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### MAPPING MILESTONES 1.0 TO 2.0

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Emergency Medical Services 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.
# Patient Care 1: Procedures Performed in the Pre-Hospital Environment

**Overall Intent:** To perform life-saving procedures in the pre-hospital environment

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Knows indications, contraindications, risks, and benefits, anatomic landmarks, equipment, procedural technique, and potential complications of common pre-hospital procedures | ● Demonstrates locating anatomic landmarks for pleural decompression
| Recognizes that the pre-hospital environment affects procedures | ● Identifies potential difficulties in performing cardiopulmonary resuscitation (CPR) in a home |
| **Level 2** Performs the indicated common procedure on patients with moderate urgency who have identifiable landmarks and a low-moderate risk for complications | ● Applies traction splint for suspected femur fracture
| Discusses the effects of the pre-hospital environment on performing procedures | ● Identifies risks of performing defibrillation on a wet pool deck |
| **Level 3** Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure | ● Applies a tourniquet for hemorrhage control on multiple patients during an active shooter response (real or simulated)
| Evaluates the environment and situation in the decision to perform a procedure | ● Triages procedures in a multiple-patient incident |
| **Level 4** Performs indicated procedures on patients, including those with challenging features (e.g., poorly identifiable landmarks, at extremes of age, or with co-morbid conditions) | ● Manages endotracheal intubation for a difficult airway
<p>| Modifies the procedure depending on the environment and situation | ● Inserts supraglottic airway in confined space |
| <strong>Level 5</strong> Incorporates evidence-based medicine to improve procedures and develop novel techniques used in different environments | ● Assesses the literature to develop an evidence-based protocol for use of point-of-care ultrasound to guide field management |
| Assessment Models or Tools | ● Direct observation |</p>
<table>
<thead>
<tr>
<th>Emergency Medical Services Supplemental Guide</th>
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<tbody>
<tr>
<td><img src="https://example.com/table.png" alt="Table" /></td>
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<thead>
<tr>
<th>Curriculum Mapping</th>
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<tbody>
<tr>
<td>●</td>
<td>Multisource feedback</td>
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<tr>
<td>●</td>
<td>Simulation</td>
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<tr>
<th>Notes or Resources</th>
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</thead>
</table>
### Patient Care 2: Pre-Hospital Recognition and Stabilization of Time/Life-Critical Conditions

**Overall Intent:** To identify and stabilize patients with time-sensitive or life-threatening illness or injury in the pre-hospital setting and ensure transfer to the appropriate facility

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Recognizes when a patient is unstable and requires immediate intervention&lt;br&gt;Performs a primary assessment on a critical patient&lt;br&gt;Describes local laws and regulations governing advanced directives for medical care</td>
<td>• Recognizes abnormal vital signs in adult and pediatric patients&lt;br&gt;• Identifies immediately life-threatening conditions&lt;br&gt;• Recognizes that the presence of advanced directives may alter usual care</td>
</tr>
<tr>
<td><strong>Level 2</strong> Prioritizes stabilization actions in the resuscitation of a critical patient&lt;br&gt;Reassesses a patient after implementing an intervention&lt;br&gt;Evaluates the validity of an advanced directive for medical care as it applies to resuscitation</td>
<td>• Addresses ABCs in correct order&lt;br&gt;• Attends to immediate life threats before addressing other injuries in a trauma patient&lt;br&gt;• Rechecks blood pressure after fluid bolus&lt;br&gt;• Rechecks lung sounds after neb treatment&lt;br&gt;• Discusses advanced directives with next of kin/family on scene</td>
</tr>
<tr>
<td><strong>Level 3</strong> Independently adapts management strategies of critical conditions to the situation and environment&lt;br&gt;Chooses appropriate transport modality and destination facility for critical conditions&lt;br&gt;Makes the decision to withhold or end resuscitation</td>
<td>• Recognizes when to initiate transport and complete procedures en route to hospital&lt;br&gt;• Directs transport of a ST-segment myocardial infarction (STEMI) patient to a facility with a catheterization lab capable of performing emergent percutaneous coronary intervention (PCI)&lt;br&gt;• Participates in discussion of cardiac arrest resuscitation futility with family/next of kin on scene</td>
</tr>
<tr>
<td><strong>Level 4</strong> Participates in policy and protocol development for the management of critical patients&lt;br&gt;Performs quality improvement efforts to improve the care to patients with critical conditions</td>
<td>• Develops regional trauma protocols&lt;br&gt;• Evaluates time to first defibrillation among cardiac arrest patients within EMS system</td>
</tr>
<tr>
<td>Participates in the development of policies and protocols related to end-of-life care</td>
<td>• Participates in the development of a protocol for communicating with a patients’ family’s regarding futility of care</td>
</tr>
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</tr>
<tr>
<td><strong>Level 5 Independently develops or leads the development of policies and protocols for the care of critical conditions</strong></td>
<td>• Recognizes the need for new policy or protocol related to care of left ventricular assist device patients</td>
</tr>
<tr>
<td>Independently develops or leads the development of policies and protocols related to end of life</td>
<td>• Develops a policy to support EMS clinician care of patients’ comfort needs in place, to reduce transport of patients with goals of comfort-focused care</td>
</tr>
</tbody>
</table>
| **Assessment Models or Tools** | • Direct observation  
• Multisource feedback  
• Patient care record audit  
• Simulation |
| **Curriculum Mapping** | • |
## Patient Care 3: Recognition and Treatment of Pre-Hospital Conditions

