribing medications to a pregnant patient ● Describes the utility of using monoamine oxidase inhibitor (MAOI) to a patient with treatment refractory depression and clearly explains their side effects, required dietary restrictions, and the need to alert other physicians that they are prescribed an MAOI ● Manages a patient with neuroleptic malignant syndrome
Level 5 *Manages complex combinations of somatic therapies and considers novel approaches* *Leads the development of novel patient educational processes or materials* *Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response*	● Successfully simplifies medication regimen for a patient being treated with six psychotropic medications and considers neurostimulation and phototherapy ● Develops an organizationally approved educational online resource on deep brain stimulation ● Incorporates new findings on drug metabolism for specific populations into their clinical practice
Assessment Models or Tools	● ABPN CSV ● Assessment of case presentations ● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Patient surveys or debriefing ● Portfolio
Curriculum Mapping	●
Notes or Resources	● APA Practice Guidelines that meet the Agency for Healthcare Quality and Research (AHRQ) criteria for the National Guidelines Clearinghouse

	https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines Accesses 2019. ● AADPRT Model Curricula ○ Feinstein RE, Rothberg B, Weiner N, Savin DM. University of Colorado department of psychiatry evidence-based medicine educational project. *Acad Psychiatry*. 2008;32(6):525-530. https://link.springer.com/article/10.1176%2Fappi.ap.32.6.525. Accessed 2019. ○ Srihari VH, et al. Yale Curriculum in Evidence-Based Mental Health. Yale University https://portal.aadprt.org/public/vto/categories/Virtual%20Classroom/Model%20Curricula%20--%20AADPRT%20Peer-Reviewed/Evidence%20Based%20Medicine/57fd9d2eac64e_EVIDENCE_BASED_MENTAL_HEALTH-Srihari.pdf Accessed 2019. ○ Azzam P, Gopalan P. Psychosomatic Medicine Model Curriculum. University of Pittsburgh School of Medicine. https://portal.aadprt.org/public/vto/categories/Virtual%20Classroom/Model%20Curricula%20--%20AADPRT%20Peer-Reviewed/Psychosomatic%20Medicine/57feb5bab2063_Psychosomatic_Medicine_Model_Curriculum.pdf Accessed 2019. ● American College of Neuropsychopharmacology. Neuropsychopharmacology. https://acnp.org/digital-library/neuropsychopharmacology/. Accessed 2019.

Patient Care 6: Clinical Consultation **Overall Intent:** To consult in interdisciplinary/integrated care settings	
Milestones	**Examples**
Level 1 *Respectfully requests a consultation* *Respectfully receives a consultation request*	● Under direct supervision, orders a cardiology consultation for patient going to electroconvulsive therapy; provides abbreviated patient information and the reasons for the consultation request ● Promptly answers consultation request from internal medicine service and offers to provide recommendations within 24 hours
Level 2 *Clearly and concisely requests a consultation* *Clearly and concisely responds to a consultation request* *Demonstrates understanding of the consultation model, including liaison function*	● Under direct supervision, orders a cardiology consultation for arrhythmia for patient going to electroconvulsive therapy; accurately summarizes the patient's relevant medical information, including electrocardiogram (EKG) ● Assesses a patient on a medical floor with a change in mental status; develops a differential diagnosis including psychiatric and medical comorbidities and makes recommendations regarding work-up and management to the medical team ● Under supervision, clarifies consult question with the team, reviews patient's record, interviews the patient and gathers collateral information, and provides treatment recommendations and ongoing assistance to the team
Level 3 *Applies consultant recommendations judiciously to patient care* *Assists consulting team in identifying unrecognized clinical care issues and provides relevant recommendations, checking for understanding* *Demonstrates understanding of models of integrated multidisciplinary mental health and primary care*	● A medical consultant recommends a complex treatment regimen of insulin and dietary treatment for a psychiatric patient with diabetes; discusses the recommendations with the internal medicine consultant, including the patient's cognitive, financial, and adherence limitations ● Consults on a "suicidal" patient on the medical service and diagnoses delirium not depression; recommends safety precautions and takes time to answer the medical team's questions ● Distinguishes between integrated, collaborative, co-located, and consultation liaison models of care
Level 4 *Critically appraises and integrates diverse recommendations*	● In a patient with diabetes, recognizes the patient is unlikely to comply with dietary recommendations and recommends substitutions

Manages complicated and challenging consultation requests *Collaborates skillfully with practitioners from other disciplines in medical settings*	● Coordinates care for a pregnant patient with psychosis who refuses to stop using cocaine with the interdisciplinary team including nurses, case managers, risk management, obstetrician, child protective services, ethics committee, and the family ● Makes provisions for risk assessment and the assessment and treatment in the varied potential settings of care (emergency room, labor and delivery, psychiatric inpatient unit, obstetrician's office, etc.)
Level 5 *Contributes to identifying and rectifying flaws of consultation system* *Leads consultation-liaison psychiatry teams* *Serves as a leader of integrated care teams or implementation projects*	● Manages and leads a consultation liaison service, and delegates tasks to medical students and junior level residents ● Leads consultation liaison rounds and develops a didactic curriculum for junior level residents or medical students ● Develops an outpatient service that integrates mental health in a primary care setting
Assessment Models or Tools	● Assessment of case conference presentation ● Clinical skills verification/annual clinical skills assessment ● Direct observation ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● "Integrated care" can refer the collaborative team process with other health care professionals ● Note: The "respectful attitude" refers to professionalism milestones below ● AADPRT VTO (Model Curricula and Integrated Care Resources) ○ Ratzliff A, Basinski J. Collaborative Care Consultation Psychiatry: A Clinical Rotation Curriculum for Psychiatry Residents. 2013. https://aims.uw.edu/sites/default/files/CollaborativeCareConsultationPsychiatry_AClinicalRotationCurriculumforPsychiatryResidents.pdf. 2019. ○ Azzam P, Gopalan P. Psychosomatic Medicine Model Curriculum. https://portal.aadprt.org/public/vto/categories/Virtual%20Classroom/Model%20Curricula%20--%20AADPRT%20Peer-Reviewed/Psychosomatic%20Medicine/57feb5bab2063_Psychosomatic_Medicine_Model_Curriculum.pdf ○ Huang H, Barkil-Oteo A. Teaching collaborative care in primary care settings for psychiatry residents. *Psychosomatics*. 2015;56(6):658-661. https://www.sciencedirect.com/science/article/abs/pii/S0033318215000596?via%3Dihub. 2019.

	● Elsevier. Psychosomatics: The Journal of Consultation-Liaison Psychiatry. https://www.journals.elsevier.com/psychosomatics. 2019. ● Levenson JL. *The American Psychiatric Association Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry.* 3rd ed. Washington, DC: American Psychiatric Association Publishing; 2019. ● American Psychiatric Association. Integrated Care. https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care. 2019.

