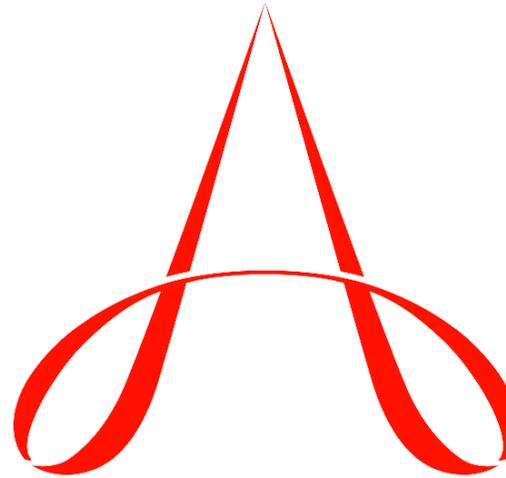


Neurotology Milestones

The Accreditation Council for Graduate Medical Education



ACGME

Implementation Date: July 2022

Second Revision: May 2022

First Revision: May 2014

Neurotology Milestones

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

Neurotology Milestones

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

American Board of Otolaryngology – Head and Neck Surgery
Review Committee for Otolaryngology – Head and Neck Surgery

Understanding Milestone Levels and Reporting

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

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

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

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

Additional Notes

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

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

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

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

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

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

| Patient Care 1: Internal Auditory Canal (IAC) and Cerebellopontine Angle (CPA) Lesions | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a history and physical examination in patients with IAC and CPA pathology | Formulates a diagnostic and treatment plan for a patient with IAC and CPA | Explains the risks and benefits of treatment plans for IAC and CPA | Adapts standard treatment plans and techniques to atypical circumstances | |
| Assists in the initial approach to the temporal bone (e.g., soft tissue dissection, patient positioning incision planning) | Assists in approach to tumor exposure (e.g., labyrinthectomy, elevation of dura or decompression of sigmoid sinus) | Performs surgical approach up to tumor exposure and cranial nerve dissection identification of IAC | Performs complete tumor exposure and begins tumor dissection | Performs significant amount of tumor dissection including dissection along facial nerve |
| Recognizes common complications of surgery of the IAC/CPA | Initiates work-up of common complications of surgery of the IAC/CPA | Manages common complications and recognizes uncommon/infrequent complications of surgery of the IAC/CPA | Manages uncommon/infrequent complications of surgery of the IAC/CPA | Serves as a peer resource for managing uncommon/infrequent complications of surgery of the IAC/CPA |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="float: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

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

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

| Patient Care 1: Internal Auditory Canal (IAC) and Cerebellopontine Angle (CPA) Lesions | | | | |
|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Performs a history and physical examination in patients with IAC and CPA pathology</p> <p>Assists in the initial approach to the temporal bone (e.g., soft tissue dissection, patient positioning incision planning)</p> <p>Recognizes common complications of surgery of the IAC/CPA</p> | <p>Formulates a diagnostic and treatment plan for a patient with IAC and CPA lesions</p> <p>Assists in approach to tumor exposure (e.g., labyrinthectomy, elevation of dura or decompression of sigmoid sinus)</p> <p>Initiates work-up of common complications of surgery of the IAC/CPA</p> | <p>Explains the risks and benefits of treatment plans for IAC and CPA lesions</p> <p>Performs surgical approach to tumor exposure and cranial nerve dissection identification of IAC lesions</p> <p>Manages common complications and recognizes uncommon/infrequent complications of surgery of the IAC/CPA</p> | <p>Adapts standard treatment plans and techniques to atypical circumstances</p> <p>Performs complete tumor exposure and begins tumor dissection</p> <p>Manages uncommon/infrequent complications of surgery of the IAC/CPA</p> | <p>Performs significant amount of tumor dissection including dissection along facial nerve</p> <p>Serves as a peer resource for managing uncommon/infrequent complications of surgery of the IAC/CPA</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p> | | | | |

