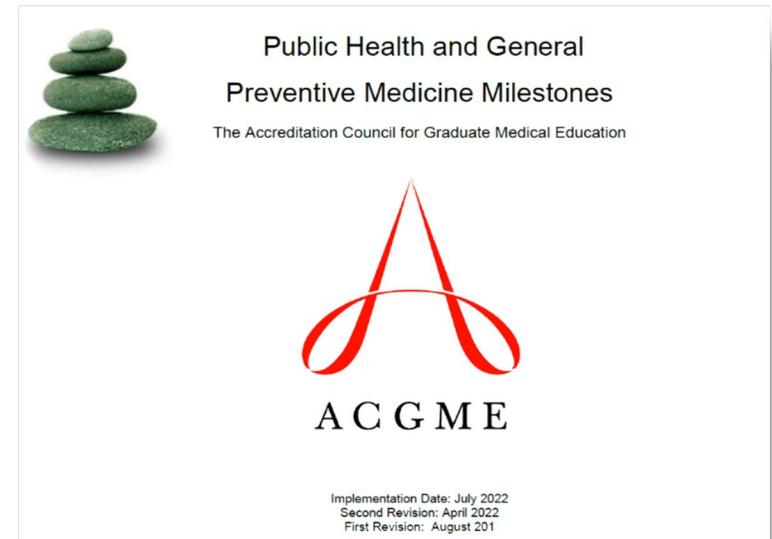
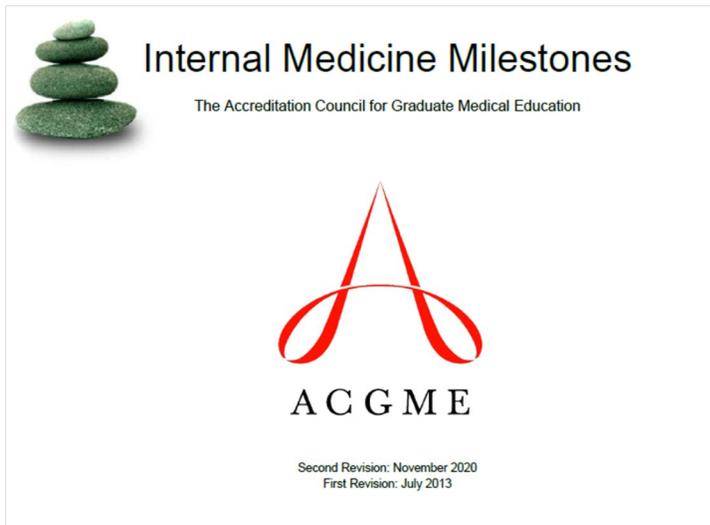


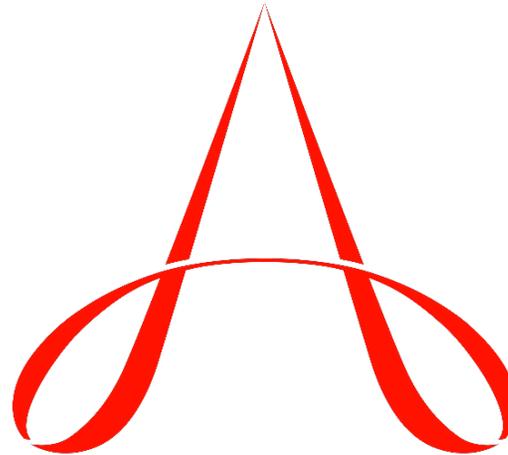
Internal Medicine and Preventive Medicine (combined) programs must annually report on **each** set of Milestones.





Internal Medicine Milestones

The Accreditation Council for Graduate Medical Education



A C G M E

Implementation Date: July 1, 2021
Second Revision: November 2020
First Revision: July 2013

Internal Medicine Milestones

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

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Alliance for Academic Internal Medicine
American Board of Internal Medicine
American College of Physicians
Association of Medical Colleges
Review Committee for Internal Medicine
Society of Hospital Medicine
Society of General Internal Medicine

Understanding Milestone Levels and Reporting

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

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

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

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

Additional Notes

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

Examples are provided for some milestones within this document. Please note: the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

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

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

Additional resources are available in the [Milestones](#) section of the ACGME website. Follow the links under “What We Do” at www.acgme.org.