Medical Knowledge 1: Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) **Overall Intent:** To demonstrate knowledge of human development and the impact of pathological and environmental influences	
Milestones	**Examples**
Level 1 *Conceptualizes development as occurring in stages throughout the life cycle* *Recognizes major deviations from typical development*	● Lists different stages of motoric, linguistic, and cognitive developmental milestones from infancy through senescence ● Grossly differentiates typical from atypical development throughout the life cycle
Level 2 *Describes the basic stages of typical biological, sociocultural, sexual, and cognitive development throughout the life cycle* *Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that contribute to a shift towards an atypical developmental trajectory*	● Describes Piaget's theory of cognitive development, listing the names of different stages ● Recognizes that adverse childhood events influence long term psychological response to stress ● Describes how social skills and pragmatic communication deficits in a child with autism spectrum disorder may interplay with the child's social anxiety
Level 3 *Explains developmental tasks and transitions throughout the life cycle, using multiple conceptual models* *Describes the influence of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology*	● Uses Eriksonian stages as part of a case formulation presented to the clinical team, explaining to a junior resident how the concept of generativity versus stagnation influences the expression of depression in a middle-aged, unemployed patient ● Explains how the interplay between trauma, invalidating environment, and temperament influence the development of borderline personality disorder
Level 4 *Articulates an integrated understanding of typical development* *Describes how acquiring and losing specific capacities can influence the expression of psychopathology*	● Applies attachment models to relationship disturbances in individual patients ● Discusses how increased deafness in an elderly musician interplays with their depression and increasing despair
Level 5 *Incorporates new knowledge into own understanding of typical and atypical development*	● Reconceptualizes adolescent development to include non-Western ideas about individual and community
Assessment Models or Tools	● ABPN CSV ● Assessment of case conference presentation ● Didactic exams

	● Direct observation ● Medical record (chart) audit ● Psychotherapy supervision ● Retrospective care review ● Standardized patients ● Standardized testing such as the Psychiatry Resident In-Training Examination (PRITE)
Curriculum Mapping	●
Notes or Resources	● AADPRT. Child Development Curriculum. https://portal.aadprt.org/user/vto/category/566. 2019. ● AAGP. Curriculum for Geriatric Psychiatry. https://www.aagponline.org/index.php?src=gendocs&ref=CurriculumforGeriatricPsychiatry&category=Main. 2019. ● AACAP. Residents and Fellows. https://www.aacap.org/AACAP/Medical_Students_and_Residents/Residents_and_Fellows/Home.aspx?hkey=a673b0f1-563d-45bd-a586-4420cfef8ead. 2019.

Medical Knowledge 2: Psychopathology **Overall Intent:** To identify and treat psychiatric conditions, assess risk and determine level of care, and understand the interface of psychiatry and the rest of medicine	
Milestones	**Examples**
Level 1 *Identifies the major psychiatric diagnostic categories* *Gives examples of interactions between medical and psychiatric symptoms and disorders*	● Identifies that a patient has a psychotic disorder and that this is a separate category of illness than a mood disorder ● Identifies that a patient's hypothyroidism may cause or worsen depression
Level 2 *Demonstrates sufficient knowledge to identify and assess common psychiatric conditions* *Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients*	● Identifies that a patient has schizophrenia as opposed to another psychotic disorder ● Diagnoses diabetes mellitus in a patient being treated with second-generation antipsychotic
Level 3 *Demonstrates sufficient knowledge to identify and treat common psychiatric conditions throughout the life cycle* *Applies knowledge to identify and treat common psychiatric symptoms due to other medical illness*	● Prescribes appropriate medication and psychosocial interventions to treat a patient with schizophrenia across the lifespan ● Diagnoses and treats delirium caused by a urinary tract infection in a geriatric patient
Level 4 *Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle* *Applies knowledge to identify and treat a wide range of psychiatric conditions in patients with comorbid medical disorders and ensures treatment of medical conditions in psychiatric patients*	● Diagnoses and appropriately treats a patient with comorbid schizophrenia, obsessive compulsive disorder (OCD), and Tourette's disorder ● Prescribes appropriate psychiatric treatment for a patient with major depressive disorder (MDD) and coordinates treatment of the patient's HIV and Hepatitis C with the primary care physician
Level 5 *Applies knowledge to identify and manage uncommon conditions at the interface of psychiatry and medicine*	● Diagnoses a patient with epilepsy who was previously diagnosed with schizophrenia

Assessment Models or Tools	● ABPN CSV ● Didactic exams ● Direct observation ● Medical record (chart) audit ● Standardized patient exams ● Standardized testing such as the PRITE
Curriculum Mapping	●
Notes or Resources	● This milestone includes knowledge of diagnostic criteria, epidemiology, pathophysiology, course of illness, co-morbidities, and differential diagnosis of psychiatric disorders, including substance use disorders and presentation of psychiatric disorders across the life cycle and in heterogenous patient populations (e.g., different cultures, families, sex) ● “Atypical” and “complex” psychiatric conditions refer to unusual presentations of common disorders, co-occurring disorders in patients with multiple co-morbid conditions, and diagnostically challenging clinical presentations. ● Psychiatry Online. https://psychiatryonline.org/. 2019. ● DSM-5 Outline for Cultural Formulation

Medical Knowledge 3: Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) **Overall Intent:** To complete neurodiagnostic and neuropsychological testing, identify neuropsychiatric comorbidity, and apply neuroscientific findings in psychiatry	
Milestones	**Examples**
	A 67-year-old is brought in by emergency medical services (EMS) for disorganized behavior and responding to internal stimuli; no prior history is available Depending on a multitude of patient factors (e.g., history, physical/cognitive/mental status exams, diagnostics) this case may veer towards neurologic diagnoses or a chronic psychotic disorder
Level 1 *Lists commonly available neuroimaging, neurophysiologic, and neuropsychological tests* *Describes basic components and functions of the nervous system* *Describes basic features of common neurologic disorders*	• Recognizes that disorganized behavior and hallucinations can be presenting features of stroke, seizures, neurodegenerative, neuro-oncologic, and other neurologic disorders • Identifies that structural imaging options include computed tomography (CT) and magnetic resonance (MR), which can both be performed with or without contrast, and that functional imaging options includes positron emission tomography (PET) and single-photon emission computed tomography (SPECT) • Recognizes that electroencephalography (EEG) is a test of the electrical activity of the brain as measured from the scalp • Identifies that screening neuropsychological tests include the Montreal Cognitive Assessment (MoCA), Mini Mental State Examination (MMSE), and the Clock Drawing Test (CDT) • Identifies potentially relevant brain regions for behavioral dysregulation (e.g., prefrontal cortex, limbic system) or perceptual abnormalities (e.g., sensory cortices)
Level 2 *Describes indications for common neuroimaging, neurophysiologic, and neuropsychological tests* *Describes major neurobiological processes underlying common psychiatric illness*	● Identifies historical factors that may make a neurologic diagnosis more likely (no previous neuropsychiatric history; progressive course; acute or subacute onset; association with sensorimotor or cognitive symptoms; symptoms are transient and interspersed with periods of normal behavior; hallucinations in a sensory modality other than auditory) or less likely (e.g., long history of similar behaviors since late adolescence; a longstanding diagnosis of a chronic psychotic disorder; recent decompensation in the setting of medication non-adherence) ● Recognizes the role of a physical neurologic exam and cognitive exam in the evaluation of this patient ● Identifies historical features or localizing impairments on physical and cognitive exams that warrant structural neuroimaging (e.g., acute onset of behaviors after head injury warrants non-contract CT looking for acute bleed; progressive course and a history of lung cancer warrants contrast-enhanced MR due to concern for brain metastases)

