Supplemental Guide: Forensic Psychiatry

ACGME

September 2021

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Forensic 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 fellow'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 projects, court clinic or forensic inpatient rotation scheduling, etc.). Milestones relevant to these activities can be evaluated at those times. For the purposes of evaluating a resident'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 (PC) and Medical Knowledge (MK) 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 their clinical thinking and decisions regarding the patient. This may include evidence for a prioritized differential diagnosis, a diagnostic workup, or initiation, maintenance, or modification of the treatment plan, etc. In offering independent ideas, the fellow demonstrates their capacity for clinical reasoning and its application to patient care in real-time. Similarly, for independent evaluations, a fellow may be asked to write up a parallel report, thereby demonstrating their argument, reasoning, and evidence. 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 and performing independent forensic evaluations. At Levels 1 and 2 of the Milestones, a fellow's knowledge and independent clinical reasoning will meet the needs of patients and evaluations 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 or in the performance of forensic evaluations of higher acuity, complexity, and risk. Thus, one would expect fellows achieving Level 4 milestones to be at an oversight level of supervision. In general, one would not expect beginning fellows to achieve Level 4 milestones. At all levels, 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: Patient Care in Forensic Settings **Overall Intent:** To provide safe and effective patient care in forensic settings	
Milestones	**Examples**
Level 1 *Provides psychiatric care recognizing that there are unique requirements in the forensic setting*	● Reviews court reports and pre-admission records for forensic patient ● Admits patient to forensic hospital and conducts admission psychiatric assessment with awareness of unique requirements of forensic setting ● Conducts psychiatric evaluation in correctional setting, with awareness of unique requirements of forensic setting
Level 2 *Provides psychiatric care that recognizes the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts*	● Understands criteria for forensic inpatient readiness for privilege increase ● Discusses psychiatrist's dual role as treating psychiatrist and forensic evaluator with the forensic inpatient ● Understands forensic patient absent without leave (AWOL) risk and institutional security measures ● Understands psychiatrist's dual agency in correctional setting
Level 3 *Provides psychiatric care that applies knowledge of the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts*	● Under supervision, participates in evaluation of forensic inpatient readiness for privilege increase ● Participates in administration of violence risk assessment instrument for forensic inpatient ● Understands and manages restricted formulary in correctional setting ● Leads treatment team discussion on management of forensic patient's behavioral dyscontrol
Level 4 *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*	● Independently conducts malingering assessment in forensic setting ● Authors competence to stand trial report on forensic patient, while successfully managing dual roles of treating psychiatrist and forensic evaluator ● Independently authors a conditional release report on insanity acquittee ● Independently conducts an involuntary treatment evaluation on a forensic inpatient ● Independently provides outpatient medication management to an outpatient parolee
Level 5 *Participates in policy development for the delivery of psychiatric services in a forensic setting*	● Presents a grand rounds or case conference on correctional psychiatry ● Writes a peer-reviewed article on violence risk in insanity acquittees ● Participates in management-level discussions on developing competency restoration program ● Teaches a resident didactic on the assessment of malingering in correctional settings ● Advises forensic hospital or correctional facility administrators on risk assessment policy
Assessment Models or Tools	● Case discussion ● Direct observation ● Faculty evaluation ● Supervisor review of treatment records and court reports

Curriculum Mapping	●
Notes or Resources	● American Academy of Psychiatry and the Law (AAPL). AAPL practice resource for prescribing in corrections. *J Am Acad Psychiatry Law*. 2018;46(2 Supplement):S2-S50. https://www.aapl.org/docs/pdf/Corrections-Resource-Document.pdf. 2021. ● Mossman D, Noffsinger SG, Ash P, et al. AAPL practice guideline for the forensic psychiatric evaluation of competence to stand trial. *J Am Acad Psychiatry Law*. 2007;35(4 Suppl):S3-S72. https://www.aapl.org/docs/pdf/Competence%20to%20Stand%20Trial.pdf. 2021.

Patient Care 2: Procedural Skills in Criminal Forensic Psychiatry **Overall Intent:** To conduct evaluations and communicate forensic opinions	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of the unique evaluations that occur within the practice of forensic psychiatry in the adult and juvenile justice systems* *Demonstrates knowledge of the unique requirements involved in the communication of forensic psychiatric opinions*	● Identifies the difference between a competency to stand trial evaluation and criminal responsibility evaluations ● Explains the purpose of criminal diversion programs ● Recognizes that youth involved in the juvenile justice system may have unique evaluation requests, such as amenability to treatment within the juvenile justice system ● Discusses the importance of assessing malingering in forensic evaluations within the criminal justice system ● Understands that definitions of competency and/or criminal responsibility can be defined by statutes and/or case law
Level 2 *Under supervision, performs basic components of a forensic evaluation with an awareness of the appropriate legal standard* *Under supervision, expresses a well-supported criminal forensic psychiatric opinion*	● Clarifies the legal questions (e.g., competence and/or criminal responsibility) being asked of the forensic evaluator ● Obtains the appropriate legal standard for requested the forensic evaluation ● Provides statement of non-confidentiality to the evaluee ● Appreciates important factors to assess safety of the evaluation environment ● Recognizes the importance of reviewing police records of the alleged offense in evaluating competence to stand trial evaluations and criminal responsibility evaluations ● Summarizes relevant sources of information when drafting forensic written report ● Distinguishes referral source (e.g., defense attorney, district attorney, judge) and how this may impact organizing the evaluation ● Applies standardized diagnostic criteria to establish a diagnosis acceptable in a legal proceeding ● Outlines evidence that supports key elements of the governing legal standard
Level 3 *Under supervision, performs common forensic evaluations, such as to determine competency to stand trial, criminal responsibility, diversion, and risk assessment*	● Performs a competence to stand trial evaluation applying the relevant legal standard ● Obtains a defendant's account of what occurred relevant to their alleged offenses ● Incorporates and interprets police records and witness statements in rendering an opinion on criminal responsibility ● Identifies clinical risk factors for violence through interview and review of collateral records when conducting a risk assessment