**Overall Intent:** To manage patients with both routine and complex conditions in the pre-hospital setting

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Under supervision, manages patients with common and simple presentations&lt;br&gt;&lt;br&gt;Recognizes that the pre-hospital environment affects patient care</td>
<td>• With assistance of the medical director and/or online medical control, administers aspirin with suspected cardiac chest pain&lt;br&gt;&lt;br&gt;• Defers chemical cardioversion in a stable patient based on local protocol though this may differ from what would be performed in-hospital</td>
</tr>
<tr>
<td><strong>Level 2</strong> Independently manages patients with common and simple presentations&lt;br&gt;&lt;br&gt;Discusses the effects of the pre-hospital environment on patient care</td>
<td>• Independently treats a patient with congestive heart failure with sublingual nitrates and continuous positive airway pressure (CPAP)&lt;br&gt;&lt;br&gt;• Describes the necessary steps to optimize intubation success in the field</td>
</tr>
<tr>
<td><strong>Level 3</strong> Under supervision, manages patients with uncommon and complicated presentations&lt;br&gt;&lt;br&gt;Modifies patient care depending on the environment and situation</td>
<td>• Under supervision, manages a complex patient that requires immediate adaptation of treatment protocols&lt;br&gt;&lt;br&gt;• With guidance, appropriately prioritizes treatment when multiple interventions are required&lt;br&gt;&lt;br&gt;• Begins assessment and management of an entrapped patient before extrication, including fluid administration, pain management, and mitigation of environmental hypothermia</td>
</tr>
<tr>
<td><strong>Level 4</strong> Independently manages patients with uncommon and complicated presentations in challenging conditions&lt;br&gt;&lt;br&gt;Incorporates evidence-based medicine to improve patient care provided in different environments</td>
<td>• Independently manages a complex patient in a contaminated environment&lt;br&gt;&lt;br&gt;• Appropriately prioritizes treatment when multiple interventions are required&lt;br&gt;&lt;br&gt;• Uses literature to support management decisions that require adaptation of routine care</td>
</tr>
<tr>
<td><strong>Level 5</strong> Teaches others how to manage patients with uncommon and complicated presentations in challenging conditions&lt;br&gt;&lt;br&gt;Independently develops or leads the development of policies and protocols related to pre-hospital patient care</td>
<td>• Educates EMS clinicians on care of patients with exposure to hazardous materials&lt;br&gt;&lt;br&gt;• Develops a policy on care of the entrapped patient</td>
</tr>
</tbody>
</table>

**Assessment Models or Tools**<br><br>• Direct observation<br><br>• Multisource feedback<br><br>• Patient care record/chart audit
<table>
<thead>
<tr>
<th>Curriculum Mapping</th>
<th>● Simulation</th>
</tr>
</thead>
</table>
**Patient Care 4: General Special Operations in Emergency Medical Services (EMS); Mass Casualty and Disaster Management**

**Overall Intent:** To manage mass casualty events using triage, treatment, and transport concepts; to use the concepts of preparation, response, mitigation, and recovery for disaster events

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Describes the principles of care in mass casualty or disaster situations | ● Discusses concept of providing care for greatest number with limited resources  
Demonstrates awareness of National Incident Management System (NIMS) and Incident Command System (ICS) | ● Completes ICS 100, 200, 700, 800 online courses |
| **Level 2** With supervision, participates in a mass casualty or disaster management event/exercise | ● Participates in a tabletop mass casualty incident exercise or simulated event  
Describes principles and terminology of mass casualty and disaster response, including triage, NIMS, and ICS | ● Participates in a disaster life support course  
● Triages real or simulated patients using systems such as “Sort, Assess, Life-saving interventions, Treatment/Transportation” (SALT), Simple Triage And Rapid Treatment (START), or Jump START |
| **Level 3** Independently provides care at a mass casualty or disaster event/exercise | ● Provides patient care at a traffic collision with multiple patients  
Participates in the development of an Incident Action Plan and/or After Action Review | ● Participates in the development of an incident action plan for a marathon |
| **Level 4** Develops and implements protocols for a mass casualty or disaster event | ● Develops a crush injury protocol  
Leads the team to develop an Incident Action Plan and/or After Action Review | ● Develops an ambulance staging protocol  
● Independently develops incident action plan for a marathon |
| **Level 5** Performs as a medical director for a mass casualty or disaster response team | ● Oversees the medical care teams at a building collapse  
Conducts scholarly activity in mass casualty or disaster management | ● Publishes a paper related to disaster medicine |

**Assessment Models or Tools**

- Direct observation
- Multisource feedback
- Simulation

**Curriculum Mapping**

- •
# Medical Knowledge 1: Medical Oversight

## Overall Intent
To engage in the oversight of an EMS agency or system

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Identifies the need for medical oversight of EMS agencies and systems</td>
<td>● Describes the role of online medical control in termination of resuscitation</td>
</tr>
<tr>
<td>Describes the policies for EMS oversight in their EMS agency or system</td>
<td>● Lists the conditions requiring contact of online medical control</td>
</tr>
<tr>
<td><strong>Level 2</strong> Defines the core components of medical oversight of EMS agencies and systems</td>
<td>● Describes the role of offline and online medical control</td>
</tr>
<tr>
<td>Contributes to meetings/planning sessions where policies for EMS agency or system oversight are discussed</td>
<td>● Participates in EMS system meetings</td>
</tr>
<tr>
<td><strong>Level 3</strong> Performs medical oversight of an EMS agency, with supervision</td>
<td>● Operates as an online medical control physician with supervision</td>
</tr>
<tr>
<td>Assists in policy development for oversight of EMS agencies or systems</td>
<td>● Proposes changes to treatment protocols</td>
</tr>
<tr>
<td><strong>Level 4</strong> Independently performs oversight of an EMS agency</td>
<td>● Independently operates as an online medical control physician</td>
</tr>
<tr>
<td>Develops policy for oversight of EMS agencies or systems</td>
<td>● Acts as a medical director for an EMS agency</td>
</tr>
<tr>
<td><strong>Level 5</strong> Performs oversight of a complex or multi-agency EMS system</td>
<td>● Creates a new treatment protocol or policy or makes substantial revisions to a prior treatment protocol or policy</td>
</tr>
</tbody>
</table>