Describes with the interplay between psychiatric and neurologic disorders	● Identifies historical elements concerning for seizure warranting EEG ● Recognizes a screening cognitive battery (e.g., MoCA) as relevant for the evaluation of this patient and other factors that may warrant more extensive neuropsychological testing (e.g., progressive cognitive decline raising concern for neurodegenerative disorders) ● Discusses the evidence that in many individuals with schizophrenia there is cortical grey matter thinning with enlargement of the ventricles (this is thought to reflect loss of synaptic spines)
Level 3 *Identifies the significance of findings in routine neuroimaging, neurophysiologic, and neuropsychological tests* *Explains how neurobiological processes are included in a case formulation* *Identifies common comorbidities of between psychiatric and neurologic disorders*	• Recognizes that the initial differential is broad, including both psychiatric disorders and neurologic disorders that can present behaviorally, and recognizes that both can be present (development of a neurodegenerative disorder in the setting of a longstanding diagnosis of schizophrenia; development of akathisia or catatonia in response to anti-dopaminergic treatment) • Identifies lobar atrophy and/or regional hypometabolism/hypoperfusion in frontal and anterior temporal lobes as structural and/or functional imaging support of a frontotemporal dementia diagnosis • Recognizes that a normal spot EEG does not rule out the diagnosis of seizures/epilepsy • Recognizes that neuropsychological testing showing impairments in executive function, with relative sparing of episodic memory, is atypical for Alzheimer-type dementia • Describes how the patient's hallucinations and delusions may relate to an increase in ventral striatal dopamine release • Describes how the patient's neurocognitive symptoms may relate to a loss in synchronous cortical activity (gamma synchrony)
Level 4 *Correlates the significance of neuroimaging, neurophysiological, and neuropsychological testing results to case formulation and treatment planning* *Correlates neurobiological processes into case formulation and treatment planning*	● Recognizes a differential with less common neurologic disorders, identifies specific factors that would prioritize concerns (upper and lower motor neuron signs on exam or family history of mid-life behavioral decline and risk of frontotemporal dementia /motor neuron disease; visual hallucinations, parkinsonism, and non-amnestic cognitive profile of dementia with Lewy bodies), and identifies specific treatments for behavioral symptoms related to neurologic disorders (potential to worsen catatonia or parkinsonism in dementia with Lewy bodies with antidopaminergic treatments, and the responsiveness of these conditions to benzodiazepines and cholinesterase inhibitors, respectively) ● Identifies that if this patient showed a left posterior temporal lobe lesion on neuroimaging and a fluent receptive aphasia on a neuropsychological exam, the patient will likely have profoundly impaired insight into the condition and will require a specialized care plan ● Recognizes that if this patient's EEG showed intermittent ictal activity correlated to the bizarre behavior, a treatment plan should prioritize seizure control over other psychopharmacologic considerations

Synthesizes knowledge of psychiatric and neurologic comorbidities for case formulation and treatment	● Describes how, in individuals with psychosis, D2 receptor blockade reduces the effects of excessive dopamine that contributes to positive symptoms ● Describes how a strengths-based psychosocial rehabilitation intervention (e.g., cognitive remediation) may mitigate neurocognitive deficits ● Discusses with patient or family a contemporary understanding of the neurobiological basis of his symptoms
Level 5 *Integrates recent neuroimaging, neurophysiologic, and neuropsychological tests research into understanding of psychopathology* *Engages in scholarly activity related to neuroscience and psychiatric disorders* *Integrates recent research into understanding of the interface between neurology and psychiatry*	● Serves as a consultant to this case, helping demonstrate physical and cognitive exam techniques relevant for exploring differential diagnostic possibilities; develops teaching materials relevant to neuropsychiatric presentations ● Discusses the relevance of recently approved and emerging functional imaging modalities with amyloid and tau ligands, and their currently limitations, as relates to this case of a possible neurodegenerative disorder ● Conducts research exploring the neurobiological basis of psychosis ● Designs and implements novel educational resources for teaching about the neurobiological basis of psychosis
Assessment Models or Tools	● ABPN CSV ● Direct observation ● Standardized patients or case vignettes ● Standardized testing such as the PRITE
Curriculum Mapping	●
Notes or Resources	● National Neuroscience Curriculum Initiative. https://www.nncionline.org. 2019. ● Cold Spring Harbor Laboratory. Genes to Cognition Online. www.g2conline.org. 2019. ● NIMH. Research. https://www.nimh.nih.gov/research/index.shtml. 2019. ● NIDA. The Neurobiology of Drug Addiction. https://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-i-introduction-to-brain. 2019. ● Biological Psychiatry Journal. https://www.biologicalpsychiatryjournal.com/. 2019. ● Cell Press. Trends in Neuroscience. https://www.cell.com/trends/neurosciences/home. 2019. ● Nature. Neuropsychopharmacology Reviews. https://www.nature.com/collections/hvxwcvcbwm. 2019.

Medical Knowledge 4: Psychotherapy **Overall Intent:** To understand the fundamentals, practice and indications, and evidence base of psychotherapy	
Milestones	**Examples**
Level 1 *Identifies psychotherapy as an effective modality of treatment*	● Lists psychotherapy as an evidence-based treatment
Describes the basic framework of a psychotherapeutic experience	● Identifies length, location, and frequency of treatment sessions
Lists the three core psychotherapy modalities	● Lists psychodynamic, cognitive behavioral, and supportive therapies as major psychotherapeutic modalities
Level 2 *Describes the common elements across psychotherapeutic modalities*	● Describes therapeutic alliance, appropriate empathy, and appropriate professional boundaries as factors common to all psychotherapies
Lists the basic indications and benefits of using psychotherapy	● Identifies cognitive behavioral therapy as a treatment indicated for major depression, but not the first-line treatment for a patient with major depression with psychotic features
Describes the evidence for one core psychotherapy modality	● Summarizes the evidence base for treating major depression with cognitive behavioral therapy
Level 3 *Identifies the central theoretical principles across the three core psychotherapeutic modalities: supportive, psychodynamic, cognitive-behavioral*	● Discusses the evidence for the importance of the therapeutic alliance in affecting outcome of psychotherapy
Identifies the techniques of the three core individual psychotherapies	● Describes techniques focusing on the primary areas of difficulty coping with stress in supportive therapy ● Describes the techniques of focusing on automatic thoughts and maladaptive behaviors in cognitive behavioral therapy ● Describes techniques of focusing on emotion, affect, and expression of feelings and the maladaptive patterns related to self, relationships, and defenses in psychodynamic therapy
Summarizes the evidence base for the three core individual psychotherapies	● Compares and contrasts the evidence base for treating anxiety with psychodynamic, cognitive behavioral therapy, and supportive therapy

Level 4 *Explains the theoretical mechanisms of therapeutic change in each of the three core modalities* *Compares the selection criteria and potential risks, and benefits of the three core individual psychotherapies* *Analyzes the evidence base for combining psychotherapy and pharmacotherapy*	● Describes extinction as mechanism of change for cognitive behavioral and exposure therapy for anxiety ● In a patient who has borderline personality disorder and active suicidal and self-injurious behavior, describes the benefits of dialectical behavior therapy or supportive therapy as well as the potential risks of a less structured expressive therapy ● Summarizes the evidence base for combining medications and cognitive behavioral therapy versus either treatment alone for obsessive compulsive disorder
Level 5 *Incorporates new theoretical developments into knowledge base* *Demonstrates sufficient evidence-based knowledge of core individual therapies to teach others*	● Explains their application of theory in sessions of their treatment of a patient using psychodynamic therapy in a continuous case conference ● Develops a curriculum and teaches junior residents about the evidence base for psychodynamic therapy and its application to patient care
Assessment Models or Tools	● Assessment of case conference presentations ● Case review ● Direct observation ● Standardized testing such as the PRITE ● Psychotherapy supervision ● Review of audio- and video-taped sessions
Curriculum Mapping	●
Notes or Resources	● This subcompetency refers to knowledge of psychotherapies (e.g., psychodynamic psychotherapy, cognitive-behavioral therapy, supportive psychotherapy, interpersonal therapy, dialectical behavior therapy, group/couples/family therapy, and combining psychotherapy with psychopharmacology). This includes understanding the different types of psychotherapy, their indications, contraindications, and applications to patient care. Further, knowledge in this area involves understanding psychotherapeutic techniques, the doctor-patient relationship, theoretical underpinnings, and the evidence base behind each “core” psychotherapeutic modality. ● Throughout this subcompetency, the three “core” individual psychotherapies refer to supportive, psychodynamic, and cognitive behavioral therapy. ● Common factors refer to elements that different psychotherapeutic modalities have in common, and that are considered central to the efficacy of psychotherapy. These include accurate empathy, therapeutic alliance, and appropriate professional boundaries.