| Patient Care 2: Lateral Skull Base Tumors | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Performs a history and physical examination in patients with lateral skull base tumors</p> <p>Assists in the initial approach to the temporal bone (e.g., soft tissue dissection, patient positioning incision planning)</p> <p>Recognizes common complications</p> | <p>Formulates a diagnostic and treatment plan for a patient with lateral skull base tumors</p> <p>Assists in approach to tumor exposure</p> <p>Initiates work-up of common complications</p> | <p>Explains the risks and benefits of treatment plans for lateral skull base tumors</p> <p>Performs surgical approach up to tumor exposure and identification of critical structures</p> <p>Manages common complications and recognizes uncommon/infrequent complications</p> | <p>Adapts standard treatment plans and techniques to atypical circumstances</p> <p>Performs complete tumor exposure and begins tumor dissection</p> <p>Manages uncommon/infrequent complications</p> | <p>Performs tumor dissection</p> <p>Serves as a peer resource for managing uncommon/infrequent complications</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> <p>Not Yet Assessable <input type="checkbox"/></p> |

| Patient Care 3: Facial Nerve Disorders | | | | |
|--|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Performs a history and physical examination in patients with facial nerve disorders</p> <p>Provides routine peri-operative care for patients with facial nerve disorders, including planning of surgical approach and coordination of care with subspecialties</p> <p>Recognizes common complications of facial nerve surgery</p> | <p>Formulates a diagnostic and treatment plan for patients with facial nerve disorders, including neurophysiologic testing</p> <p>Surgically identifies and/or skeletonizes the facial nerve lateral to the geniculate ganglion</p> <p>Initiates work-up of common complications</p> | <p>Explains the risks and benefits of treatment plans for facial nerve disorders</p> <p>Performs surgical exposure of all segments of the facial nerve, including peri-geniculate, labyrinthine and intracanalicular (via middle fossa and transtemporal approaches)</p> <p>Manages common complications and recognizes uncommon/infrequent complications</p> | <p>Adapts standard treatment plans and techniques to atypical circumstances</p> <p>Performs surgery on the nerve (separates nerve from tumor, performs primary repair of sheath)</p> <p>Manages uncommon/infrequent complications</p> | <p>Develops innovative techniques for management of facial nerve disorders; leads a multidisciplinary conference on facial nerve disorders</p> <p>Performs facial nerve graft, including harvesting graft from local and distal sight, and performs nerve anastomosis</p> <p>Serves as a peer resource for managing uncommon/infrequent complications</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> | | | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> <p>Not Yet Assessable <input type="checkbox"/></p> | |