Under supervision, prepares an appropriate criminal forensic report and provides effective testimony supported by evidence	● Writes a forensic report with evidence supporting the opinion that serves as the basis for a mock trial or actual court trial examination
Level 4 *Independently performs common forensic evaluations, such as to determine competency to stand trial, criminal responsibility, diversion, and risk assessment* *Independently prepares an appropriate forensic report and provides testimony in a clear and professional manner*	● Independently identifies referral question, relevant records to request, and legal standard for requested forensic evaluation ● Conducts assessment of malingered psychosis by applying knowledge of atypical symptoms and/or relevant psychological testing ● Demonstrates proficiency when explaining forensic opinion on both direct and cross examination ● Assesses appropriate candidates for diversion programs through evaluation of diversion statutory criteria and available community resources ● Conducts an evaluation of a juvenile's amenability to treatment by incorporating both clinical risk factors and structured assessment instruments
Level 5 *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* *Produces reports and testimony that serve as a model for excellence that can be used to teach others*	● Provides training at a national conference on conducting a criminal forensic psychiatric evaluation ● Produces forensic evaluations that serve as a model template for fellowship training ● Authors a publication outlining standards for conducting a criminal forensic psychiatric evaluation
Assessment Models or Tools	● Case-based discussion ● Direct observation ● Evaluation of reports and feedback ● Faculty evaluations ● Report review ● Video review
Curriculum Mapping	●
Notes or Resources	● Giorgi-Guarnier D, Janofsky J, Keram, E, et al. AAPL practice guideline for forensic evaluation of defendants raising the insanity defense. *J Am Acad Psychiatry Law*. 2002;30(2Suppl):S3-S40. http://jaapl.org/content/42/4_Supplement/S3.long. 2021. ● Mossman D, Noffsinger SG, Ash P, et al. AAPL practice guideline for the forensic psychiatric evaluation of competence to stand trial. *J Am Acad Psychiatry Law*. 2007;35(4 Suppl):S3-S72. https://www.aapl.org/docs/pdf/Competence%20to%20Stand%20Trial.pdf. 2021.

Patient Care 3: Procedural Skills in Civil Forensic Psychiatry **Overall Intent:** To conduct evaluations and communicate forensic opinions	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of the unique evaluations that occur within the practice of civil litigation and administrative settings* *Demonstrates knowledge of the unique requirements involved in the communication of civil forensic psychiatric opinions*	● Discusses the difference between testamentary capacity and civil competence ● Discusses the importance of assessing malingering and misattribution in a personal injury evaluation ● Discusses the need for employment records in a fitness for duty evaluation ● Explains why and to whom the limits of confidentiality must be explained at the onset of an evaluation and how this should be documented in the report
Level 2 *Under supervision, performs basic components of a civil forensic evaluation with an awareness of the referral question and relevant standards* *Under supervision, expresses a well-supported civil forensic psychiatric opinion*	● Clarifies the issue that led to a required fitness for duty evaluation by an employer and requests appropriate collateral information, medical, and employment records, including a job description ● Identifies the state standard for incapacitation, the various types of guardianship, and the legal process, including obtaining necessary forms, in preparation of a guardianship evaluation ● Writes a parallel opinion for an evaluation supporting a disability claim
Level 3 *Under supervision, performs common civil forensic evaluations, such as medical malpractice, disability, and personal injury* *Under supervision, prepares an appropriate civil forensic report and provides effective testimony supported by evidence*	● Reviews records and produces a report for a malpractice exercise providing testimony in a mock trial that is well presented and supported by evidence ● Performs an evaluation for a disability claim, reviews appropriate collateral information and records, and writes a well-supported report that is discussed and modified in supervision prior to its release
Level 4 *Independently performs common civil forensic evaluations* *Independently prepares an appropriate civil forensic report and provides testimony in a clear and professional manner*	● Shows capacity to independently evaluate a plaintiff who presents a sexual harassment claim against her employer, assessing for welcomeness, reasonableness, and hypersensitivity; documents an opinion well supported by the evidence; and effectively testifies in mock administrative hearing ● Shows capacity to independently evaluate an elderly man whose family is seeking guardianship of person, interviewing collateral sources, and reviewing appropriate documentation, and properly completes the form as required by the probate court
Level 5 *Serves as a model for excellence in performance of civil forensic evaluations*	● Supervises a psychiatry resident on a forensic psychiatry elective rotation doing a paper review for a malpractice case

Produces reports and testimony that serve as a model for excellence that can be used to teach others	● Gives mock testimony that is used by the program as an example for incoming fellows ● Creates a de-identified disability report that is provided as an example in the packet for incoming fellows
Assessment Models or Tools	● Case-based discussion ● Direct observation ● Evaluation of reports and feedback ● Faculty member evaluations ● Report review ● Video review
Curriculum Mapping	●
Notes or Resources	● AAPL Task Force. AAPL practice guideline for the forensic assessment. *J AM Acad Psychiatry Law*. 2015;43(2 Suppl):S3-S53. https://www.aapl.org/docs/pdf/Forensic_Assessment.pdf. 2021. ● Anfang SA, Gold LH, Meyer DJ. AAPL practice resource for the forensic evaluation of psychiatric disability. *J Am Acad Psychiatry Law*. 2018;46(1):102. https://aapl.org/docs/pdf/C2C_Supplement-46-1_2018_Clean.pdf. 2021.

Medical Knowledge 1: Knowledge of Legal Principles Related to the Practice of Forensic Psychiatry **Overall Intent:** To establish the foundation of legal knowledge required for the competent practice of forensic psychiatry	
Milestones	**Examples**
Level 1 *Demonstrates basic understanding of legal terms relevant to forensic psychiatry*	● Recognizes basic legal terms related to procedure in the courts and present in legal documents, including roles of court participants, types of hearings, etc.
Level 2 *Identifies statutes, cases, court procedure, and administrative regulation relevant to forensic psychiatry, and demonstrates competence in use of legal resources*	● Accesses local statutes and regulations online
Demonstrates knowledge of civil law relevant to forensic psychiatry (e.g., malpractice, personal injury litigation, treatment refusal, and commitment)	● Locates and discusses clearly defined statutes related to common civil evaluations forensic psychiatrists perform, such as requirements for qualifying personal injury claims and disability
Demonstrates knowledge of criminal law relevant to forensic psychiatry (e.g., competency to stand trial, criminal responsibility, sentencing and mitigation)	● Locates and discusses clearly defined statutes related to common criminal evaluations forensic psychiatrists perform, such as competence to stand trial and not guilty by reason of insanity
Level 3 *Reads legal cases and demonstrates understanding of procedural history, and legal holdings*	● Seeks out legal cases which alter previous statutes and apply how those legal changes affect common forensic evaluations
Demonstrates knowledge of the underlying principles of civil law relevant to forensic psychiatry	● Considers and explains the underlying reasons for why different laws and cases related to civil law and forensic psychiatry were written or decided, respectively
Demonstrates knowledge of the underlying principles of criminal law relevant to forensic psychiatry	● Considers and explains the underlying reasons for why different laws and cases related to criminal law and forensic psychiatry were written or decided, respectively
Level 4 *Applies knowledge of legal principles and state and federal laws relevant to their forensic practice*	● Understands how the underlying principles of laws can guide decisions and standards in forensic psychiatry and applies it to a particular case