### Assessment Models or Tools
- Audit of online medical control record
- Direct observation
- Multisource feedback

### Curriculum Mapping
- 

### Notes or Resources
### Medical Knowledge 2: Special Teams

**Overall Intent:** To understand the roles of special teams in the pre-hospital setting, participate in training of special teams, and learn the roles and responsibilities of a medical director for special teams.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> <em>Identifies and describes the basic roles of Special Teams</em></td>
<td>● Defines responsibilities of EMS and law enforcement for a tactical EMS team</td>
</tr>
</tbody>
</table>
| **Level 2** *Defines the core components and specialty training required of Special Teams* | ● Creates training on confined space and crush syndrome for an urban search and rescue team  
● Explains the training required for a tactical team carrying tourniquets and hemostatic agents |
| **Level 3** *Effectively participates as a medical team member in a Special Team during actual or simulated operations* | ● Responds with an ambulance strike team for a complex rescue incident  
● Participates in a tactical team simulated training exercise |
| **Level 4** *Develops and implements protocols for Special Teams* | ● Creates EMS protocol for highly infectious disease response including personal protective equipment (PPE) and transportation equipment |
| **Level 5** *Performs as a medical director for a Special Team* | ● Is a member of the Urban Search and Rescue (USAR) team  
● Manages on-scene medical direction for marathon event |

**Assessment Models or Tools**
- Direct observation
- Multisource feedback
- Simulation

**Curriculum Mapping**
- An EMS special team is a designated group of EMS practitioners, operating with physician medical oversight, with specialized training, protocols, tactics, equipment, or other capabilities to provide direct medical care and/or operational support (that may include occupational health services) to a specialized public safety unit or to an EMS operation (e.g., special event, disaster response), related teams include but are not limited to Tactical Emergency Medical Support (TEMS), Hazardous Materials (HazMat), Urban Search and Rescue (USAR), Special Event Teams, Ambulance Strike Teams/Task Forces, EMS Task Force, Wilderness EMS Teams.
## Systems-Based Practice 1: Patient Safety

**Overall Intent:** To engage in the analysis and management of patient safety events, including relevant communication with patients, families, and health care professionals

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates knowledge of common patient safety events and knows how to report</td>
<td>● Lists patient misidentification or medication errors as common patient safety events</td>
</tr>
<tr>
<td><strong>Level 2</strong> Identifies system factors that lead to patient safety events</td>
<td>● Identifies that sharps disposal containers in the ambulance may lead to decreased needle sticks</td>
</tr>
<tr>
<td><strong>Level 3</strong> Participates in analysis of patient safety events (simulated or actual)</td>
<td>● Prepares morbidity and mortality presentations</td>
</tr>
<tr>
<td><strong>Level 4</strong> Conducts root cause analysis of patient safety events and offers error prevention strategies (simulated or actual)</td>
<td>● Collaborates with a team to conduct a root cause analysis of a medication administration error and effectively communicates with patients/families about the event</td>
</tr>
<tr>
<td><strong>Level 5</strong> Actively engages team and modifies system processes to prevent patient safety events</td>
<td>● Assumes a leadership role at the departmental or agency level for patient safety</td>
</tr>
</tbody>
</table>

### Assessment Models or Tools

- Direct observation
- E-module multiple choice tests
- Medical record (chart) audit, including patient care records
- Multisource feedback
- Portfolio
- Reflection
- Simulation

### Curriculum Mapping

## Systems-Based Practice 2: Quality Improvement

**Overall Intent:** To conduct a quality improvement project

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates knowledge of basic quality improvement methodologies and metrics</td>
<td>● Describes quality assurance analysis tool</td>
</tr>
<tr>
<td><strong>Level 2</strong> Describes local EMS agency/system quality improvement initiatives</td>
<td>● Summarizes protocols to reduce medication administration errors&lt;br&gt;● Discusses protocols to reduce the spread of infectious diseases</td>
</tr>
<tr>
<td><strong>Level 3</strong> Participates in local EMS agency/system quality improvement initiatives</td>
<td>● Participates in project identifying root cause analysis&lt;br&gt;● Participates in a quality improvement initiative such as cardiac arrest outcomes, major trauma performance, or high-risk refusal protocol compliance</td>
</tr>
<tr>
<td><strong>Level 4</strong> Demonstrates the skills required for identifying, developing, implementing, and analyzing an EMS quality improvement project</td>
<td>● Participates in the completion of a quality improvement project to improve airway skills, including assessing the problem, articulating a broad goal, and monitoring progress and challenges</td>
</tr>
<tr>
<td><strong>Level 5</strong> Creates, implements, and assesses EMS quality improvement initiatives at the agency or local/regional/state system levels</td>
<td>● Engages with community leaders to address and decrease opioid overdose</td>
</tr>
</tbody>
</table>

### Assessment Models or Tools
- Direct observation
- E-module multiple choice tests
- Medical record (chart) audit, including patient care record
- Multisource feedback
- Portfolio
- Reflection
- Simulation

### Curriculum Mapping
- 

### Notes or Resources
**Systems-Based Practice 3: System Navigation for Patient-Centered Care**

**Overall Intent:** To effectively navigate the health care system, including the interdisciplinary team and other care providers and adapt care to a specific patient population to ensure high-quality patient outcomes

