# Forensic Psychiatry Milestones

The Accreditation Council for Graduate Medical Education

ACGME

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# Forensic Psychiatry Milestones

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

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## Forensic Psychiatry Milestones Work Group

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American Academy of Psychiatry and the Law

American Board of Psychiatry and Neurology

Review Committee for Psychiatry

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## Understanding Milestone Levels and Reporting

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

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

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

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

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## Additional Notes

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

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

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

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

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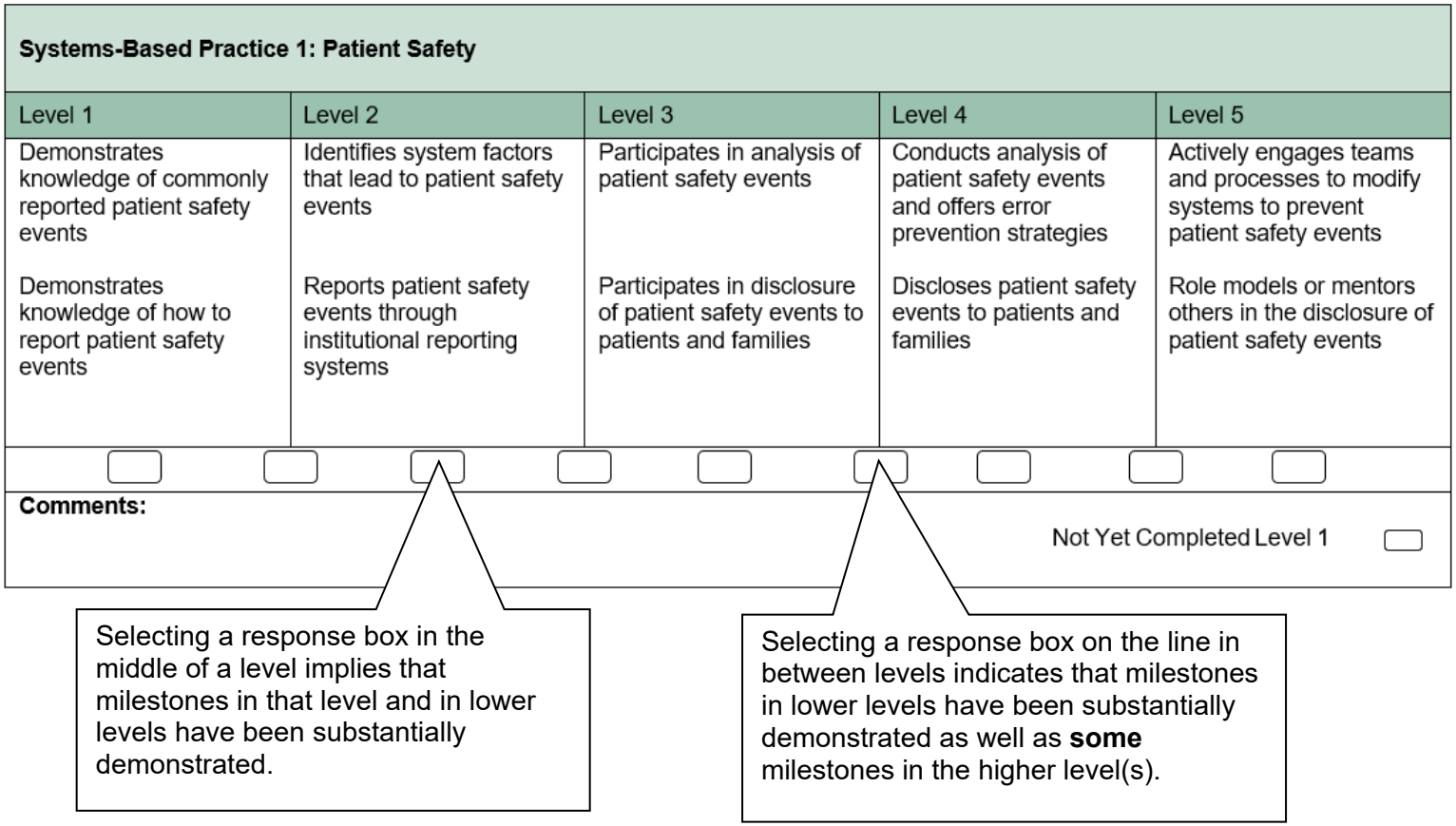
The diagram below presents an example set of milestones for one subcompetency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow's performance on the milestones for each subcompetency will be indicated by selecting the level of milestones that best describes that fellow's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