Applies knowledge of civil law relevant to forensic psychiatry practice	● Applies how laws and previous cases affect civil cases in forensic psychiatry, including what standards are used in different types of cases and what is permissible to testify about
Applies knowledge of criminal law relevant to forensic psychiatry practice	● Applies how laws and previous cases affect criminal cases in forensic psychiatry, including what standards are used in different types of cases and what is permissible to testify about
Level 5 *Demonstrates sufficient knowledge to assist in the drafting of legal briefs, statutes, or regulations*	● Participates in advocating for changing or updating relevant laws and regulations through their state governments
Advances knowledge of civil law relevant to forensic psychiatry through research, presentation at national professional meetings, and/or publication	● Presents a paper or workshop on issues related to civil law at national meetings, such as the American Academy of Psychiatry and the Law and American Psychiatric Association
Advances knowledge of criminal law relevant to forensic psychiatry through research, presentation at national professional meetings, and/or publication	● Surveys state legislatures regarding state standards for criminal responsibility and presents an update at a national meeting, such as the American Academy of Psychiatry and the Law and the American Psychiatric Association
Assessment Models or Tools	● Assessment of case presentation ● Direct observation ● Simulation
Curriculum Mapping	●
Notes or Resources	● AAPL. Landmark Cases. https://www.aapl.org/landmark-cases. 2021. ● Cornell Law School. https://www.law.cornell.edu/. 2021. ● Ford E, Rotter M. *Landmark Cases in Forensic Psychiatry*. 1st ed. New York, NY: Oxford University Press; 2014. ISBN:978-0199344659. ● Justia. https://www.justia.com/. 2021. ● Law and Technology Resources for Legal Professionals (LLRX). https://www.llrx.com/. 2021. ● Lexis Nexis. https://www.lexisnexis.com/en-us/gateway.page. 2021. ● Rotter M, Cucolo H, Colley J (eds). *Landmark Cases in Forensic Psychiatry*. 2nd ed. New York, NY: Oxford University Press; 2019. ISBN:978-0190914424.

Medical Knowledge 2: Knowledge of Clinical Psychiatry Especially Relevant to Forensic Psychiatry **Overall Intent:** To establish the foundation of clinical knowledge required for the competent practice of forensic psychiatry	
Milestones	**Examples**
Level 1 *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*	● Identifies the Diagnostic and Statistical Manual of Mental Disorders (DSM) as the primary text used to diagnose psychiatric conditions and how to use the DSM
Demonstrates knowledge of the importance of using different assessment approaches	● Explains different methods a forensic psychiatrist could use in evaluating different cases (e.g., purely records review, forensic interview, use of standardized assessments)
Level 2 *Applies knowledge of DSM criteria to general psychiatric presentations commonly encountered in forensic psychiatric practice (e.g., bipolar disorder, depression)*	● Consistently supports diagnoses through systematic use of DSM criteria
Demonstrates knowledge of the types of standardized assessment tools used in forensic psychiatry	● Lists a variety of standardized assessment tools and recognize their general utility in forensic evaluations
Level 3 *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*	● Identifies the importance in eliciting the symptoms of conduct disorder to accurately render a diagnosis of antisocial personality disorder ● Differentiates the specific criteria for substance-induced psychosis versus a primary psychotic disorder in the context of a criminal responsibility evaluation ● Describes paraphilic disorders and differentiates from impulse control disorder ● Uses the specifiers of DSM as applied to the diagnosis of pedophilic disorders
Identifies which assessment tool is appropriate for a specific forensic question	● Understands which assessment tools are more appropriate for different settings: e.g., Structured Interview of Reported Symptoms-2 (SIRS-2) and Miller Forensic Assessment of Symptoms Test (M-FAST) for psychosis; Test of Memory Malingering (TOMM) for memory problems
Level 4 *Analyzes and synthesizes data from relevant sources to substantiate a diagnosis using DSM criteria*	● Goes beyond using DSM as a checklist and critically analyzes the source of reported symptoms in the context of reaching a diagnosis

Incorporates the results of the various assessment methods used in rendering a forensic opinion	● Takes results from various assessment methods and integrate them into a report or testimony, even if the standardized assessment tool is administered by someone else
Level 5 *Advances knowledge about the application of the DSM in forensic practice (e.g., publications, presentations, national committees)* *Demonstrates knowledge of the research bases and admissibility of the various assessment approaches*	● Presents at national meetings, such as the American Academy of Psychiatry and the Law and American Psychiatric Association, about topics related to the DSM ● Defends use of a particular standardized assessment in a legal setting and provide relevant research for why these assessments should be admissible in court
Assessment Models or Tools	● Assessment of case presentation ● Direct observation ● Simulation
Curriculum Mapping	●
Notes or Resources	● AAPL Task Force. AAPL practice guideline for the forensic assessment. *J AM Acad Psychiatry Law*. 2015;43(2 Suppl):S3-S53. https://www.aapl.org/docs/pdf/Forensic_Assessment.pdf. 2021. ● American Psychiatry Association. Diagnostic and Statistical Manual of Mental Disorders (DSM–5). https://www.psychiatry.org/psychiatrists/practice/dsm. 2021.

Systems-Based Practice 1: Patient/Evaluee Safety and the Health Care Team **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 causes of errors*	● Recognizes mortality, morbidity, adverse events, and near misses as reportable events
Demonstrates knowledge of institutional safety policies and awareness of mandatory reporting requirements	● Identifies institutional mechanisms for reporting patient safety events
Level 2 *Identifies system factors that lead to safety events*	● Identifies hand-off and data reporting deficiencies which have led to errors in patient care ● Identifies safety issues related to special population units
Demonstrates knowledge of how to report safety events	● Consistently reports medication errors using institution-specific reporting systems ● Knows how to report safety events, including reporting of problematic behaviors and processes, errors, and near misses
Level 3 *Participates in analysis of safety events (simulated or actual)*	● Recognizes the importance of systems issues in correctional settings when completing risk assessments for violence ● Recognizes the importance of systems issues in correctional settings when completing risk assessments for suicide
Participates in disclosure of patient safety and/or mandatory reporting events	● Participates in disclosure of risks specific to custody concerns (escape risk, violence, etc.) in correctional settings
Level 4 *Critically analyzes data to identify systems-based errors related to safety (e.g., malpractice case involving suicide, risk assessment)*	● Completes a suicide risk assessment that incorporates systems issues of a correctional environment that may increase risk
Consistently follows regulatory requirements related to patient safety and/or mandatory reporting and prescribing practices	● Reports an issue related to prescribing appropriate medications for the environment (potential for diversion or abuse)
Level 5 *Actively engages teams and processes to improve medical and legal system to prevent safety events*	● Provides institutional training on identified systems issues that increase risk related to prescribing practices, suicide risk, or violence risk
Provides consultation to organizations to improve personal and patient/evaluee safety	● Identifies and presents report of a risk issue specific to the correctional or forensic hospital environment and recommendations for improving safety of those confined