| Patient Care 4: Non-Operative Patient Care | | | | |
|--|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Evaluates patients; orders and interprets routine diagnostic testing | Orders and interprets specialty testing | Implements a plan to manage patients with typical presentation patterns, including medical and procedural options | Implements a plan to manage patients with complex presentation patterns, including medical and procedural options, and refers to the multidisciplinary team | Leads the multidisciplinary team for complex patients |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="float: right; text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Patient Care 5: Pediatric Neurotology | | | | |
|--|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs an age-appropriate history and physical examination with developmental assessment | Formulates a diagnostic and treatment plan for a pediatric patient | Explains the risks and benefits of pediatric procedures; adapts diagnoses to age-related variations | Adapts standard treatment plans to special circumstances (e.g., syndromic children and infants) | Actively participates in discussion at an interdisciplinary pediatric case conference or specialty clinic |
| Performs standard pediatric otology procedures (e.g., chronic ear, implants) | Assists with advanced otologic procedures and pediatric neurotology procedures | Performs advanced otology procedures and components of neurotology procedures | Performs pediatric neurotology procedures | Performs rare pediatric neurotology procedures |
| Provides routine peri-operative care for pediatric otology procedures | Recognizes and initiates work-up of routine complications of treatment | Manages routine complications and recognizes complex complications of treatment | Manages uncommon complications of treatment | Serves as a peer resource for managing uncommon/infrequent complications associated with pediatric procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Medical Knowledge 1: Hearing Loss | | | | |
|--|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Demonstrates understanding of the anatomy and physiology of the middle and inner ear, as well as common causes of pediatric and adult hearing loss</p> <p>Demonstrates basic understanding of comprehensive audiologic testing (e.g., pure tone audiometry, speech testing, immittance testing)</p> <p>Demonstrates basic understanding of non-surgical and surgical options for aural rehabilitation</p> | <p>Demonstrates proficient knowledge of normal and abnormal temporal bone and cochleovestibular histopathology</p> <p>Lists unusual causes for hearing loss in pediatric and adult patients, and orders/interprets appropriate advanced audiometric, laboratory, and imaging studies</p> <p>Demonstrates comprehensive knowledge of non-surgical and surgical options for aural rehabilitation</p> | <p>Demonstrates comprehensive understanding of the pathophysiology of cochlear hearing loss</p> <p>Demonstrates understanding of the medical and surgical management of conductive, mixed, and sensory-neural hearing loss</p> <p>Demonstrates understanding of indications, outcomes, risks, and complications of cochlear implants and active middle/inner ear implants</p> | <p>Demonstrates a comprehensive understanding of the pathophysiology of retrocochlear and central auditory disorders</p> <p>Demonstrates understanding of the medical and surgical management of complex conductive, mixed, and sensory-neural hearing loss</p> <p>Demonstrates understanding of indications, outcomes, risks, and complications of cochlear implantation in patients with temporal bone abnormalities and advanced surgical reconstruction of aural atresia</p> | <p>Conducts original research related to hearing loss</p> <p>Develops a course or conference related to hearing loss for a regional or national meeting</p> <p>Demonstrates understanding of indications, outcomes, risks, and complications of auditory brainstem implants</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> <p>Not Yet Assessable <input type="checkbox"/></p> |

| Medical Knowledge 2: Dizziness | | | | |
|---|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Describes normal anatomy and physiology of the peripheral vestibular system</p> <p>Lists common causes of peripheral and central vertigo</p> <p>Demonstrates understanding of non-surgical management of positional vertigo, labyrinthitis, vestibular neuritis, and Meniere's disease</p> | <p>Describes the integration of the peripheral vestibular system with other sensory and motor systems (e.g., vision, proprioception)</p> <p>Differentiates otologic from non-otologic causes of vertigo</p> <p>Describes mechanisms underlying central compensation for peripheral vestibular disorders</p> | <p>Describes diagnostic criteria and treatment options for central vestibular disorders (e.g., multiple sclerosis, vestibular migraine, stroke)</p> <p>Develops a complete differential diagnosis for a complicated dizzy patient and orders appropriate vestibular testing</p> <p>Demonstrates knowledge of physical therapy and other rehabilitative options for peripheral and central vestibular disorders</p> | <p>Demonstrates comprehensive understanding and interpretation of advanced vestibular testing</p> <p>Demonstrates understanding of a multidisciplinary approach to evaluate and manage complex cases of dizziness (e.g., vestibular rehabilitation, neurologic consultation)</p> <p>Demonstrates knowledge of the indications, outcomes, risks, and complications of ablative and non-ablative vestibular interventions (e.g., for semicircular canal dehiscence, Meniere's disease)</p> | <p>Conducts original research related to dizziness</p> <p>Develops a course or conference related to dizziness for a regional or national meeting</p> <p>Demonstrates understanding of indications, outcomes, risks, and complications of emerging technology, including vestibular implants</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p> | | | | |

