Supplemental Guide:
Geriatric Psychiatry

ACGME

February 2022

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Geriatric Psychiatry Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the Resources page of the Milestones section of the ACGME website.

Additional Notes

The ACGME does not expect formal, written evaluations of all milestones (each numbered item within a subcompetency table) every six months. For example, formal evaluations, documented observed encounters in inpatient and outpatient settings, and multisource evaluation should focus on those subcompetencies and milestones that are central to the resident's development during that time.

Progress through the Milestones will vary from fellow to fellow, depending on a variety of factors, including prior experience, education, and capacity to learn. Fellows learn and demonstrate some skills in episodic or concentrated time periods (e.g., formal presentations, participation in quality improvement project, etc.). Milestones relevant to these activities can be evaluated at those times.

For the purposes of evaluating a fellow's progress in achieving Patient Care and Medical Knowledge Milestones it is important that the evaluator(s) determine what the fellow knows and can do, separate from the skills and knowledge of the supervisor.

Implicit in milestone level evaluation of Patient Care and Medical Knowledge is the assumption that during the normal course of patient care activities and supervision, the evaluating faculty member and fellow participate in a clinical discussion of the patient's care. During these reviews, fellows should be prompted to present their clinical thinking and decisions regarding the patient. This may include evidence for a prioritized differential diagnosis, a diagnostic work-up, or initiation, maintenance, or modification of the treatment plan. In offering independent ideas, the fellows demonstrate their capacities for clinical reasoning and its application to patient care in real time. As fellows progress, their knowledge and skills should grow, allowing them to assume more responsibility and handle cases of greater complexity. They are afforded greater autonomy—within the bounds of the ACGME supervisory guidelines—in caring for patients. At Levels 1 and 2 of the Milestones, a fellow's knowledge and independent clinical reasoning will meet the needs of patients with lower acuity, complexity, and level of risk, whereas, at Level 4, fellows are expected to independently demonstrate knowledge and reasoning skills in caring for patients of higher acuity, complexity, and risk. Thus, one would expect fellows achieving Level 4 milestones to be ready for independent practice. 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: Geriatric Psychiatric Evaluation **Overall Intent:** To gather and organize findings from the patient interview, mental status examination, and functional assessment; gather and organize data from collateral sources; perform neurocognitive assessment	
Milestones	**Examples**
Level 1 *Consistently obtains complete, accurate, and relevant general psychiatry history and mental status and describes a functional assessment*	• Consistently uses a template to obtain thorough psychiatric and medical history and completes a mental status and cognitive exams
Collects relevant information from collateral sources and orders screening laboratory and diagnostic tests	• Reviews medical record, including previous records, and contacts patient's primary care physician and family/caregiver • Follows a standard protocol for diagnostic/lab work-up and neurocognitive mental status exam
Describes the elements of neurocognitive assessment	• Describes the six cognitive domains described in DSM-5 and how this is incorporated in diagnostic nomenclature of the cognitive disorders
Level 2 *Obtains complete and relevant geriatric psychiatry history and mental status and performs a comprehensive functional assessment*	• Collects a focused history relevant to the older patient, including medical history, medication review, and developmental history • Performs a functional assessment of basic and instrumental activities of daily living • Conducts a comprehensive physical and neurologic exam
Orders appropriate additional laboratory and diagnostic tests, including and neuroimaging	• Orders structural neuroimaging tests such as magnetic resonance imaging (MRI) based on evidence-based indications for dementia work-up; performs a cognitive mental status exam and uses standardized instruments such as mini mental state examination (MMSE) and Montreal Cognitive Assessment (MoCA), if feasible
Performs the neurocognitive assessment	• Uses depression rating scales
Level 3 *Identifies subtle and unusual findings in geriatric psychiatry history and mental status and performs a pertinent functional assessment*	• Uses the evolving differential diagnosis and mental status findings to prioritize interview questions, such as asking specific executive functioning questions • Conducts a targeted physical and neurological exam guided by the findings
Interprets collateral information and test results to determine necessary additional steps	• Orders specific labs based on abnormal screening tests • Uses rating scales for behavioral symptoms of dementia in a nursing home patient who is becoming increasingly aggressive
Interprets the findings from the neurocognitive assessment and refers for neuropsychological testing, as indicated	• Refers to neuropsychologic testing for ambiguous mental status findings

Level 4 *Integrates and synthesizes history, clinical data, and functional assessment to determine necessary additional steps in the evaluation* *Interprets collateral information and test results to determine necessary additional steps in the evaluation, while preserving patient autonomy* *Integrates findings from neurocognitive assessment with other clinical data*	• Orders functional brain imaging such as single photon emission computed tomography (SPECT) or positron emission tomography (PET) when there is diagnostic confusion about the type of dementia, such as frontotemporal dementia (FTD) and Alzheimer's disease • Explains symptoms and prognosis of Alzheimer's disease to patient and family • In an 80-year-old patient with memory impairment, negative laboratory findings, and poor three-word recall despite cueing, considers a diagnosis of Alzheimer's disease
Level 5 *Serves as a role model for gathering subtle and accurate findings from the patient and collateral sources* *Serves as a leader for neurocognitive testing, evaluation, and interpretation for treatment planning by the patient care team*	• Teaches how to perform a comprehensive exam as well as a targeted assessment of patients with language impairment, visual hallucinations, cognitive decline, and multiple falls • Provides second opinions on colleagues' patients where the diagnosis is unclear • Serves as a consultant for Leads table rounds for patients who present with diagnostic challenges
Assessment Models or Tools	• Case-based discussion • Direct observation • Medical record (chart) audit • Simulation or standardized patients
Curriculum Mapping	•
Notes or Resources	• This Milestone set refers to psychiatric evaluations in all clinical settings (e.g., emergency, inpatient, outpatient, consultation) and with patients throughout the lifespan • Collateral includes information from family members, friends, caregivers, other providers, and past medical records • Case presentation and documentation is included in Interpersonal and Communication Skills • American Association of Directors of Psychiatric Residency Training (AADPRT). Virtual Training Office. https://www.aadprt.org/training-directors/virtual-training-office. Accessed 2021. • American Psychological Association (APA). Cohen-Mansfield Agitation Inventor. https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/cohen-mansfield. Accessed 2021.

	• APA. Neuropsychiatric Inventory (NPI). https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/neuropsychiatric-inventory. Accessed 2021. • APA. Geriatric Depression Scale. https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/geriatric-depression. Accessed 2021. • APA. CES-D. https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/depression-scale. Accessed 2021. • Cornell Scale for Depression in Dementia. https://cgatoolkit.ca/Uploads/ContentDocuments/cornell_scale_depression.pdf. Accessed 2021. • Katz and Lawton Activities of Daily Living. https://www.alz.org/careplanning/downloads/katz-adl.pdf. Accessed 2021. • American Psychiatric Association. *The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2016. https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426760.

Patient Care 2: Psychiatric Formulation and Differential Diagnosis **Overall Intent:** To organize and summarize findings to generate a differential diagnosis; identify contributing factors and contextual features to create a formulation; risk assessment	
Milestones	**Examples**
Level 1 *Identifies information from relevant sources to develop a basic differential diagnosis for common geriatric patient presentations*	• Accurately reports evaluation data in an oral presentation or note and gives a provisional diagnosis when the clinical presentation is fairly straightforward
Describes the role of biological, psychosocial, cultural, and developmental/life cycle factors for a geriatric patient	• Describes substance use, medical and neurologic comorbidity, medical effects, cognitive assessment, and developmental factors in general terms when discussing a patient
Screens for safety and risk of harm to oneself, to others, or by others	• Asks about suicidal or homicidal ideation, intent, or plan
Level 2 *Integrates information from relevant sources to develop a basic differential diagnosis for common geriatric patient presentations*	• For late onset anxiety, reviews thyroid-stimulating hormone and considers history of chronic obstructive pulmonary disease (COPD) as contributors to symptoms
Identifies the specific biological, psychosocial, cultural, and developmental /life cycle factors that contribute to a geriatric patient's presentation	• Considers issues of ego integration, coping with losses in health, function, relationships, and social status in addition to social and cultural factors
Engages in a basic risk assessment and basic safety planning	• Identifies static, dynamic, and protective factors in determining acute safety risk; provides crisis resources
Level 3 Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of geriatric patient presentations	• Discusses differential diagnoses, comes up with a working diagnosis, and gives supportive evidence from the history, mental status, work-up and collateral history to defend the diagnosis
Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, cultural, and developmental/life cycle factors	• Discusses how a patient's recent retirement and the death of several friends influences the current presentation of recurrent major depression, and proposes incorporation of volunteer work into the treatment plan in addition to antidepressant treatment