	● AADPRT. Virtual Training Office. https://www.aadprt.org/training-directors/virtual-training-office. 2019. ● AADPRT. Curriculum. https://www.aadprt.org/training-directors/curriculum. 2019.

Systems-Based Practice 1: Patient Safety and Quality Improvement **Overall Intent:** To analyze patient safety events, appropriately disclose patient safety events, and participate in quality improvement	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of common patient safety events*	● Recognizes mortality, morbidity, adverse events, and near misses as reportable events
Demonstrates knowledge of how to report patient safety events	● Identifies institutional mechanisms for reporting patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	● Lists and describes the basic elements of a Plan, Do, Study, Act (PDSA) cycle
Level 2 *Identifies system factors that lead to patient safety events*	● Identifies hand-off and data reporting deficiencies which have led to errors in patient care
Reports patient safety events through institutional reporting systems (simulated or actual)	● Consistently reports medication errors using institution-specific reporting systems
Describes local quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates)	● Describes a hospital quality improvement initiative to improve medication reconciliation in the electronic health record
Level 3 *Participates in analysis of patient safety events (simulated or actual)*	● Meaningfully participates in a root cause analysis of a patient medication error
Participates in disclosure of patient safety events to patients and families (simulated or actual)	● Informs the patient and their family of the medication error and its consequences with attending assistance
Participates in local quality improvement initiatives	● Participates in the hospital quality improvement initiative on medication reconciliation
Level 4 *Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)*	● Presents a morbidity and mortality (M and M) conference on a patient medication error and possible measures to prevent future errors
Discloses patient safety events to patients and families (simulated or actual)	● Informs the patient and their family of the medication error and its consequences

Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	● Designs and conducts their own quality improvement project on preventing medication errors
Level 5 *Actively engages teams and processes to improve systems to prevent patient safety events* *Role models or mentors others in the disclosure of patient safety events* *Creates, implements, and assesses quality improvement initiatives at the institutional or community level*	● Becomes a resident patient safety representative at his or her institution ● Supervises a junior resident as the junior resident informs a patient of a minor medication error ● Develops and leads an institution-wide quality improvement initiative related to medication errors
Assessment Models or Tools	● Assessment of case presentation ● Assessment of M and M presentation ● Direct observation ● Quality improvement project ● Simulation
Curriculum Mapping	●
Notes or Resources	● Institute for Healthcare Improvement. Open School. http://www.ihi.org/education/ihiopenschool/Pages/default.aspx. 2019. ● World Health Organization. Patient Safety Curriculum. https://www.who.int/patientsafety/education/en/. 2019. ● Department of Veterans Affairs. Patient Safety Curriculum Workshop. https://www.patientsafety.va.gov/professionals/training/curriculum.asp. 2019. ● AADPRT. Model Curricula in Quality Improvement. https://portal.aadprt.org/user/vto/category/600. 2019. ● ABPN. Patient Safety Activity. https://www.abpn.com/maintain-certification/moc-activity-requirements/patient-safety-activity/. 2019. ● AMA model

Systems-Based Practice 2: System Navigation for Patient-Centered Care **Overall Intent:** To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes; to coordinate patient care, safely transition care, and appropriately adapt care to meet community needs	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of care coordination* *Identifies key elements for safe and effective transitions of care and hand-offs* *Demonstrates knowledge of population and community health needs*	● Identifies the members of the interprofessional team, including physicians, nurses, psychologists, and other allied health professionals and describes their roles ● Lists the essential components of an effective sign-out and care transition including sharing information necessary for successful on-call/off-call transitions ● Identifies components of social determinants of health and how they impact the delivery of patient care
Level 2 *Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams* *Performs safe and effective transitions of care/hand-offs in routine clinical situations* *Identifies specific population and community health needs for their local population*	● Contacts interprofessional team members for routine cases and with occasional supervision can ensure all necessary referrals, testing, and care transitions are made ● Performs a routine case sign-out and occasionally needs direct supervision to identify and triage cases or calls ● Identifies that Hispanic men in the local community are not adequately screened for depression
Level 3 *Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams* *Performs safe and effective transitions of care/hand-offs in complex clinical situations* *Uses local resources effectively to meet the needs of a patient population and community*	● Sees a patient in the emergency room and effectively coordinates care and consults with the assertive community treatment team who has been managing the patient ● Performs safe and effective transitions of care on clinical service at shift change and with the rare need for supervision ● Participates in meetings with local religious leaders to discuss the need for depression screening in the community
Level 4 *Role models effective coordination of patient-centered care among different disciplines and specialties*	● Leads students and junior team members regarding the use of appropriate interprofessional teams and ensures necessary resources have been arranged

Role models and serves as a patient advocate for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings *Participates in changing and adapting practice to provide for the needs of specific populations*	● Provides efficient hand-off to the weekend team, and coordinates and prioritizes consultant input for a new high-risk diagnosis to ensure the patient gets appropriate follow up ● Offers depression screening at local cultural centers
Level 5 *Analyzes the process of care coordination and leads in the design and implementation of improvements* *Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes* *Leads innovations and advocates for populations and communities with health care needs*	● Works with hospital or ambulatory site team members or administration to analyze care coordination; takes a leadership role in designing and implementing changes to improve care coordination ● Works with a quality improvement mentor to identify better hand-off tools for on-call services ● Identifies that Hispanic men are less likely to be screened for depression and develops a program to improve screening opportunities
Assessment Models or Tools	● Assessment during interdisciplinary rounds ● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Portfolio review ● Review of sign-out tools, use and review of checklists ● Simulation
Curriculum Mapping	●
Notes or Resources	● CDC. Population Health Training in Place Program (PH-TIPP). https://www.cdc.gov/pophealthtraining/whatis.html. 2019. ● Skochelak SE, Hawkins RE, Lawson LE, Starr SR, Borkan JM, Gonzalo JD. *AMA Education Consortium: Health Systems Science*. 1st ed. Philadelphia, PA: Elsevier; 2016. https://commerce.ama-assn.org/store/ui/catalog/productDetail?product_id=prod2780003. 2019. ● Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. *Soc Sci Med*. 2014;103:126-133. https://www.sciencedirect.com/science/article/pii/S0277953613003778?via%3Dihub. 2019.

Systems-Based Practice 3: Physician Role in Health Care Systems **Overall Intent:** To identify components of the health care system, to promote health care advocacy, and to transition to independent practice	
Milestones	**Examples**
Level 1 *Identifies key components of the complex health care system*	● Recognizes the role of key facets of the health care system such as insurance companies, hospitals, clinics, and the government
Describes practice models and basic mental health payment systems	● Lists large health care delivery systems relevant to the region such as managed care corporations, community mental health and state hospital systems, and understands the basic differences between private insurance, Medicaid, Medicare, and VA eligibility
Identifies basic knowledge domains for effective transition to residency	● Obtains a guide to starting residency and studies it in preparation for beginning residency
Level 2 *Describes how components of a complex health care system are interrelated, and how this impacts patient care*	● Discusses the process for insurance company reviews, denials, and approvals with the multidisciplinary treatment team
Identifies barriers to care in different health care systems	● Raises concern about an insurance company not covering outpatient mental health services for a hospitalized patient
Demonstrates use of information technology and documentation required for medical practice	● Uses a note template to ensure all documentation requirements are met
Level 3 *Discusses how individual practice affects the broader system*	● Raises concern about unnecessary tests for a patient and how they increase costs for that patient and others
Engages with patients in shared decision making and advocates for appropriate care and parity	● Presents several medication options to a patient, works through the choice of medication with the patient and communicates the rationale to the third-party payor
Describes core administrative knowledge needed for transition to practice	● Understands the process of contract negotiations, choosing malpractice insurance carriers, and basic regulatory requirements for physician practice
Level 4 *Manages various components of the complex health care system to provide high-value, efficient, and effective patient care and transition of care*	● Works with members of the interdisciplinary team to ensure health care parity for patients on an inpatient unit

