Psychiatry Milestones

The Accreditation Council for Graduate Medical Education

ACGME

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Psychiatry Milestones

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident 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 competence, nor are they designed to be relevant in any other context.

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American Association of Directors of Psychiatric Residency Training
American Board of Psychiatry and Neurology
American College of Osteopathic Neurologists and Psychiatrists
American Osteopathic Board of Psychiatry and Neurology
ACGME Review Committee for Psychiatry

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Understanding Milestone Levels and Reporting

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

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

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

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

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Additional Notes

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

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

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

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

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

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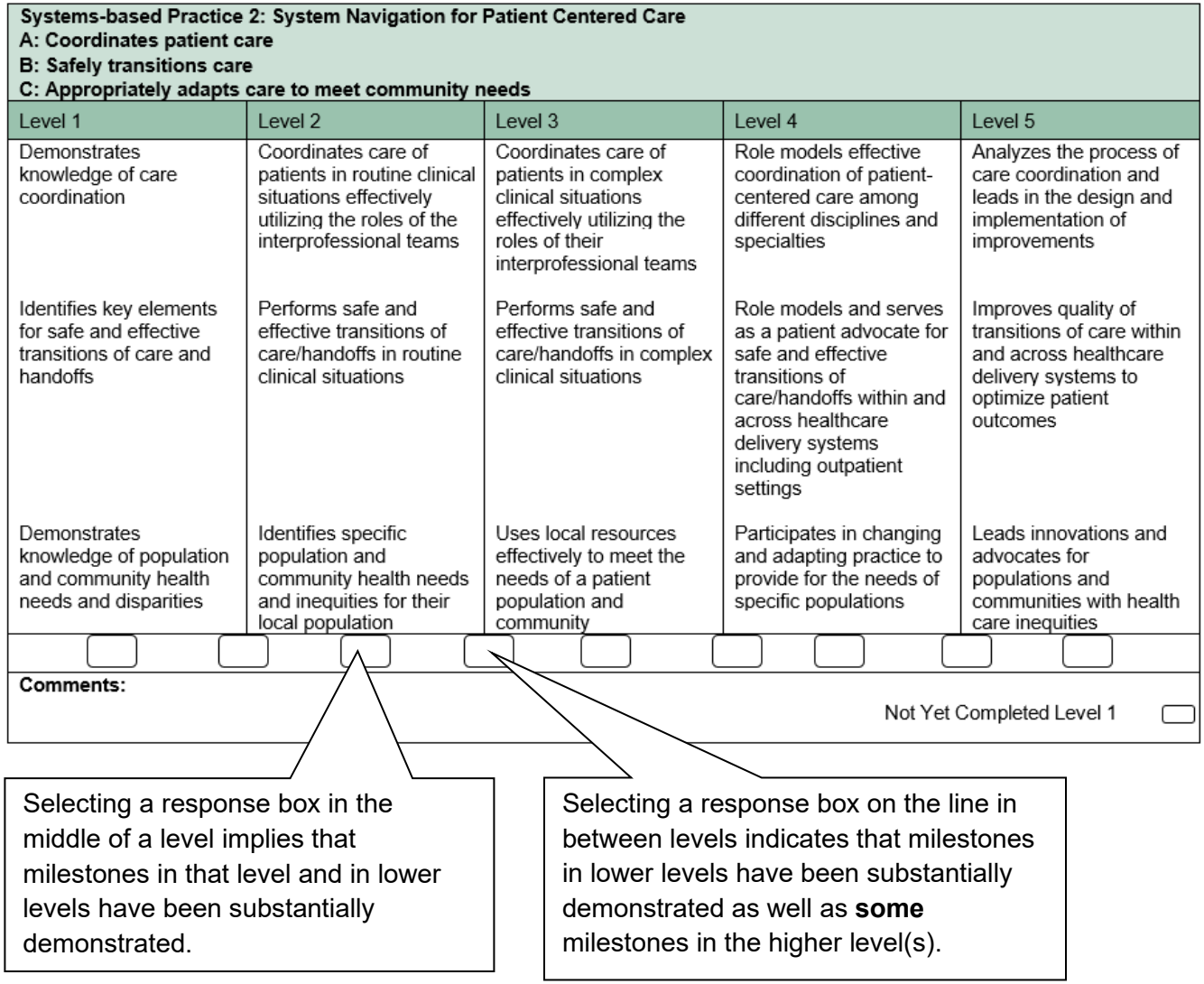
The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that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



Systems-based Practice 2: System Navigation for Patient Centered Care
A: Coordinates patient care
B: Safely transitions care
C: Appropriately adapts care to meet community needs

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively utilizing the roles of their interprofessional teams	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 handoffs	Performs safe and effective transitions of care/handoffs in routine clinical situations	Performs safe and effective transitions of care/handoffs in complex clinical situations	Role models and serves as a patient advocate for safe and effective transitions of care/handoffs within and across healthcare delivery systems including outpatient settings	Improves quality of transitions of care within and across healthcare delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities

Comments:

Not Yet Completed Level 1

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

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).