<table>
<thead>
<tr>
<th><strong>Milestones</strong></th>
<th><strong>Examples</strong></th>
</tr>
</thead>
</table>
| **Level 1** Demonstrates knowledge of care coordination  
Identifies key elements for safe and effective transitions of care and hand-offs  
Demonstrates knowledge of population and community health needs and disparities | ● Discusses the multidisciplinary nature of EMS  
● Lists the essential components of a standardized hand-off tool and care transition  
● Identifies the different reasons why patients use EMS |
| **Level 2** In routine clinical situations, coordinates patient care integrating the roles of interprofessional teams  
In routine clinical situations, enables safe and effective transitions of care/hand-offs  
Identifies specific population and community health needs and inequities for their local population | ● Coordinates care with the mobile outreach team and chronic care providers to help decrease EMS use  
● Routinely uses a standardized hand-off tool for a stable patient  
● Works with social workers and case manages for patients with limited transportation options to arrange for referral to medical transport, community paramedicine, and telemedicine |
| **Level 3** In complex clinical situations, coordinates patient care by integrating the roles of the interprofessional teams, with supervision  
In complex clinical situations, enables safe and effective transitions of care/hand-offs, with supervision  
Effectively uses local EMS resources to meet the needs of a patient population and community | ● Works with the social worker to coordinate care for a homeless patient that will ensure follow-up  
● Coordinates with law enforcement for a difficult transport  
● Routinely uses a standardized hand-off tool when transferring a patient to the emergency department or specialty team  
● Refers patients to a free clinic for their routine health care needs |
| **Level 4** In complex clinical situations, coordinates patient care by integrating the roles of the interprofessional teams, independently | ● Coordinates care for home hospice services |
In complex clinical situations, enables safe and effective transitions of care/hand-offs, independently

*Participates in changing and adapting EMS practice to provide for the needs of specific populations*

- Incorporates communication with primary provider regarding a frequent user
- Identifies an issue with the patient and notifies the social worker of the need for resources post-discharge
- Assists in designing protocols for a leave-behind naloxone program

**Level 5** Analyzes the process of EMS care coordination and implements systemic improvements

*Implements systemic improvement for transitions of care*

- Leads a program to provide community paramedic-led care to high-risk heart failure patients
- Develops a protocol to improve transitions to long-term care facilities
- Leads development of telemedicine consultation program

**Leads EMS system innovations and advocates for populations and communities with health care inequities**

- Direct observation
- Medical record (chart) audit
- Multisource feedback
- Objective structured clinical examination (OSCE)
- Quality metrics and goals mined from electronic health records
- Review of sign-out tools, use and review of checklists

**Assessment Models or Tools**

### Systems-Based Practice 4: Physician Role in Health Care Systems

**Overall Intent:** To understand the physician's role in the complex health care system and how to optimize the system to improve patient care and the health system's performance

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Identifies key components of EMS within the complex health care system</td>
<td>● Differentiates between level of care provided by various EMS clinicians including emergency medical technicians (EMTs) and paramedics</td>
</tr>
<tr>
<td></td>
<td>● Describes cognitive, affective, and psychomotor domains important for EMS clinicians</td>
</tr>
<tr>
<td><strong>Level 2</strong> Describes how components of a complex health care system are interrelated to EMS systems, and how this impacts patient care</td>
<td>● Explains how a mobile integrated health system integrates with the 911 system to provide optimal patient care and minimize unnecessary hospitalization</td>
</tr>
<tr>
<td></td>
<td>● Recognizes that appropriate EMS documentation can influence billing</td>
</tr>
<tr>
<td></td>
<td>● Integrates EMS patient care reports into hospital medical records</td>
</tr>
<tr>
<td><strong>Level 3</strong> Discusses how individual EMS practice affects the broader system</td>
<td>● Uses outcome data from hospitalized patients to inform response resources</td>
</tr>
<tr>
<td></td>
<td>● Discusses the core elements of EMS physician contract negotiation</td>
</tr>
<tr>
<td><strong>Level 4</strong> Manages various components of the complex EMS system to provide efficient and effective patient care and the transition of care</td>
<td>● Ensures proper EMS documentation of systems of care patients for database reporting</td>
</tr>
<tr>
<td></td>
<td>● Analyzes dispatch protocols to assure optimal resource assignment</td>
</tr>
<tr>
<td></td>
<td>● Identifies the need for more field time and arranges experiences</td>
</tr>
<tr>
<td><strong>Level 5</strong> Advocates for or leads EMS systems change that enhances high value, efficient, and effective patient care, and the transition of care</td>
<td>● Works with community or professional organizations to advocate for proper EMS use</td>
</tr>
<tr>
<td></td>
<td>● Uses regional benchmarks to improve efficiency</td>
</tr>
</tbody>
</table>

**Assessment Models or Tools**

- Direct observation
- Medical record (chart) audit
- Patient satisfaction data
- Portfolio

**Curriculum Mapping**

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## Notes or Resources


# Systems-Based Practice 5: EMS Personnel (Supervision and Training)

**Overall Intent:** To understand the scope of practice and core fund of knowledge for EMS clinicians at each certification level and design training materials to meet the EMS clinicians’ educational, health, and well-being needs.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates awareness of educational content appropriate to scope of practice</td>
<td>● Describes the difference between components and requirements for certification at the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or paramedic level</td>
</tr>
<tr>
<td>Demonstrates awareness of culture of safety and EMS clinician health and well-being</td>
<td>● Ensures seatbelt use in patient compartment of ambulance</td>
</tr>
<tr>
<td>● Lists resources such as peer support for EMS clinician health and well-being</td>
<td></td>
</tr>
<tr>
<td><strong>Level 2</strong> With supervision, designs and presents educational content appropriate to scope of practice</td>
<td>● Prepares an educational activity appropriate for pre-hospital clinician’s certification level on a pre-hospital clinical condition</td>
</tr>
<tr>
<td>Describes a culture of safety and EMS clinician health and well-being</td>
<td>● Discusses Just Culture concepts</td>
</tr>
<tr>
<td><strong>Level 3</strong> Identifies educational needs and develops training materials appropriate to scope of practice</td>
<td>● Designs a trauma simulation appropriate for paramedics to introduce a new advanced life support protocol</td>
</tr>
<tr>
<td>Integrates a culture of safety and EMS clinician health and well-being into pre-hospital practice, with supervision</td>
<td>● Participates in the implementation of a back-injury prevention program</td>
</tr>
<tr>
<td><strong>Level 4</strong> Develops educational content in response to identified educational need</td>
<td>● Implements training on electrocardiogram (EKG) interpretation of STEMI after noting a high false positive catheter lab activation rate</td>
</tr>
<tr>
<td>Independently integrates culture of safety and EMS clinician health and well-being into pre-hospital practice</td>
<td>● Develops and implements a program to reduce low-back injuries</td>
</tr>
<tr>
<td><strong>Level 5</strong> Designs a curriculum or course appropriate for a given scope of practice or to address a specific need involving multiple levels of care providers</td>
<td>● Develops a community paramedicine curriculum</td>
</tr>
<tr>
<td>Designs health and well-being program for EMS system</td>
<td>● Develops and implements a back injury reduction program regionally or statewide</td>
</tr>
</tbody>
</table>
### Assessment Models or Tools
- Direct observation
- Incident reports
- Simulated/Actual sentinel event investigation