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

| Systems-based Practice 1: Patient Safety and Quality Improvement | | | | |
|--|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Participates in analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Actively engages teams and processes to modify systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events through institutional reporting systems (simulated or actual) | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Discloses patient safety events to patients and families (simulated or actual) | Role models or mentors others in the disclosure of patient safety events |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation) | Participates in local quality improvement initiatives | Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project | Designs, implements, and assesses quality improvement initiatives at the institutional or community level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Not Yet Completed Level 1 <input type="checkbox"/> | | | | |

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

| Patient Care 1: History | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Elicits and reports a comprehensive history for common patient presentations, with guidance | Elicits and concisely reports a hypothesis-driven patient history for common patient presentations | Elicits and concisely reports a hypothesis-driven patient history for complex patient presentations | Efficiently elicits and concisely reports a patient history, incorporating pertinent psychosocial and other determinants of health | Efficiently and effectively tailors the history taking, including relevant historical subtleties, based on patient, family, and system needs |
| Seeks data from secondary sources, with guidance | Independently obtains data from secondary sources | Reconciles current data with secondary sources | Uses history and secondary data to guide the need for further diagnostic testing | Models effective use of history to guide the need for further diagnostic testing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Patient Care 2: Physical Examination | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs a general physical examination while attending to patient comfort and safety Identifies common abnormal findings | Performs a hypothesis-driven physical examination for a common patient presentation Interprets common abnormal findings | Performs a hypothesis-driven physical examination for a complex patient presentation Identifies and interprets uncommon and complex abnormal findings | Uses advanced maneuvers to elicit subtle findings Integrates subtle physical examination findings to guide diagnosis and management | Models effective evidence-based physical examination technique Teaches the predictive values of the examination findings to guide diagnosis and management |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| | | | | Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> |

| Patient Care 3: Clinical Reasoning | | | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression | Integrates information from all sources to develop a basic differential diagnosis for common patient presentations Identifies clinical reasoning errors within patient care, with guidance | Develops a thorough and prioritized differential diagnosis for common patient presentations Retrospectively applies clinical reasoning principles to identify errors | Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings Continually re-appraises one's own clinical reasoning to improve patient care in real time | Coaches others to develop prioritized differential diagnoses in complex patient presentations Models how to recognize errors and reflect upon one's own clinical reasoning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Patient Care 4: Patient Management – Inpatient | | | | |
|--|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Formulates management plans for common conditions, with guidance</p> <p>Identifies opportunities to maintain and promote health</p> | <p>Develops and implements management plans for common conditions, recognizing acuity, and modifies based on the clinical course</p> <p>Develops and implements management plans to maintain and promote health, with guidance</p> | <p>Develops and implements value-based (high value) management plans for patients with multisystem disease and comorbid conditions; modifies based on the clinical course</p> <p>Independently develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health</p> | <p>Uses shared decision making to develop and implement value-based (high value) comprehensive management plans for patients with comorbid and multisystem disease, including those patients requiring critical care</p> <p>Independently develops and implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health</p> | <p>Develops and implements comprehensive management plans for patients with rare or ambiguous presentations or unusual comorbid conditions</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p> | | | | |

| Patient Care 5: Patient Management – Outpatient | | | | |
|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies opportunities to maintain and promote health | Develops and implements management plans to maintain and promote health | Develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health | Develops and implements value-based (high-value) comprehensive plans to maintain and promote health | |
| Formulates management plans for a common chronic condition, with guidance | Develops and implements management plans for common chronic conditions | Develops and implements management plans for multiple chronic conditions | Develops and implements value-based (high value) comprehensive management plans for multiple chronic conditions, incorporating pertinent psychosocial and other determinants of health | Creates and leads a comprehensive patient-centered management plan for the patient with highly complex chronic conditions, integrating recommendations from multiple disciplines |
| Formulates management plans for acute common conditions, with guidance | Develops and implements management plans for common acute conditions | Develops and implements an initial management plan for patients with urgent or emergent conditions in the setting of chronic comorbidities | Develops and implements value-based (high value) management plans for patients with acute conditions | Develops and implements management plans for patients with subtle presentations, including rare or ambiguous conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Patient Care 6: Digital Health | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Uses electronic health record (EHR) for routine patient care activities Identifies the required components for a telehealth visit | Expands use of EHR to include and reconcile secondary data sources in patient care activities Performs assigned telehealth visits using approved technology | Effectively uses EHR capabilities in managing acute and chronic care of patients Identifies clinical situations that can be managed through a telehealth visit | Uses EHR to facilitate achievement of quality targets for patient panels Integrates telehealth effectively into clinical practice for the management of acute and chronic illness | Leads improvements to the EHR Develops and innovates new ways to use emerging technologies to augment telehealth visits |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| | | | | Not Yet Completed Level 1 <input type="checkbox"/> |
| | | | | Not Yet Assessable <input type="checkbox"/> |