Incorporates risk and protective factors into the assessment of imminent, short-, and long-term patient safety and the safety of others	• During a home visit, determines a low imminent risk as the patient is forward thinking, motivated for treatment, well supported by the community, and is denying suicidal ideation, intent, or plan; determines, however, a chronic elevated risk related due to remote history of suicide attempt with psychiatric hospitalization, impulsiveness secondary to frontal lobe infarction three years ago, and limited physical mobility
Level 4 *Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings* *Develops formulations based on multiple conceptual models* *Incorporates risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient*	• For a 76-year-old patient with new onset psychotic symptoms, elicits stiff axial gait on exam, fluctuating confusion, and visual spatial and memory deficits on neuropsychological testing, and considers alpha-synucleinopathies diseases in the differential diagnosis • In developing a differential diagnosis of dementia, discusses concepts of cortical and subcortical dementias, and how the presentation, course, treatment, and prognosis may be affected based on etiology • Obtains collateral history of from adult daughter that the patient with history of chronic pain, Opioid Use Disorder, and mild neurocognitive impairment has a long-standing history of arguing with her husband that has occasionally led to aggressive behaviors including throwing objects in acute pain episodes
Level 5 *Serves as a role model in the development of accurate and complete differential diagnoses and formulations* *Serves as a role model for safety and risk assessment*	• Becomes a case discussant and models the process of developing a differential diagnosis and formulation as part of a case conference or grand rounds • Chairs a patient safety committee meeting and proposes action items
Assessment Models or Tools	• Assessment of case conference presentations • Case-based discussions • Direct observation • Medical record (chart) audit for assessments and formulations • Simulation or standardized patient • Written case formulations
Curriculum Mapping	•
Notes or Resources	• A psychiatric formulation is a theoretically based conceptualization of the patient's mental disorder(s). It provides an organized summary of those individual factors thought to contribute to the patient's unique psychopathology. This includes elements of possible etiology, as well as those that modify or influence presentation, such as risk and protective factors. It is therefore distinct from a differential diagnosis that lists the possible diagnoses for a patient, or an assessment that summarizes the patient's signs and

	symptoms, as it seeks to understand the underlying mechanisms of the patient's unique problems by proposing a hypothesis as to the causes of mental disorders. • Models of formulation include those based on either major theoretical systems of the etiology of mental disorders, such as behavioral, biological, cognitive, cultural, psychological, psychoanalytic, sociological, or traumatic, or comprehensive frameworks of understanding, such as bio-psycho-social or predisposing, precipitating, perpetuating, and prognostic outlines. Models of formulation set forth a hypothesis about the unique features of a patient's illness that can serve to guide further evaluation or develop individualized treatment plans. • Lewis- Fernández R, Aggarwal NK, Hinton L, Hinton DE, Kirmayer LJ. *DSM-5® Handbook on the Cultural Formulation Interview.* 1st ed. Arlington, VA: American Psychiatric Publishing; 2016. ISBN:978-1-58562-492-8. • Ross DE. A method for developing a biopsychosocial formulation. *Journal of Child and Family Studies*. 2000;9(1):1-6. https://cchs.ua.edu/wp-content/cchsfiles/psych/BIOPYCHOSOCIAL.pdf. • APA. DSM-5 Outline for Cultural Formulation Interview (CFI). https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjMztLgj5jyAhWOW80KHbOjDjUQFnoECAIQAw&url=https%3A%2F%2Fwww.psychiatry.org%2FFile%2520Library%2FPsychiatrists%2FPractice%2FDSM%2FAPA_DSM5_Cultural-Formulation-Interview.pdf&usg=AOvVaw0yl4EMDbxmpSbT2uVcJfOL. Accessed 2021.

Patient Care 3: Geriatric Therapeutic Modalities **Overall Intent:** To select appropriate and comprehensive therapeutic modalities, including psychopharmacology, psychotherapy, and behavioral/environmental modifications for patients with a range of clinical conditions	
Milestones	**Examples**
Level 1 *Applies knowledge of the general principles of psychopharmacology* *Establishes and maintains a therapeutic alliance and professional boundaries while providing psychotherapies to patients with uncomplicated problems*	• Selects appropriate first-line medications, such as selective serotonin reuptake inhibitors (SSRI) for depression or a mood stabilizer for bipolar disorder • Employs supportive therapy techniques during a medication management visit for a patient with depression
Level 2 *Applies knowledge of the geriatric psychopharmacology principles* *Establishes and maintains a therapeutic alliance with older adults* *Identifies behavioral and environmental factors that impact psychiatric presentations*	• "Starts low and goes slow" when starting medication for an 80-year-old patient in recognition of pharmacokinetic and pharmacodynamic changes with aging • When asked for a benzodiazepine for sleep in an older adult, maintains an empathic rapport while offering an alternative with fewer risks of side effects • Identifies that a patient with dementia experiences agitation only when a certain staff member at their nursing home delivers care
Level 3 *Applies principles of geriatric psychopharmacology and treatment response in the selection and management of somatic therapies* *Integrates the selected psychotherapy with other treatment modalities and other providers of care* *Provides behavioral and environmental interventions when clinically appropriate*	• Tapers and discontinues ineffective medication to avoid polypharmacy, and chooses another psychopharmacologic intervention • Recommends psychopharmacologic treatment and cognitive behavioral therapy for a patient with anxiety, and maintains communication with the therapist to align treatment goals and monitor progress • Recommends that a patient with dementia wear a wander guard due to risk of wandering
Level 4 *Selects and manages appropriate psychopharmacologic and other somatic treatment options in patients with significant medical comorbidities and treatment refractory disorders*	• Checks for drug-drug interactions when starting an SSRI in a patient taking coumadin for anticoagulation and adjusts therapy to minimize risk, and educates the patient on signs and symptoms of bleeding and the risks versus benefits of treatment

Selects a psychotherapeutic modality and tailors the selected psychotherapy to the patient based on an appropriate case formulation *Integrates behavioral and environmental setting intervention appropriately with other treatment modalities*	• Appropriately recommends electroconvulsive therapy (ECT) for a patient with severe treatment refractory depression; , provides patient education on risks, benefits, and alternatives of ECT; and addresses concerns about cognitive side effects • When asked for a therapy referral for a patient with dementia, considers the patient's cognitive functioning, social determinants, and whether the patient will be able to participate in that type of therapy; if the patient cannot retain and apply information from therapy sessions, recommends instead a more behaviorally oriented therapy involving the patient's family • Teaches family members to use redirection rather than confrontation when communicating with a patient with dementia with psychosis
Level 5 *Explains less common somatic treatment choices to patients and patient families in terms of proposed mechanisms of action* *Integrates emerging studies of geriatric therapeutic modalities into clinical practice*	• Appropriately uses pharmacologic augmentation treatment strategies, using evidenced based reasoning for off label treatment recommendations • Uses evidence- based reasoning for recommending the duration of maintenance ECT treatments in older adults
Assessment Models or Tools	• Assessment of case conference presentations • Case based discussion • Chart review • Clinical skills evaluation • Direct observation • Simulation or standardized patients
Curriculum Mapping	•
Notes or Resources	• American Geriatrics Society. American Geriatrics Society 2019 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2019;67(4):674-694. https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.15767. • Jacobson SA. *Clinical Manual of Geriatric Psychopharmacology*. 2nd ed. Arlington, VA: American Psychiatric Association Publishing; 2014. ISBN:978-1585624546. • Schatzberg AF, Nemeroff CB. *The American Psychiatric Association Publishing Textbook of Psychopharmacology*. 5th ed. Arlington, VA: American Psychiatric Association Publishing; 2017. ISBN:978-1585625239.

Patient Care 4: Treatment Planning and Management **Overall Intent:** To participate in the development, management, and periodic review of inter-professional treatment plans; manages geriatric patient safety issues, substance use, and medical comorbidities; provide culturallyaware care to socioeconomically disadvantaged, and geriatric patients	
Milestones	**Examples**
Level 1 *Establishes treatment goals with the patient*	• Asks a patient with moderate suicide risk, who has good family support, whether the patient would prefer psychiatric hospitalization or a partial hospitalization program with close outpatient follow-up
Recognizes geriatric patient in crises, acute, or chronic presentation of psychiatric and medical conditions	• Recognizes the patient is not acutely unsafe or grossly functionally impaired and does not require hospitalization; discusses alternatives such as partial hospitalization/day treatment
Recognizes cultural factors and social determinants of health impacting the care of all patients	• Acknowledges that a Black patient develops hypervigilance, anxiety, and sleep disturbance after witnessing several police killings of unarmed black people in the media and focuses on previous experiences of own trauma
Level 2 *Identifies additional disciplines to address treatment goals specific to the needs of a geriatric patient*	• Discusses with family members the potential role for advocacy groups such as Alzheimer's Disease and Related Disorders Association in helping cope with decline in cognition and function in their family member
Manages geriatric patient in crises, acute, or chronic presentation with supervision using appropriate interventions	• Appropriately recommends a day treatment program, home care resources, or higher levels of care such as assisted living or nursing home care
Recognizes the cultural factors and social determinants of health impacting the care of geriatric patients	• In a case formulation, recognizes that an openly gay man fears discrimination and so he does not disclose his sexual orientation after moving to a nursing home
Level 3 *Devises and modifies, as needed, individualized patient-centered treatment plans for common presentations*	• For a patient with Parkinson’s disease with psychotic symptoms, switches medication from risperidone to pimavanserin
Manages patients’ comorbid conditions, such as substance use and medical problems related to the psychiatric presentation, treatment, and prognosis, utilizing consultation services	• Discusses the benefits and risks of naltrexone with an 80-year-old man with a history of chronic alcohol use and cirrhosis of the liver

Provides sensitive and culturally aware care to socioeconomically disadvantaged patients	• Seeks shelter placement for a 70-year-old homeless patient at a facility that provides care to disadvantaged patients
Level 4 *Integrates multiple modalities in a comprehensive approach to provide patient-centered treatment plans for complex presentations* *Consistently identifies and manages patient safety issues and comorbid substance use and medical conditions while utilizing consultation for refractory cases or complicated cases* *Provides comprehensive management of multiple and complex conditions, while addressing social determinants of health*	• For a 70-year-old patient with a history of depression and stroke, obtains a longitudinal history of behaviors including chronic smoking and treatment non-adherence; independently develops a treatment plan that includes education of stroke risk factors, medication management, and neurological rehabilitation • Evaluates risk for falls; in planning treatment, considers medication review, substance use assessment, home assessment, and neurological exam and consults with physical therapy and occupational therapy • Refers a patient with limited financial resources and major neurocognitive disorder who has been recently wandering away from home for functional assessment, eligibility for Medicaid benefits, and nursing home placement
Level 5 *Supervises treatment planning of other learners and multidisciplinary care practitioners* *Creates and leads a comprehensive patient - centered management plan for the patient with highly complex conditions, safety issues, medical, and substance use comorbidities* *Creates and leads a comprehensive patient-centered management plan for multiple conditions while addressing social determinants of health*	• Supervises treatment planning with clinical staff members who are electively rotating at an adult day health center • Leads an interagency collaboration of legal, medical, social services and law enforcement to address alleged abuse in vulnerable older adults • Develops a multidisciplinary telepsychiatry service that provides consultation to geriatric physician shortage areas
Assessment Models or Tools	• Assessment of case conference presentations • Case-based discussions • Direct observation • Medical record (chart) audit for assessments and formulations • Simulation or standardized patient • Written case formulations
Curriculum Mapping	•
Notes or Resources	• APA. *The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2016. ISBN:978-0890424650.