Assessment Models or Tools	● Assessment of case presentation ● Assessment of morbidity and mortality presentation ● Direct observation ● Quality improvement project ● Simulation
Curriculum Mapping	●
Notes or Resources	● American Association of Directors of Psychiatric Residency Training (AADPRT). Model Curricula in Quality Improvement. https://portal.aadprt.org/user/vto/category/600. 2021. ● American Board of Psychiatry and Neurology, Inc (ABPN). Patient Safety Activity. https://www.abpn.com/maintain-certification/moc-activity-requirements/patient-safety-activity/. 2021. ● AMA model ● Institute for Healthcare Improvement. Open School. http://www.ihi.org/education/ihiopenschool/Pages/default.aspx. 2021. ● Trestman R, Appelbaum K, Metzner J (eds). *Oxford Textbook of Correctional Psychiatry.* 1st ed. New York, NY: Oxford University Press; 2015. ISBN:978-0199360574. ● American Academy of Psychiatry and the Law (AAPL). AAPL practice resource for prescribing in corrections. *J Am Acad Psychiatry Law*. 2018;46(2 Supplement):S2-S50. https://www.aapl.org/docs/pdf/Corrections-Resource-Document.pdf. 2021. ● US Department of Veterans Affairs. Patient Safety Curriculum Workshop. https://www.patientsafety.va.gov/professionals/training/curriculum.asp. 2021.

Systems-Based Practice 2: Quality Improvement **Overall Intent:** To participate in quality improvement	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of basic quality improvement methodologies and metrics*	● Lists and describes the basic elements of a Plan, Do, Study, Act (PDSA) cycle
Level 2 *Describes internal quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates)*	● Identifies what constitutes a quality forensic evaluation and potential errors in forensic analysis
Level 3 *Participates in local quality improvement initiatives*	● Participates in an improvement initiative in the correctional setting, such as suicide risk assessment ● Participates in improvement initiatives related to forensic evaluations, such as analysis and feedback to courts and examiners about quality of reports
Level 4 *Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project*	● Analyzes the data from a quality improvement project on forensic reports/evaluations in the community ● Performs a forensic quality review of longitudinal care of a patient in a forensic setting identifying barriers for release and recommendations for improved treatment
Level 5 *Creates, implements, and assesses quality improvement initiatives at the institutional or community level*	● Develops and leads a system-wide quality improvement initiative at a correctional setting or in a court system ● Designs and conducts their own quality improvement project on forensic reports/evaluations in the community ● Designs and conducts their own quality improvement project in a correctional setting
Assessment Models or Tools	● Assessment of case presentation ● Direct observation ● Quality improvement project ● Simulation
Curriculum Mapping	●
Notes or Resources	● AADPRT. Model Curricula in Quality Improvement. https://portal.aadprt.org/user/vto/category/600. 2021. ● ABPN. Patient Safety Activity. https://www.abpn.com/maintain-certification/moc-activity-requirements/patient-safety-activity/. 2021. ● AMA model ● Department of Veterans Affairs. Patient Safety Curriculum Workshop. https://www.patientsafety.va.gov/professionals/training/curriculum.asp. 2021. ● Institute for Healthcare Improvement. Open School. http://www.ihi.org/education/ihiopenschool/Pages/default.aspx. 2021.

Systems-Based Practice 3: System Navigation **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 safely transition care and appropriately adapt care to meet community needs	
Milestones	**Examples**
Level 1 *Identifies key elements for safe and effective transitions of care and hand-offs* *Recognizes differences in resources impacting care and supervision among forensic and community settings* *Demonstrates knowledge of population and community health needs*	● Lists the essential components of an effective sign-out and care transition including sharing information necessary for successful on-call/off-call transitions ● Lists alternatives/options for care plan depending on level of risk and setting ● Identifies components of social determinants of health and how they impact the delivery of patient care
Level 2 *Performs safe and effective transitions of care/hand-offs in routine situations* *Demonstrates knowledge of forensic and community resources* *Identifies specific population and community health needs for the local population*	● Performs a routine case sign-out and occasionally needs direct supervision to identify and triage cases or calls ● Differentiates treatment plan for state hospital versus community rehabilitation center ● Systematically screens women with mental disorders for risk for violence ● Ensures that minorities are provided the same opportunities for diversion
Level 3 *Performs safe and effective transitions of care/hand-offs in complex situations* *Is aware of health care funding and regulations related to community resources in forensic psychiatry* *Uses local resources effectively to meet the needs of a population and community*	● Performs safe and effective transitions of care on clinical service at shift change and with the rare need for supervision ● Demonstrates awareness of the legal requirements to conduct forensic psychiatry assessment in other states ● Appropriately identifies and refers women and minorities who meet statutory criteria for diversion
Level 4 *Role models and serves as a patient advocate for safe and effective transitions of care/hand-offs within and across systems* *Considers system resources in forensic psychiatric recommendations*	● Provides efficient hand-off to the weekend team, and coordinates and prioritizes consultant input for a new high-risk diagnosis to ensure the patient gets appropriate follow-up

Participates in changing and adapting practice to provide for the needs of specific populations	● Offers appropriate recommendations for placement of insanity acquitee being conditionally released to the community in consideration of resources and balancing individual liberty interests and public safety ● Conducts a High Clinical Risk Version 3 (HCR-3) specific dynamic treatment needs in a forensic population
Level 5 *Improves quality of transitions of care within and across systems to optimize outcomes* *Advocates for improved access to and better allocation of resources within forensic and community systems of care, as appropriate* *Leads innovations and advocates for populations and communities with specific health care needs*	● Works with a quality improvement mentor to identify better hand-off tools for on-call services ● Conducts needs assessment survey for various forensic settings and assists in implementing those needs ● Provides training onbarriers within the criminal justice system at meetings such as APPL, American Psychiatric Association (APA), or legal conferences
Assessment Models or Tools	● Assessment during interdisciplinary rounds ● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Portfolio review ● Review of sign-out tools, use and review of checklists ● Simulation
Curriculum Mapping	●
Notes or Resources	● Centers for Disease Control and Prevention. Population Health Training. https://www.cdc.gov/pophealthtraining/whatis.html. 2021. ● Skochelak SE, Hammoud MM, Lomis KD, et al. *AMA Education Consortium: Health Systems Science*. 2nd ed. Elsevier; 2021. ISBN:9780323694629. ● 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. 2021.