| Medical Knowledge 3: Clinical Reasoning | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates sound clinical reasoning in common neurotology problems | Identifies errors in clinical reasoning within neurotology | Applies clinical reasoning principles to direct patient care in complex neurotology problems | Reviews the clinical decision making of oneself and the team to identify areas for improvement | Coaches and mentors others in clinical reasoning and helps them to recognize and avoid cognitive errors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="float: right; text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Systems-Based Practice 1: Patient Safety and Quality Improvement | | | | |
|---|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Participates in analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Actively engages teams and processes to modify systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events through institutional reporting systems (simulated or actual) | Participates in disclosure of patient safety events to patients and patients' families (simulated or actual) | Discloses patient safety events to patients and patients' families (simulated or actual) | Role models or mentors others in the disclosure of patient safety events |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives | Participates in local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> </div> | | | | |

| Systems-Based Practice 2: System Navigation for Patient-Centered Care | | | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations effectively using the roles of interprofessional team members | Coordinates care of patients in complex clinical situations effectively using the roles of interprofessional team members | Role models effective coordination of patient-centered care among different disciplines and specialties | Analyzes the process of care coordination and leads in the design and implementation of improvements |
| Identifies key elements for safe and effective transitions of care and hand-offs | Performs safe and effective transitions of care/hand-offs in routine clinical situations | Performs safe and effective transitions of care/hand-offs in complex clinical situations | Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| Demonstrates knowledge of population and community health needs and inequities | Identifies specific population and community health needs and inequities for the local population | Uses local resources effectively to meet the needs of a patient population and community | Participates in changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with health care inequities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| Not Yet Completed Level 1 <input type="checkbox"/> | | | | |

| Systems-Based Practice 3: Physician Role in Health Care Systems | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)</p> <p>Describes basic health payment systems, including government, private, public, uninsured care, and practice models</p> | <p>Describes how components of a complex health care system are interrelated, and how they impact patient care</p> <p>Delivers care with consideration of each patient's payment model (e.g., insurance type)</p> | <p>Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)</p> <p>Engages with patients in shared decision making, informed by each patient's payment model</p> | <p>Manages various components of the complex health care system to provide efficient and effective patient care and transitions of care</p> <p>Advocates for patient care needs (e.g., community resources, patient assistance resources) with consideration of the limitations of each patient's payment model</p> | <p>Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transitions of care</p> <p>Participates in health policy advocacy activities</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates how to access available evidence, and incorporates patient preferences and values to take care of routine neurotologic conditions | Articulates clinical questions and elicits patient preferences and values to guide evidence-based care | Locates and applies the best available evidence, integrated with patient preference, to manage complex neurotologic conditions | Critically appraises the current literature and presents management in either a grand rounds or journal club setting | Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth | | | | |
|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Accepts responsibility for personal and professional development by establishing goals | Demonstrates openness to performance data (feedback and other input) to inform goals | Seeks performance data episodically, with adaptability | Intentionally seeks performance data consistently, with adaptability | Role models consistently seeking performance data with adaptability |
| Identifies the factors that contribute to gap(s) between expectations and actual performance | Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance | Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance | Coaches others on reflective practice |
| Actively seeks opportunities to improve | Designs and implements a learning plan, with prompting | Independently creates and implements a learning plan | Uses performance data to measure the effectiveness of the learning plan, and, when necessary, improves it | Facilitates the design and implementation of learning plans for others |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> |