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| **Patient Care 1: Patient Care in Forensic Settings** | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Provides psychiatric care recognizing that there are unique requirements in the forensic setting | Provides psychiatric care that recognizes the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts | Provides psychiatric care that applies knowledge of the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts | Provides psychiatric care that consistently manages security concerns, dual agency, the potential for conflicts with therapeutic efforts, and other treatment issues unique to a forensic setting | Participates in policy development for the delivery of psychiatric services in a forensic setting |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
| **Comments:** | | | | |
| Not Yet Completed Level 1 ☐<br>Not Yet Assessable ☐ | | | | |

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**Patient Care 2: Procedural Skills in Criminal Forensic Psychiatry**

A. Conducting evaluation
B. Communicating forensic opinion

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Demonstrates knowledge of the unique evaluations that occur within the practice of forensic psychiatry in the adult and juvenile justice systems | Under supervision, performs basic components of a forensic evaluation with an awareness of the appropriate legal standard | Under supervision, performs common forensic evaluations, such as to determine competency to stand trial, criminal responsibility, diversion, and risk assessment | Independently performs common forensic evaluations, such as to determine competency to stand trial, criminal responsibility, diversion, and risk assessment | Serves as a model for excellence in performance of forensic evaluations, such as to determine competency to stand trial, criminal responsibility, diversion, and risk assessment |
| Demonstrates knowledge of the unique requirements involved in the communication of forensic psychiatric opinions | Under supervision, expresses a well-supported criminal forensic psychiatric opinion | Under supervision, prepares an appropriate criminal forensic report and provides effective testimony supported by evidence | Independently prepares an appropriate forensic report and provides testimony in a clear and professional manner | Produces reports and testimony that serve as a model for excellence that can be used to teach others |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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Not Yet Assessable ☐

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**Patient Care 3: Procedural Skills in Civil Forensic Psychiatry**

A. Conducting evaluation
B. Communicating forensic opinion

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Demonstrates knowledge of the unique evaluations that occur within the practice of civil litigation and administrative settings | Under supervision, performs basic components of a civil forensic evaluation with an awareness of the referral question and relevant standards | Under supervision, performs common civil forensic evaluations, such as medical malpractice, disability, and personal injury | Independently performs common civil forensic evaluations | Serves as a model for excellence in performance of civil forensic evaluations |
| Demonstrates knowledge of the unique requirements involved in the communication of civil forensic psychiatric opinions | Under supervision, expresses a well-supported civil forensic psychiatric opinion | Under supervision, prepares an appropriate civil forensic report and provides effective testimony supported by evidence | Independently prepares an appropriate civil forensic report and provides testimony in a clear and professional manner | Produces reports and testimony that serve as a model for excellence that can be used to teach others |

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Not Yet Assessable ☐

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**Medical Knowledge 1: Knowledge of Legal Principles Related to the Practice of Forensic Psychiatry**

A. Basic knowledge of the legal system
B. Civil
C. Criminal

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Demonstrates basic understanding of legal terms relevant to forensic psychiatry | Identifies statutes, cases, court procedure, and administrative regulation relevant to forensic psychiatry, and demonstrates competence in use of legal resources | Reads legal cases and demonstrates understanding of procedural history, and legal holdings | Applies knowledge of legal principles and state and federal laws relevant to their forensic practice | Demonstrates sufficient knowledge to assist in the drafting of legal briefs, statutes, or regulations |
| | Demonstrates knowledge of civil law relevant to forensic psychiatry (e.g., malpractice, personal injury litigation, treatment refusal, and commitment) | Demonstrates knowledge of the underlying principles of civil law relevant to forensic psychiatry | Applies knowledge of civil law relevant to forensic psychiatry practice | Advances knowledge of civil law relevant to forensic psychiatry through research, presentation at national professional meetings, and/or publication |
| | Demonstrates knowledge of criminal law relevant to forensic psychiatry (e.g., competency to stand trial, criminal responsibility, sentencing and mitigation) | Demonstrates knowledge of the underlying principles of criminal law relevant to forensic psychiatry | Applies knowledge of criminal law relevant to forensic psychiatry practice | Advances knowledge of criminal law relevant to forensic psychiatry through research, presentation at national professional meetings, and/or publication |

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| **Medical Knowledge 2: Knowledge of Clinical Psychiatry Especially Relevant to Forensic Psychiatry**<br>A. Knowledge of presentations and conditions<br>B. Assessment | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of the importance of identifying specific Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria to substantiate a diagnosis while maintaining an awareness of potential socio-cultural influences | Applies knowledge of DSM criteria to general psychiatric presentations commonly encountered in forensic psychiatric practice (e.g., bipolar disorder, depression) | Applies knowledge of DSM criteria to psychiatric presentations specific to forensic psychiatric practice (e.g., paraphilic disorders, malingering, antisocial personality disorder, and impulse control disorders), including relevant socio-cultural influences | Analyzes and synthesizes data from relevant sources to substantiate a diagnosis using DSM criteria | Advances knowledge about the application of the DSM in forensic practice (e.g., publications, presentations, national committees) |
| Demonstrates knowledge of the importance of using different assessment approaches | Demonstrates knowledge of the types of standardized assessment tools used in forensic psychiatry | Identifies which assessment tool is appropriate for a specific forensic question | Incorporates the results of the various assessment methods used in rendering a forensic opinion | Demonstrates knowledge of the research bases and admissibility of the various assessment approaches |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
| **Comments:** | | | | |
| | | | | Not Yet Completed Level 1 ☐<br>Not Yet Assessable ☐ |