Advocates for patient care needs including mobilizing community resources *Analyzes individual practice patterns and professional requirements in preparation for practice*	● Works with the state psychiatric society legislative committee on issues related to step therapy and access ● Reviews requirements for board certification and begins the application process
Level 5 *Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care* *Participates in advocacy activities for access to care in mental health and reimbursement* *Educates others to prepare them for transition to practice*	● Works with community or professional organizations to advocate for smoking cessation programs to be embedded in psychiatric services ● Testifies before the state legislature on behalf of the state psychiatric society regarding issues or mental health parity including coverage of medications and psychotherapy ● Develops a presentation for senior residents on how to run a repetitive transcranial magnetic stimulation practice
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Review of committee service ● Review of leadership roles ● Self-evaluation ● Simulation
Curriculum Mapping	●
Notes or Resources	● APA. Resident Guide to Surviving Psychiatric Training. https://www.psychiatry.org/File%20Library/Residents-MedicalStudents/Residents/Guide-Surviving-Psychiatric-Training/Resident-Guide-Surviving-Psychiatric-Training.pdf. 2019. ● APA. Transition to Practice and Early Career Resources. https://www.psychiatry.org/psychiatrists/practice/transition-to-practice. 2019. ● American Board of Psychiatry and Neurology, Inc. Improvement in Medical Practice (PIP). https://www.abpn.com/maintain-certification/moc-activity-requirements/improvement-in-medical-practice-pip/. 2019. ● APA. Quality Improvement. https://www.psychiatry.org/psychiatrists/practice/quality-improvement. 2019. Psychiatry Online. Quality Improvement in Psychiatry: Why Measures Matter. https://focus.psychiatryonline.org/doi/10.1176/foc.9.2.foc232. 2019. ● NASMHPD. National Framework for Quality Improvement in Behavioral Health Care. https://nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf. 2019

	● AADPRT. Systems-Based Practice Curriculum for Psychiatry Residents. https://portal.aadprt.org/public/vto/categories/Virtual%20Classroom/Model%20Curricula%20--%20AADPRT%20Peer-Reviewed/Systems%20Based%20Practice/57febe5a885bc_SBP%20Curriculum.pdf. 2019. ●

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice **Overall Intent:** To appraise and apply evidence-based best practices	
Milestones	**Examples**
Level 1 *Demonstrates how to access and summarize available evidence for routine conditions*	● Identifies the clinical problem and obtains the appropriate evidence-based guideline for the patient
Level 2 *Articulates clinical questions and initiates literature searches to provide evidence-based care*	● Devises a PubMed and PsychInfo search to determine best psychotherapy approach for treatment of a female patient with social anxiety disorder who does not want to take medications because she is trying to get pregnant
Level 3 *Locates and applies the best available evidence to the care of patients applying a hierarchy of evidence*	● Selects the best medication option for their patient with bipolar disorder by prioritizing meta-analysis data over case or anecdotal reports
Level 4 *Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient*	● Assesses the evidence base for alternative treatment options when their patient with bipolar disorder fails all first line treatment options
Level 5 *Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines*	● Formally teaches others how to find and apply best practice guidelines
Assessment Models or Tools	● Assessment of case presentation ● Case review ● Direct observation ● Learning portfolio ● Written examination
Curriculum Mapping	●
Notes or Resources	● U.S. National Library of Medicine. PubMed Tutorial. https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html. 2019. ● APA Treatment Guidelines that meet the Agency for Healthcare Quality and Research (AHRQ) criteria for the National Guidelines Clearinghouse https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines ● Guyatt G, Rennie D, Meade MO, Cook DJ. *Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice.* 3rd ed. New York, NY: McGraw Hill; 2015. https://jamaevidence.mhmedical.com/book.aspx?bookId=847. 2019. ● VA-DOD Clinical Practice Guidelines that meet the Agency for Healthcare Quality and Research (AHRQ) criteria for the National Guidelines Clearinghouse https://www.healthquality.va.gov/

	● Drake RE, Goldman HH, Leff HS, et al. Implementing evidence-based practices in routine mental health service settings. *Psychiatr Serv.* 2001;52(2):179-182. https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.52.2.179. 2019.

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth **Overall Intent:** To know how to seek performance data, to conduct reflective practice, and to create and use a learning plan	
Milestones	**Examples**
Level 1 *Accepts responsibility for personal and professional development by establishing goals*	● Articulates a professional improvement goal for themselves
Identifies the factors which contribute to gap(s) between one's expected and actual performance	● Identifies an area of weakness in medical knowledge that affects ability to care for patients
Actively seeks opportunities to improve	● Begins to seek ways to determine where improvements are needed and makes some specific goals that are reasonable to execute and achieve
Level 2 *Demonstrates openness to performance data (feedback and other input) in order to inform goals*	● Accepts and incorporates feedback into goals
Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance	● After working on inpatient service for a week, notices own difficulty in describing psychotic symptoms and asks the attending for assistance in better distinguishing and identifying symptoms of thought disorder in patients with psychosis
Designs and implements a learning plan, with prompting	● Uses feedback with a goal of improving communication skills with peers/colleagues, staff members, and patients the following week
Level 3 *Seeks performance data episodically, with openness and humility*	● Humbly acts on input and is appreciative and not defensive
Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance	● Takes input from peers/colleagues and supervisors to gain complex insight into personal strengths and areas to improve
Independently creates and implements a learning plan	● Discusses with supervisor feedback regarding communication skills in a psychotherapy session based on process notes and agrees to review videotaped session in supervisions for the next few weeks in order to better learn about nonverbal communication
Level 4 *Intentionally seeks performance data consistently with openness and humility*	● Consistently and independently creates a learning plan for each rotation

Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected and actual performance *Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it*	● Consistently identifies ongoing gaps and chooses areas for further development ● Adapts learning plan using updated feedback when multisource assessments do not improve
Level 5 *Role models consistently seeking performance data with openness and humility* *Coaches others on reflective practice* *Facilitates the design and implementation of learning plans for others*	● Consistently acknowledges own areas of weakness with supervisors and colleagues ● Encourages other learners on the team to consider how their behavior affects the rest of the team ● Assists a junior resident in devising a learning plan
Assessment Models or Tools	● Direct observation ● Learning portfolio ● Multisource feedback ● Review of learning plan
Curriculum Mapping	●
Notes or Resources	● Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. *Acad Med.* 2009;84(8):1066-74. https://insights.ovid.com/crossref?an=00001888-200908000-00021. 2019. ● Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: practice-based learning and improvement. Acad Pediatr. 2014;14(2 Suppl):S38-S54. https://www.academicpedsjnl.net/article/S1876-2859(13)00333-1/fulltext. 2019. ● Lockspeiser TM, Schmitter PA, Lane JL, Hanson JL, Rosenberg AA, Park YS. Assessing residents' written learning goals and goal writing skill: validity evidence for the learning goal scoring rubric. Acad Med. 2013;88(10):1558-1563. https://insights.ovid.com/article/00001888-201310000-00039. 2019.