	• APA. Clinical Practice Guidelines. https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines. Accessed 2021. • Mental Health. Local Organizations with Mental Health Expertise. https://www.mentalhealth.gov/talk/community-conversation/services. Accessed 2021. • Lewis- Fernández R, Aggarwal NK, Hinton L, Hinton DE, Kirmayer LJ. *DSM-5® Handbook on the Cultural Formulation Interview.* 1st ed. Arlington, VA: American Psychiatric Publishing; 2016. ISBN:978-1-58562-492-8.

Patient Care 5: Telepsychiatry **Overall Intent:** To efficiently and effectively use digital resources to enhance care, including synchronous and asynchronous communication and telehealth visits	
Milestones	**Examples**
Level 1 *Uses the EHR for routine patient care activities* *Describes potential benefits, challenges, and appropriate clinical usage of telehealth visits for older adults*	• Accesses basic information in the electronic health record (EHR) including patient notes, diagnostic tests, imaging, and patient demographics • Completes basic documentation within the EHR, e.g., progress notes, medication lists, and allergy lists • Recommends telepsychiatry for a patient with increasing mobility issues • Describes the benefits of telemedicine for adult adults, including increasing access, reducing travel time, and reducing costs; describes challenges including technical difficulties for older patients; identifies patient groups and diagnoses that have been shown to benefit from telemedicine
Level 2 *Accesses secondary data sources for use in patient care activities* *Performs assigned telehealth visits using approved technology, including establishing therapeutic alliance and, obtaining basic history and mental status exam*	• Accesses outside records via the EHR such as with integrated multi-site EHR systems • Uses chart searching technology to obtain details of treatment history • Obtains informed consent for telehealth visit and builds trust and rapport on the telehealth visit • Accurately performs mental status exam including assessment of mood, affect, and behavior during a video visit
Level 3 *Effectively manages therapeutic relationship through virtual environment and asynchronous communication* *Adjusts interview and cognitive evaluation to address technological difficulties and patient needs and preferences*	• Appropriately manages virtual communications to and from patients (patient portal) and staff • Administers standardized cognitive screening tools through use of synchronous video visit and appropriately modifies testing for virtual administration • Recognizes and adjusts to patient factors such as hearing, vision or cognitive impairments that may interfere with remote interview and examination
Level 4 *Supports an interdisciplinary care team through the use of the EHR and asynchronous communication* *Recognizes and evaluates complex physical and mental status exam findings via video visit*	• Use messaging systems in the EHR to effectively communicate with other disciplines and provide remote consultation (e-consultations) for patient care teams • Use telehealth visits as part of a collaborative care model • Ensure identification of subtle findings such as abnormal movements, substance intoxication or withdrawal, using distant site resources when necessary

	• Adjusts telehealth interview based on patient comfort with technology, including decision to terminate telehealth visit based on patient preferences or inability to complete adequate assessment by video
Level 5 *Leads improvements to the EHR* *Develops and innovates new ways to use emerging technologies to augment telehealth visits*	• Identifies gaps in EHR in meeting needs of all patients, advocates for improvements in EHR to be more culturally aware, and works to reduce barriers to telehealth for mental health care for populations (e.g., older, rural, immigrant) • Assists in developing clinical tools and digital innovations to improve the health of older adults • Advocates for increased access to telehealth for older adults
Assessment Models or Tools	• Didactic exam • Direct observation/synchronous video observation • Medical record audit • Simulation • Standardized patients
Curriculum Mapping	•
Notes or Resources	• APA, American Telemedicine Association. Best Practices in Videoconferencing-Based Telemental Health. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf. Accessed 2021. • Hilty DM, Crawford A, Teshima J, et al. A framework for telepsychiatric training and e-health: Competency-based education, evaluation and implications. *Int Rev Psychiatry*. 2015;27(6):569-592. https://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1091292?journalCode=iirp20..

Medical Knowledge 1: Development through Later Life **Overall Intent:** To demonstrate knowledge of human development and the impact of pathological and environmental influences	
Milestones	**Examples**
Level 1 *Describes physiological changes associated with normal aging and developmental theories of later life*	• Identifies aging-related physiologic changes to sleep and cognition when interviewing a patient presenting with depression and comorbid insomnia • Grossly differentiates typical from atypical development throughout the life cycle with a focus on later life
Describes the influence of biological, psychosocial, and cultural factors on personality development	• Recognizes and reviews predisposing, precipitating, and perpetuating factors that influence personality development as part of ongoing case formulation • Incorporates assessment of bias, and social determinants of health when interviewing a patient
Describes common life events, functional change, and general medical conditions occurring in later life	• Considers the impact of role transitions when interviewing a recently retired patient presenting with depressive symptoms
Level 2 *Applies developmental theories to explain transitions in later life*	• Names Eriksonian stages of psychosocial development, with a focus on later-life stages
Identifies pathological and environmental factors that commonly occur in later life and may impact later-life development	• Recognizes that adverse childhood experiences influence long-term psychological response to stress
Demonstrates basic knowledge of the role of cultural context and social determinants in later life	• Describes how access to care can be affected in a patient on a fixed income
Level 3 *Identifies major deviations from typical later-life development*	• Uses Eriksonian stages as part of a case formulation presented to the clinical team, explaining to a resident how the concept of generativity versus stagnation influences the expression of depression in an older, unemployed patient
Describes the impact of pathological and environmental factors on later life	• Explains how the interplay between trauma, invalidating environment, and temperament influences the expression of borderline personality disorder in older adults
Describes the impact of cultural context and social determinants on mental health conditions occurring in later life	• Describes how health literacy can impact engagement in clinical care in a patient with mild cognitive impairment

Level 4 *Incorporates knowledge of later-life development into the clinical formulation* *Analyzes and discusses the influence of pathological and environmental factors on later life* *Evaluates the impact of life events, functional change, and general medical health on the expression of psychopathology in later life*	• Applies developmental theory models to engage a patient and family members in the process of transitioning the patient to an assisted living environment • Discusses how increased deafness in an elderly musician interplays with the patient's depression and increasing despair
Level 5 *Incorporates new scientific knowledge into understanding of later-life development*	• Reconceptualizes late-life development to include non-traditional gender role representations/non-Western ideas about individual and community
Assessment Models or Tools	• Assessment of case conference presentation • Didactic exams • Direct observation • Medical record (chart) audit • Psychotherapy supervision • Retrospective case review
Curriculum Mapping	•
Notes or Resources	• American Association for Geriatric Psychiatry (AAGP). Curriculum for Geriatric Psychiatry. https://www.aagponline.org/index.php?src=gendocs&ref=CurriculumforGeriatricPsychiatry&category=Main. Accessed 2021. • Ege MA, Messias E, Thapa PB, Krain LP. Adverse childhood experiences and geriatric depression: Results from the 2010 BRFSS. *Am J Geriatrc Psychiatry.* 2015;*23*(1):110–114. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267899/. • Steffens DC, Blazer DG, Thakur ME. *The American Psychiatric Publishing Textbook of Geriatric Psychiatry*. 5th ed. Arlington, VA: American Psychiatric Publishing; 2015. ISBN:978-1585624843. • Tani Y, Fujiwara T, Kondo K. Association between adverse childhood experiences and dementia in older Japanese adults. *JAMA Netw Open.* 2020;3(2):e1920740. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760439.