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**Systems-Based Practice 1: Patient/Evaluee Safety and the Health Care Team**

A. Medical errors and improvement activities

B. Regulatory and educational activities related to patient/evaluee safety/risk

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Demonstrates knowledge of common causes of errors | Identifies system factors that lead to safety events | Participates in analysis of safety events (simulated or actual) | Critically analyzes data to identify systems-based errors related to safety (e.g., malpractice case involving suicide, risk assessment) | Actively engages teams and processes to improve medical and legal system to prevent safety events |
| Demonstrates knowledge of institutional safety policies and awareness of mandatory reporting requirements | Demonstrates knowledge of how to report safety events | Participates in disclosure of patient safety and/or mandatory reporting events | Consistently follows regulatory requirements related to patient safety and/or mandatory reporting and prescribing practices | Provides consultation to organizations to improve personal and patient/evaluee safety |
| ☐ | ☐ | ☐ | ☐ | ☐ |

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**Systems-Based Practice 2: Quality Improvement**

A. Participates in quality improvement

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes internal quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates) | Participates in local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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**Systems-Based Practice 3: System Navigation**
A. Safely transitions care
B. Resources
C. Population and community health needs

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Identifies key elements for safe and effective transitions of care and hand-offs | Performs safe and effective transitions of care/hand-offs in routine situations | Performs safe and effective transitions of care/hand-offs in complex situations | Role models and serves as a patient advocate for safe and effective transitions of care/hand-offs within and across systems | Improves quality of transitions of care within and across systems to optimize outcomes |
| Recognizes differences in resources impacting care and supervision among forensic and community settings | Demonstrates knowledge of forensic and community resources | Is aware of health care funding and regulations related to community resources in forensic psychiatry | Considers system resources in forensic psychiatric recommendations | Advocates for improved access to and better allocation of resources within forensic and community systems of care, as appropriate |
| Demonstrates knowledge of population and community health needs | Identifies specific population and community health needs for their local population | Uses local resources effectively to meet the needs of a population and community | Participates in changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with specific health care needs |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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| **Systems-Based Practice 4: Physician Role in Health Care Systems**<br>A. Understanding and working within systems<br>B. Transition to practice | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies key components of the complex health care and legal system | Describes how components of a complex health care and legal system are interrelated | Discusses how individual practice affects the broader system | Manages various components of the complex health care and legal system to provide high-value, efficient, and effective care and consultation | Advocates for or leads systems change that enhances high-value, efficient, and effective care and consultation |
| Identifies basic knowledge domains for effective transition to practice | Demonstrates use of information technology and documentation required for practice | Describes core administrative knowledge needed for transition to practice | Analyzes individual practice patterns and professional requirements in preparation for practice | |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
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| **Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice** | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates how to access available evidence in addressing a clinical or forensic question | Articulates clinical or forensic questions and initiates literature searches to support evidence-based opinions | Locates and applies the best available evidence relevant to clinical and/or forensic practice problems | Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide opinion, tailored to the individual case | Coaches others to critically appraise and apply evidence for complex cases, and/or participates in the development of guidelines |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
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| **Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth** | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Accepts responsibility for personal and professional development by establishing goals | Demonstrates openness to performance data (feedback and other input) to inform goals | Seeks performance data episodically with openness and humility | Intentionally seeks performance data consistently with openness and humility | Role models consistently seeking performance data with openness and humility |
| Identifies the factors that contribute to gaps between one's expected and actual performance | Analyzes and reflects on the factors that contribute to gaps between one's expected and actual performance | Analyzes, reflects on, and institutes behavioral changes to narrow the gaps between one's expected and actual performance | Challenges one's own assumptions and considers alternatives in narrowing the gaps between expected and actual performance | Coaches others on reflective practice |
| Actively seeks opportunities to improve | Designs and implements a learning plan, with prompting | Independently creates and implements a learning plan | Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it | Facilitates the design and implementation of learning plans for others |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
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| **Professionalism 1: Professional Behavior** | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes that one's behavior in professional settings affects others | Takes responsibility for one's own professionalism lapses and responds appropriately | Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting | Responds appropriately to professionalism lapses of colleagues and other forensic evaluators | Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
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**Professionalism 2: Compassion, Integrity, Respect for Others, Sensitivity to Patient Populations, Adherence to Ethical Principles**