Professionalism 1: Professional Behavior and Ethical Principles **Overall Intent:** To recognize and address lapses in ethical and professional behavior, demonstrates ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas	
Milestones	**Examples**
Level 1 *Identifies and describes core professional behavior*	● Lists punctuality, accountability, and a sense of patient ownership as professionalism
Recognizes that one's behavior in professional settings affects others	● Recognizes that arriving late to sign-out is a burden to peers and a risk for patients
Demonstrates knowledge of core ethical principles	● Discusses the basic principles underlying ethics (beneficence, nonmaleficence, justice, autonomy) and professionalism (professional values and commitments), and how they apply in various situations (e.g., informed consent process)
Level 2 *Demonstrates professional behavior in routine situations*	● Completes clinical documentation within mandated timeframe
Takes responsibility for own professionalism lapses and responds appropriately	● Apologizes for the lapse when appropriate and takes steps to make amends if needed
Analyzes straightforward situations using ethical principles	● Recognizes the conflict between autonomy and beneficence in decisions regarding involuntary treatment
Level 3 *Demonstrates professional behavior in complex or stressful situations*	● Remains calm and respectful when dealing with a combative patient
Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting	● Is familiar with institutional procedures and state laws regarding impaired physicians
Analyzes complex situations using ethical principles and recognizes when help is needed	● Navigates conflicting ethical principles of autonomy and beneficence when considering breeching patient confidentiality and consults supervising attending
Level 4 *Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others*	● Recognizes that an on-call colleague appears sleep deprived and offers to switch call with her for that night or reminds her re how to access back-up
Responds appropriately to professionalism lapses of colleagues	● Gives feedback to a colleague when their behavior fails to meet professional expectations in the moment for minor or moderate single episodes of unprofessional behavior

Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed. (e.g., ethics consultations, literature review, risk management/legal consultation)	● Refers to American Medical Association or American Osteopathic Association Code of Ethics to identify and resolve ethical issues
Level 5 *Role models professional behavior and ethical principles* *Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution*	● Serves as a peer consultant on difficult professionalism and ethical issues ● Participates in an organizational work group to have mental health questions removed from licensing forms
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Oral or written self-reflection (e.g., of a personal or observed lapse, ethical dilemma, or systems-level factors) ● Simulation
Curriculum Mapping	●
Notes or Resources	● American Psychiatric Association. *The Principles of Medical Ethics: With Annotations Especially Applicable to Psychiatry.* Arlington, VA: American Psychiatric Publishing; 2013. https://www.psychiatry.org › Ethics Documents › principles2013—final ● APA. Ethics. https://www.psychiatry.org/psychiatrists/practice/ethics. 2019. ● American Medical Association. Ethics. https://www.ama-assn.org/delivering-care/ama-code-medical-ethic. 2019. ● Gabbard GO, Roberts LW, Crisp-Han H, Ball V, Hobday G, Rachal F. *Professionalism in Psychiatry*. Arlington, VA: American Psychiatric Publishing; 2012. ● ABIM Foundation. American Board of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Annals of Internal Medicine*. 2002;136(3):243-246. https://annals.org/aim/fullarticle/474090/medical-professionalism-new-millennium-physician-charter. 2019. ● Byyny RL, Papadakis MA, Paauw DS, Pfiel S, Alpha Omega Alpha. *Medical Professionalism Best Practices*. Menlo Park, CA: Alpha Omega Alpha Honor Medical Society; 2015. https://alphaomegaalpha.org/pdfs/2015MedicalProfessionalism.pdf. 2019. ● Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 1st ed. New York, NY: McGraw-Hill Education; 2014. https://accessmedicine.mhmedical.com/book.aspx?bookID=1058. 2019. ● Bynny RL, Paauw DS, Papadakis MA, Pfeil S, Alpha Omega Alpha. *Medical Professionalism Best Practices: Professionalism in the Modern Era.* Menlo Park, CA:

	Alpha Omega Alpha Honor Medical Society; 2017. http://alphaomegaalpha.org/pdfs/Monograph2018.pdf. 2019. ● The two Professionalism subcompetencies (PROF1 and PROF2) reflect the following overall values: residents must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles, and residents must develop and acquire a professional identity consistent with values of oneself, the specialty, and the practice of medicine. Residents are expected to demonstrate compassion, integrity, and respect for others; responsibility for patient care that supersedes self-interest; and accountability to patients, society, and the profession. ● AOA. Code of Ethics. https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/. 2019. ● Cruess RL, Cruess SR, Steiner Y. 2016. Teaching Medical Professionalism – Supporting the Development of a Professional Identity, 2nd ed. Cambridge, UK: Cambridge University Press.

Professionalism 2: Accountability/Conscientiousness **Overall Intent:** To take responsibility for one's own actions and the impact on patients and other members of the health care team	
Milestones	**Examples**
Level 1 *Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future*	● Responds promptly to reminders from program administrator to complete work-hour logs
Introduces self as patient's resident physician	● Introduces self as a resident physician
Level 2 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations*	● Completes a seclusion note within the required time limit
Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care	● Follows up on patient's EKG results without prompting
Level 3 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations*	● Notifies resident on day service about overnight call events during transition of care or hand-off in order to avoid patient safety issues and compromise of patient care
Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider	● Patient refers to resident as their psychiatrist
Level 4 *Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving*	● Senior residents advise junior residents how to manage their time in completing patient care tasks
Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care	● Takes responsibility for potential adverse outcomes and professionally discusses with the interprofessional team
Level 5 *Takes ownership of system outcomes*	● Sets up a meeting with the nurse manager to streamline patient discharges

Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care	● Leads team to find solutions to problem
Assessment Models or Tools	● Compliance with deadlines and timelines ● Direct observation ● Multisource feedback ● Self-evaluations and reflective tools ● Simulation
Curriculum Mapping	●
Notes or Resources	● American Society of Anesthesiologists. Standards and Guidelines. https://www.asahq.org/standards-and-guidelines. 2019. ● Code of conduct from fellow/resident institutional manual ● Expectations of residency program regarding accountability and professionalism

Professionalism 3: Well-Being **Overall Intent:** To manage and improve own personal and professional well-being in an ongoing way	
	Examples
Level 1 *Recognizes the importance of addressing personal and professional well-being*	● Open to discussing well-being concerns as they might affect performance
Level 2 *Lists available resources for personal and professional well-being* *Describes institutional resources designed to promote well-being*	● Independently identifies the stress of relationship issues, difficult patients, and financial pressures, and seeks help
Level 3 *With assistance, proposes a plan to promote personal and professional well-being* *Recognizes which institutional factors affect well-being*	● With supervision, assists in developing a personal learning or action plan to address factors potentially contributing to burnout
Level 4 *Independently develops a plan to promote personal and professional well-being* *Describes institutional factors that positively and/or negatively affect well-being*	● Works to prevent, mitigate and intervene early during stressful periods in the resident peer group
Level 5 *Creates institutional level interventions that promote colleagues' well-being* *Describes institutional programs designed to examine systemic contributors to burnout*	● Establishes a mindfulness program open to all employees
Assessment Models or Tools	● Direct observations ● Institutional online training modules ● Participation in institutional or community well-being programs
Curriculum Mapping	●
Notes or Resources	● 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. ● Local resources, including Employee Assistance Plan (EAP)