Patient Care

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

| Medical Knowledge 1: Applied Foundational Sciences | | | | |
|---|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Explains the scientific knowledge (e.g., physiology, social sciences, mechanism of disease) for normal function and common medical conditions | Explains the scientific knowledge for complex medical conditions | Integrates scientific knowledge to address comorbid conditions within the context of multisystem disease | Integrates scientific knowledge to address uncommon, atypical, or complex comorbid conditions within the context of multisystem disease | Demonstrates a nuanced understanding of the scientific knowledge related to uncommon, atypical, or complex conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> |

| Medical Knowledge 2: Therapeutic Knowledge | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Explains the scientific basis for common therapies | Explains the indications, contraindications, risks, and benefits of common therapies | Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis | Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options | Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Medical Knowledge 3: Knowledge of Diagnostic Testing | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Explains the rationale, risks, and benefits for common diagnostic testing | Explains the rationale, risks, and benefits for complex diagnostic testing | Integrates value and test characteristics of various diagnostic strategies in patients with common diseases | Integrates value and test characteristics of various diagnostic strategies in patients with comorbid conditions or multisystem disease | Demonstrates a nuanced understanding of emerging diagnostic tests and procedures |
| Interprets results of common diagnostic tests | Interprets complex diagnostic data | Integrates complex diagnostic data accurately to reach high-probability diagnoses | Anticipates and accounts for limitations when interpreting diagnostic data | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

Medical Knowledge

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

| Systems-Based Practice 1: Patient Safety and Quality Improvement | | | | |
|---|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Contributes to the analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Leads teams and processes to modify systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events through institutional reporting systems (actual or simulated) | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Discloses patient safety events to patients and families (simulated or actual) | Models the disclosure of patient safety events |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation) | Contributes to local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses sustainable quality improvement initiatives at the institutional or community level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Systems-Based Practice 2: System Navigation for Patient-Centered Care | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination | Coordinates care of patients by effectively engaging interprofessional teams in routine clinical situations | Coordinates care of patients by effectively engaging interprofessional teams in complex clinical situations | Models effective coordination of patient-centered care among different disciplines and specialties | Analyzes the process of care coordination and leads in the design and implementation of improvements |
| Identifies key elements for safe and effective transitions of care and hand-offs | Performs safe and effective transitions of care/hand-offs in routine clinical situations | Performs safe and effective transitions of care/hand-offs in complex clinical situations | Models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| Demonstrates knowledge of population and community health needs and disparities | Identifies specific population and community health needs and inequities for the local population | Uses local resources effectively to meet the needs of a patient population and community | Participates in changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with health care inequities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Systems-Based Practice 3: Physician Role in Health Care Systems | | | | |
|---|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies key components of the health care system | Describes how components of a complex health care system are interrelated, and how this impacts patient care | Discusses how individual practice affects the regional and national health care system | Manages various components of the complex health care system to provide efficient and effective patient care | Advocates for or leads systems change that enhances high-value, efficient, and effective patient care |
| Describes basic health payment systems | Delivers care with consideration of each patient's payment model | Engages with patients in shared decision making, informed by each patient's payment models | Advocates for patient care needs with consideration of the limitations of each patient's payment model | Actively engaged in influencing health policy through advocacy activities at the local, regional, or national level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