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Patient Care 1: Psychiatric Evaluation

A: Gathers and organizes findings from the patient interview and mental status examination
B: Gathers and organizes data from collateral sources
C: Screens for risk and integrates risk assessment into the patient evaluation

Level 1	Level 2	Level 3	Level 4	Level 5
Collects general medical and psychiatric history and completes a mental status examination	Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's presentation	Uses hypothesis-driven information gathering to obtain complete, accurate, and relevant history	Elicits and observes subtle and unusual findings	Serves as a role model for gathering subtle and accurate findings from the patient and collateral sources
Collects relevant information from collateral sources	Selects appropriate laboratory and diagnostic tests	Interprets collateral information and test results to determine necessary additional steps	Interprets collateral information and test results to determine necessary additional steps in the evaluation of complex conditions	
Screens for risk of harm to self, to others, or by others	Engages in a basic risk assessment and basic safety planning	Incorporates risk and protective factors into the assessment of imminent, short, and long-term patient safety and the safety of others	Incorporates risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient	Serves as a role model for risk assessment
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Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

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Patient Care 2: Psychiatric Formulation and Differential Diagnosis
A: Organizes and summarizes findings and generates differential diagnosis
B: Identifies contributing factors and contextual features and creates a formulation
C: Uses the emotional responses of clinician and patient as diagnostic information

Level 1	Level 2	Level 3	Level 4	Level 5
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations	Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of patient presentations	Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation	Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient's presentation	Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, and developmental/life cycle factors	Develops formulations based on multiple conceptual models	
Recognizes that clinicians have emotional responses to patients	Recognizes that clinicians' emotional responses have diagnostic value	Begins to use the clinician's emotional responses to the patient to aid formulation	Integrates clinician's and patient's emotional responses into the diagnosis and formulation	

Comments:

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Not Yet Assessable ☐

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Patient Care 3: Treatment Planning and Management **A**: Creates treatment plan **B**: Monitors and revises treatment when indicated **C**: Incorporates the use of community resources				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies potential biopsychosocial treatment options	Engages the patient in the selection of evidence-based biopsychosocial treatment, recognizing that comorbid conditions and side effects impact treatment	Applies an understanding of psychiatric, neurologic, and medical comorbidities in the management of common presentations	Devises individualized treatment plan for complex presentations; integrates multiple modalities and providers in a comprehensive approach	Supervises treatment planning of other learners and multidisciplinary providers
Recognizes that acuity affects level of care and treatment monitoring	Selects the most appropriate level of care based on acuity and monitors treatment adherence and response	Selects the most appropriate interventions, treatments, and adjustments in treatment in common presentations based on consideration of patient factors and acuity	Selects the most appropriate interventions, treatments, and adjustments in treatment in complex presentations based on consideration of patient factors and acuity	
Gives examples of community resources	Coordinates care with community resources	Incorporates support and advocacy groups in treatment planning	Locates and connects patients to community resources in complex and difficult situations	Participates in the creation or administration of community-based programs
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Comments:				
Not Yet Completed Level 1 ☐ Not Yet Assessable ☐				

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Patient Care 4: Psychotherapy
A: Establishes therapeutic alliance and manages boundaries
B: Selects, sets goals, and provides psychotherapies including supportive, psychodynamic, and cognitive-behavioral
C: Manages therapeutic process

Level 1	Level 2	Level 3	Level 4	Level 5
Establishes a working relationship with patients demonstrating interest and empathy	Establishes a bounded therapeutic alliance with patients with uncomplicated problems	Establishes and maintains a therapeutic alliance with patients with uncomplicated problems, and can recognize and avoid boundary violations	Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations	Assesses and can help repair troubled alliances and/or boundary difficulties between junior residents and their patients
Lists the three core psychotherapies	Uses the common factors of psychotherapy in providing supportive therapy to patients	Provides selected psychotherapies (including supportive, psychodynamic, and cognitive-behavioral), sets goals and integrates therapy with other treatment modalities	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	Tailors psychotherapeutic treatment based on awareness of own skill sets, strengths, and limitations
Accurately identifies patient emotions, particularly sadness, anger, and fear	Identifies and reflects the core feelings and key issues for the patient during the session	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	Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions	Links feelings, recurrent/central themes/schemas and their meaning to the patient as they shift within and across sessions
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Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