	● Hicks PJ, Schumacher D, Guralnick S, Carraccio C, Burke AE. Domain of competence: personal and professional development. *Acad Pediatr*. 2014;14(2 Suppl):S80-97. https://www.academicpedsjnl.net/article/S1876-2859(13)00332-X/fulltext. 2019. ● ACGME. "Well-Being Tools and Resources." https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022. ● American Psychiatric Association. Well-being and Burnout. https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout. 2019. ● Magudia K, Bick A, Cohen J. et al. Childbearing and family leave policies for resident physicians at top training institutions. *JAMA*. 2018;320(22):2372-2374. https://jamanetwork.com/journals/jama/fullarticle/2718057. 2019. ● AAMC. Transition to Residency. https://news.aamc.org/video/transition-residency/. 2019. ● NAM. Action Collaborative on Clinician Well-Being and Resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. 2019. ● AAMC. Well-Being in Academic Medicine. https://www.aamc.org/initiatives/462280/well-being-academic-medicine.html. 2019. ● AMA. About STEPS Forward. https://edhub.ama-assn.org/steps-forward/pages/about. 2019. ● Chaukos D, Chad-Friedman E, Mehta DH, et al. SMART-R: a prospective cohort study of a resilience curriculum for residents by residents. *Acad Psychiatry*. 2018;42(1):78-83. https://link.springer.com/article/10.1007%2Fs40596-017-0808-z. 2019. ● Professional behavior refers to the global comportment of the resident in carrying out clinical and professional responsibilities. This includes: ○ a. timeliness (e.g., reports for duty, answers pages, and completes work assignments on time); ○ b. maintaining professional appearance and attire; ○ c. being reliable, responsible, and trustworthy (e.g., knows and fulfills assignments without needing reminders); ○ d. being respectful and courteous (e.g., listens to the ideas of others, is not hostile or disruptive, maintains measured emotional responses and equanimity despite stressful circumstances); ○ e. maintaining professional boundaries; and, ○ f. understanding that the role of a physician involves professionalism and consistency of one's behaviors, both on and off duty. ● These descriptors and examples are not intended to represent all elements of professional behavior. Residents are expected to demonstrate responsibility for patient care that supersedes self-interest. It is important that residents recognize the inherent conflicts and competing values involved in balancing dedication to patient care with

	attention to the interests of their own well-being and responsibilities to their families and others. Balancing these interests while maintaining an overriding commitment to patient care requires, for example, ensuring excellent transitions of care, sign-out, and continuity of care for each patient during times that the resident is not present to provide direct care for the patient.

Interpersonal and Communication Skills 1: Patient and Family-Centered Communication **Overall Intent:** To deliberately use language and behaviors to form constructive relationships with patients, to identify communication barriers including self-reflection on biases, and minimize them in the doctor-patient relationships; to organize and lead communication around shared decision making	
Milestones	**Examples**
Level 1 *Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport*	● Self-monitors and controls tone, non-verbal responses, and language and asks questions to invite patient/family participation
Identifies common barriers to effective communication; accurately communicates own role within the health care system	● Identifies the need for an interpreter for a patient with a hearing impairment
Recognizes communication strategies may need to be adjusted based on clinical context	● Avoids medical jargon when talking to patients, makes sure communication is at the appropriate level to be understood by a lay person
Level 2 *Establishes a therapeutic relationship in straightforward encounters using active listening and clear language*	● Establishes a developing, professional relationship with patients/families, with active listening, attention to affect, and questions that explore the optimal approach to daily tasks
Identifies complex barriers to effective communication	● Identifies the need for alternatives when a patient refuses to use an interpreter
Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	● Takes lead in organizing a meeting time and agenda with the patient, family, and subspecialist team; begins the meeting, reassessing patient and family understanding and anxiety
Level 3 *Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively*	● Establishes and maintains a therapeutic relationship with a challenging patient and can articulate personal challenges in the relationship, how their biases may impact the relationship, and strategies to use going forward
When prompted, reflects on biases that may contribute to communication barriers	● Attempts to mitigate identified communication barriers, including reflection on biases when prompted
With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences; acknowledges uncertainty and conflict	● Elicits what is most important to the patient and family, and acknowledges uncertainty in the medical complexity and prognosis

Level 4 *Effectively establishes and sustains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity*	● Easily establishes a therapeutic relationship with the most challenging or complex patients/families with sensitivity to their specific concerns
Independently recognizes biases and attempts to proactively minimize their contribution to communication barriers	● Explicitly discusses biases in supervision
Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	● Engages in shared decision making process with patient and family refusing medication, despite a clear indication, to develop an appropriate treatment plan acceptable to all
Level 5 *Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships*	● Demonstrates an ongoing openness to discussing personal clinical errors and resolutions in mentoring and teaching
Role models self-awareness practice while identifying and teaching a contextual approach to minimize communication barriers	● Leads a peer supervision group in treating patients with borderline personality disorder
Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict	● Develops a workshop in patient family communication with an emphasis on difficult communications
Assessment Models or Tools	● Direct observation ● Kalamazoo essential elements communication checklist (adapted) ● Self-assessment including self-reflection exercises ● Skills needed to Set the state, Elicit information, Give information, Understand the patient, and End the encounter (SEGUE) ● Standardized patients or structured case discussions
Curriculum Mapping	●
Notes or Resources	● Laidlaw A, Hart J. Communication skills: an essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51. *Med Teach*. 2011;33(1):6-8. https://www.tandfonline.com/doi/full/10.3109/0142159X.2011.531170. 2019.

	● Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. *Acad Med*. 2001;76(4):390-393. https://insights.ovid.com/crossref?an=00001888-200104000-00021. 2019. ● Makoul G. The SEGUE Framework for teaching and assessing communication skills. *Patient Educ Couns*. 2001;45(1):23-34. https://www.sciencedirect.com/science/article/abs/pii/S0738399101001367?via%3Dihub. 2019. ● Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in residents. *BMC Med Educ*. 2009;9:1. https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-9-1. 2019.

Interpersonal and Communication Skills 2: Interprofessional and Team Communication **Overall Intent:** To effectively communicate with the health care team, including consultants, in both straightforward and complex situations	
Milestones	**Examples**
Level 1 *Uses language that values all members of the health care team* *Recognizes the need for ongoing feedback with the health care team*	● Uses respectful communication to clerical and technical staff members ● Listens to and considers others' points of view, is nonjudgmental and actively engaged, and demonstrates humility
Level 2 *Communicates information effectively with all health care team members* *Solicits feedback on performance as a member of the health care team*	● Demonstrates active listening by fully focusing on the speaker (other health care provider, patient), actively showing verbal and nonverbal signs (eye contact, posture, reflection, questioning, summarization) ● Asks supervisor for feedback on performance as a team member
Level 3 *Uses active listening to adapt communication style to fit team needs* *Communicates concerns and provides feedback to peers and learners*	● Simplifies language and avoids medical jargon when the team has difficulty understanding ● Respectfully provides feedback to other members of the team for the purposes of improvement or reinforcement of correct knowledge, skills, and attitudes, when appropriate ● Respectfully communicates concerns and provides feedback to peers and learners
Level 4 *Coordinates recommendations from different members of the health care team to optimize patient care* *Respectfully communicates feedback and constructive criticism to superiors*	● Synthesizes recommendations from team members to develop a consensus approach ● Provides respectful but candid feedback to attending on their teaching style
Level 5 *Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed* *Facilitates regular health care team-based feedback in complex situations*	● Organizes a team meeting to discuss and resolve conflicting feedback on a plan of care ● Organizes a team check-in after difficult events
Assessment Models or Tools	● Direct observation ● Medical record (chart) review audit ● Multisource feedback

	● Simulation encounters
Curriculum Mapping	●
Notes or Resources	● Roth CG, Eldin KW, Padmanabhan V, Freidman EM. Twelve tips for the introduction of emotional intelligence in medical education. *Med Teach.* 2018:1-4. https://www.tandfonline.com/doi/full/10.1080/0142159X.2018.1481499. 2019. ● Green M, Parrott T, Cook G. Improving your communication skills. *BMJ*. 2012;344:e357. https://www.bmj.com/content/344/bmj.e357. 2019.. ● Henry SG, Holmboe ES, Frankel RM. Evidence-based competencies for improving communication skills in graduate medical education: a review with suggestions for implementation. *Med Teach*. 2013;35(5):395-403. https://www.tandfonline.com/doi/full/10.3109/0142159X.2013.769677. 2019. ● François J. Tool to assess the quality of consultation and referral request letters in family medicine. *Can Fam Physician*. 2011;57(5):574–575. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093595/. 2019. ● Fay D, Mazzone M, Douglas L, Ambuel B. A validated, behavior-based evaluation instrument for family medicine residents. *MedEdPORTAL*. 2007. https://www.mededportal.org/publication/622/. 2019. ● Dehon E, Simpson K, Fowler D, Jones A. Development of the faculty 360. *MedEdPORTAL*. 2015;11:10174. https://www.mededportal.org/publication/10174/. 2019.