Systems-Based Practice

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | |
|---|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates how to access, categorize, and analyze clinical evidence, with guidance | Articulates clinical questions and elicits patient preferences and values to guide evidence-based care | Critically appraises and applies the best available evidence, integrated with patient preference, to the care of complex patients | Applies evidence, even in the face of uncertainty and conflicting evidence, to guide care, tailored to the individual patient | Coaches others to critically appraise and apply evidence to patient care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth | | | | |
|---|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors that contribute to gap(s) between ideal and actual performance, with guidance</p> | <p>Demonstrates openness to performance data (feedback and other input) to inform goals</p> <p>Analyzes and reflects on the factors which contribute to gap(s) between ideal and actual performance, with guidance</p> <p>Actively seeks opportunities to improve</p> | <p>Seeks performance data episodically, with adaptability, and humility</p> <p>Institutes behavioral change(s) to narrow the gap(s) between ideal and actual performance</p> <p>Designs and implements an individualized learning plan, with prompting</p> | <p>Seeks performance data consistently with adaptability, and humility</p> <p>Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between ideal and actual performance</p> <p>Independently creates and implements an individualized learning plan</p> | <p>Models consistently seeking performance data with adaptability and humility</p> <p>Coaches others on reflective practice</p> <p>Uses performance data to measure the effectiveness of the individualized learning plan and when necessary, improves it</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

Practice-Based Learning and Improvement

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

| Professionalism 1: Professional Behavior | | | | |
|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates professional behavior in routine situations | Identifies potential triggers for professionalism lapses and accepts responsibility for one's own professionalism lapses | Demonstrates a pattern of professional behavior in complex or stressful situations | Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others | Coaches others when their behavior fails to meet professional expectations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Professionalism 2: Ethical Principles | | | | |
|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of basic ethical principles | Applies basic principles to address straightforward ethical situations | Analyzes complex situations using ethical principles and identifies the need to seek help in addressing complex ethical situations | Analyzes complex situations and engages with appropriate resources for managing and addressing ethical dilemmas as needed | Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Professionalism 3: Accountability/Conscientiousness | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs administrative tasks and patient care responsibilities, with prompting | Performs administrative tasks and patient care responsibilities in a timely manner in routine situations | Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations | Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | Creates strategies to enhance other's ability to efficiently complete administrative tasks and patient care responsibilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Professionalism 4: Knowledge of Systemic and Individual Factors of Well-Being* | | | | |
|---|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes the importance of getting help when needed to address personal and professional well-being | Lists resources to support personal and professional well-being Recognizes that institutional factors affect well-being | With prompting, reflects on how personal and professional well-being may impact one's clinical practice Describes institutional factors that affect well-being | Reflects on actions in real time to proactively respond to the inherent emotional challenges of physician work Suggests potential solutions to institutional factors that affect well-being | Participates in institutional changes to promote personal and professional well-being |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

*This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.

Professionalism

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication | | | | |
|---|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Uses language and non-verbal behavior to demonstrate respect and establish rapport | Establishes and maintains a therapeutic relationship using effective communication behaviors in straightforward encounters Identifies common barriers to effective communication | Establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters Identifies complex barriers to effective communication, including personal bias | Establishes and maintains therapeutic relationships using shared decision making, regardless of complexity Mitigates communication barriers | Coaches others in developing and maintaining therapeutic relationships and mitigating communication barriers Models the mitigation of communication barriers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Interpersonal and Communication Skills 2: Interprofessional and Team Communication | | | | |
|---|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Respectfully requests and responds to a consultation | Clearly and concisely requests and responds to a consultation | Checks own and others' understanding of recommendations when providing or receiving consultation | Coordinates recommendations from different consultants to optimize patient care | Facilitates conflict resolution between and amongst consultants when disagreement exists |
| Uses verbal and non-verbal communication that values all members of the interprofessional team | Communicates information, including basic feedback with all interprofessional team members | Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback | Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team | Models flexible communication strategies that facilitate excellence in interprofessional teamwork |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Interpersonal and Communication Skills 3: Communication within Health Care Systems | | | | |
|--|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Accurately documents comprehensive and current information</p> <p>Communicates using formats specified by institutional policy to safeguard patient personal health information</p> | <p>Documents clinical encounter, including reasoning, through organized notes</p> <p>Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance</p> | <p>Documents clinical encounter through concise and thorough notes</p> <p>Appropriately selects direct and indirect forms of communication based on context</p> | <p>Documents clinical encounter clearly, concisely, timely, and in an organized form, including anticipatory guidance</p> <p>Models effective written and verbal communication</p> | <p>Guides departmental or institutional communication policies and procedures</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

Interpersonal and Communication Skills

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

Overall Clinical Competence

This rating represents the assessment of the resident's development of overall clinical competence during this year of training:

____ Superior: Far exceeds the expected level of development for this year of training

____ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training

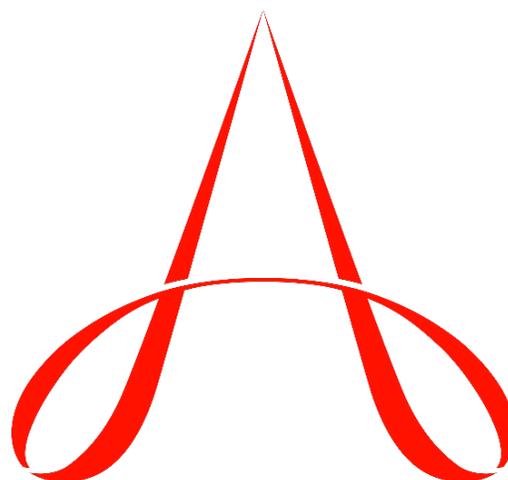
____ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.

____ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.



Public Health and General Preventive Medicine Milestones

The Accreditation Council for Graduate Medical Education



A C G M E

Implementation Date: July 2022
Second Revision: April 2022
First Revision: August 201

Public Health and General Preventive Medicine Milestones

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

Public Health and General Preventive Medicine Milestones Work Group

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The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Board of Preventive Medicine

Review Committee for Preventive Medicine

Understanding Milestone Levels and Reporting

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

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

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

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

Additional Notes

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

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

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

Additional resources are available in the [Milestones](#) section of the ACGME website. Follow the links under “What We Do” at www.acgme.org.

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

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | |
|---|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes the need for evidence in decision making in order to care for a routine patient, situation, or public health problem | Identifies evidence and elicits patient or population preferences and values to guide a patient or population intervention | Applies the best available evidence, integrated with patient or population preferences and values | Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to an individual or population | Trains others to critically appraise and apply evidence to complex situations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="float: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

| Patient Care 1: Emergency Preparedness and Response – Apply Skills in Emergency Preparedness and Response | | | | |
|--|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies examples of public health threats that might warrant an emergency response | Describes how a response to a public health emergency is organized | Plans and/or participates in an emergency preparedness event (actual or simulated) | Evaluates an emergency preparedness event (actual or simulated) | Provides leadership during an emergency preparedness event (actual or simulated) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="float: right; text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Patient Care 2: Policies and Plans – Develop Policies and Plans to Support Individual and Community Health Efforts | | | | |
|--|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies pertinent policies and interventions for individual patient care | Describes how policies and plans are developed and implemented to support the health of individuals and communities | Applies policies and plans for disease prevention and health promotion to individuals and/or communities | Evaluates policies and plans for disease prevention and health promotion that have been applied to individuals and/or communities | Develops and/or implements policies or plans to improve community health |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> |

| Patient Care 3: Clinical and Community Preventive Services | | | | |
|--|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Locates and appraises evidence about a clinical preventive service for an individual patient | Discusses the strengths and weaknesses of an individual study relevant to a clinical preventive service | Examines the quality and strength of evidence of a clinical preventive service | Participates in the analysis of a guideline to address a clinical preventive service | Evaluates the implementation of an evidence-based guideline to address a clinical preventive service and identifies barriers and proposes solutions to improving system-level adherence |
| Recognizes distinctions between population and individual health services | Describes the usefulness and value of population-based health services in meeting the needs of target populations | Assesses evidence for population-based health services | Uses established performance criteria to evaluate a population-based health service, to include identifying barriers to services and strategies for improvement | Develops program goals and/or performance criteria to evaluate a population-based health service for strategic or operational improvements |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| | | | | Not Yet Completed Level 1 <input type="checkbox"/> |
| | | | | Not Yet Assessable <input type="checkbox"/> |