Systems-Based Practice 4: Physician Role in Systems **Overall Intent:** To incorporate knowledge of the legal system and how they impact treatment of individuals in both civil and correctional health care settings; to identify key components necessary to transition from fellowship to independent practice	
Milestones	**Examples**
Level 1 *Identifies key components of the complex health care and legal system*	● Understands that individuals with mental illness who are involved in the criminal justice system may receive care in a variety of settings, including community mental health treatment centers and psychiatric facilities, emergency rooms, diversion programs, correctional facilities, and forensic psychiatric facilities ● Identifies that there are legal standards governing the right for patients to accept and to refuse treatment in different settings ● Understands there are legal standards governing involuntary civil commitment of individuals
Identifies basic knowledge domains for effective transition to practice	● Identifies licensure requirements required to practice medicine ● Understands role of board certification in practice of general and forensic psychiatry
Level 2 *Describes how components of a complex health care and legal system are interrelated*	● For an individual who requires a transfer from a correctional facility to a hospital, identifies that certain procedural due process rights (e.g., notice or a hearing) may be required ● In an individual who refuses medical treatment in a hospital setting, identifies that a capacity to refuse treatment evaluation may be required
Demonstrates use of information technology and documentation required for practice	● Navigates electronic health records to obtain information to conduct a forensic psychiatric assessment ● Understands importance of keeping patient and forensic psychiatric case logs to document knowledge, skills, training, and experience ● Identifies when important to record forensic psychiatric evaluation
Level 3 *Discusses how individual practice affects the broader system*	● Understands the importance of evaluating malingering in civil and criminal forensic evaluations due to potential impact on placement within a correctional versus a hospital treatment setting ● Identifies the impact of prescribing controlled substances in a correctional setting and impact on inmate care and safety
Describes core administrative knowledge needed for transition to practice	● Identifies need for medical malpractice insurance for both general and forensic psychiatric practice ● Appreciates need for secure system to store electronic records to maintain confidentiality of case files
Level 4 *Manages various components of the complex health care and legal system to provide*	● Reviews inmate files and conducts mental health evaluation to provide consultation to disciplinary committee on inmate's mental health and placement

high-value, efficient, and effective care and consultation	● Consults to forensic hospital treatment teams to provide risk assessment and treatment recommendations to manage barriers to release ● Conducts an evaluation of an inmate to render an opinion regarding appropriateness for diversion program
Analyzes individual practice patterns and professional requirements in preparation for practice	● Analyzes work for evidence of bias (proportion of defendants found incompetent, frequency of findings of malingering) ● Addresses any quality improvement issues raised in patient care reviews
Level 5 *Advocates for or leads systems change that enhances high-value, efficient, and effective care and consultation*	● Provides training to hospital staff on updated risk assessment approaches that results in improved system wide changes ● Publishes an article on best approaches to evaluating potential diversion candidates ● Lectures nationally on how to address criminogenic needs in individuals with serious mental illness
Assessment Models or Tools	● Direct observation ● Evaluation of a presentation ● Journal club and case-based discussion ● Multisource feedback ● Portfolio
Curriculum Mapping	●
Notes or Resources	● ABPN. Improvement in Medical Practice (PIP). https://www.abpn.com/maintain-certification/moc-activity-requirements/improvement-in-medical-practice-pip/. 2021. ● APA. Quality Improvement. https://www.psychiatry.org/psychiatrists/practice/quality-improvement. 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. 2021. ● APA. Transition to Practice and Early Career Resources. https://www.psychiatry.org/psychiatrists/practice/transition-to-practice. 2021. ● National Association of State Mental Health Program Directors. National Framework for Quality Improvement in Behavioral Health Care. https://nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf. 2021. ● Oldham JM, Golden WE, Rosof BM. Quality improvement in psychiatry: Why measures matter. *J Psychiatr Pract*. 2008;14(Suppl 2):8-17. https://focus.psychiatryonline.org/doi/10.1176/foc.9.2.foc232. 2021.

	● Scott CL, Falls B. Mental illness management in corrections. In: *Oxford Textbook of Correctional Psychiatry*. Trestman R, Appelbaum K, Metzner J (eds). New York, NY: Oxford University Press; 2015. ISBN:978-0199360574.

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice **Overall Intent:** To appraise and apply evidence in answering a clinical or forensic question	
Milestones	**Examples**
Level 1 *Demonstrates how to access available evidence in addressing a clinical or forensic question*	● Identifies databases (e.g., PubMed and PsychInfo) and other sources (e.g., APA clinical practice guidelines) one can use to search for scholarly articles, legal opinions, state and federal statutes, and evidence-based guidelines. ● Identifies the appropriate resource to identify the legal standard relevant to a case (e.g., the state's definition of insanity)
Level 2 *Articulates clinical or forensic questions and initiates literature searches to support evidence-based opinions*	● Identifies the clinical or forensic question and formulates searchable terms to gather evidence-based answers: e.g., initiates a literature search of the correlation between substance abuse and gun violence in response to a risk assessment question ● Identifies appropriate sources of information required to review the forensic question
Level 3 *Locates and applies the best available evidence relevant to clinical and/or forensic practice problems*	● Locates clinical practice guidelines for the management of depression in response to a standard of care question ● Identifies and applies appropriate legal standard (statute, case law) to a case ● Answers the clinical or forensic question by incorporating meta-analysis data over case or anecdotal reports
Level 4 *Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide opinion, tailored to the individual case*	● Analyzes the data surrounding the correlation between substance abuse and gun violence considering all other confounding variables and incorporates this into a cohesive, objective opinion without bias toward the retaining party
Level 5 *Coaches others to critically appraise and apply evidence for complex cases, and/or participates in the development of guidelines*	● Formally teaches medical students or residents how to search for and analyze scholarly sources ● Serves on an AAPL subcommittee tasked with developing a new guideline for the assessment of juvenile competence to stand trial
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. 2021. ● 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. 2021.

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

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth **Overall Intent:** To seek performance data, conduct reflective practice, and create and use a learning plan	
Milestones	**Examples**
Level 1 *Accepts responsibility for personal and professional development by establishing goals*	● Articulates a professional improvement goal for themselves
Identifies the factors that contribute to gaps between one's expected and actual performance	● Identifies an area of weakness in forensic psychiatric knowledge that affects ability to care for patients and perform evaluations
Actively seeks opportunities to improve	● Begins to seek ways to determine where improvements are needed and makes some specific goals that are reasonable to execute and achieve
Level 2 *Demonstrates openness to performance data (feedback and other input) to inform goals*	● Accepts and incorporates feedback into goals
Analyzes and reflects on the factors that contribute to gaps between one's expected and actual performance	● After supervision on a parallel report, recognizes a failure to incorporate some collateral records that may have impacted their opinion; requests and reconsiders opinion based on new information
Designs and implements a learning plan, with prompting	● With supervision, develops a system to ensure that all medical records, police reports, witness statements, and psychological testing, are requested, checked off when received, and automatically included in the record review of draft reports
Level 3 *Seeks performance data episodically with openness and humility*	● Accepts and incorporates input in a non-defensive manner
Analyzes, reflects on, and institutes behavioral changes to narrow the gaps between one's expected and actual performance	● Takes input from peers/colleagues and supervisors to gain complex insight into personal strengths and areas to improve
Independently creates and implements a learning plan	● Discusses with supervisor feedback regarding report organization during a supervision session and reviews a series of model reports provided by the supervisor to create a template to improve organization of the interview and facilitate drafting of the report
Level 4 *Intentionally seeks performance data consistently with openness and humility*	● Consistently and independently creates a learning plan for each rotation