A. Compassion, reflection, sensitivity
B. Ethics

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Demonstrates capacity for self-reflection, empathy, and curiosity about, and openness to, different beliefs and points of view | Elicits beliefs, values, and practices of patients/evaluees and their families, and understands their potential impact on patient care and evaluees in a legal context | Develops an appropriate care plan or forensic recommendation in the context of potential biases | Recognizes and adapts approach based on issues and special needs populations related to forensic psychiatry | Serves as a role model and teacher of compassion, integrity, and respect for others |
| Recognizes ethical conflicts in practice and seeks supervision to manage them | Recognizes ethical/legal issues in practice and discusses these in common clinical and forensic situations | Identifies evolving ethical issues within forensic psychiatry practice and can discuss opposing viewpoints | Adapts to evolving ethical and legal standards (e.g., can independently manage conflicting ethical standards and values and can apply these to practice) | Leads educational activities and case discussions regarding ethical issues specific to both general psychiatry and forensic psychiatry |
| ☐ | ☐ | ☐ | ☐ | ☐ |

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**Professionalism 3: Accountability to Self, Patients, Colleagues, Legal Systems, Professionals, and the Profession**

A. Ownership of patient care and/or responsibility for forensic evaluation

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring the patient receives the best possible care in a forensic setting | Is recognized by oneself, the patient, the patient's family, and medical staff members as the patient's psychiatric provider | Displays increasing autonomy and leadership in taking responsibility for ensuring that patients receive the best possible care | Serves as a role model in demonstrating responsibility in the provision of forensic psychiatric consultation and ensuring that patients receive the best possible care | Improves or develops organizational policies for standards of care and/or standards for forensic evaluation |
| Accepts the role of the patient's forensic evaluator and takes responsibility (under supervision) to ensure the special conditions of forensic psychiatric evaluations are implemented | Is recognized by oneself, the patient, the patient's family, and medical staff members as the evaluee's forensic consultant | Displays increasing autonomy and leadership in taking responsibility for the provision of forensic consultation and in ensuring that the special conditions of forensic psychiatric evaluations are implemented | Serves as a role model in demonstrating responsibility in the provision of forensic psychiatric consultation and ensuring the special conditions of forensic psychiatric evaluations are implemented | |

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| **Professionalism 4: Well-Being** | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Notifies supervisor and takes appropriate steps to manage clinical and non-clinical responsibilities when fatigued or ill | Identifies situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed | Knows how to take steps to address impairment/fatigue in oneself and in colleagues | Prioritizes and balances conflicting interests of oneself, family, and others to optimize medical care and practice of the profession | Participates as an active member on committees or in organizations that address physician well-being |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
| **Comments:** | | | | |
| Not Yet Completed Level 1 ☐ | | | | |

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.

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| **Interpersonal and Communication Skills 1: Relationship Development and Conflict Management with Patients, Evaluees, Colleagues, Members of the Health Care or Forensic Team, Attorneys, and Members of the Legal System**<br>A. Relationship with patients and evaluees | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Knows the importance of building working relationships with patients/evaluees and relevant parties in uncomplicated situations | Develops working relationships across patients/evaluees in uncomplicated situations | Develops working relationships with patients/evaluees in complicated situations | Sustains working relationships with patients/evaluees in complex and challenging situations | Develops models/approaches to managing difficult communications with patients/evaluees |
| ☐ | ☐ | ☐ | ☐ | ☐ ☐ ☐ ☐ ☐ |
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**Interpersonal and Communication Skills 2: Consultation to Medical Providers and Non-Medical Systems**

A. Provides recommendations as a consultant and collaborator to medical providers and non-medical systems (e.g., military, schools, businesses, forensic)

B. Team-based communications and conflict resolution

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| Provides consultation to other medical or mental health providers and non-medical stakeholders, under supervision | Assists primary treatment care team in identifying and clarifying the forensic referral questions | Provides forensic recommendations through collaboration with health care teams and/or non-medical stakeholders (e.g., attorneys, courts), under supervision | Manages complicated and challenging consultation requests | Provides forensic psychiatric consultations to larger systems, including non-medical systems, and/or leads a forensic psychiatric consultation team |
| Recognizes communication conflicts in work relationships | Actively participates in team-based evaluations; supports activities of other team members, and communicates findings and recommendations | Recognizes differing philosophies within and between different disciplines in forensic evaluations and sustains working relationships in the face of conflict | Manages resolution of conflicts in a team-based setting or participates in the resolution of systems level conflicts in a forensic setting | Designs research or quality improvement projects to improve team-based evaluation |

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