| Patient Care 4: Lifestyle Medicine | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Lists modifiable and non-modifiable risk factors associated with the development of prevalent chronic conditions | Identifies evidence of utilizing lifestyle interventions that reduce the risk of developing, or to mitigate the effects of, prevalent chronic conditions | Recommends lifestyle interventions to mitigate and treat prevalent chronic conditions in individuals | Evaluates or develops a plan for management of lifestyle factors associated with prevalent chronic conditions at the population or community level | Implements and evaluates a population-based strategy for an evidence-based lifestyle program or policy that mitigates prevalent chronic conditions at the population or community level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Medical Knowledge 1: Environmental Health | | | | |
|--|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies common illnesses that may be caused or influenced by exposure to environmental hazards | Identifies the components of an environmental exposure history | Takes a complete environmental exposure history, including individual factors that impact susceptibility to environmental hazards | Recommends methods for reducing or eliminating exposure to environmental hazards and methods for addressing the health effects resulting from these exposures | Evaluates and interprets the results of individual and/or population-level environmental monitoring |
| Identifies major classes of environmental hazards and their routes of human exposure | Describes situations that warrant an environmental risk assessment | Identifies the steps in an environmental risk assessment and describes how the results are used to manage and communicate risk | Conducts a population-level environmental risk assessment (actual or simulated) | Makes policy recommendations based on the results of an environmental risk assessment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Medical Knowledge 2: Biostatistics | | | | |
|--|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes common statistical concepts and tests | Identifies statistical test(s) for a given research question and data set | Performs data analyses using various statistical methods | Interprets the statistical and clinical significance of a data set and evaluates the generalizability of the results to a population | Analyzes and interprets large data sets using complex statistical methods and submits the results for publication or presentation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Medical Knowledge 3: Epidemiology | | | | |
|---|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies sources of data and common measures for descriptive epidemiology | Defines basic measures of disease frequency and excess risk | Calculates measures of disease frequency and excess risk for a specified disease or condition | Uses data to characterize the health of a local population and compares it with that of other populations | Teaches use of data to characterize the health of a population and compare it with that of other populations |
| Describes the basic types of research studies | Compares and contrasts commonly used study designs | Critiques epidemiologic studies, including assessing external and internal validity and distinguishing between association and causation | Participates in epidemiological research, including evaluating and interpreting results | Independently designs and conducts epidemiologic research |
| Describes the natural history of disease and relevance to primary, secondary, and tertiary prevention | Identifies criteria for effective screening tests | Assesses the validity and reliability of individual screening tests | Uses evidence about individual screening tests, interventions, and harms to weigh the potential benefits and harms of screening programs | Provides expert opinion on the benefits and harms of screening programs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| | | | | Not Yet Completed Level 1 <input type="checkbox"/> |
| | | | | Not Yet Assessable <input type="checkbox"/> |

| Medical Knowledge 4: Public Health Regulations | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies examples of public health regulatory agencies | Describes the regulatory requirements for a specific public health topic | Interprets regulatory requirements as applied to individuals and/or populations | Develops or modifies a public health policy based upon regulatory requirements or public health laws (actual or simulated) | Contributes to the development or modification of a proposed regulatory requirement or public health law |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> |

| Medical Knowledge 5: Infectious Diseases of Public Health Significance | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes common methods for preventing the transmission of infectious diseases | Discusses aspects of disease and common environmental, health, and behavioral risk factors associated with infectious diseases of public health significance | Describes the epidemiology, risk factors, prevention strategies, diagnosis, and treatment for infectious diseases of public health significance | Applies knowledge of the epidemiology, risk factors, prevention strategies, diagnosis, and treatment for infectious diseases of public health significance to the individual or population-level | Designs a plan for the prevention, diagnosis, and treatment of an infectious disease of public health significance at the population level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> |