Challenges one's own assumptions and considers alternatives in narrowing the gaps between expected and actual performance	● Consistently identifies ongoing gaps and chooses areas for further development
Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	● Adapts learning plan using updated feedback when multisource assessments do not improve
Level 5 *Role models consistently seeking performance data with openness and humility*	● Consistently seeks feedback from others on performance and incorporates into practice
Coaches others on reflective practice	● Encourages other learners on the team to consider how their behavior affects the rest of the team
Facilitates the design and implementation of learning plans for others	● Assists a more junior resident in devising a learning plan
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. 2021. ● 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. 2021. ● 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. 2021.

Professionalism 1: Professional Behavior **Overall Intent:** To recognize and address lapses in ethical and professional behavior, demonstrate ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas	
Milestones	**Examples**
Level 1 *Recognizes that one's behavior in professional settings affects others*	● Lists punctuality, accountability, and a sense of patient ownership as professionalism ● Recognizes that arriving late to evaluations can portray an unprofessional image to evaluees and attorneys ● Discusses the basic principles underlying ethics (beneficence, nonmaleficence, justice, autonomy) and professionalism (professional values and commitments), and how they apply in various situations (e.g., informed consent process)
Level 2 *Takes responsibility for one's own professionalism lapses and responds appropriately*	● Completes clinical documentation and forensic reports within mandated timeframe ● Apologizes for a lapse in professionalism when appropriate and takes steps to make amends as needed ● Recognizes the conflict between autonomy and beneficence in decisions regarding involuntary treatment
Level 3 *Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting*	● Remains calm and respectful when dealing with a combative patient or evaluee ● Is familiar with institutional procedures and state laws regarding impaired physicians ● Navigates conflicting ethical principles of autonomy and beneficence when considering breeching patient confidentiality and consults supervising attending
Level 4 *Responds appropriately to professionalism lapses of colleagues and other forensic evaluators*	● Recognizes that an on-call colleague appears sleep deprived and offers to switch call with her for that night or reminds her re how to access backup ● Gives feedback to a colleague when the colleague's behavior fails to meet professional expectations in the moment for minor or moderate single episodes of unprofessional behavior ● Can identify and describe solutions to unprofessional behavior in forensic practice, either through real life examples or simulation during fellowship ● Refers to American Medical Association, American Osteopathic Association Code of Ethics, or APA to identify and resolve ethical issues
Level 5 *Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution*	● Serves as a peer consultant on difficult professionalism and ethical issues ● Participates in efforts by the judicial system to identify and mitigate unprofessional behavior among forensic experts ● Publishes and presents on professional and ethical issues at a regional or national level
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Oral or written self-reflection (e.g., of a personal or observed lapse, ethical dilemma, or systems-level factors) ● Simulation

Curriculum Mapping	●
Notes or Resources	● The two Professionalism subcompetencies (PROF1 and PROF2) reflect the following overall values: fellows must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles, and must develop and acquire a professional identity consistent with their individual 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. ● AA P Law. Ethics Guidelines for the Practice of Forensic Psychiatry. https://aapl.org/docs/pdf/ETHICSGDLNS.pdf. 2021. ● 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. 2021. ● American Medical Association. Ethics. https://www.ama-assn.org/delivering-care/ama-code-medical-ethic. 2021. ● American Osteopathic Association. Code of Ethics. https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/. 2021. ● APA. Ethics. https://www.psychiatry.org/psychiatrists/practice/ethics. 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. http://alphaomegaalpha.org/pdfs/Monograph2018.pdf. 2021. ● Cruess RL, Cruess SR, Steiner Y. *Teaching Medical Professionalism – Supporting the Development of a Professional Identity*. 2nd ed. Cambridge, UK: Cambridge University Press; 2016. 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:978-1585623372. ● Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 1st ed. New York, NY: McGraw-Hill Education; 2014. ISBN:978-0071807432.

Professionalism 2: Compassion, Integrity, Respect for Others, Sensitivity to Patient Populations, Adherence to Ethical Principles **Overall Intent:** To practice forensic psychiatry within the bounds of legal and ethical principles with integrity, compassion, and respect for others	
Milestones	**Examples**
Level 1 *Demonstrates capacity for self-reflection, empathy, and curiosity about, and openness to, different beliefs and points of view*	● Thinks about and is aware of how different cultural beliefs of an evaluee may impact a forensic evaluation
Recognizes ethical conflicts in practice and seeks supervision to manage them	● Discusses with supervisor dual agency when providing treatment in a correctional facility
Level 2 *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*	● Initiates discussion with evaluee, seeking to understand evaluee's beliefs and how they may impact the forensic evaluation
Recognizes ethical/legal issues in practice and discusses these in common clinical and forensic situations	● Recognizes the inherent conflict of interest in serving as a forensic evaluator for their clinical patient
Level 3 *Develops an appropriate care plan or forensic recommendation in the context of potential biases*	● Develops treatment plan for forensic inpatient that includes treatment interventions addressing issues that forensic clinician has a bias against
Identifies evolving ethical issues within forensic psychiatry practice and can discuss opposing viewpoints	● Identifies and avoids specific conflicts in forensic psychiatry such as dual agency and contingency based opinions
Level 4 *Recognizes and adapts approach based on issues and special needs populations related to forensic psychiatry*	● Successfully manages dual agency within correctional or military setting.
Adapts to evolving ethical and legal standards (e.g., can independently manage conflicting ethical standards and values and can apply these to practice)	● Applies the APPL ethics guidelines relevant to conducting an independent forensic psychiatric examination ● Seeks consultation in complex cases presenting a potential ethical dilemma
Level 5 *Serves as a role model and teacher of compassion, integrity, and respect for others*	● Initiates and leads a journal club to review latest evidence-based guidelines
	● Presents to general psychiatry residents the ethical issues present in forensic psychiatry

Leads educational activities and case discussions regarding ethical issues specific to both general psychiatry and forensic psychiatry	● Serves as a member of a local, regional, or national ethics committee
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Oral or written self-reflection (e.g., of a personal or observed lapse, ethical dilemma, or systems-level factors) ● Simulation
Curriculum Mapping	●
Notes or Resources	● American Academy of Psychiatry and the Law. Ethics Guidelines for the Practice of Forensic Psychiatry. https://aapl.org/docs/pdf/ETHICSGDLNS.pdf. 2021. ● APA. Ethics. https://www.psychiatry.org/psychiatrists/practice/ethics. 2021. ● Rosner R, Scott C (eds). *Principles and Practice of Forensic Psychiatry*. 3rd ed. Boca Raton, FL: CRC Press; 2017. ISBN:978-1482262285.