### Curriculum Mapping
- 

### Notes or Resources
## Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

**Overall Intent:** To incorporate evidence and patient values into clinical practice

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates how to access and use available evidence</td>
<td>● Describes how to access and use health information, including accessing articles and using databases, such as UpToDate or ClinicalKey&lt;br&gt;● Discusses the principles of evidence-based practice</td>
</tr>
<tr>
<td><strong>Level 2</strong> Articulates the questions necessary to guide evidence-based systems of care</td>
<td>● Formulates patient-oriented clinical questions and may take the form of PICO (Patient-Intervention-Control-Outcome); self-identifies areas of uncertainty and asks for help in answering clinical questions</td>
</tr>
<tr>
<td><strong>Level 3</strong> Locates and applies the best available evidence to guide systems of care</td>
<td>● Demonstrates a high level of mastery with electronic tools applied to clinical practice&lt;br&gt;● Uses clinical practice guidelines in making patient care decisions while eliciting patient preferences&lt;br&gt;● Adheres to agency, department, and institutional clinical care policies and processes</td>
</tr>
<tr>
<td><strong>Level 4</strong> Critically appraises and applies evidence even in the face of incomplete or conflicting evidence to guide systems of care</td>
<td>● Identifies the variability of medical evidence and demonstrates the ability to critically evaluate source data and merge the evidence with its application to pre-hospital patient care&lt;br&gt;● Uses evidence-based practices while also being able to define when and/or why to deviate from those practices</td>
</tr>
<tr>
<td><strong>Level 5</strong> Coaches others to critically appraise and apply evidence for systems of care, and/or participates in the development of guidelines</td>
<td>● Leads local teams tasked with developing best practices in the context of the local jurisdiction&lt;br&gt;● Sought after by EMS clinicians to teach them how to interpret and apply literature to their practice&lt;br&gt;● Leads clinical teaching on application of best practices in critical appraisal of EMS literature</td>
</tr>
</tbody>
</table>

**Assessment Models or Tools**<br>● Direct observation<br>● Oral or written examinations<br>● Presentation evaluation<br>● Research portfolio

**Curriculum Mapping**<br>●

## Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

### Overall Intent:
To seek clinical performance information with the intent to improve care; reflects on all domains of practice, personal interactions, and behaviors, and their impact on colleagues and patients (reflective mindfulness); develop clear objectives and goals for improvement in some form of a learning plan.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Demonstrates an openness to feedback and other input          | ● Identifies goals for growth opportunities in areas needing improvement  
● Accepts feedback from the patient care team                              |
| **Level 2** Demonstrates an openness to feedback and other input and uses it to develop personal and professional goals | ● After receiving a metric report in the bottom quartile, discusses possible reasons with mentor(s) and begins to implement suggested changes  
● Assesses time management skills and their impact on timely completion of assigned tasks  
● Demonstrates understanding of performance gaps when completing self-evaluation |
| Identifies the factors that contribute to the gap(s) between expectations and actual performance |                                                                                                                                                                                                     |
| **Level 3** Seeks and accepts feedback and other input for developing personal and professional goals | ● Creates a personal curriculum to improve pre-hospital management of patients with chest pain  
● Solicits feedback from members of the patient care team  
● Participates in quality assurance and process improvement activities related to own performance |
| Analyzes and reflects upon the factors that contribute to gap(s) between expectations and actual performance |                                                                                                                                                                                                     |
| **Level 4** Using feedback and other input, continually improves and measures the effectiveness of one’s personal and professional goals | ● Uses performance metrics to create an improvement plan for field intubation success rate  
● After patient encounter, debriefs with the pre-hospital team members to optimize future collaboration in the care of the patient and family members |
| Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance |                                                                                                                                                                                                     |
| **Level 5** Acts as a role model for the development of personal and professional goals | ● Models practice improvement and adaptability  
● Develops educational module for collaboration with pre-hospital care team members  
● Assists other team members in developing their individualized learning plans |
| Coaches others on reflective practice                                      |                                                                                                                                                                                                     |
| **Assessment Models or Tools**                                            | ● Chart stimulated recall  
● Direct observation  
● Review of learning plan |
<table>
<thead>
<tr>
<th>Curriculum Mapping</th>
<th>Notes or Resources</th>
</tr>
</thead>
</table>
## 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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Demonstrates professional behavior in routine situations and in how to report professionalism lapses | ● Discusses how fatigue may cause a lapse in professionalism  
  ● Identifies that tardiness has adverse effect on patient care and on professional relationships  
  ● Articulates how the principle of “do no harm” applies to a patient who may not need field cardioversion even though the training opportunity exists  
  ● Recognizes that ethical principles should stop an EMS physician from performing a procedure for which they are not trained and/or credentialed |
| Demonstrates knowledge of the ethical principles underlying patient care | |
| **Level 2** Identifies and describes potential triggers and takes responsibility for professionalism lapses | ● Respectfully approaches an EMS clinician who is operating outside of protocol  
  ● Notifies appropriate supervisor when an EMS clinician has repeatedly operated outside of protocols  
  ● Applies ethical principles to: informed consent, surrogate decision making, advance directives, termination of resuscitation decisions, confidentiality, error disclosure, stewardship of limited resources, and related topics |
| Analyzes straightforward situations using ethical principles | |
| **Level 3** Exhibits professional behavior in complex and/or stressful situations | ● Exhibits empathetic behaviors towards a distraught family member following an unsuccessful resuscitation attempt of a relative  
  ● Identifies an inappropriate social media post that included protected health information and seeks guidance regarding next steps  
  ● Offers treatment and/or destination options for a patient, free of bias, while recognizing own limitations and consistently honoring the patient’s choice |
| Analyzes complex situations using ethical principles, and recognizes the need to seek help in managing and resolving them | |
| **Level 4** Identifies situations that might trigger professionalism lapses and intervenes to prevent them in oneself and others | ● Actively considers the perspectives of others  
  ● Models respect for patients and promotes the same from colleagues when a patient or family member expresses frustrations with prior negative EMS system interactions  
  ● Recognizes and uses ethics consults, literature, risk-management/legal counsel to resolve ethical dilemmas |
| Uses appropriate resources for managing and resolving ethical dilemmas | |
| **Level 5** Coaches others when their behavior fails to meet professional expectations | ● Coaches others when their behavior fails to meet professional expectations and creates a performance improvement plan to prevent recurrence |
Identifies and addresses system-level factors that either induce or exacerbate ethical problems or impede their resolution