Medical Knowledge 2: Psychopathology **Overall Intent:** To identify and treat psychiatric conditions, assess risk and determine level of care, and understand the interface of psychiatry and the rest of medicine	
Milestones	**Examples**
Level 1 *Demonstrates sufficient knowledge to identify and treat most psychiatric conditions throughout the life cycles*	• Identifies that a patient has a cognitive impairment and that this is not synonymous with dementia
Identifies risk and protective factors for danger to oneself and/or others across the life cycle	• Screens for fall risk when evaluating a patient with comorbid depression and chronic pain taking opiates
Demonstrates knowledge of screening and evaluation tools to identify psychiatric conditions in the general medical patient population	• When providing inpatient consultation to a patient on the surgical service, identifies Patient Health Questionnaire-9 (PHQ-9) and Geriatric Depression Scale (GDS) as validated tools to screen for depression
Level 2 *Demonstrates sufficient knowledge to identify and treat common psychiatric conditions in later life*	• Identifies that a patient has had mild cognitive impairment as opposed to dementia • Diagnoses and treats delirium caused by a urinary tract infection in a patient
Weighs the risk and protective factors in older adults and determines the appropriate level of care	• Identifies the need for inpatient psychiatric admission in a cognitively impaired outpatient with escalating aggressive behavior
Selects relevant screening and evaluation tools to identify geriatric psychiatric conditions in the general medical patient population	• Uses the Columbia Suicide Rating Scale (CSRS) when evaluating an older adult presenting to the emergency department with worsening depressive symptoms
Level 3 *Demonstrates sufficient knowledge to identify and treat complex psychiatric conditions in later life*	• Prescribes appropriate medication and psychosocial interventions to treat a patient with schizophrenia in late life
Recognizes the impact of functional and neurocognitive impairments on safety in older adults	• Identifies risk factors for tardive dyskinesia when treating a patient with schizophrenia • Screens for driving safety or refers for driving evaluation when evaluating a patient with neurocognitive disorder
Recognizes medical conditions in geriatric psychiatry patients in collaboration with other clinical disciplines	• Diagnoses and appropriately treats post-stroke depression in a patient referred by a neurologist

Level 4 *Synthesizes knowledge to identify and treat atypical and complex psychiatric conditions in later life* *Determines the appropriate level of care for functionally or neurocognitively impaired patients* *Diagnoses complex clinical conditions in geriatric psychiatric patients in collaboration with other clinical disciplines*	• Diagnoses and appropriately treats a patient with comorbid bipolar disorder and Lewy body dementia/mild neurocognitive disorder (MNCD) • Collaborates with the primary care physician in determining the ability of a patient with dementia/MNCD and exit-seeking behavior to continue to live at home • Prescribes appropriate psychiatric treatment for a patient with major depressive disorder (MDD) and coordinates treatment of the patient's HIV (human immunodeficiency virus) and Hepatitis C with the primary care physician • Uses the STOP-BANG questionnaire to screen for obstructive sleep apnea when evaluating a patient presenting with cognitive impairment and insomnia
Level 5 *Teaches risk assessment and determination of level of care for geriatric patients* *Develops protocols for risk assessment and determination of appropriate level of care in collaboration with other clinical disciplines*	• Develops an educational curriculum on evaluating and managing depression in late life for primary care clinicians • Develops a suicide screening protocol for older adults in primary care setting
Assessment Models or Tools	• Didactic exams • Direct observation • Medical record (chart) audit
Curriculum Mapping	•
Notes or Resources	• This milestone includes knowledge of diagnostic criteria, epidemiology, pathophysiology, course of illness, comorbidities, and differential diagnosis of psychiatric disorders, including substance use disorders and presentation of psychiatric disorders across the life cycle and in heterogeneous geriatric patient populations (e.g., different cultures, families, sexes, ethnicity) • "Atypical" and "complex" psychiatric conditions refer to unusual presentations of common disorders, co-occurring disorders in patients with multiple comorbid conditions, and diagnostically challenging clinical presentations. • APA. DSM-5 Outline for Cultural Formulation Interview (CFI). https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjMztLqj5jyAhWOW80KHbOjDjUQFnoECAIQAw&url=https%3A%2F%2Fwww.psychiatry.org%2FFile%2520Library%2FPsychiatrists%2FPractice%2FDSM%2FAPA_DSM5_Cultural-Formulation-Interview.pdf&usg=AOvVaw0yl4EMDbxmpSbT2uVcJfOL. Accessed 2021.

	• AAGP. Curriculum for Geriatric Psychiatry. https://www.aagponline.org/index.php?src=gendocs&ref=CurriculumforGeriatricPsychiatry&category=Main. Accessed 2021. • Psychiatry Online. https://psychiatryonline.org/. Accessed 2021. • Steffens DC, Blazer DG, Thakur ME. *The American Psychiatric Publishing Textbook of Geriatric Psychiatry*. 5th ed. Arlington, VA: American Psychiatric Publishing; 2015. ISBN:978-1585624843.

Medical Knowledge 3: Treatment and Management **Overall Intent:** To know and understand the use of therapeutic modalities in late life mental health, including pharmacotherapy, electroconvulsive therapy (ECT), psychotherapies, and behavioral and environmental interventions	
Milestones	**Examples**
Level 1 *Demonstrates an evidence-based understanding of psychotropic and somatic treatment modalities for common psychiatric disorders*	• Selects and prescribes a specific antidepressant for a 75-year-old-man with his first episode of major depression
Demonstrates an understanding of the basic principles, indications, and contraindications of psychotherapeutic modalities	• Explains the black box warning for use of antipsychotic medication in patients with dementia to the daughter of a patient with moderate neurocognitive disorder/probable Alzheimer Disease who believes her food is being poisoned. • Prescribes a rivastigmine transdermal patch for a patient with Lewy body dementia • Obtains informed consent for ECT for a patient with psychotic depression
Describes characteristics of various treatment settings and models of care	• Incorporates bereavement therapy in treatment of a 78-year-old woman with recurrent major depressive episode following the death of her partner • Refers patient with bipolar disorder to partial hospitalization program
Level 2 *Connects the changes in pharmacokinetics, pharmacodynamics, and physiology of aging to modifications of somatic treatments*	• Tapers benzodiazepine prescribed by primary care physician for sleep in 80-year-old-woman with cognitive impairment • Discusses specific characteristics of late life depression that respond to ECT with medical students
Describes the basic techniques of evidence-based individual psychotherapies and approaches to behavioral disturbances in geriatric patients	• Refers recently widowed 78-year-old man with mild cognitive impairment for interpersonal therapy • Refers patient with anxiety to cognitive behavioral therapy group therapy • Evaluates medication list for polypharmacy in patient who presents with delirium in the emergency department • Problem solves with caregiver of person with dementia who is refusing to shower, exploring modifications to bathroom, as well as a behavioral approach • Describes the importance of exercise, routine and structure for older adults and person with dementia • Provides instructions for lightbox therapy for patient with difficulty with sleep onset
Describes the applicable regulations for billing and reimbursement	• Explains the Current Procedural Terminology (CPT) codes related to inpatient and outpatient care

Level 3 *Describes evidence-based psychotropic and somatic treatment modalities for complex psychiatric disorders* *Describes principles of behavioral management and environmental interventions in various clinical care settings* *Describes federal and state regulations regarding the care of geriatric psychiatric patients in different clinical care settings*	• Refers patient with depression and Parkinson's disease for ECT • Modifies psychotropic drug regimen for patient with anxiety disorder and cognitive disorder • Refers family caregiver to a caregiver support group as a component of the treatment plan following evaluation of a person with dementia • Discusses with family members planning to ease transition for a person with dementia moving from home to an adult foster care home • Involves family members to identify and customize calming activities for the person with dementia as part of a behavioral intervention program for behavioral and psychological symptoms of dementia (BPSD) • Recommends decluttering and simplifying in nursing home room for the person with dementia • Describes regulations regarding consent for treatment, hospitalization, and ECT for patients with guardianship or who lack capacity to be their own decision makers
Level 4 *Synthesizes knowledge of geriatric physiology and psychopharmacology for management of somatic therapies* *Critically appraises the evidence for efficacy of non-pharmacological therapies with and without concomitant pharmacotherapy* *Describes how to seek out and integrate new information on the practice of geriatric psychiatry*	• Modifies antipsychotic regimen following liver transplant in patient with psychotic disorder • Describes pharmacologic and non-pharmacologic treatments, while referencing complementary medicine approached • Adjusts pharmacologic management of long-standing bipolar disorder in a patient who develops renal impairment • Leads journal club discussion of repetitive transcranial magnetic stimulation in treatment-resistant depression in older adults
Level 5 *Incorporates emerging studies and new theoretical developments of geriatric therapeutic modalities into knowledge base* *Demonstrates sufficient knowledge of geriatric therapeutic modalities to teach others effectively*	• Collaborates in s-ketamine trial to include older adults • Provides updates to clinical team on transcranial direct current stimulation for neuropsychiatric symptoms of dementia • Creates and delivers lectures to house staff in psychiatry and/or family medicine on late-life depression • Participates in a community panel discussion on dementia care resources

	• Leads interprofessional case-based discussion of patient with motor neuron diseases secondary to Lewy body disease and depression including neuropsychology post doc, neurology and psychiatry housestaff
Assessment Models or Tools	• Assessment of case conference presentation • Direct observation • Medical chart audit • Psychotherapy supervision
Curriculum Mapping	•
Notes or Resources	• Alexopoulos GS, Raue PJ, Kiosses DN, et al. Problem-solving therapy and supportive therapy in older adults with major depression and executive dysfunction. *American Journal of Psychiatry*. 2010;167(11):1391-1398. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018861/. • The DICE Approach. https://diceapproach.com/. Accessed 2021. • Miller MD. *Clinician's Guide to Interpersonal Psychotherapy in Late Life: Helping Cognitively Impaired or Depressed Elders and Their Caregivers*. 1st ed. New York, NY: Oxford University Press; 2015. ISBN:978-0195382242. • Simon SS, Cordás TA, Bottino CM. Cognitive behavioral therapies in older adults with depression and cognitive deficits: A systematic review. *International Journal of Geriatric Psychiatry.* 2015:30(3):223-233. https://onlinelibrary.wiley.com/doi/10.1002/gps.4239.