Professionalism 3: Accountability to Self, Patients, Colleagues, Legal Systems, Professionals, and the Profession **Overall Intent:** To practice forensic psychiatry with accountability to self, patients, evaluees, medical and non-medical colleagues, the legal system, and the profession as a whole	
Milestones	**Examples**
Level 1 *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*	● Explains to a patient in their care that they are the treating provider
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	● Distinguishes the role of a treatment provider from a forensic evaluator ● Explains to a forensic evaluee that they are not the treating provider
Level 2 *Is recognized by oneself, the patient, the patient's family, and medical staff members as the patient's psychiatric provider*	● Communicates with the treatment team that they are the primary treatment provider and how to access them if needed
Is recognized by oneself, the patient, the patient's family, and medical staff members as the evaluee's forensic consultant	● Informs the referring party in a forensic evaluation of their role in the forensic evaluation and how they can be contacted ● Obtains court order identifying them as having been appointed as the forensic evaluator in a criminal case
Level 3 *Displays increasing autonomy and leadership in taking responsibility for ensuring that patients receive the best possible care*	● When in a treating role, accepts responsibility for monitoring relevant laboratory data for prescribed medications and addressing any needed changes
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	● Identifies structured assessments and/or testing important in answering the referral question ● Initiates contact with the treatment team to gather information and explain role as a forensic consultant ● Informs patient and limits of confidentiality when conducting a forensic consultation, the consultation question, and parties to whom information about the consultation will be provided ● Identifies collateral records important in answering the forensic referral question
Level 4 *Serves as a role model in demonstrating responsibility in the provision of*	● Incorporates feedback from other disciplines in rendering opinion on future violence risk ● Identifies comorbid medical conditions in patients that require referral for further evaluation and treatment

forensic psychiatric consultation and 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 the special conditions of forensic psychiatric evaluations are implemented*	● Arranges and addresses security issues necessary to provide a potentially dangerous patient urgent care for a cardiac condition ● Clarifies in advance with the referring agency any special conditions of the forensic evaluation, such as audio/video taping, presence of third parties, or limitation on inquiry and adheres to required conditions ● Leads forensic consultation to treatment team addressing referral questions/ evidence to support opinion, and any relevant recommendations
Level 5 *Improves or develops organizational policies for standards of care and/or standards for forensic evaluation*	● Serves on national task force developing guidelines relevant to the practice of forensic psychiatry ● Develops and/or updates system policies and procedures based on evolving evidence-based standards ● Provides training on standards of forensic consultation at a national conference
Assessment Models or Tools	● Direct observation ● Multisource feedback ● Oral or written self-reflection (e.g., of a personal or observed lapse, ethical dilemma, or systems-level factors) ● Simulation
Curriculum Mapping	●
Notes or Resources	● Weinstock R, Leong G, Piel J, Darby W. Defining forensic psychiatry: Roles and responsibilities. In: Rosner R, Scott C (eds). *Principles and Practice of Forensic Psychiatry*. 3rd ed. Boca Raton, FL: CRC Press; 2017. ISBN:978-1482262285.

Professionalism 4: Well-Being **Overall Intent:** To manage and improve one's own personal and professional well-being in an ongoing way	
	Examples
Level 1 *Notifies supervisor and takes appropriate steps to manage clinical and non-clinical responsibilities when fatigued or ill*	● Is open to discussing well-being concerns, for example vicarious trauma exposure, as they might affect performance ● Is proactive about finding coverage for responsibilities when sick
Level 2 *Identifies situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed*	● Independently identifies the stress of relationship issues, difficult patients, and financial pressures, and seeks help ● Accurately notes when time or extra resources are needed to maintain individual well-being
Level 3 *Knows how to take steps to address impairment/fatigue in oneself and in colleagues*	● With supervision, assists in developing a personal learning or action plan to address factors potentially contributing to burnout ● Proactively identifies well-being issues prior to those issues becoming acute
Level 4 *Prioritizes and balances conflicting interests of oneself, family, and others to optimize medical care and practice of the profession*	● Works to prevent, mitigate and intervene early during stressful periods in the fellow peer group ● Goes beyond avoiding burnout and portrays a healthy lifestyle and work-life balance
Level 5 *Participates as an active member on committees or in organizations that address physician well-being*	● Establishes new programs or contributes significantly to existing ones for well-being for colleagues and other individuals ● Presents or publishes at a regional or national level on topics related to physician wellness
Assessment Models or Tools	● Direct observations ● 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. ● Professional behavior refers to the global comportment of the fellow in carrying out clinical and professional responsibilities. This includes: ○ a. timeliness (e.g., reports for duty, answers pages, and completes work assignments on time) ○ b. maintaining professional appearance and attire

	○ c. being reliable, responsible, and trustworthy (e.g., knows and fulfills assignments without needing reminders) ○ d. 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) ○ e. maintaining professional boundaries ○ f. 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 residents 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 fellow is not present to provide direct care for the patient. ● AAMC. Well-Being in Academic Medicine. https://www.aamc.org/initiatives/462280/well-being-academic-medicine.html. 2021. ● ACGME. "Well-Being Tools and Resources." https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022. ● AMA. AMA STEPS Forward. https://edhub.ama-assn.org/steps-forward/pages/about. 2021. ● APA. Well-being and Burnout. https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout. 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. 2021. ● Hicks PJ, Schumacher D, Guralnick S, Carraccio C, Burke AE. Domain of competence: Personal and professional development. *Acad Pediatr*. 2014;14(2 Suppl):S80-S97. https://www.academicpedsjnl.net/article/S1876-2859(13)00332-X/fulltext. 2021. ● 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. 2021. ● National Academy of Medicine (NAM). Action Collaborative on Clinician Well-Being and Resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. 2021. ● Local resources, including Employee Assistance programs