<table>
<thead>
<tr>
<th>Assessment Models or Tools</th>
<th>• Engages stakeholders to address excessive ambulance patient offload times at emergency department arrival to decrease patient and provider frustrations that lead to unprofessional behavior</th>
</tr>
</thead>
</table>
| Direct observation        | **Assessment Models or Tools**  
| Global evaluation         | • Direct observation  
| Multisource feedback      | • Global evaluation  
| Oral or written self-reflection | • Multisource feedback  
| Simulation                | • Oral or written self-reflection  
|                           | • Simulation  

Curriculum Mapping

**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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** *In routine situations, performs tasks and responsibilities with appropriate attention to detail*<br>Responds promptly to requests and reminders to complete tasks and responsibilities | ● Completes procedure logs in an accurate and detailed manner  
● Appropriately prepares for didactic sessions |
| **Level 2** *In routine situations, performs tasks and responsibilities in a timely manner with appropriate attention to detail*<br>Takes responsibility for failure to complete tasks and responsibilities | ● Completes end-of-rotation evaluations  
● Responds to emails and other communications in a timely manner |
| **Level 3** *In complex or stressful situations, performs tasks and responsibilities in a timely manner with appropriate attention to detail*<br>Recognizes situations that might impact one’s own ability to complete tasks and responsibilities, and describes strategies for ensuring timely task completion in the future | ● Notifies fellowship faculty members when clinical workload exceeds individual capability  
● Maintains appropriate communications and/or documentation during a mass casualty incident |
| **Level 4** *Proactively implements strategies to ensure that the needs of patients, teams, and systems are met*<br>Recognizes situations that might impact others’ ability to complete tasks and responsibilities | ● Organizes a pre-shift huddle with EMS clinicians to set goals for the shift to ensure all needs are met  
● While providing online medical control prioritizes essential information, during a critical trauma or mass casualty incident |
| **Level 5** *Takes ownership of system outcomes*                          | ● Sets up a meeting with EMS leadership to streamline transfer of care and leads team to find solutions to the problem |
| **Assessment Models or Tools**                                           | ● Compliance with deadlines and timelines  
● Direct observation  
● Global evaluations  
● Multisource feedback |
| Curriculum Mapping | ● Self-evaluations and reflective tools  
● Simulation  
● Code of conduct from EMS Agency and fellow institutional manuals  
● Expectations of the fellowship program regarding accountability and professionalism  
## Professionalism 3: Self-Awareness and Well-Being

**Overall Intent:** To identify, use, manage, improve, and seek help for personal and professional well-being for self and others

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Recognizes, with assistance, the status of one's personal and professional well-being | ● Acknowledges own response to work-life balance  
● Uses self-assessment tools |
| **Level 2** Independently recognizes the status of one's personal and professional well-being and engages in help-seeking behaviors | ● Independently identifies and communicates the impacts of a tragedy or significant event on self or others |
| **Level 3** With assistance, proposes a plan to optimize personal and professional well-being | ● With the multidisciplinary team, develops a reflective response to deal with personal impact of difficult patient encounters and disclosures |
| **Level 4** Independently develops a plan to optimize one’s personal and professional well-being | ● Independently identifies ways to manage personal stress  
● Organizes schedule to appropriately balance work tasks with leisure |
| **Level 5** Coaches others when their emotional responses or level of knowledge/skills fail to meet professional expectations | ● Recognizes when an EMS clinician needs support to maintain well-being and develops a plan to assist  
● Organizes institutional efforts to address clinician well-being after a stressful patient encounter |

**Assessment Models or Tools**

● Direct observation  
● Group interview or discussions for team activities  
● Individual interview  
● Institutional online training modules or assessment tools  
● Self-assessment and personal learning plan

**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.  
● Employee Assistance Programs at EMS agencies and healthcare systems  
# 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 personal biases, and minimize them in the doctor-patient relationships; organize and lead communication around shared decision making.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Uses language and non-verbal behavior to reflect respect and establish rapport while accurately communicating one’s own role within the health care system</td>
<td>● Introduces self and faculty member, identifies patient and others on the scene, and engages all parties in health care discussion</td>
</tr>
<tr>
<td>Identifies common barriers to effective communication (e.g., language, disability)</td>
<td>● Identifies need for and uses a trained interpreter with non-English-speaking patients</td>
</tr>
<tr>
<td>With insight gained through an assessment of patient/patient’s family’s expectations coupled with an understanding of their health status and treatment options, adjusts one’s communication strategies</td>
<td>● Explains intravenous (IV) start or other procedure in age-appropriate terms</td>
</tr>
<tr>
<td><strong>Level 2</strong> Establishes a therapeutic relationship in straightforward encounters with patients, using active listening and clear language</td>
<td>● Uses patient-centered language and restates patient/parent perspective when discussing IV start or other procedure</td>
</tr>
<tr>
<td>Identifies complex barriers to effective communication (e.g., health literacy, cultural, technology)</td>
<td>● Recognizes the need for special communication strategies to communicate information to a patient who has limited comprehension skills</td>
</tr>
<tr>
<td>Organizes and initiates communication with a patient/patient’s family by clarifying expectations and verifying one’s understanding of the clinical situation</td>
<td>● Verifies that the patient/family member understands the treatment plan</td>
</tr>
<tr>
<td><strong>Level 3</strong> Establishes a therapeutic relationship in challenging patient encounters</td>
<td>● Acknowledges patient’s desire to decline care/transport and explain physician’s rationale for need for treatment/transport</td>
</tr>
<tr>
<td>When prompted, reflects on one’s personal biases, while attempting to minimize communication barriers</td>
<td>● Acknowledges the difficulty in taking care of patients with multiple calls to EMS and the need to give each encounter full attention</td>
</tr>
<tr>
<td>With guidance, sensitively and compassionately delivers medical information to patients, elicits patient/patient’s family’s values, learns their goals and preferences, and acknowledges uncertainty and conflict</td>
<td>• Consults family member(s) to determine goals and a plan of care for a terminally ill patient</td>
</tr>
<tr>
<td>Level 4  Easily establishes therapeutic relationships with patients, regardless of the complexity of cases</td>
<td>• Engages representative family members with disparate goals in the care of a patient with dementia</td>
</tr>
<tr>
<td></td>
<td>• Independently recognizes personal biases of patients, while attempting to proactively minimize communication barriers</td>
</tr>
<tr>
<td></td>
<td>• Independently uses shared decision making with a patient/patient’s family to align their values, goals, and preferences with potential treatment options and ultimately to achieve a personalized care plan</td>
</tr>
<tr>
<td>Level 5  Acts as a mentor to others in situational awareness and critical self-reflection with the aim of consistently developing positive therapeutic relationships and minimizing communication barriers</td>
<td>• Provides ethics training for pre-hospital providers</td>
</tr>
<tr>
<td></td>
<td>• Acts as a role model to exemplify shared decision making in patient/patient’s family’s communication that embodies various degrees of uncertainty/conflict</td>
</tr>
<tr>
<td></td>
<td>• Leads the team debrief after a critical incident</td>
</tr>
<tr>
<td>Assessment Models or Tools</td>
<td>• Direct observation</td>
</tr>
<tr>
<td></td>
<td>• OSCE</td>
</tr>
<tr>
<td></td>
<td>• Self-assessment including self-reflection exercises</td>
</tr>
<tr>
<td></td>
<td>• Standardized patients</td>
</tr>
<tr>
<td>Curriculum Mapping</td>
<td>•</td>
</tr>
</tbody>
</table>
# Interpersonal and Communication Skills 2: Interprofessional and Team Communication

**Overall Intent:** To effectively communicate with the pre-hospital care team in both straightforward and complex situations

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Identifies the roles and areas of expertise of various members of the health care team</td>
<td>• Introduces self as a physician (fellow) in a professional manner&lt;br&gt;• Acknowledges the contribution of each member of the pre-hospital care team&lt;br&gt;• Acknowledges areas in need of improvement communicated to them by members of the prehospital care team</td>
</tr>
<tr>
<td>Uses language that reflects the values all members of the health care team</td>
<td></td>
</tr>
<tr>
<td>Receives feedback in a respectful manner</td>
<td></td>
</tr>
<tr>
<td><strong>Level 2</strong> Describes the roles and areas of expertise of various members of the health care team</td>
<td>• Requests advanced life support response for a patient with chest pain and directs care including 12-lead EKG acquisition&lt;br&gt;• Provides clear and direct online medical control instructions and communicates patient information to receiving team or service&lt;br&gt;• Requests outcome data for a patient cared for in the field</td>
</tr>
<tr>
<td>Communicates information effectively with all health care team members</td>
<td></td>
</tr>
<tr>
<td>Solicits feedback on performance as a member of the health care team</td>
<td></td>
</tr>
<tr>
<td><strong>Level 3</strong> Integrates recommendations made by various members of the health care team to optimize patient care</td>
<td>• Uses input from other EMS clinicians during a cardiac arrest resuscitation&lt;br&gt;• Assists EMS clinicians in communicating the importance of transport to the emergency department to a hesitant or resistant patient&lt;br&gt;• Recommends areas for improvement to team members and includes multiple resources for performance enhancement</td>
</tr>
<tr>
<td>Engages in active listening to adapt to the communication styles of the team</td>
<td></td>
</tr>
<tr>
<td>Communicates concerns and provides feedback to peers and learners</td>
<td></td>
</tr>
<tr>
<td><strong>Level 4</strong> Uses flexible communication strategies to incorporate input from all team members and resolve conflict when needed</td>
<td>• Mediates conflict and difficult dialogue when multiple EMS clinicians are collaborating on care of an agitated patient</td>
</tr>
</tbody>
</table>
| Uses effective communication to lead or manage health care teams | ● Uses closed-loop communication during the management of cardiac arrest  
● Informs system leadership of concerns from EMS providers about lack of appropriate PPE |
|--------------------------|----------------------------------------------------------------------------------|
| Communicates feedback and constructive criticism to superiors | ● Presents at conferences regarding effective communication and conflict mediation styles  
● Coaches others in conflict mediation styles  
● Organizes and leads a multidisciplinary meeting to organize an optimal care plan for an EMS high-volume user |
| Level 5 Acts as a role model for communication skills necessary to lead or manage health care teams | In complex situations, facilitates regular health care team-based feedback  
● Direct observation  
● Global assessment  
● Medical record (chart) audit  
● Multisource feedback  
● Simulation |
| Assessment Models or Tools | ● Direct observation  
● Global assessment  
● Medical record (chart) audit  
● Multisource feedback  
● Simulation |
https://www.jems.com/administration-and-leadership/effective-communication-in-ems/  
https://www.bmj.com/content/344/bmj.e357. 2021.  
# Interpersonal and Communication Skills 3: Communication within Health Care Systems