Systems-Based Practice 1: Patient Safety and Quality Improvement **Overall Intent:** To analyze patient safety events, appropriately disclose patient safety events, and participate in quality improvement	
Milestones	**Examples**
Level 1 *Describes common patient safety events*	• Recognizes mortality, morbidity, adverse events, and near misses as reportable events
Describes process of patient safety event reporting	• Identifies institutional mechanisms for reporting patient safety events
Discusses basic quality improvement methodologies and metrics	• Lists and describes the basic elements of a Plan, Do, Study, Act (PDSA) cycle
Level 2 *Identifies factors that lead to patient safety events*	• Identifies hand-off and data reporting deficiencies which have led to errors in patient care • Reconciles EMR medication list with home medications of facility medication reconciliation record
Reports patient safety events through institutional reporting systems (simulated or actual)	• Consistently reports medication errors using institution-specific reporting systems
Describes quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates)	• Describes a hospital quality improvement initiative to improve medication reconciliation in the EHR
Level 3 *Participates in analysis of patient safety events (simulated or actual)*	• Meaningfully participates in a root cause analysis of a patient medication error
Participates in disclosure of patient safety events to patients and families (simulated or actual)	• Informs the patient and family members of the medication error and its consequences, with attending assistance
Participates in quality improvement initiatives	• Participates in the hospital quality improvement initiative on medication reconciliation
Level 4 *Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)*	• Presents a morbidity and mortality (M and M) conference on a patient medication error and possible measures to prevent future errors
Discloses patient safety events to patients and families (simulated or actual)	• Independently informs the patient and family members of the medication error and its consequences

Identifies, develops, implements, and analyzes a quality improvement project	• Designs and conducts their own quality improvement project on preventing medication errors
Level 5 *Actively engages teams and processes to improve systems to prevent patient safety events* *Serve as a role model to others in the disclosure of patient safety events* *Leads quality improvement initiatives at the institutional or community level*	• Becomes a resident patient safety representative at the institution • Supervises a more junior resident as the resident informs a patient of a minor medication error • Develops and leads an institution-wide quality improvement initiative related to medication errors
Assessment Models or Tools	• Assessment of case presentation • Assessment of M and M presentation • Direct observation • Quality improvement project • Simulation
Curriculum Mapping	•
Notes or Resources	• AADPRT. Model Curricula in Quality Improvement. https://portal.aadprt.org/user/vto/category/600. Accessed 2021. • American Board of Psychiatry and Neurology, Inc. (ABPN). Patient Safety Activity. https://www.abpn.com/maintain-certification/moc-activity-requirements/patient-safety-activity/. Accessed 2021. • Department of Veterans Affairs. Patient Safety Curriculum Workshop. https://www.patientsafety.va.gov/professionals/training/curriculum.asp. Accessed 2021. • Institute for Healthcare Improvement. Open School. http://www.ihi.org/education/ihiopenschool/Pages/default.aspx. Accessed 2021.

Systems-Based Practice 2: System Navigation for Patient-Centered Care **Overall Intent:** To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes; to coordinate patient care, safely transition care, and appropriately adapt care to meet community needs	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of care coordination* *Identifies key elements for safe and effective transitions of care and hand-offs* *Demonstrates knowledge of population and community health needs*	• Identifies the members of the geriatric interprofessional team, including physicians, nurses, psychologists, and other allied health professionals and describes their roles • Lists the essential components of an effective sign-out and care transition including sharing information necessary for successful on-call/off-call transitions • Identifies components of social determinants of health and how they impact the delivery of patient care
Level 2 *Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members* *Performs safe and effective transitions of care/hand-offs in routine clinical situations* *Identifies specific population and community health needs for their local population*	• Contacts interprofessional team members for routine cases and with occasional supervision, can ensure that all necessary referrals, testing, and care transitions are made • Performs a routine case sign-out and occasionally needs direct supervision to identify and triage cases or calls • Identifies that Latinx older adults in the local community are not adequately screened for depression
Level 3 *Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional team members* *Performs safe and effective transitions of care/hand-offs in complex clinical situations* *Uses local resources effectively to meet the needs of a patient population and community*	• Sees a patient in the emergency room and effectively coordinates care and consults with the assertive community treatment team who has been managing the patient in the community • Performs safe and effective transitions of care on clinical service at shift change and with increasing autonomy • Participates in meetings with local religious leaders to discuss the need for geriatric depression screening in the community
Level 4 *Effectively coordinates patient-centered care among different disciplines and specialties* *Effectively manages and advocates for safe transitions of care/hand-offs within and across health care delivery systems*	• Leads treatment team meetings with interprofessional team members and coordinates care with primary care colleagues • 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 geriatric depression screening at local cultural centers
Level 5 *Analyzes the process of care coordination and leads in the design and implementation of improvements* *Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes* *Leads innovations and advocates for populations and communities with specific health care needs*	• Works with hospital or ambulatory site team members or administration to analyze care coordination; takes a leadership role in designing and implementing changes to improve care coordination • Works with a quality improvement mentor to identify better hand-off tools for on-call services • Identifies that Hispanic older adults are less likely to be screened for depression and develops a program to improve screening opportunities
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	• CDC. Population Health Training. https://www.cdc.gov/pophealthtraining/whatis.html. Accessed 2021. • Metzl JM, Hansen H. Structural competency: Theorizing a new medical engagement with stigma and inequality. *Soc Sci Med*. 2014;103:126-133. https://www.sciencedirect.com/science/article/pii/S0277953613003778?via%3Dihub. • Skochelak SE, Hawkins RE, Lawson LE, Starr SR, Borkan JM, Gonzalo JD. *AMA Education Consortium: Health Systems Science*. 1st ed. Philadelphia, PA: Elsevier; 2016. ISBN:978-0323461160.

Systems-Based Practice 3: Physician Role in Health Care Systems **Overall Intent:** To identify components of the health care system, to promote health care advocacy, and to transition to independent practice	
Milestones	**Examples**
Level 1 *Identifies key components of the complex health care system* *Describes practice models and basic mental health payment systems* *Identifies basic concepts for effective transition to fellowship*	• Recognizes the role of key facets of the health care system such as insurance companies, hospitals, clinics, and the government • Lists large health care delivery systems relevant to the region such as managed care corporations, community mental health and state hospital systems, and understands the basic differences among private insurance, Medicaid, Medicare, and Veterans Affairs (VA) eligibility • Obtains a guide about starting a fellowship and studies it in preparation for beginning the fellowship program
Level 2 *Describes how components of a complex health care system are interrelated, and how this impacts patient care* *Identifies barriers to care in different health care systems* *Demonstrates use of information technology and documentation required for medical practice, billing, and coding*	• Discusses the process for insurance company reviews, denials, and approvals with the multidisciplinary treatment team • Recognizes the difference between Medicare A versus Medicare B in relation to working with Social Work Services and family to facilitate discharge planning for a patient who needs short-term rehabilitation post stroke • Raises concern about an insurance company not covering outpatient mental health services for a hospitalized patient • Uses a note template to ensure all documentation requirements are met in a timely manner to meet institutional, regulatory, and billing compliance
Level 3 *Discusses how individual practice affects the broader system* *Engages with patients in shared decision making and advocates for appropriate care and parity* *Demonstrates knowledge of credentialing, certification, licensure, and other regulatory*	• Discusses the utility of routine colonoscopy in a patient with advanced dementia and the rationale for recommendation of cancelation of the procedure • Presents several antidepressant medication options to a patient with dementia; discusses the different side effect profiles and potential adverse drug interactions with the patient's specific medication profile • Participates in practice management seminar in preparation to transition into independent practice including contract negotiations, malpractice insurance carriers, and basic regulatory requirements for licensure

requirements for transition to independent practice	
Level 4 *Manages components of the complex health care system to provide high-value, efficient, and effective patient care and transition of care* *Advocates for patient care needs, including mobilizing community resources* *Identifies and evaluates practice habits and patterns in preparation for independent practice*	• Works with members of the interdisciplinary treatment team to coordinate coverage for psychiatric home health care services for a patient being discharged to home • Works with the state psychiatric society's legislative committee on issues related to step therapy and access • Reviews requirements for board certification and begins the application process • Reviews current practice and how that will translate to performance outside of fellowship • Tracks progress on completion of maintenance of certification and state licensure requirements
Level 5 *Leads systems change that enhances high-value, efficient, and effective patient care and transition of care* *Participates in advocacy activities for access to care in mental health and reimbursement* *Educates others to prepare them for transition to practice*	• Works with community or professional organizations to advocate for caregiver support programs to be embedded in geriatric care services • Testifies before the state legislature on behalf of the state psychiatric society regarding issues of mental health parity including coverage of medications, telehealth access, and psychotherapy • Presents to senior residents and fellows on the process of enrolling in maintenance of certification following obtaining initial certification
Assessment Models or Tools	• Direct observation • Multisource feedback • Review of committee service • Review of leadership roles • Self-evaluation • Simulation
Curriculum Mapping	•
Notes or Resources	• AADPRT. Systems-Based Practice Curriculum for Psychiatry Residents. https://portal.aadprt.org/public/vto/categories/Virtual%20Classroom/Model%20Curricula%20--%20AADPRT%20Peer-Reviewed/Systems%20Based%20Practice/57febe5a885bc_SBP%20Curriculum.pdf. Accessed 2021.