| Professionalism 1: Professional Behavior and Ethical Principles | | | | |
|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies and describes potential triggers for lapses in professionalism Demonstrates knowledge of the ethical principles underlying patient care | Demonstrates insight into professional behavior in routine situations and how to appropriately report lapses in professionalism Analyzes straightforward situations using ethical principles | Demonstrates professional behavior in complex or stressful situations Analyzes complex situations using ethical principles and recognizes the need to seek help in managing and resolving complex ethical situations | Recognizes situations that might trigger lapses in professionalism and intervenes to prevent lapses in oneself and others Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed | Coaches others when their behavior fails to meet professional expectations Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Professionalism 2: Accountability/Conscientiousness | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Responds promptly to requests or reminders to complete tasks and responsibilities</p> | <p>Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future</p> <p>Recognizes situations that might impact one's own ability to complete tasks and responsibilities in a timely manner</p> | <p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations</p> <p>Proactively implements strategies to ensure that the needs of patients, teams, and systems are met</p> | <p>Recognizes situations that might impact others' ability to complete tasks and responsibilities in a timely manner</p> <p>Gives appropriate feedback to individuals or groups to facilitate task completion in a timely manner</p> | <p>Leads a conference on accountability and task completion</p> <p>Leads a quality improvement study on accountability</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Professionalism 3: Knowledge of Systemic and Individual Factors of Well-Being | | | | |
|---|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes the importance of getting help when needed to address personal and professional well-being | Lists resources to support personal and professional well-being | With prompting, reflects on how personal and professional well-being can impact one's clinical practice | Reflects on actions in real time to proactively respond to the inherent emotional challenges of physician work | Participates in institutional changes to promote personal and professional well-being |
| Recognizes departmental factors affecting well-being | Participates in departmental well-being committee activities | Recognizes the institutional factors affecting well-being | Describes institutional factors that affect one's own well-being and that of others | Suggests potential solutions to institutional factors that affect well-being |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

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

| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication | | | | |
|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Uses language and non-verbal behavior to demonstrate respect and establish rapport</p> <p>Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating one's own role within the health care system</p> <p>Identifies the need to adjust communication strategies based on assessment of a patient's/patient's family's expectations and understanding of their health status and treatment options</p> | <p>Establishes a therapeutic relationship in straightforward encounters using active listening and clear language</p> <p>Identifies complex barriers to effective communication (e.g., health literacy, cultural differences)</p> <p>Organizes and initiates communication with a patient/patient's family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation</p> | <p>Establishes a therapeutic relationship in challenging patient encounters</p> <p>When prompted, reflects on personal biases while attempting to minimize communication barriers</p> <p>With guidance, sensitively and compassionately delivers medical information; elicits a patient's/patient's family's values, goals, and preferences; and acknowledges uncertainty and conflict</p> | <p>Easily establishes therapeutic relationships, with attention to a patient's/patient's family's concerns and context, regardless of complexity</p> <p>Independently recognizes personal biases while attempting to proactively minimize communication barriers</p> <p>Independently, uses shared decision-making to align the patient's/patient's family values, goals, and preferences with treatment options to make a personalized care plan</p> | <p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Role models self-awareness while identifying a contextual approach to minimize communication barriers</p> <p>Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Interpersonal and Communication Skills 2: Interprofessional and Team Communication | | | | |
|--|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Respectfully requests/receives a consultation | Clearly and concisely requests/responds to a consultation | Receives follow-up and feedback on the outcome of the consultation | Coordinates recommendations from different members of the health care team to optimize patient care | Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed |
| Uses language that values all members of the health care team | Communicates information effectively with all health care team members | Uses active listening to adapt communication style to fit team needs | Facilitates health care team-based feedback in routine situations | Facilitates health care team-based feedback in complex situations |
| | Respectfully receives feedback on performance as a member of the health care team | Solicits feedback on performance as a member of the health care team | Communicates concerns and provides feedback to peers, learners, and superiors | Facilitates teaching of team-based communication and feedback |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| Not Yet Completed Level 1 <input type="checkbox"/> | | | | |

| Interpersonal and Communication Skills 3: Communication within Health Care Systems | | | | |
|---|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Accurately records information in the patient record</p> <p>Safeguards patients' personal health information</p> | <p>Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record</p> <p>Documents required data in formats specified by institutional policy</p> | <p>Concisely reports diagnostic and therapeutic reasoning in the patient record</p> <p>Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context</p> | <p>Communicates clearly, concisely, timely, and in an organized written form, including providing anticipatory guidance</p> <p>Produces written or verbal communication (e.g., patient notes, email) that serves as an example for others to follow</p> | <p>Models feedback to improve others' written communication</p> <p>Guides departmental or institutional communication around policies and procedures</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |