Supplemental Guide: Consultation-Liaison Psychiatry

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Consultation-Liaison 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 fellow to fellow, depending on a variety of factors, including prior experience, education, and capacity to learn. Fellows learn and demonstrate some skills in episodic or concentrated time periods (e.g., formal presentations, participation in quality improvement project, etc.). Milestones relevant to these activities can be evaluated at those times. For the purposes of evaluating a fellow's progress in achieving Patient Care and Medical Knowledge Milestones it is important that the evaluator(s) determine what the fellow knows and can do, separate from the skills and knowledge of the supervisor.

Implicit in milestone level evaluation of Patient Care and Medical Knowledge is the assumption that during the normal course of patient care activities and supervision, the evaluating faculty member and fellow participate in a clinical discussion of the patient's care. During these reviews the fellow should be prompted to present the fellow's clinical thinking and decisions regarding the patient. This may include evidence for a prioritized differential diagnosis, a diagnostic work-up, or initiation, maintenance, or modification of the treatment plan, etc. In offering independent ideas, the fellow demonstrates the capacity for clinical reasoning and its application to patient care in real time. As fellows 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 fellow's knowledge and independent clinical reasoning will meet the needs of patients with lower acuity, complexity, and level of risk, whereas, at Level 4, fellows are expected to independently demonstrate knowledge and reasoning skills in caring for patients of higher acuity, complexity, and risk. Thus, one would expect fellows achieving Level 4 milestones to be at an oversight level of supervision. It is important that fellows 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: Consultative Patient Care: clarifying the question, gathering data and collateral information, interviewing the patient, and suggesting appropriate diagnostic and treatment options and communicating them effectively to the primary service **Overall Intent:** To provide effective psychiatric consultation	
Milestones	**Examples**
Level 1 *Performs straightforward consultations, with guidance*	● Answers a consult question: “Is this patient depressed?”
Level 2 *Manages routine and urgent consultations in inpatient and outpatient settings*	● Evaluates a patient for capacity to leave against medical advice ● Evaluates patient on the trauma surgery service for acute stress disorder
Level 3 *Manages a broad range of routine and urgent consultation requests, including identification of unrecognized psychiatric issues*	● Identifies unrecognized suicidal ideation during a consultation requested for assessment of anxiety ● Identifies unrecognized needle phobia in a patient referred for anxiety and non-adherence
Level 4 *Independently manages complicated and challenging consultations*	● Provides consultation for a patient with a personality disorder who has threatened and sexually harassed nursing staff members ● Provides urgent consultation regarding suitability for liver transplant in a young patient who overdosed on acetaminophen ● Provides consultation for a delirious patient with severe alcohol use disorder and alcoholic cirrhosis who may have delirium tremens, hepatic encephalopathy, or both ● Examples of complicated and challenging include transplant, bariatric, reproductive psychiatry
Level 5 *Effectively runs a consultation-liaison inpatient consult service or outpatient clinic and supervises and serves as a role model for other learners*	● Leads consult rounds, supervising students and residents without need for attending intervention ● Initiates and runs a case conference for a nonpsychiatric service
Assessment Models or Tools	● Direct observation ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● Levenson JL. *American Psychiatric Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry*. 3rd ed. Washington, D.C.: American Psychiatric Publishing, Inc.; 2019. ISBN:978-1615371365.

Patient Care 2: Collaborative Patient Care in Multidisciplinary Settings: performing, coordinating, and supervising inpatient or outpatient care, including liaison and educational roles **Overall Intent:** To collaborate effectively with other providers in the provision of multidisciplinary care	
Milestones	**Examples**
	NOTE: All examples are for a consultation for a patient with a history of panic disorder who is not currently in psychiatric treatment, and each example builds on the previous one.
Level 1 *Provides basic psychiatric assessment and treatment recommendations*	● Evaluates the patient, inquires about DSM-5 symptoms, eliminates relevant differential diagnoses, identifies the panic recurrence, and recommends an appropriate medication; relates this clearly to the consulting team
Level 2 *Provides a complete psychiatric assessment and recommendations to multidisciplinary medical treatment teams*	● Because the patient has overlapping symptoms due to chronic obstructive pulmonary disease (COPD), considers the medical complications when recommending a treatment, (e.g., avoiding a benzodiazepine and relying on cognitive behavioral therapy (CBT)), and works with the team to assure the treatment is implemented properly
Level 3 *Provides comprehensive assessment, treatment plan, and integrated care for patients through collaboration with other providers*	● When the patient is in the intensive care unit (ICU) with pulmonary failure and intubated, gathers relevant information from the various teams and works with them to choose medications (e.g., a sedating antidepressant) and feasible behavioral techniques that will not interfere with the medical treatment
Level 4 *Provides effective care, guidance, and education in a multidisciplinary medical treatment team, including managing complex dynamics affecting the patient and treatment team*	● When the patient has a borderline personality disorder and complains continuously throughout the hospitalization, meets with the treatment team to discuss the patient's pathology in clear terms and works with the team to create clearer boundaries and develop a more appropriate treatment plan
Level 5 *Leads the biopsychosocial component of a multidisciplinary medical treatment team*	● Trains staff members in practical behavioral treatments as an alternative to medications for the above patient's anxiety and insomnia
Assessment Models or Tools	● Direct observation ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● Levenson JL. *American Psychiatric Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry*. 3rd ed. Washington, D.C.: American Psychiatric Publishing, Inc.; 2019. ISBN:978-1615371365.

Patient Care 3: Digital Health **Overall Intent:** To use technology in consultation-liaison patient care settings to facilitate communication, documentation, and direct patient care	
Milestones	**Examples**
Level 1 *Identifies clinical cases that can be effectively and safely managed through a telehealth visit*	● Follows a patient identified as low risk for self-harm and stable on medications and offers continued follow-up care by telehealth
Documents basic patient information in the electronic health record (EHR)	● Correctly navigates electronic health record (EHR) to document and code intake of new patient seen on hospital consult service
Level 2 *Performs comprehensive telehealth assessment using approved technology*	● Consistently performs accurate new and follow-up straightforward patient assessments by telephone/video
Utilizes EHR to manage patient's health care information	● Correctly navigates EHR to document and codes intake of new patient in both inpatient and outpatient settings; updates basic health care information such as drug allergies
Level 3 *Integrates telehealth efficiently into clinical practice for assessment and treatment of straightforward cases*	● Follows a patient with Parkinson disease and psychosis, ensuring visits are arranged with patient's spouse present given patient's cognitive impairment
Effectively utilizes EHR to manage patients' health care information and to communicate with other providers	● Uses EHR system to clearly communicate to other providers about a patient's high risk for suicide/self-harm
Level 4 *Integrates telehealth efficiently into clinical practice for the assessment and treatment of complex cases*	● Identifies the need for a video visit over with a patient on high-dose antipsychotics to assess for side effects such as tardive dyskinesia and akathisia
Teaches others EHR use	● Orients new learners on service on how to populate templates, complete billing/coding, and close/complete consults in the EHR ● Performs psychosocial evaluation of living donor candidate who lives in another state, has limited social support, and history of post-traumatic stress disorder with questionable history of treatment and functional stability
Level 5 *Develops and innovates new ways to use emerging communication technologies*	● Contributes to development or improvement of an application for video or other remote patient care
Assessment Models or Tools	● Direct observation ● Medical record (chart) audit ● Multisource feedback

Curriculum Mapping	●
Notes or Resources	● Graziane JA, Gopalan P, Cahalane J. Telepsychiatry consultation for medical and surgical inpatient units. *Psychosomatics*. 2018;59:62-66. https://pubmed.ncbi.nlm.nih.gov/28918164/. ● Hilty DM, Sunderji N, Suo S, et al. Telepsychiatry and other technologies for integrated care: Evidence base, best practice models, and competencies. *Int Rev Psychiatry*. 2018;30:292-309. https://pubmed.ncbi.nlm.nih.gov/30821540/..

Medical Knowledge 1: Knowledge regarding Psychiatric Disorders in the Medically Ill: assessment and management of major psychiatric disorders, substance use disorders, somatic symptom disorders, and psychological factors affecting medical conditions **Overall Intent:** To be knowledgeable about psychiatric disorders seen in consultative settings including specific assessment and management considerations	
Milestones	**Examples**
Level 1 *Demonstrates basic knowledge regarding common psychiatric illnesses and their treatments in the medically ill*	● Uses an objective scale for identification of alcohol withdrawal symptoms (based on blood pressure, pulse, diaphoresis, etc.) in a patient with medicine-seeking behaviors admitted for detoxification ● Appropriately requests electrocardiogram (EKG) and monitors corrected QT interval (QTc) in patients that require pro re nata (PRN, i.e., as needed) antipsychotics for management of agitation related to delirium
Level 2 *Demonstrates basic knowledge regarding epidemiology, etiology, phenomenology, prognosis, and treatment of common psychiatric illnesses in the medically ill, including common adverse effects and drug-drug interactions*	● When consulted for "altered mental status" in geriatric patient with dementia, diagnoses comorbid delirium and recommends appropriate work-up and interventions ● When consulted for "low mood" in patient with newly diagnosed human immunodeficiency virus (HIV), correctly identifies adjustment disorder and recommends bedside psychotherapy, PRN medications for sleep, and consults with chaplain per patient request
Level 3 *Demonstrates comprehensive knowledge regarding the assessment and management of psychiatric illnesses in the medically ill, including detailed knowledge of adverse effects and drug-drug interactions*	● When consulted for "mania" in patient with cancer with no past psychiatric history recently started on high-dose steroids, identifies steroid-induced mood disorder, recommends scheduled psychotropics, and discusses with primary team medication-related side effects ● Identifies medications that can contribute to prolonged QTc aside from antipsychotics ● Recommends Clozapine Risk Evaluation and Mitigation Strategy (Clozapine REMS) monitoring protocol for patient with baseline mild neutropenia planning to start on clozapine ● Performs capacity assessment of a patient with schizophrenia and baseline mild paranoia who requires a pacemaker
Level 4 *Demonstrates comprehensive knowledge regarding the assessment and management of complex/atypical psychiatric illnesses in the medically ill, including advanced knowledge in specific medical populations (e.g., cancer, transplant, obstetrics and gynecology)*	● When consulted for "depression" in a minimally responsive patient, identifies catatonia, uses objective rating scale for assessment, and correctly identifies contributing factors and treatment ● Recommends a comprehensive workup for patient with suspected anti-NMDA receptor encephalitis
Level 5 *Develops, synthesizes, or presents new knowledge regarding psychiatric illnesses and their treatments in the medically ill*	● Identifies new literature on the treatment of delirium and uses this to educate staff members and recommends additional treatment options for these cases ● Publishes a comprehensive literature review or clinical study pertaining to management of a psychiatric disorder in medically ill patients and suggests additional research

Assessment Models or Tools	● Case-based discussion ● Direct observation ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● Levenson JL. *American Psychiatric Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry*. 3rd ed. Washington, D.C.: American Psychiatric Publishing, Inc.; 2019. ISBN:978-1615371365.

Medical Knowledge 2: Knowledge regarding Psychiatric Manifestations of Medical Illnesses: assessment and management of physical and psychological reactions to medical illness and its treatment **Overall Intent:** To be knowledgeable about psychiatric manifestations and consequences of medical illness or medical treatment seen in consultative settings, including specific assessment and management considerations	
Milestones	**Examples**
Level 1 *Demonstrates basic knowledge regarding common psychiatric effects or consequences of medical illnesses and their treatments*	● Identifies common psychological reactions to medical illness in the hospital ● Identifies symptoms of adjustment disorder and major depressive disorder in hospitalized patient
Level 2 *Demonstrates basic knowledge regarding the presentation and treatment of psychiatric effects or consequences caused by medical illnesses and their treatments*	● Accurately identifies steroid psychosis as a cause of mental status change in a patient ● Initiates an appropriate initial work-up for the patient with altered mental status
Level 3 *Demonstrates comprehensive knowledge regarding the assessment and management of psychiatric effects or consequences caused by medical illnesses and their treatments*	● Understands range of psychological presentations of thyroid and adrenal dysfunction ● Uses bedside psychotherapy effectively to support a patient in acute distress
Level 4 *Demonstrates comprehensive knowledge regarding the assessment and management of complex/atypical psychiatric effects or consequences caused by medical illnesses and their treatments*	● Identifies acute onset psychiatric symptoms as possible organic dysfunction, such as encephalitis ● Appropriately works-up and treats mental status changes following liver transplant
Level 5 *Develops, synthesizes, or presents new knowledge regarding psychiatric effects or consequences caused by medical illnesses and their treatments*	● Publishes new synthesis or research regarding psychiatric consequences of a medical condition or treatment ● Organizes educational events regarding management of psychological disorders in specific subgroups of medical patients
Assessment Models or Tools	● Case-based assessment ● Direct observation ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● Levenson JL. *American Psychiatric Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry*. 3rd ed. Washington, D.C.: American Psychiatric Publishing, Inc.; 2019. ISBN:978-1615371365.

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 and the institutional reporting system* *Demonstrates knowledge of basic quality improvement methodologies and metrics*	● Recognizes mortality, morbidity, adverse events, and near misses as reportable events ● Identifies institutional mechanisms for reporting patient safety events ● Recognizes when to use standardized screening tools for patient care
Level 2 *Identifies and reports patient safety events* *Describes local quality improvement initiatives*	● Identifies hand-off and data reporting deficiencies that could lead to errors in patient care ● Describes a hospital quality improvement initiative
Level 3 *Participates in analysis of patient safety events (simulated or actual)* *Participates in local quality improvement initiatives*	● Meaningfully participates in a root cause analysis of an adverse outcome ● Participates in a morbidity and mortality conference
Level 4 *Offers strategies (simulated or actual) to prevent patient safety events* *Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project*	● Presents a morbidity and mortality (M and M) conference ● Designs and conducts a quality improvement project based on identified care gaps and needs
Level 5 *Actively engages and leads teams and processes to prevent patient safety events* *Creates, implements, and assesses quality improvement initiatives at the institutional or community level*	● Participates in a department- or hospital-level committee and provides specialty expertise regarding safety and quality issues related to psychiatric conditions and issues ● Develops and implements an institution-wide quality improvement initiative to improve care and management of psychiatric conditions or issues
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	● American Board of Psychiatry and Neurology, Inc. (ABPN). Patient Safety Activity. https://www.abpn.com/maintain-certification/moc-activity-requirements/patient-safety-activity/. Accessed 2021. ● Institute for Healthcare Improvement. Open School. http://www.ihi.org/education/ihiopenschool/Pages/default.aspx. Accessed 2021. ● US Department of Veterans Affairs (the VA). Patient Safety Curriculum Workshop. https://www.patientsafety.va.gov/professionals/training/curriculum.asp. Accessed 2021.

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* *Identifies community health needs*	● Describes the roles of members of the interprofessional team ● Lists the essential components of an effective transitions of care including sharing necessary information ● Is aware that social determinants of health impact 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* *Demonstrates general knowledge of population and community health needs*	● Contacts interprofessional team members for routine cases and with supervision as needed, ensures all necessary referrals, testing, and care transitions ● Performs a routine case sign-out, and with supervision as needed identifies and triages cases or calls ● Understands that there are underserved groups in the local community who are not be receiving fair health care
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*	● Effectively coordinates care for a patient and consults with community resources such as an assertive community treatment (ACT) team ● Contacts primary provider to discuss patient's non-adherence ● Performs safe and effective transitions of care from the medical floor for an agitated patient after a polydrug overdose to the inpatient psychiatric floor ● Identifies appropriate substance use rehabilitation programs for a particular patient
Level 4 *Leads and efficiently coordinates patient-centered care among different disciplines and specialties* *Resolves conflicts in transitions of care between teams*	● Organizes care planning meeting between inpatient team members, outpatient primary care provider, and mental health clinic representatives ● Coordinates care for a high-risk diagnosis to ensure the patient gets appropriate follow-up ● Mediates conflict between inpatient medical team and inpatient psychiatry regarding which service the patient should be on

Participates in changing and adapting practice to provide for the needs of specific populations	● Gives team feedback on appropriate language as desired by patient
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*	● Takes a leadership role in designing and implementing changes to improve care coordination ● Identifies and implements better hand-off tools for on-call services ● Identifies that Latinx men are less likely to be screened for depression and develops a program to improve screening
Assessment Models or Tools	● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Review of sign-out tools, use and review of checklists
Curriculum Mapping	●
Notes or Resources	● Centers for Disease Control and Prevention. Population Health Training. https://www.cdc.gov/pophealthtraining/whatis.html. Accessed 2021. ● 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. ● Skochelak SE, Hawkins RE, Lawson LE, Starr SR, Borkan JM, Gonzalo JD. *AMA Education Consortium: Health Systems Science*. 1st ed. Philadelphia, PA: Elsevier; 2016. ISBN:978-0323461160.

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* *Describes practice models and basic mental health payment systems* *Identifies clinically relevant legal and ethical issues in medical settings*	● Recognizes the role of key facets of the health care system such as insurance companies, hospitals, clinics, and the government ● Understands the basic differences between private insurance, Medicaid, Medicare, and VA eligibility ● Identifies the state recognized mechanism for involuntary medical care
Level 2 *Describes how components of a complex health care system are interrelated, and how this impacts patient care* *Identifies barriers to care in different health care systems* *Applies basic knowledge of clinically relevant legal and ethical issues in medical settings*	● Understands the process for insurance company reviews, denials, and approvals ● Raises concern about an insurance company not covering outpatient mental health services for a hospitalized patient ● Consults risk management for advice regarding patient who is refusing treatment
Level 3 *Discusses how individual practice affects the broader system* *Engages with patients in shared decision making and advocates for appropriate care and parity* *Applies comprehensive knowledge of clinically relevant legal and ethical issues in medical settings*	● Raises concern about unnecessary tests for a patient and how they increase costs for that patient and others ● Presents several medication options to a patient, agrees on choice of medication with the patient, and communicates the rationale to the third-party payor ● Presents challenging consultation case to hospital ethics committee
Level 4 *Manages various components of the complex health care system to provide high-value, efficient, and effective patient care and transition of care*	● Effectively coordinates interdisciplinary meeting to ensure optimal care for a disadvantaged patient

Advocates for patient care needs, including mobilizing community resources *Applies comprehensive knowledge of clinically relevant legal and ethical issues in challenging situations in medical settings*	● Mediates disputes between providers and adult protective services in the care of a complex patient ● Effectively presents testimony for legal probate court hearing
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* *Functions as leader or expert in institutional ethical or legal processes*	● Works with community or professional organizations to advocate for smoking cessation programs to be embedded in psychiatric services ● Works with the state psychiatric society legislative committee on issues related to step therapy and access ● Advocates for the medical and psychiatric needs of the homeless ● Leads a root cause analysis of a patient who committed suicide in a medical unit
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Review of committee service ● Review of leadership roles ● Self-evaluation ● Simulation
Curriculum Mapping	●
Notes or Resources	● LeMelle S, CLemmey, P, Ranz J. Systems-Based Practice Curriculum for Psychiatry Residents. American Association of Directors of Psychiatric Residency Training (AADPRT). https://portal.aadprt.org/public/vto/categories/Virtual%20Classroom/Model%20Curricula%20--%20AADPRT%20Peer-Reviewed/Systems%20Based%20Practice/57febe5a885bc_SBP%20Curriculum.pdf. Accessed 2021. ● ABPN. Improvement in Medical Practice (PIP). https://www.abpn.com/maintain-certification/moc-activity-requirements/improvement-in-medical-practice-pip/. Accessed 2021. ● APA. Quality Improvement. https://www.psychiatry.org/psychiatrists/practice/quality-improvement. Accessed 2021. ● 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. Accessed 2021. Note: Requires a login and password. ● APA. Transition to Practice and Early Career Resources. https://www.psychiatry.org/psychiatrists/practice/transition-to-practice. Accessed 2021. ● National Association of State Mental Health Program Directors (NASMHPD). National Framework for Quality Improvement in Behavioral Health Care. https://nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf. Accessed 2021. ● Oldham JM, Golden WE, Rosof BM. Quality improvement in psychiatry: Why measures matter. *J Psychiatr Pract*. 2008;14 Suppl 2:8-17. https://pubmed.ncbi.nlm.nih.gov/18677195/.

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 clinical scenario
Level 2 *Articulates clinical questions and initiates literature searches to provide evidence-based care*	● Performs a PubMed search to determine best approach for treatment of a routine consultation question
Level 3 *Locates and applies the best available evidence to the care of patients applying a hierarchy of evidence*	● Selects the best evidence-supported treatment option for complex consultation question
Level 4 *Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient*	● Selects the best evidence-supported treatment option in the face of limited or conflicting studies
Level 5 *Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of evidence-based guidelines and other scholarly works*	● Formally teaches others how to find and apply best practice guidelines and evidence-supported treatment approaches
Assessment Models or Tools	● Assessment of case presentation ● Case review ● Direct observation ● Learning portfolio ● Written examination
Curriculum Mapping	●
Notes or Resources	● APA. Clinical Practice Guidelines. https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines. Accessed 2021. ● 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. ● 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.

	● US Department of Veterans Affairs. VA-DOD Clinical Practice Guidelines. https://www.healthquality.va.gov/. Accessed 2021. ● US National Library of Medicine. PubMed Online Training. https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html. Accessed 2021.

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 *Identifies gap(s) between expectations and actual performance* *Establishes goals for personal and professional development*	● Articulates an individualized professional improvement goal ● Identifies an area of weakness in medical knowledge that affects the ability to care for patients ● Begins to seek ways to determine where improvements are needed and makes some specific goals that are reasonable to execute and achieve
Level 2 *Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance* *Identifies opportunities for performance improvement; designs a learning plan*	● Identifies areas for improvement in knowledge base and clinical skills ● Independently studies to improve own knowledge base about consultation-liaison psychiatry ● Uses feedback with a goal of improving communication skills with peers/colleagues, staff members, and patients the following week ● Accepts and incorporates feedback
Level 3 *Demonstrates improvement in clinical practice based on continual self-assessment* *Integrates practice data and feedback with humility to implement a learning plan*	● Proactively pursues improvement in own clinical skills ● Accepts input from peers/colleagues and supervisors to gain complex insight into personal strengths and areas to improve ● Discusses with supervisor feedback regarding communication skills in the consultation role
Level 4 *Continuously reflects on remaining gaps and institutes behavioral adjustments to narrow them* *Uses performance data to measure the effectiveness of the learning plan and adapts when necessary*	● Consistently identifies ongoing gaps and independently creates an individualized learning plan ● Anticipates problems and develops appropriate planning and prioritization ● Develops strategies for attaining a sophisticated level of consultation-liaison practice
Level 5 *Coaches/mentors others on reflective practice* *Coaches/mentors others in the design and implementation of learning plans*	● Consistently assists others in developing strategies for self-improvement and learning and teaches others on reflective practice ● Contributes to developing new tools and approaches for self-improvement

Assessment Models or Tools	● Direct observation ● Learning portfolio ● Multisource feedback ● Review of learning plan
Curriculum Mapping	●
Notes or Resources	● 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. ● 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. ● 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.

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 *Demonstrates professional behavior in routine situations and knows how to report professionalism lapses*	● Respectfully introduces self and explains reason for consultation to patient and primary support members
Demonstrates knowledge of ethical principles underlying shared decision making and patient confidentiality	● Demonstrates basic knowledge about who (e.g., program director, chair, designated institutional official, GME Office representative) to approach regarding professionalism concerns ● Discusses basic principles underlying ethics (autonomy, beneficence, justice, non-maleficence) and how they apply to shared decision making and patient confidentiality
Level 2 *Demonstrates professional behavior in stressful situations*	● Maintains professional demeanor when interacting with upset patients, primary support members, or staff members
Seeks help in managing and resolving complex ethical situations	● Seeks attending consultation-liaison physician input when there are disagreements regarding patient capacity ● Encourages discussion among treatment team members when there are differences in opinion about patient care plans
Level 3 *Demonstrates insight into personal triggers for professionalism lapses; develops mitigation strategies*	● Appropriately seeks case consultation from colleagues and attendings when feeling impressions and recommendations are being disputed by primary treatment team members or the patient's family members
Analyzes straightforward situations using ethical principles	● Considers adding an ethics consultation in cases involving significant disagreement about patient care plans ● Applies core ethical principles (autonomy, beneficence, justice, non-maleficence) when performing capacity consults
Level 4 *Recognizes and intervenes in complex situations to prevent professionalism lapses in oneself and others*	● Facilitates discussion among the patient, the patient's family members, and the treatment team when there are differences in opinion about patient care
Recognizes and uses appropriate resources for managing and resolving ethical dilemmas (e.g., ethics consultations, literature review)	● Obtains ethics consultation in cases involving significant disagreement among treatment teams and/or family members about patient care plans ● Organizes multidisciplinary treatment team meetings when there is a need to reach consensus about patient care plans

Level 5 *Coaches/mentors 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*	● Provides education and feedback to learners when they demonstrate unprofessional behaviors ● Role models professional behavior towards patients, family members, and staff members for learners when providing psychiatric consultation ● Serves as a peer consultant on difficult professionalism and ethical issues or participates in hospital or system-level committees aimed at improving processes for informed consent, do not resuscitate (DNR)/do not intubate (DNI) orders
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Simulation
Curriculum Mapping	●
Notes or Resources	● 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. ● American Medical Association (AMA). Ethics. https://www.ama-assn.org/delivering-care/ethics. Accessed 2021. ● American Osteopathic Association (AOA). Code of Ethics. https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/. Accessed 2021. ● APA. *The Principles of Medical Ethics: With Annotations Especially Applicable to Psychiatry.* Arlington, VA: American Psychiatric Publishing; 2013. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Ethics/principles-medical-ethics.pdf. ● APA. Ethics. https://www.psychiatry.org/psychiatrists/practice/ethics. Accessed 2021. ● Bynny RL, Paauw DS, Papadakis MA, Pfeil S. *Medical Professionalism Best Practices: Professionalism in the Modern Era*. Aurora, CO: Alpha Omega Alpha Medical Society; 2017. *Medical Professionalism Best Practices: Professionalism in the Modern Era*. Aurora, CO: Alpha Omega Alpha Medical Society; 2017. http://alphaomegaalpha.org/pdfs/Monograph2018.pdf. ● Cruess RL, Cruess SR, Steiner Y. *Teaching Medical Professionalism: Supporting the Development of a Professional Identity*. 2nd ed. Cambridge, UK: Cambridge University Press. ISBN:978-1107495241.

	● Gabbard GO, Roberts LW, Crisp-Han H, Ball V, Hobday G, Rachal F. *Professionalism in Psychiatry*. Arlington, VA: American Psychiatric Publishing; 2012. ISBN:978-1-58562-337-2. ● Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 1st ed. New York, NY: McGraw-Hill Education; 2014. ISBN:978-0071807432. ● The two Professionalism subcompetencies reflect the following overall values: fellows must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles, and develop and acquire a professional identity consistent with their personal values, the specialty, and the practice of medicine. Fellows are expected to demonstrate compassion, integrity, and respect for others; sensitivity to various populations; responsibility for patient care that supersedes self-interest; and accountability to patients, society, and the profession.

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 recognizes limits in one's own knowledge/skills and seeks help*	● Sees patients for initial consultations and follow-ups as assigned with minimal need for reminders ● Enlists assistance from consultation-liaison attending physician when the complexity of a patient's case exceeds one's knowledge or clinical skill level
Level 2 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations*	● Assesses patients promptly and provides clear verbal and written communication to primary treatment teams regarding impressions and recommendations ● Reviews medical records and tests pertinent to a patient's case, compiles all necessary information without prompting to do so
Level 3 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations*	● Promptly evaluates patients demonstrating significant agitation or other disruptive behaviors (e.g., threats, arguments, AMA requests) ● Obtains collateral information from patient, staff members, and others in a time-sensitive manner to assist treatment teams in resolution of disagreements among patient, family members, and staff members
Level 4 *Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving*	● Organizes a multidisciplinary meeting to develop unified care plan and behavioral contract for a disruptive patient ● Meets with patient and patient's family to help address concerns; facilitates communication when there is conflict with primary team members regarding care or discharge plans
Level 5 *Develops systems to enhance others' ability to efficiently complete patient-care tasks and responsibilities*	● Establishes proactive consultation service to provide early patient identification and intervention measures ● Participates in multidisciplinary committees aimed at facilitating improvements in patient care and education
Assessment Models or Tools	● Compliance with deadlines, timelines, and documentation ● Direct observation ● Multisource feedback ● Simulation
Curriculum Mapping	●
Notes or Resources	● Code of conduct from fellow/resident institutional manual ● Expectations of residency program regarding accountability and professionalism

Professionalism 3: Well-Being **Overall Intent:** To continually manage and improve the physician's own personal and professional well-being	
	Examples
Level 1 *Identifies elements of well-being and describes risk factors for burnout and signs and symptoms of burnout and depression in oneself or others*	● Demonstrates awareness of the importance of personal well-being along with the risk of burnout and depression
Level 2 *With assistance, recognizes status of well-being and risk factors for maladaptation in oneself or others*	● Demonstrates awareness of the stressors (e.g., difficult patients, job demands, relationship difficulties) that contribute to maladaptive behaviors and burnout
Level 3 *Independently recognizes status of well-being in oneself or others and reports concerns to appropriate personnel*	● Independently recognizes the signs of burnout or depression in staff members, colleagues, and learners; seeks guidance for how to provide support and resources
Level 4 *Develops and implements a plan to improve well-being of oneself or others, including use of institutional or external resources*	● Recognizes presence of nursing strain related to lengthy hospitalization of a complicated patient and arranges for debriefing/support meetings with assistance from nursing director
Level 5 *Recommends and facilitates system changes to promote well-being in a practice or institution*	● Partners with hospital leadership to develop programming to support staff well-being and address burnout
Assessment Models or Tools	● Direct observation ● 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 fellow's well-being, but to ensure each fellow 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. ● Association of American Medical Colleges (AAMC). Transition to Residency. https://www.aamc.org/what-we-do/mission-areas/medical-education/transition-to-residency. Accessed 2021. ● AAMC. Well-Being in Academic Medicine. https://www.aamc.org/initiatives/462280/well-being-academic-medicine.html. Accessed 2021. ● ACGME. "Well-Being Tools and Resources." https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022.

	● AMA. AMA STEPS Forward: Transform Your Practice. https://edhub.ama-assn.org/steps-forward/pages/about. Accessed 2021. ● APA. Well-being and Burnout. https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout. Accessed 2021. ● 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. ● 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. ● Local resources, including Employee Assistance Plans (EAP) ● 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. ● National Academy of Medicine. Action Collaborative on Clinician Well-Being and Resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. Accessed 2021. ● Professional behavior refers to the global comportment of the felow in carrying out clinical and professional responsibilities. This includes: ○ timeliness (e.g., reports for duty, answers pages, and completes work assignments on time); ○ maintaining professional appearance and attire; ○ being reliable, responsible, and trustworthy (e.g., knows and fulfills assignments without needing reminders); ○ 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); ○ maintaining professional boundaries; and, ○ 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. Fellows are expected to demonstrate responsibility for patient care that supersedes self-interest. It is important that fellows 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 *Demonstrates respect and establishes rapport with patients and their family* *Identifies common barriers to effective communication*	● Exhibits sensitivity and self-monitors and controls tone, non-verbal responses, and language and asks questions that encourage patient/family participation ● Identifies the need for an interpreter for a patient with a hearing impairment or one who speaks another language
Level 2 *Establishes a therapeutic relationship in straightforward encounters* *Identifies complex barriers to effective communication*	● Demonstrates ability to develop an effective relationship with patient/family through active listening, empathy, attention to affect, and thoughtful questioning ● Recognizes factors that may interfere with effective communication and establishment of a working doctor-patient relationship (e.g., cultural factors, presence of traumatic history, cognitive impairment, and biases)
Level 3 *Establishes a therapeutic relationship in challenging encounters* *When prompted, reflects on biases that may contribute to communication barriers*	● Demonstrates ability to establish and maintain relationship with a difficult patient with awareness of countertransference issues that may complicated one's ability to maintain a therapeutic stance ● Attempts to mitigate identified communication barriers, including reflection on biases when prompted
Level 4 *Facilitates difficult discussions specific to a patient's and patient's family's preferences* *Independently recognizes biases and attempts to minimize their contribution to communication barriers*	● Establishes a therapeutic relationship with complex/difficult patients and families with sensitivity to their specific needs or concerns ● Participates in patient/family conferences to facilitate discussions that address shared decision making, goals of care, and/or conflicts with health care providers ● Discusses issues of bias during supervision and approaches to address them when interacting with patients, family, and staff
Level 5 *Mentors others in situational awareness and critical self-reflection* *Role models self-awareness practice while identifying and teaching a contextual approach to minimize communication barriers*	● Mentors a colleague on how to manage a significant medical error ● Guides others in developing situational awareness and critical self-reflection ● Develops a workshop or training on patient and family communication for staff members, with particular emphasis on difficult communications

Assessment Models or Tools	● Direct observation ● Self-assessment including self-reflection exercises ● 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/abs/10.3109/0142159X.2011.531170?journalCode=imte20. ● Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. *Acad Med*. 2001;76(4):390-393. https://journals.lww.com/academicmedicine/Fulltext/2001/04000/Essential_Elements_of_Communication_in_Medical.21.aspx. ● 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. ● 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://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631014/.