	• ABPN. Improvement in Medical Practice (PIP). https://www.abpn.com/maintain-certification/moc-activity-requirements/improvement-in-medical-practice-pip/. Accessed 2021. • APA. Quality Improvement. https://www.psychiatry.org/psychiatrists/practice/quality-improvement. Accessed 2021. • APA. Resident Guide to Surviving Psychiatric Training. https://www.psychiatry.org/File%20Library/Residents-MedicalStudents/Residents/Guide-Surviving-Psychiatric-Training/Resident-Guide-Surviving-Psychiatric-Training.pdf. Accessed 2021. • APA. Transition to Practice and Early Career Resources. https://www.psychiatry.org/psychiatrists/practice/transition-to-practice. Accessed 2021. • National Association of State Mental Health Program Directors (NASMHPD). National Framework for Quality Improvement in Behavioral Health Care. https://nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf. Accessed 2021. • Psychiatry Online. Quality Improvement in Psychiatry: Why Measures Matter. https://focus.psychiatryonline.org/doi/10.1176/foc.9.2.foc232. Accessed 2021.

Systems-Based Practice 4: Elder Law **Overall Intent:** To assess and manage self-determination and decisional capacity; to identify and manage elder abuse, exploitation, and neglect	
Milestones	**Examples**
Level 1 *Recognizes issues of self-determination and lists criteria for decisional capacity in a patient* *Discusses types of elder abuse, including exploitation, neglect, and physical, emotional, and financial abuse*	• Identifies the health care decision maker in a patient's care • Conducts disclosure and informed consent process for ECT with a patient in outpatient clinic • Considers elder abuse during a consult on a 70-year-old patient admitted to the medical inpatient unit who has a history of falls and presents with multiple bruises over the arms
Level 2 *Recognizes issues of self-determination and decisional capacity in the geriatric patient and identifies the health care decision maker in a patient's care* *Recognizes the potential for elder abuse and the role of the physician in addressing these issues*	• Discusses the completion of an advance directive with a patient and his spouse in the intake assessment to the inpatient geriatric psychiatry unit • Arranges to interview a patient separately from the care provider after noticing the patient appears to be hesitant to speak freely
Level 3 *Routinely identifies and manages issues of patient self-determination and decisional capacity* *Identifies the occurrence of elder abuse and/or undue influence and initiates management plan, including mandatory reporting*	• Counsels family/care facility representatives in identifying a surrogate/proxy decision maker for a geriatric patient determined to lack decisional capacity • Knows indications, as a mandatory reporter, to report to Adult Protective Services for concerns of abuse, neglect and exploitation of vulnerable older adults • Recommends a full body x-ray series on an elderly patient who was admitted through the emergency department with a report of multiple falls and suspicious accidents
Level 4 *Proactively identifies and manages complex issues of patient self-determination and decisional capacity* *Advocates against elder abuse through collaboration with community programs and state agencies*	• Initiates discussion with cognitively intact geriatric patient and family proactively to designate a surrogate/proxy decision maker • Gives a presentation at senior living center on advance directives for medical care • Counsels families to inquire and include mental health specific advanced directives in the state of residence in legal paperwork • Presents a brief presentation during mental health awareness week on the various forms of elder abuse at a local medical society meeting

Level 5 *Conducts educational programs/modules on mental health issues related to elder law* *Conducts assessment in formal investigations of elder abuse*	• Provides written report or testimony in a legal setting on issues of patient, self-determination, or decisional capacity • Serves as an advisor on a county public health task force of elder care and wellness • Leads a hospital task force that investigates reports of elder abuse involving patients admitted to the hospital
Assessment Models or Tools	• Didactic exams • Direct observation • Multisource feedback • Review of committee service • Review of leadership roles • Self-evaluation • Simulation
Curriculum Mapping	•
Notes or Resources	• Santos EJ, King DA. The assessment of elder abuse. In: Lichtenberg PA. *Handbook of Assessment in Clinical Gerontology*. Burlington, MA: Academic Press; 2010: 229-242. ISBN:978-0123749611. • US Preventive Services Task Force. Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults: US Preventive Services Task Force final recommendation statement. *JAMA.* 2019;320(16):1678-1687. https://jamanetwork.com/journals/jama/fullarticle/2708121.

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice **Overall Intent:** To appraise and apply evidence-based best practices	
Milestones	**Examples**
Level 1 *Demonstrates how to access and summarize available evidence for routine conditions*	• Identifies the clinical problem and obtains the appropriate evidence-based guideline for the patient
Level 2 *Articulates clinical questions and initiates literature searches to provide evidence-based care*	• Devises a PubMed and PsychInfo search to determine best psychotherapy approach for treatment of a geriatric patient with generalized anxiety disorder and mild cognitive impairment
Level 3 *Locates and applies the best available evidence to the care of patients applying a hierarchy of evidence*	• Selects the best medication option for a patient with late-life depression by prioritizing 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 care, tailored to the individual patient*	• Assesses the evidence base for alternative treatment options when the patient with behavioral and psychologic symptoms in dementia does not respond to first-line pharmacologic and behavioral interventions
Level 5 *Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines*	• Formally teaches others how to find and apply best practice guidelines
Assessment Models or Tools	• Assessment of case presentation • Case review • Direct observation • Learning portfolio • Written examination
Curriculum Mapping	•
Notes or Resources	• APA. Clinical Practice Guidelines. https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines. Accessed 2021. • Drake RE, Goldman HH, Leff HS, et al. Implementing evidence-based practices in routine mental health service settings. *Psychiatr Serv.* 2001;52(2):179-182. https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.52.2.179. • Guyatt G, Rennie D, Meade MO, Cook DJ. *Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice.* 3rd ed. New York, NY: McGraw Hill; 2015. https://jamaevidence.mhmedical.com/book.aspx?bookId=847.

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

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth **Overall Intent:** To know how to seek performance data, to conduct reflective practice, and to create and use a learning plan	
Milestones	**Examples**
Level 1 *Accepts responsibility for personal and professional development by establishing goals*	• Articulates an individualized professional improvement goal
Identifies the factors that contribute to gap(s) between one's expected and actual performance	• Identifies an area of weakness in medical knowledge that affects the ability to care for patients
Actively seeks opportunities to improve	• Begins to seek ways to determine where improvements are needed and makes some specific, reasonable, and achievable goals
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 gap(s) between one's expected and actual performance	• After working on inpatient service for a week, notices own difficulty in describing psychotic symptoms and asks the attending for assistance in better distinguishing and identifying symptoms of thought disorder in patients with psychosis
Designs and implements a learning plan, with prompting	• Uses feedback with a goal of improving communication skills with peers/colleagues, staff members, and patients the following week
Level 3 *Seeks performance data episodically, with openness and humility*	• Humbly acts on input and is appreciative and not defensive
Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) 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	• Seeks out supervisor feedback regarding communication skills with a patient with dementia and agrees to practice de-escalation techniques on inpatient rounds to better learn about non-pharmacological management of agitation
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 gap(s) between their expected and actual performance *Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it*	• Consistently identifies ongoing gaps and chooses areas for further development • Adapts learning plan using updated feedback when multisource assessments do not improve
Level 5 *Role models consistently seeking performance data with openness and humility* *Coaches others on reflective practice* *Facilitates the design and implementation of learning plans for others*	• Consistently acknowledges own areas of weakness with supervisors and colleagues • Encourages other learners on the team to consider how their behavior affects the rest of the team • 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.. • Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. *Acad Med.* 2009;84(8):1066-74. https://insights.ovid.com/crossref?an=00001888-200908000-00021. • Lockspeiser TM, Schmitter PA, Lane JL, Hanson JL, Rosenberg AA, Park YS. Assessing residents' written learning goals and goal writing skill: Validity evidence for the learning goal scoring rubric. Acad Med. 2013;88(10):1558-1563. https://insights.ovid.com/article/00001888-201310000-00039.

Professionalism 1: Professional Behavior and Ethical Principles **Overall Intent:** To recognize and address lapses in ethical and professional behavior, demonstrates ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas	
Milestones	**Examples**
Level 1 *Identifies and describes core professional behavior* *Recognizes that one's behavior in professional settings affects others* *Demonstrates knowledge of core ethical principles*	• Lists punctuality, accountability, and a sense of patient ownership as professionalism • Recognizes that arriving late to sign-out is a burden to peers and a risk for patients • 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 *Demonstrates professional behavior in routine situations* *Takes responsibility for one's own professionalism lapses and responds appropriately* *Analyzes straightforward situations using ethical principles*	• Completes clinical documentation within mandated timeframe • Apologizes for the lapse when appropriate and takes steps to make amends if needed • Recognizes the conflict between autonomy and beneficence in decisions such as involuntary treatment, nursing home placement, and end-of-life issues
Level 3 *Demonstrates professional behavior in complex or stressful situations* *Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting* *Analyzes complex situations using ethical principles and recognizes when help is needed*	• Remains calm and respectful when dealing with an agitated patient • Is familiar with institutional procedures and state laws regarding impaired physicians, including cognitively impaired physicians • Navigates conflicting ethical principles of autonomy and beneficence when considering breeching patient confidentiality and consults supervising attending
Level 4 *Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others*	• Recognizes that a colleague appears fatigued, sleep deprived, and/or to be having a hard time psychologically, and offers to take over care of patients assigned to that colleague until the colleague can effectively perform duties and address the underlying problem with the program director

Responds appropriately to professionalism lapses of colleagues *Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed. (e.g., ethics consultations, literature review, risk management/legal consultation)*	• Gives feedback to a colleague when behavior fails to meet professional expectations in the moment for minor or moderate single episodes of unprofessional behavior • Refers to American Medical Association or American Osteopathic Association Code of Ethics to identify and resolve ethical issues
Level 5 *Role models professional behavior and ethical principles* *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 an organizational work group to have mental health questions removed from licensing forms or becomes a member of the impaired physician's committee with an expertise in cognitive impairment
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	• • 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. • AMA. Ethics. https://www.ama-assn.org/delivering-care/ethics. Accessed 2021. • American Osteopathic Association (AOA). Code of Ethics. https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/. Accessed 2021. • APA. Ethics. https://www.psychiatry.org/psychiatrists/practice/ethics. Accessed 2021. • APA. *The Principles of Medical Ethics: With Annotations Especially Applicable to Psychiatry.* Arlington, VA: American Psychiatric Publishing; 2013. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Ethics/principles-medical-ethics.pdf. • Bynny RL, Paauw DS, Papadakis MA, Pfeil S. *Medical Professionalism Best Practices: Professionalism in the Modern Era*. Aurora, CO: Alpha Omega Alpha Medical Society; 2017. *Medical Professionalism Best Practices: Professionalism in the Modern Era*.