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Patient Care 5: Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies)
A: Understands the mechanisms of action, indications, and evidence base for somatic therapies and appropriately applies them to patient care
B: Educates patients about somatic therapies including access to accurate psychoeducational resources
C: Appropriately monitors patient's response to treatment

Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms	Appropriately prescribes commonly used somatic therapies and understands their mechanism of action	Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies	Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases	Manages complex combinations of somatic therapies and considers novel approaches
Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments	Appropriately uses educational and other resources to support the patient and optimize understanding and adherence	Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families	Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base	Leads the development of novel patient educational processes or materials
Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety	Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies	Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy	Manages adverse effects and safety concerns in complex or treatment refractory cases	Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response
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Not Yet Assessable ☐

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Patient Care 6: Clinical Consultation				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Applies consultant recommendations judiciously to patient care	Critically appraises and integrates diverse recommendations	Contributes to identifying and rectifying flaws of consultation system
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Assists consulting team in identifying unrecognized clinical care issues and provides relevant recommendations, checking for understanding	Manages complicated and challenging consultation requests	Leads consultation-liaison psychiatry teams
	Demonstrates understanding of the consultation model, including liaison function	Demonstrates understanding of models of integrated multidisciplinary mental health and primary care	Collaborates skillfully with practitioners from other disciplines in medical settings	Serves as a leader of integrated care teams or implementation projects
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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) **A:** Knowledge of human development **B:** Knowledge of pathological and environmental influences on development				
Level 1	Level 2	Level 3	Level 4	Level 5
Conceptualizes development as occurring in stages throughout the life cycle Recognizes major deviations from typical development	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	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	Articulates an integrated understanding of typical development Describes how acquiring and losing specific capacities can influence the expression of psychopathology	Incorporates new knowledge into own understanding of typical and atypical development
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Comments: Not Yet Completed Level 1 ☐ Not Yet Assessable ☐				

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Medical Knowledge 2: Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Heterogenous Patient Populations)
A: Knowledge to identify and treat psychiatric conditions
B: Knowledge at the interface of psychiatry and the rest of medicine

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the major psychiatric diagnostic categories	Demonstrates sufficient knowledge to identify and assess common psychiatric conditions	Demonstrates sufficient knowledge to identify and treat common psychiatric conditions throughout the life cycle	Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle	
Gives examples of interactions between medical and psychiatric symptoms and disorders	Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients	Applies knowledge to identify and treat common psychiatric symptoms due to other medical illness	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	Applies knowledge to identify and manage uncommon conditions at the interface of psychiatry and medicine
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Medical Knowledge 3: Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings)
A: Neurodiagnostic and neuropsychological testing
B: Neuropsychiatric comorbidity
C: Application of neuroscientific findings in psychiatry

Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly available neuroimaging, neurophysiologic, and neuropsychological tests	Describes indications for common neuroimaging, neurophysiologic, and neuropsychological tests	Identifies the significance of findings in routine neuroimaging, neurophysiologic, and neuropsychological tests	Correlates the significance of neuroimaging, neurophysiological, and neuropsychological testing results to case formulation and treatment planning	Integrates recent neuroimaging, neurophysiologic, and neuropsychological tests research into understanding of psychopathology
Describes basic components and functions of the nervous system	Describes major neurobiological processes underlying common psychiatric illness	Explains how neurobiological processes are included in a case formulation	Correlates neurobiological processes into case formulation and treatment planning	Engages in scholarly activity related to neuroscience and psychiatric disorders
Describes basic features of common neurologic disorders	Describes with the interplay between psychiatric and neurologic disorders	Identifies common comorbidities of psychiatric and neurologic disorders	Synthesizes knowledge of psychiatric and neurologic comorbidities for case formulation and treatment	Integrates recent research into understanding of the interface between neurology and psychiatry

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Medical Knowledge 4: Psychotherapy
A: Fundamentals
B: Practice and indications
C: Evidence base

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies psychotherapy as an effective modality of treatment	Describes the common elements across psychotherapeutic modalities	Identifies the central theoretical principles across the three core psychotherapeutic modalities: supportive, psychodynamic, cognitive-behavioral	Explains the theoretical mechanisms of therapeutic change in each of the three core modalities	Incorporates new theoretical developments into knowledge base
Describes the basic framework of a psychotherapeutic experience	Lists the basic indications and benefits of using psychotherapy	Identifies the techniques of the three core individual psychotherapies	Compares the selection criteria and potential risks, and benefits of the three core individual psychotherapies	Demonstrates sufficient evidence-based knowledge of core individual therapies to teach others
Lists the three core psychotherapy modalities	Describes the evidence for one core psychotherapy modality	Summarizes the evidence base for the three core individual psychotherapies	Analyzes the evidence base for combining psychotherapy and pharmacotherapy	