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 *Respectfully interacts and actively communicates with all members of the health care team*	● Uses respectful communication with administrative staff members
Level 2 *Communicates in an approachable and effective manner to facilitate the psychiatric consultation*	● Demonstrates active listening by fully focusing on the speaker by actively showing appropriate verbal and nonverbal signs
Level 3 *Actively recognizes and mitigates communication barriers with members of the health care team*	● Uses appropriate terminology and avoids psychiatric jargon when communicating with non-psychiatrists
Level 4 *Leads and coordinates recommendations from multidisciplinary members of the health care team, including conflict resolution*	● Synthesizes best recommendations from team members to develop a consensus approach
Level 5 *Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed*	● Negotiates a resolution for a disagreement within the transplant team whether the patient meets psychosocial criteria for surgery
Assessment Models or Tools	● Direct observation ● Medical record (chart) review audit ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● Dehon E, Simpson K, Fowler D, Jones A. Development of the faculty 360. *MedEdPORTAL*. 2015;11:10174. https://www.mededportal.org/doi/10.15766/mep_2374-8265.10174. ● Fay D, Mazzone M, Douglas L, Ambuel B. A validated, behavior-based evaluation instrument for family medicine residents. *MedEdPORTAL*. 2007;3:622. https://www.mededportal.org/doi/10.15766/mep_2374-8265.622. ● 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/. ● Green M, Parrott T, Cook G. Improving your communication skills. *BMJ.* 2012;344:e357 https://www.bmj.com/content/344/bmj.e357. ● 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/abs/10.3109/0142159X.2013.769677?journalCode=imte20. ● Roth CG, Eldin KW, Padmanabhan V, Freidman EM. Twelve tips for the introduction of emotional intelligence in medical education. *Med Teach*. 2018;21:1-4. https://www.tandfonline.com/doi/abs/10.1080/0142159X.2018.1481499?journalCode=imte20.

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 *Understands role of the liaison in consultation psychiatry* *Communicates about administrative issues through appropriate channels, as required by institutional policy*	● Describes liaison role in working with medical teams ● Identifies institutional communication hierarchy for concerns and safety issues
Level 2 *Provides liaison services in straightforward cases* *Respectfully communicates concerns about the system*	● Communicates a clear strategy for administering antipsychotic agents for agitation in the ICU ● Consults attending to discuss inappropriate copying and pasting in medical notes
Level 3 *Provides liaison communication in a broad range of cases without direct oversight* *Uses appropriate channels to offer clear and constructive suggestions to improve the system*	● Communicates with the patient's primary care provider regarding non-adherence discovered during patient admission ● Appropriately escalates concerns locally, departmentally, or institutionally
Level 4 *Provides effective liaison leadership in complex clinical situations* *Initiates difficult conversations with appropriate stakeholders to improve the system*	● Educates teams regarding management of patients with difficult personality styles on inpatient medical units ● Recognizes that a communication breakdown has happened and respectfully brings the breakdown to the attention of a chief resident or faculty member
Level 5 *Supervises others in providing liaison services, expands the relationship with a clinic or program* *Facilitates dialogue and improvement regarding systems issues among appropriate stakeholders*	● Leads a task force established by the hospital quality improvement 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	● APA. *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. ● 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. ● 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.jointcommissionjournal.com/article/S1553-7250(06)32022-3/fulltext. ● Starmer AJ, Spector ND, Srivastava R, et al. I-pass, a mnemonic to standardize verbal handoffs. *Pediatrics*. 2012;129.2:201-204. https://pediatrics.aappublications.org/content/129/2/201.long?sso=1&sso_redirect_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token.

To help programs transition to the new version of the Milestones, the ACGME has mapped the original Milestones 1.0 to the new Milestones 2.0. Indicated below are where the subcompetencies are similar between versions. These are not exact matches, but are areas that include similar elements. 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: Consultative Patient Care	PC1: Consultative Patient Care
PC2: Integrated Patient Care	PC2: Collaborative Patient Care in Multidisciplinary Settings
No match	PC3: Digital Health
MK1: Knowledge regarding Psychiatric Illnesses in the Medically Ill	MK1: Knowledge regarding Psychiatric Disorders in the Medically Ill
MK2: Knowledge regarding Psychiatric Manifestations of Medical Illnesses	MK2: Knowledge regarding Psychiatric Manifestations of Medical Illnesses
MK3: Practice of Psychosomatic Medicine	No match
SBP1: Patient Safety and the Health Care Team	SBP1: Patient Safety and Quality Improvement
SBP2: Resource Management: costs of care and resource selection	SBP3: Physician Role in Health Care Systems
SBP3: Community-based Care	SBP2: System Navigation for Patient-Centered Care
SBP4: Consultation to Health Care Systems	ICS3: Leadership and Education Communication within Health Care Systems
PBLI1: Lifelong Learning	PBLI2: Reflective Practice and Commitment to Personal Growth
PBLI2: Teaching	No match
No match	PBLI1: Evidence-Based and Informed Practice
PROF1: Compassion, Integrity, and Respect	PROF1: Professional Behavior and Ethical Principles
PROF2: Accountability to Self, Patients, Colleagues, and Profession	PROF2: Accountability/Conscientiousness PROF3: Well-Being
ICS1: Relationship Development and Conflict Management	ICS1: Patient- and Family-Centered Communication ICS2: Interprofessional and Team Communication
ICS2: Information Sharing and Record Keeping	No match

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/