	Aurora, CO: Alpha Omega Alpha Medical Society; 2017. http://alphaomegaalpha.org/pdfs/Monograph2018.pdf. • Cruess RL, Cruess SR, Steiner Y. *Teaching Medical Professionalism: Supporting the Development of a Professional Identity*. 2nd ed. Cambridge, UK: Cambridge University Press. ISBN:978-1107495241. • Gabbard GO, Roberts LW, Crisp-Han H, et al. *Professionalism in Psychiatry*. Arlington, VA: American Psychiatric Publishing; 2012. ISBN:978-1-58562-337-2. • Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 1st ed. New York, NY: McGraw-Hill Education; 2014. ISBN:978-0071807432. • Soonsawat A, Tanaka G, Lammando MA, et al. Cognitively impaired physicians: How do we detect them? How do we assist them? *Am J of Geriatr Psychiatry*. 2018;26(6):631-640. https://www.sciencedirect.com/science/article/abs/pii/S1064748118302057?via%3Dihub..

Professionalism 2: Accountability/Conscientiousness **Overall Intent:** To take responsibility for one's own actions and the impact on patients and other members of the health care team	
Milestones	**Examples**
Level 1 *Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future* *Introduces oneself as the patient's primary psychiatrist*	• Responds promptly to reminders from program administrator to complete work-hour logs • Introduces self as the primary treating psychiatrist
Level 2 *Performs tasks and responsibilities in a timely manner, with appropriate attention to detail, in routine situations* *Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring the patient receives the best possible care*	• Obtains collateral information from primary care physician and other care providers in a timely manner • Follows up on patient's electrocardiogram (EKG) and brain imaging results without prompting
Level 3 *Performs tasks and responsibilities in a timely manner, with appropriate attention to detail, in complex or stressful situations* *Is recognized by oneself, the patient, the patient's family, and medical staff members as the patient's primary psychiatrist*	• Notifies on-call residents about daytime events, including medical decompensation of a patient who may need to be transferred to a medical unit for stabilization • Seeks help when wellness is compromised while ensuring patient safety and hand-off • Patients refer to the fellow as their psychiatrist
Level 4 *Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving* *Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care*	• Advises more junior residents how to manage their time in completing patient care tasks • Takes responsibility for potential adverse outcomes and professionally discusses with the interprofessional team
Level 5 *Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care*	• Leads an interdisciplinary team to manage complicated clinical and disposition problems

Assessment Models or Tools	• Compliance with deadlines and timelines • Direct observation • Multisource feedback • Self-evaluations and reflective tools • Simulation
Curriculum Mapping	•
Notes or Resources	• APA. Ethics. https://www.psychiatry.org/psychiatrists/practice/ethics. Accessed 2021. • APA. *The Principles of Medical Ethics: With Annotations Especially Applicable to Psychiatry.* Arlington, VA: American Psychiatric Publishing; 2013. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Ethics/principles-medical-ethics.pdf. • AMA. Ethics. https://www.ama-assn.org/delivering-care/ama-code-medical-ethic. Accessed 2021. • Code of conduct from fellow/resident institutional manual • Expectations of residency program regarding accountability and professionalism

Professionalism 3: Well-Being **Overall Intent:** To continuously manage and improve own personal and professional well-being	
	Examples
Level 1 *Recognizes the importance of addressing personal and professional well-being*	• Open to discussing well-being concerns as they might affect performance
Level 2 *Identifies available resources for personal and professional well-being* *Describes institutional resources designed to promote well-being*	• Independently identifies the stress of relationship issues, difficult patients, and financial pressures, and seeks help • Identifies institutional faculty and staff assistance programs and describes the services they provide
Level 3 *With assistance, proposes a plan to promote personal and professional well-being* *Describes institutional factors that positively and/or negatively affect well-being*	• With supervision, assists in developing a personal learning or action plan to address factors potentially contributing to burnout • Describes how working beyond educational and clinical work hour limits is associated with an increased risk of potentially life-threatening driving safety risks
Level 4 *Independently develops a plan to promote personal and professional well-being* *Suggests potential solutions to institutional factors that affect well-being*	• Proactively plans well-being activities to prevent and mitigate burnout early during stressful periods • Suggests to the designated institutional official that the institution hosts a town hall to identify macroaggressions and structural racism and their impact on physician well-being
Level 5 *Creates institutional level interventions that promote colleagues' well-being* *Implements institutional programs designed to examine systemic contributors to burnout*	• Establishes a mindfulness program open to all employees • Advocates for use of the Maslach Burnout Inventory for annual screening of all learners for burnout
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. • Local resources, including Employee Assistance Plan (EAP)

	• ACGME. “Well-Being Tools and Resources.” https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022. • AMA. STEPS Forward. https://edhub.ama-assn.org/steps-forward/pages/about. Accessed 2021. • APA. Well-being and Burnout. https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout. Accessed 2021. • Association of American Medical Colleges (AAMC). Well-Being in Academic Medicine. https://www.aamc.org/initiatives/462280/well-being-academic-medicine.html. Accessed 2021. • Chaukos D, Chad-Friedman E, Mehta DH, et al. SMART-R: A prospective cohort study of a resilience curriculum for residents by residents. *Acad Psychiatry*. 2018;42(1):78-83. https://link.springer.com/article/10.1007%2Fs40596-017-0808-z. • 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. • Mak NT, Li J, Wiseman SM. Resident physicians are at increased risk for dangerous driving after extended-duration work shifts: A systematic review. *Cureus*. 2019;11(6):e4843. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6684113/. • National Academy of Medicine. Action Collaborative on Clinician Well-Being and Resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. Accessed 2021.

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication **Overall Intent:** To deliberately use language and behaviors to form constructive relationships with patients, to identify communication barriers including self-reflection on biases, and minimize them in the doctor-patient relationships; to organize and lead communication around shared decision making	
Milestones	**Examples**
Level 1 *Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport*	• Self-monitors and controls tone, nonverbal responses, and language and asks questions to invite patient/family participation
Identifies common barriers to effective communication; accurately communicates one's own role within the health care system	• Identifies the need for an interpreter for a patient with a hearing impairment
Recognizes communication strategies may need to be adjusted based on clinical context	• Avoids medical jargon when talking to patients, makes sure communication is at the appropriate level to be understood by a lay person
Level 2 *Establishes a therapeutic relationship in straightforward encounters using active listening and clear language*	• Establishes a developing, professional relationship with patients/families, with active listening, attention to affect, and questions that explore the optimal approach to daily tasks
Identifies complex barriers to effective communication	• Identifies the need for alternatives when a patient refuses to use an interpreter
Organizes and initiates communication with the patient and patient's family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	• Takes lead in organizing a meeting time and agenda with the patient, family members, and subspecialist team; begins the meeting, reassessing patient and family understanding and anxiety
Level 3 *Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively*	• Establishes and maintains a therapeutic relationship with a challenging patient and can articulate personal challenges in the relationship, how biases may impact the relationship, and strategies to use going forward
When prompted, reflects on biases that may contribute to communication barriers	• Attempts to mitigate identified communication barriers, including reflection on biases when prompted
With guidance, sensitively and compassionately delivers medical information, elicits the patient's/patient's family's values, goals, and	• Elicits what is most important to the patient and family members, and acknowledges uncertainty in the medical complexity and prognosis

preferences; acknowledges uncertainty and conflict	
Level 4 *Effectively establishes and sustains therapeutic relationships, with attention to the patient's/patient's family's concerns and context, regardless of complexity*	• Easily establishes a therapeutic relationship with the most challenging or complex patients/families with sensitivity to their specific concerns
Independently recognizes biases and attempts to proactively minimize their contribution to communication barriers	• Explicitly discusses biases in supervision
Independently, uses shared decision making to align the patient's/patient's family's values, goals, and preferences with treatment options to make a personalized care plan	• Engages in shared decision making process with patient and family members regarding possible placement into a supervised living situation, such as a nursing home, to accommodate different family and cultural viewpoints
Level 5 *Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships*	• Demonstrates an ongoing openness to discussing personal clinical errors and resolutions in mentoring and teaching
Role models self-awareness practice while identifying and teaching a contextual approach to minimize communication barriers	• Leads a peer supervision group in treating patients with borderline personality disorder
Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict	• Develops a workshop in patient family communication with an emphasis on difficult communications
Assessment Models or Tools	• Direct observation • Kalamazoo essential elements communication checklist (adapted) • Self-assessment including self-reflection exercises • Skills needed to Set the state, Elicit information, Give information, Understand the patient, and End the encounter (SEGUE) • Standardized patients or structured case discussions
Curriculum Mapping	•
Notes or Resources	• Laidlaw A, Hart J. Communication skills: An essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51. *Med Teach*. 2011;33(1):6-8.

	https://www.tandfonline.com/doi/abs/10.3109/0142159X.2011.531170?journalCode=imte20.. • Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. *Acad Med*. 2001;76(4):390-393. https://journals.lww.com/academicmedicine/Fulltext/2001/04000/Essential_Elements_of_Communication_in_Medical.21.aspx. • Makoul G. The SEGUE Framework for teaching and assessing communication skills. *Patient Educ Couns*. 2001;45(1):23-34. https://www.sciencedirect.com/science/article/abs/pii/S0738399101001367?via%3Dihub. • Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in residents. *BMC Med Educ*. 2009; 9:1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631014/.