Interpersonal and Communication Skills 3: Communication within Health Care Systems **Overall Intent:** To effectively communicate with the health care team, peers, learners, and faculty members using a variety of methods	
Milestones	**Examples**
Level 1 *Accurately records information in the patient record*	● Documentation is accurate but may include extraneous information
Safeguards patient personal health information	● Shreds patient list after rounds; avoids talking about patients in the elevator
Communicates about administrative issues through appropriate channels, as required by institutional policy	● Identifies institutional and departmental communication hierarchy for concerns and safety issues
Level 2 *Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record*	● Organized and accurate documentation outlines clinical reasoning that supports the treatment plan
Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication	● Develops documentation templates for the inpatient rotation
Respectfully communicates concerns about the system	● Recognizes that a communication breakdown has happened and respectfully brings the breakdown to the attention of the chief resident or faculty member
Level 3 *Concisely reports diagnostic and therapeutic reasoning in the patient record*	● Complex clinical thinking is documented concisely but may not contain anticipatory guidance
Appropriately selects forms of communication based on context	● Calls patient immediately about potentially critical test result
Uses appropriate channels to offer clear and constructive suggestions to improve the system	● Knows when to direct concerns locally, departmentally, or institutionally (i.e., appropriate escalation)
Level 4 *Communicates clearly and concisely, in an organized written form, including anticipatory guidance*	● Documentation is consistently accurate, organized, and concise, and frequently incorporates anticipatory guidance
Achieves written or verbal communication that serves as an example for others to follow	● Notes are exemplary and used by the chief resident to teach others

Initiates difficult conversations with appropriate stakeholders to improve the system	● Talks directly to an emergency room physician about breakdowns in communication in order to prevent recurrence
Level 5 *Contributes to departmental or organizational initiatives to improve communication systems* *Facilitates dialogue regarding systems issues among larger community stakeholders*	● Leads a task force established by the hospital QI committee to develop a plan to improve house staff hand-offs ● Meaningfully participates in a committee to examine community emergency response systems including psychiatric emergencies
Assessment Models or Tools	● Direct observation of sign-outs, observation of requests for consultations ● Medical record (chart) audit ● Multisource feedback ● Semi-annual meetings with the program director
Curriculum Mapping	●
Notes or Resources	● Bierman JA, Hufmeyer KK, Liss DT, Weaver AC, Heiman HL. Promoting responsible electronic documentation: validity evidence for a checklist to assess progress notes in the electronic health record. *Teach Learn Med.* 2017;29(4):420-432. https://www.tandfonline.com/doi/full/10.1080/10401334.2017.1303385. 2019. ● Starmer AJ, Spector ND, Srivastava R, et al. I-PASS, a mnemonic to standardize verbal handoffs. *Pediatrics*. 2012;129(2):201-204. https://ipassinstitute.com/wp-content/uploads/2016/06/I-PASS-mnemonic.pdf. 2019. ● Haig KM, Sutton S, Whittington J. SBAR: a shared mental model for improving communication between clinicians. *Jt Comm J Qual Patient Saf*. 2006;32(3)167-175. https://www.ncbi.nlm.nih.gov/pubmed/16617948. 2019. ● American Psychiatric Association. *The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2016. https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426760. 2019.

In an effort to aid programs in the transition to using the new version of the Milestones, we have mapped the original Milestones 1.0 to the new Milestones 2.0. Below we have indicated where the subcompetencies are similar between versions. These are not necessarily exact matches, but are areas that include some of the same elements. Note that not all subcompetencies map between versions. Inclusion or exclusion of any subcompetency does not change the educational value or impact on curriculum or assessment.

Milestones 1.0	Milestones 2.0
PC1: Psychiatric Evaluation	PC1: Psychiatric Evaluation
PC2: Psychiatric Formulation and Differential Diagnosis	PC2: Psychiatric Formulation and Differential Diagnosis
PC3: Treatment Planning and Management	PC3: Treatment Planning and Management
PC4: Psychotherapy	PC4: Psychotherapy
PC5: Somatic Therapies	PC5: Somatic Therapies
MK1: Development through the lifecycle	MK1: Development through the lifecycle
MK2: Psychopathology	MK2: Psychopathology
MK3: Clinical Neuroscience	MK3: Clinical Neuroscience
MK4: Psychotherapy	MK4: Psychotherapy
MK5: Somatic Therapies	PC5: Somatic Therapies
MK6: Practice of Psychiatry	PROF2: Accountability/Conscientiousness
SBP1: Patient Safety and the Healthcare Team	SBP1: Patient Safety and Quality Improvement
SBP2: Resource Management	SBP3: Physician Role in Health Care Systems
SBP3: Community-Based Care	SBP2: System Navigation for Patient-Centered Care
SBP4: Consultation to non-psychiatric medical providers and non-medical systems	PC6: Clinical Consultation
No match	PBLI1: Evidence-Based and Informed Practice
PBLI1: Development and execution of lifelong learning through constant self-evaluation, including critical evaluation of research and clinical evidence	PBLI2: Reflective Practice and Commitment to Personal Growth
PBLI2: Formal practice-based quality improvement based on established and accepted methodologies	SBP1: Patient Safety and Quality Improvement
PBLI3: Teaching	No match
PROF1: Compassion, integrity, respect for others, sensitivity to diverse patient populations and adherence to ethical principles	PROF1: Professional Behavior and Ethical Principles
PROF2: Accountability to self, patients, colleagues, and the profession	PROF2: Accountability/ Conscientiousness
No match	PROF3: Self-Awareness and Help Seeking

ICS1: Relationship development and conflict management with patients, families, colleagues, and members of the health care team	ICS1: Patient and Family-Centered Communication ICS2: Interprofessional and Team Communication
ICS2: Information sharing and record keeping	ICS3: Communication within Health Care Systems

Available Milestones Resources

Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021 - *https://meridian.allenpress.com/jgme/issue/13/2s*

Milestones Guidebooks: https://www.acgme.org/milestones/resources/

- *Assessment Guidebook*
- *Clinical Competency Committee Guidebook*
- *Clinical Competency Committee Guidebook Executive Summaries*
- *Implementation Guidebook*
- *Milestones Guidebook*

Milestones Guidebook for Residents and Fellows: https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/

- Milestones Guidebook for Residents and Fellows
- Milestones Guidebook for Residents and Fellows Presentation
- Milestones 2.0 Guide Sheet for Residents and Fellows

Milestones Research and Reports: https://www.acgme.org/milestones/research/

- *Milestones National Report*, updated each fall
- *Milestones Predictive Probability Report,* updated each fall
- *Milestones Bibliography*, updated twice each year

Developing Faculty Competencies in Assessment courses - https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/

Assessment Tool: Direct Observation of Clinical Care (DOCC) - https://dl.acgme.org/pages/assessment

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - https://team.acgme.org/

Improving Assessment Using Direct Observation Toolkit - https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation

Remediation Toolkit - https://dl.acgme.org/courses/acgme-remediation-toolkit

Learn at ACGME has several courses on Assessment and Milestones - https://dl.acgme.org/