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Systems-Based Practice 1: Patient Safety and Quality Improvement
A: Analyzes patient safety events
B: Appropriately discloses patient safety events
C: Participates in 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 improve systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates)	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

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Systems-Based Practice 2: System Navigation for Patient-Centered Care **A:** Coordinates patient care **B:** Safely transitions care **C:** Population and community health needs				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams	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 serves as a patient advocate 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	Identifies specific population and community health needs for their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care needs
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Comments: Not Yet Completed Level 1 ☐				

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Systems-Based Practice 3: Physician Role in Health Care Systems
A: Understanding and working within the health care system
B: Health care financing and advocacy
C: Transition to practice

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the complex health care system	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the broader system	Manages various components of the complex health care system to provide high-value, efficient, and effective patient care and transition of care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care
Describes practice models and basic mental health payment systems	Identifies barriers to care in different health care systems	Engages with patients in shared decision making and advocates for appropriate care and parity	Advocates for patient care needs including mobilizing community resources	Participates in advocacy activities for access to care in mental health and reimbursement
Identifies basic knowledge domains for effective transition to residency	Demonstrates use of information technology and documentation required for medical practice	Describes core administrative knowledge needed for transition to practice	Analyzes individual practice patterns and professional requirements in preparation for practice	Educates others to prepare them for transition to practice
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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 and summarize available evidence for routine conditions	Articulates clinical questions and initiates literature searches to provide evidence-based care	Locates and applies the best available evidence to the care of patients applying a hierarchy of evidence	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines
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Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) in order to inform goals	Seeks performance data episodically, with openness and humility	Intentionally seeks performance data consistently with openness and humility	Role models consistently seeking performance data with openness and humility
Identifies the factors which contribute to gap(s) between one's expected and actual performance	Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance	Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected 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
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Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes core professional behavior	Demonstrates professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Role models professional behavior and ethical principles
Recognizes that one's behavior in professional settings affects others	Takes responsibility for own professionalism lapses and responds appropriately	Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting	Responds appropriately to professionalism lapses of colleagues	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Demonstrates knowledge of core ethical principles	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles and recognizes when help is needed	Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed. (e.g., ethics consultations, literature review, risk management/legal consultation)	
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Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future Introduces self as patient's resident physician	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider	Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care	Takes ownership of system outcomes Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care
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Comments:				
Not Yet Completed Level 1 ☐				

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Professionalism 3: Well-Being				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of addressing personal and professional well-being	Lists available resources for personal and professional well-being Describes institutional resources designed to promote well-being	With assistance, proposes a plan to promote personal and professional well-being Recognizes which institutional factors affect well-being	Independently develops a plan to promote personal and professional well-being Describes institutional factors that positively and/or negatively affect well-being	Creates institutional level interventions that promote colleagues' well-being Describes institutional programs designed to examine systemic contributors to burnout
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Comments:				
Not Yet Completed Level 1 ☐				

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

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Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively	Effectively establishes and sustains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication; accurately communicates own role within the health care system	Identifies complex barriers to effective communication	When prompted, reflects on biases that may contribute to communication barriers	Independently recognizes biases and attempts to proactively minimize their contribution to communication barriers	Role models self-awareness practice while identifying and teaching a contextual approach to minimize communication barriers
Recognizes communication strategies may need to be adjusted based on clinical context	Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences; acknowledges uncertainty and conflict	Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict
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Comments:				Not Yet Completed Level 1 ☐

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Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
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	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
Recognizes the need for ongoing feedback with the health care team	Solicits feedback on performance as a member of the health care team	Communicates concerns and provides feedback to peers and learners	Respectfully communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations
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Comments:				
Not Yet Completed Level 1 ☐				

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Interpersonal and Communication Skills 3: Communication within Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Accurately records information in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Concisely reports diagnostic and therapeutic reasoning in the patient record	Communicates clearly and concisely, in an organized written form, including anticipatory guidance	Contributes to departmental or organizational initiatives to improve communication systems
Safeguards patient personal health information	Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication	Appropriately selects forms of communication based on context	Achieves written or verbal communication that serves as an example for others to follow	
Communicates about administrative issues through appropriate channels, as required by institutional policy	Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions to improve the system	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders
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Comments:				
				Not Yet Completed Level 1 ☐

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