**Overall Intent:** To effectively communicate using a variety of methods

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Recognizes how to accurately document information in the patient’s record and safeguards the patient’s personal information | • Documents accurate and appropriate patient information  
• Avoids talking about patients about sensitive issues in public spaces when possible |
| Communicates professionally through appropriate channels/chain of command  | • Describes appropriate steps to report patient safety concerns  
• States the chain of command for the organization |
| **Level 2** Demonstrates organized diagnostic and therapeutic reasoning through the patient record in a timely manner | • Documents are organized, accurate, and outlines clinical reasoning that supports the field management |
| Respectfully communicates concerns about the system                        | • Recognizes that a communication breakdown has happened and respectfully brings the breakdown to the attention of a supervisor or department leadership |
| **Level 3** Concisely reports diagnostic and therapeutic reasoning in the patient record | • Documents complex clinical thinking but may not contain anticipatory guidance |
| Uses appropriate channels/chain of command to offer constructive suggestions for improving the system | • Directs concerns to supervisor or department leadership as appropriate, i.e., appropriate escalation |
| **Level 4** Communicates clearly, concisely, and contemporaneously in an organized written form, including anticipatory guidance | • Documents are consistently accurate, organized, and concise, and frequently incorporates anticipatory guidance |
| Initiates difficult conversations with appropriate stakeholders to improve the system | • Talks directly to the EMS clinician about breakdowns in communication at hospital handoff to prevent recurrence |
| **Level 5** Models feedback to improve others’ written communication        | • Leads a task force established by the quality improvement committee to develop a plan to improve EMS hand-offs  
• Identifies exemplary documentation and uses it to teach others |
| Leads dialogue regarding systems issues among broader community stakeholders | • Meaningfully participates in a committee to examine the EMS system emergency response plan involving EMS Agencies, hospitals, and other healthcare facilities |

### Assessment Models or Tools

- Direct observation
- Medical record (chart) audit
<table>
<thead>
<tr>
<th>Curriculum Mapping</th>
<th>Multisource feedback</th>
</tr>
</thead>
</table>
To help programs transition to the new version of the Milestones, the original Milestones 1.0 have been mapped to the new Milestones 2.0; it is indicated if subcompetencies are similar between versions. These are not exact matches but include some of the same 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.

<table>
<thead>
<tr>
<th>Milestones 1.0</th>
<th>Milestones 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC1: Procedures Performed in the Pre-Hospital Environment</td>
<td>PC1: Procedures Performed in the Pre-Hospital Environment</td>
</tr>
<tr>
<td>PC2: Pre-Hospital Recognition and Stabilization of Time/Life-Critical Conditions</td>
<td>PC2: Pre-Hospital Recognition and Stabilization of Time/Life-Critical Conditions</td>
</tr>
<tr>
<td>PC3: Recognition and Treatment of Pre-Hospital Conditions</td>
<td>PC3: Recognition and Treatment of Pre-Hospital Conditions</td>
</tr>
<tr>
<td>PC4: Mass Casualty and Disaster Management</td>
<td>PC4: General Special Operations in Emergency Medical Services (EMS); Mass Casualty and Disaster Management</td>
</tr>
<tr>
<td>PC5: General Special Operations in Emergency Medical Services (EMS) –</td>
<td>PC4: General Special Operations in Emergency Medical Services (EMS); Mass Casualty and Disaster Management</td>
</tr>
<tr>
<td>MK1: Medical Oversight</td>
<td>MK1: Medical Oversight</td>
</tr>
<tr>
<td>MK2: Special Teams</td>
<td>MK2: Special Teams</td>
</tr>
<tr>
<td>SBP1: EMS Personnel (Supervision and Training)</td>
<td>SBP5: EMS Personnel (Supervision and Training)</td>
</tr>
<tr>
<td>SBP2: Systems Management</td>
<td>SBP1: Patient Safety</td>
</tr>
<tr>
<td>SBP3: System Navigation for Patient-Centered Care</td>
<td>SBP4: Physician Role in Health Care Systems</td>
</tr>
<tr>
<td>PBLI1: Quality Management</td>
<td>SBP2: Quality Improvement</td>
</tr>
<tr>
<td>PBLI2: Research</td>
<td>PBLI1: Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>PROF1: Ethics and Professional Behavior</td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
</tr>
<tr>
<td>PROF2: Accountability</td>
<td>PROF2: Accountability/Conscientiousness</td>
</tr>
<tr>
<td>PROF3: Self-Awareness and Well-Being</td>
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</tr>
<tr>
<td>ICS1: Team Communications and Management</td>
<td>ICS2: Interprofessional and Team Communication</td>
</tr>
<tr>
<td>ICS2: Patient-centered Communications</td>
<td>ICS1: Patient- and Family-Centered Communication</td>
</tr>
<tr>
<td></td>
<td>ICS3: Communication within Health Care Systems</td>
</tr>
</tbody>
</table>
Available Milestones Resources

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


*Clinical Competency Committee Guidebook Executive Summaries*, new 2020 - https://www.acgme.org/What-We-Do/Accreditation/Milestones/Resources - Guidebooks - Clinical Competency Committee Guidebook Executive Summaries


*Developing Faculty Competencies in Assessment* courses - https://www.acgme.org/Meetings-and-Educational-Activities/Other-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://dl.acgme.org/pages/assessment

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