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 **Overall Intent:** To enhance communication skills and working relationship with patients/evaluees, colleagues, members of the health care or forensic team, attorneys, and members of the legal system	
Milestones	**Examples**
Level 1 *Knows the importance of building working relationships with patients/evaluees and relevant parties in uncomplicated situations*	● Identifies the need to treat patient/evaluees with respect and professionalism ● Identifies the need to treat relevant parties with respect and professionalism
Level 2 *Develops working relationships across patients/evaluees in uncomplicated situations*	● Introduces self to patient and explains purpose of the examination to help establish rapport ● Reviews limits of confidentiality with patient/evaluee ● Answers questions posed by patient/evaluee about evaluation
Level 3 *Develops working relationships with patients/evaluees in complicated situations*	● Works to gain cooperation from patient/evaluee who is refusing to be evaluated ● Establishes an effective working relationship with various stakeholders who may have conflicting interests when doing a risk assessment
Level 4 *Sustains working relationships with patients/evaluees in complex and challenging situations*	● Gains cooperation of defendant when hired by court or opposing counsel ● Successfully completes an evaluation in individual who is malingering symptoms ● Provides a forensic consultation to treatment team on patient/evaluee who has been aggressive to treatment team members ● Effectively provides testimony despite oppositional counsel
Level 5 *Develops models/approaches to managing difficult communications with patients/evaluees*	● Develops a training program for how to evaluate oppositional evaluees ● Publishes a best practices guideline for addressing common challenges in forensic evaluations
Assessment Models or Tools	● Direct observation ● Journal club and case-based discussion ● Multisource feedback ● Oral or written examination ● Portfolio ● Simulation
Curriculum Mapping	●
Notes or Resources	● American Academy of Psychiatry and the Law. Ethics Guidelines for the Practice of Forensic Psychiatry. https://aapl.org/docs/pdf/ETHICSGDLNS.pdf. 2021. ● Glancy GD, Chatterjee S, Miller D. Ethics, empathy, and detached concern in forensic psychiatry. *J Am Acad Psychiatry Law.* 2021;49(2):246–253. http://jaapl.org/content/early/2021/03/26/JAAPL.200106-20. 2021.

Interpersonal and Communication Skills 2: Consultation to Medical Providers and Non-Medical Systems **Overall Intent:** To provide recommendations as a consultant and collaborator to medical and non-medical systems, to recognize and manage conflicts in work relationships and team-based activities	
Milestones	**Examples**
Level 1 *Provides consultation to other medical or mental health providers and non-medical stakeholders, under supervision*	● Answers a general medical team's questions about the elements of decision-making capacity related to a request to leave the hospital against medical advice
Recognizes communication conflicts in work relationships	● Recognizes when other members of a health care team are dissatisfied with a recent policy change and attempts to facilitate discussion about potential solutions
Level 2 *Assists primary treatment care team in identifying and clarifying the forensic referral questions*	● In collaborative discussion, forms a specific and answerable forensic question when the primary team or non-medical stakeholder is uncertain about its exact needs
Actively participates in team-based evaluations; supports activities of other team members, and communicates findings and recommendations	● Performs a forensic evaluation in conjunction with a psychologist and incorporates the psychologist's findings and recommendations into the forensic opinion
Level 3 *Provides forensic recommendations through collaboration with health care teams and/or non-medical stakeholders (e.g., attorneys, courts), under supervision*	● Works with a supervisor to give a primary team a recommendation for mitigating a patient's suicide risk upon discharge from the hospital
Recognizes differing philosophies within and between different disciplines in forensic evaluations and sustains working relationships in the face of conflict	● Recognizes the competing interests between treatment providers and monitoring agencies in the supervision of insanity acquittees who have been released to the community and facilitates meaningful discussion among these parties when they disagree
Level 4 *Manages complicated and challenging consultation requests*	● Provides consultation in a case with an uncommon clinical scenario, multiple competing interests, or complex ethical issues; e.g., answers forensic questions for a team trying to assess the decision-making capacity of and consideration of treatment over objection for a patient with an eating disorder and suicidal ideation who is refusing to eat or drink
Manages resolution of conflicts in a team-based setting or participates in the resolution of systems level conflicts in a forensic setting	● Facilitates an interdisciplinary meeting in the correctional setting to resolve a conflict regarding the distribution and availability of mental health resources
Level 5 *Provides forensic psychiatric consultations to larger systems, including non-*	● Provides forensic consultation to a school's risk assessment team regarding their policies and procedures

medical systems, and/or leads a forensic psychiatric consultation team *Designs research or quality improvement projects to improve team-based evaluation*	● Conducts research on the relative quality versus cost-effectiveness of team-based versus individually performed forensic evaluations
Assessment Models or Tools	● Direct observation ● Medical record (chart) review audit ● Multisource feedback ● Simulation encounters
Curriculum Mapping	●
Notes or Resources	● Green M, Parrott T, Cook G. Improving your communication skills. *BMJ.* 2012;344:e357 https://www.bmj.com/content/344/bmj.e357. 2021. ● 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. 2021. ● 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. 2021.

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: Patient Care	PC1: Patient Care in Forensic Settings
PC2: Procedural Skills	PC2: Procedural Skills in Criminal Forensic Psychiatry PC3: Procedural Skills in Civil Forensic Psychiatry
MK1: Knowledge of the Law and Ethical Principles as they relate to the Practice of Forensic Psychiatry	MK1: Knowledge of Legal Principles Related to the Practice of Forensic Psychiatry
MK2: Knowledge of Clinical Psychiatry Especially Relevant to Forensic Psychiatry	MK2: Knowledge of Clinical Psychiatry Especially Relevant to Forensic Psychiatry
SBP1: Patient/Evaluee Safety and the Health Care Team	SBP1: Patient/Evaluee Safety and the Health Care Team
SBP2: Resource Management	SBP4: Physician Role in Systems
SBP3: Consultation to Medical Providers and Non-medical systems (e.g., military, schools, businesses, forensic)	ICS2: Consultation to Medical Providers and Non-Medical Systems
	SBP2: Quality Improvement
	SBP3: System Navigation
PBLI1: Development and Execution of Lifelong Learning through Constant Self-evaluation, Including Critical Evaluation of Research and Clinical Evidence	PBLI1: Evidence-Based and Informed Practice PBLI2: Reflective Practice and Commitment to Personal Growth
PBLI2: Teaching	
PROF1: Compassion, Integrity, Respect for Others, Sensitivity to Diverse Patient Populations, Adherence to Ethical Principles	PROF2: Compassion, Integrity, Respect for Others, Sensitivity to Patient Populations, Adherence to Ethical Principles
PROF2: Accountability to Self, Patients, Colleagues, Legal Systems, Professionals, and the Profession	PROF3: Accountability to Self, Patients, Colleagues, Legal Systems, Professionals, and the Profession PROF4: Well-Being
	PROF1: Professional Behavior
ICS1: Relationship Development and Conflict Management with Patients, Evaluees, Colleagues, Members of the Health Care or Forensic Team, Attorneys, and Members of the Legal System	ICS1: Relationship Development and Conflict Management with Patients, Evaluees, Colleagues, Members of the Health Care or Forensic Team, Attorneys, and Members of the Legal System
ICS2: Information Sharing and Record Keeping	

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/