Interpersonal and Communication Skills 2: Interprofessional and Team Communication **Overall Intent:** To effectively communicate with the health care team, including consultants, in both straightforward and complex situations	
Milestones	**Examples**
Level 1 *Uses language that values all members of the health care team* *Recognizes the need for ongoing feedback with the health care team*	• Uses respectful communication to clerical and technical staff members • Listens to and considers others' points of view, is nonjudgmental and actively engaged, and demonstrates humility
Level 2 *Communicates information effectively with all health care team members* *Solicits feedback on performance as a member of the health care team*	• Demonstrates active listening by fully focusing on the speaker (other health care provider, patient), actively showing verbal and nonverbal signs (eye contact, posture, reflection, questioning, summarization) • Asks supervisor for feedback on performance as a team member
Level 3 *Uses active listening to adapt communication style to fit team needs* *Communicates concerns and provides feedback to peers and learners*	• Simplifies language and avoids medical jargon in an interdisciplinary team meeting • Respectfully provides feedback to other members of the team for improvement or reinforcement of correct knowledge, skills, and attitudes, when appropriate • Respectfully communicates concerns and provides feedback to peers and learners
Level 4 *Coordinates recommendations from different members of the health care team to optimize patient care* *Respectfully communicates feedback and constructive criticism to superiors*	• Synthesizes recommendations from team members to develop a consensus approach • Provides respectful but candid feedback to attending on their teaching style
Level 5 *Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed* *Facilitates regular health care team-based feedback in complex situations*	• Organizes an interdisciplinary team meeting to discuss and resolve conflicting feedback on a plan of care • Organizes a team check-in after difficult events
Assessment Models or Tools	• Direct observation • Medical record (chart) review audit • Multisource feedback • Simulation encounters

Curriculum Mapping	•
Notes or Resources	• Dehon E, Simpson K, Fowler D, Jones A. Development of the faculty 360. *MedEdPORTAL*. 2015;11:10174. https://www.mededportal.org/doi/10.15766/mep_2374-8265.10174. • Fay D, Mazzone M, Douglas L, Ambuel B. A validated, behavior-based evaluation instrument for family medicine residents. *MedEdPORTAL*. 2007;3:622. https://www.mededportal.org/doi/10.15766/mep_2374-8265.622. • François, J. Tool to assess the quality of consultation and referral request letters in family medicine. *Can Fam Physician*. 2011;57(5):574–575. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093595/. • Green M, Parrott T, Cook G. Improving your communication skills. *BMJ.* 2012;344:e357 https://www.bmj.com/content/344/bmj.e357. • Henry SG, Holmboe ES, Frankel RM. Evidence-based competencies for improving communication skills in graduate medical education: A review with suggestions for implementation. *Med Teach*. 2013;35(5):395-403. https://www.tandfonline.com/doi/abs/10.3109/0142159X.2013.769677?journalCode=imte20. • Roth CG, Eldin KW, Padmanabhan V, Freidman EM. Twelve tips for the introduction of emotional intelligence in medical education. *Med Teach*. 2018;21:1-4. https://www.tandfonline.com/doi/abs/10.1080/0142159X.2018.1481499?journalCode=imte20.

Interpersonal and Communication Skills 3: Communication within Health Care Systems **Overall Intent:** To effectively communicate with the health care team, peers, learners, and faculty members using a variety of methods	
Milestones	**Examples**
Level 1 *Accurately records information in the patient record*	• Creates accurate documentation that may include extraneous information
Safeguards patient personal health information	• Shreds patient list after rounds; avoids talking about patients in the elevator
Communicates about administrative issues through appropriate channels, as required by institutional policy	• Identifies institutional and departmental communication hierarchy for concerns and safety issues
Level 2 *Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record*	• Creates organized and accurate documentation outlining clinical reasoning that supports the treatment plan
Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication	• Develops documentation template for the cognitive mental status exam
Respectfully communicates concerns about the system	• Recognizes that a communication breakdown has happened and respectfully brings the breakdown to the attention of the chief resident or faculty member
Level 3 *Concisely reports diagnostic and therapeutic reasoning in the patient record*	• Creates concise documentation exhibiting complex clinical thinking but may not contain anticipatory guidance
Appropriately selects forms of communication based on context	• Calls patient immediately about potentially critical test result
Uses appropriate channels to offer clear and constructive suggestions to improve the system	• Knows when to direct concerns locally, departmentally, or institutionally (i.e., appropriate escalation)
Level 4 *Communicates clearly and concisely, in an organized written form, including anticipatory guidance*	• Creates consistently accurate, organized, and concise documentation, and frequently incorporates anticipatory guidance
Achieves written or verbal communication that serves as an example for others to follow	• Creates exemplary notes that are used by the chief resident to teach others

Initiates difficult conversations with appropriate stakeholders to improve the system	• Talks directly to a nursing home physician about breakdowns in communication to prevent routine administration of as-needed (i.e., PRN) medications
Level 5 *Contributes to departmental or organizational initiatives to improve communication systems* *Facilitates dialogue regarding systems issues among larger community stakeholders*	• Leads a task force of the hospital quality improvement committee to develop a plan to improve hospital to post-hospital care transitions • Meaningfully participates in a committee to examine community support service for vulnerable older adults
Assessment Models or Tools	• Direct observation of sign-outs, observation of requests for consultations • Medical record (chart) audit • Multisource feedback • Semi-annual meetings with the program director
Curriculum Mapping	•
Notes or Resources	• APA. *The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2016. https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426760. • Bierman JA, Hufmeyer KK, Liss DT, Weaver AC, Heiman HL. Promoting responsible electronic documentation: Validity evidence for a checklist to assess progress notes in the electronic health record. *Teach Learn Med.* 2017;29(4):420-432. https://www.tandfonline.com/doi/full/10.1080/10401334.2017.1303385. • Haig KM, Sutton S, Whittington J. SBAR: A shared mental model for improving communication between clinicians. *Jt Comm J Qual Patient Saf*. 2006;32(3):167-175. https://www.jointcommissionjournal.com/article/S1553-7250(06)32022-3/fulltext. 2021. • Starmer AJ, Spector ND, Srivastava R, et al. I-pass, a mnemonic to standardize verbal handoffs. *Pediatrics*. 2012;129.2:201-204. https://pediatrics.aappublications.org/content/129/2/201.long?sso=1&sso_redirect_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token.

To help programs transition to the new version of the Milestones, the ACGME has mapped the original Milestones 1.0 to the new Milestones 2.0. Indicated below are where the subcompetencies are similar between versions. These are not exact matches but are areas that include similar elements. Not all subcompetencies map between versions. Inclusion or exclusion of any subcompetency does not change the educational value or impact on curriculum or assessment.

Milestones 1.0	Milestones 2.0
PC1: Geriatric Psychiatric Evaluation and Differential Diagnosis	PC1: Geriatric Psychiatric Evaluation PC2: Psychiatric Formulation and Differential Diagnosis
PC2: Geriatric Therapeutic Modalities	PC3: Geriatric Therapeutic Modalities
PC3: Treatment Planning and Management	PC4: Treatment Planning and Management
No match	PC5: Telepsychiatry
MK1: Development through Later-life	MK1: Development through Later life
MK2: Psychopathology: Includes Presentation of Psychiatric Disorders in Diverse Older Adult Populations (e.g., different cultures, families, sex, ethnicity, etc.)	MK2: Psychopathology
MK3: Treatment and Management	MK3: Treatment and Management
SBP1: Patient Safety and the Health Care Team	SBP1: Patient Safety and Quality Improvement
SBP2: Resource Management: Costs of care and resource management	SBP3: Physician Role in Health Care Systems
SBP3: Community-based Care	SBP2: System Navigation for Patient-Centered Care
SBP4: Consultation to non-psychiatric medical providers and non-medical systems (e.g., rehabilitation and alternative residential settings, businesses, forensic, community service agencies)	ICS3: Leadership and Education Communication within Health Care Systems
No match	SBP4: Elder Law
PBLI1: Development and Execution of Lifelong Learning through Ongoing Self-evaluation, Including Critical Evaluation of Research and Clinical Evidence	PBLI2: Reflective Practice and Commitment to Personal Growth
PBLI2: Teaching	No match
No match	PBLI1: Evidence-Based and Informed Practice
PROF1: Compassion, Integrity, Respect for Others, Sensitivity to Diverse Patient Populations, Adherence to Ethical Principles	PROF1: Professional Behavior and Ethical Principles
PROF2: Accountability to Self, Patients, Colleagues, and the Profession	PROF2: Accountability/Conscientiousness PROF3: Well-Being

ICS1:Relationship Development and Conflict Management with Patients, Families, Colleagues, and Members of the Health Care Team	ICS1: Patient- and Family-Centered Communication ICS2: Interprofessional and Team Communication
ICS2: Information Sharing and Record Keeping	ICS3: Communication within Health Care Systems

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/