| Systems-Based Practice 1: Patient Safety and Quality Improvement | | | | |
|---|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Lists common patient safety events and describes how to report patient safety events | Identifies system factors that lead to patient safety events | Participates in a root cause analysis (actual or simulated) | Conducts analysis of patient safety events and offers error prevention strategies (actual or simulated) | Actively modifies systems to prevent patient safety events |
| Discusses basic quality improvement methodologies and metrics | Describes quality improvement initiatives | Participates in local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Leads the conduct and implementation of a quality improvement project |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Systems-Based Practice 2: System Navigation for Patient- and Population-Centered Care | | | | |
|---|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Lists examples of care coordination in a health care system | Demonstrates coordination of care of patients in routine clinical situations, effectively using the roles of interprofessional team members and care settings | Demonstrates coordination of care of patients in complex clinical situations, effectively using the roles of interprofessional team members | Models effective coordination of patient- and population-centered care among different disciplines and specialties/settings | Analyzes the process of care coordination and leads in the design and implementation of improvements |
| Recognizes population and community health needs and inequities | Identifies specific population and community health needs and inequities for the local population | Uses local resources effectively address the health needs and inequities of a patient population and community | Participates in changing and adapting practice to provide for the health needs and inequities experienced by specific populations | Leads innovations and advocates for populations and communities with health needs and inequities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Systems-Based Practice 3: Physician Leadership in Health Care and Community Health Systems | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies key components of the health care system | Describes how components of a health care system are inter-related, and how they impact patient and/or population/stakeholder care | Discusses how individual practice affects the broader system | Navigates components of the complex health care system to promote efficient and effective patient and/or population/stakeholder care | Leads health care systems change that enhances high-value, efficient, and effective patient care |
| Identifies key agencies involved in community health efforts | Describes the interactions between agencies and how these impact the overall health of the community | Discusses how each agency impacts the broader goal of a healthy community | Participates in a community needs assessment to identify and improve the overall health of a community (actual or simulated) | Leads a community needs assessment to identify and improve the overall health of a community |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | |
|--|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes the need for evidence in decision-making to care for a routine patient, situation, or public health problem | Identifies evidence and elicits patient or population preferences and values to guide a patient or population intervention | Applies the best available evidence, integrated with patient or population preferences and values | Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to an individual or population | Trains others to critically appraise and apply evidence to complex situations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth | | | | |
|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Establishes goals for personal and professional development | Demonstrates openness to feedback and other input to inform goals | Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | Intentionally seeks feedback consistently, with adaptability and humility | Role models consistently seeking feedback with adaptability and humility |
| Actively seeks opportunities to improve | Designs and implements a learning plan, with prompting | Independently creates and implements a learning plan | Uses feedback to measure the effectiveness of the learning plan and, when necessary, improves it | Facilitates the design and implementation of learning plans for others |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 3: Disease Outbreak and Surveillance Systems | | | | |
|--|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Discusses common causes of disease clusters and outbreaks | Describes the steps of a cluster or outbreak investigation | Analyzes an outbreak, assessing for steps taken, mitigation strategies, results, and areas for improvement in the approach | Participates in the planning and implementation of a cluster/outbreak investigation (actual or simulated) | Leads a team to investigate and manage an outbreak, including supervision of staff members, assignment of roles, program design, monitoring of effectiveness, etc. |
| Recognizes the need to report selected diseases to public health authorities and describes the need for surveillance systems in a variety of settings | Identifies and summarizes commonly used surveillance systems | Lists the challenges in designing and maintaining a surveillance system | Analyzes surveillance data to identify appropriate targets for individual, community, and/or systems interventions and to evaluate the quality of the system | Independently designs and implements a new surveillance system |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Professionalism 1: Professional Behavior and Ethical Principles | | | | |
|--|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Identifies potential triggers for and reporting of professionalism lapses</p> <p>Defines the ethical principles underlying informed consent, surrogate decision-making, advance directives, privacy and confidentiality, error disclosure, stewardship of limited resources, and related topics</p> | <p>Demonstrates insight into professional behavior in routine situations</p> <p>Analyzes straightforward situations using ethical principles</p> | <p>Demonstrates professional behavior in complex or stressful situations</p> <p>Uses appropriate resources for managing ethical dilemmas</p> | <p>Intervenes to prevent or mitigate lapses in professional behavior of oneself and others</p> <p>Develops an approach to manage and resolve complex ethical situations</p> | <p>Coaches others when their behavior fails to meet professional expectations</p> <p>Implements system-level factors to improve ethical behavior in health care professionals</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Professionalism 2: Accountability/Conscientiousness | | | | |
|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes situations that may impact one's own ability to complete tasks and takes responsibility | Responds promptly to requests to complete tasks and responsibilities | Proactively implements strategies to ensure responsibilities are met | Recognizes situations that may impact others' ability to complete tasks and responsibilities in an accurate and timely manner | Modifies/develops a system of accountability to ensure completeness of tasks and responsibilities in an accurate and timely manner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Professionalism 3: Self-Awareness and Help-Seeking Behaviors | | | | |
|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes status of personal and professional well-being, with assistance | Independently recognizes status of personal and professional well-being | With assistance, proposes a plan to optimize personal and professional well-being | Independently develops a plan to optimize personal and professional well-being | Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that affect well-being, the mechanisms by which those factors affect well-being, and available resources and tools to improve well-being

| Interpersonal and Communication Skills 1: Community- and Population-Centered Communication and Shared Decision-Making | | | | |
|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies common barriers to effective communication while accurately communicating one's own role and responsibilities within the health system | Identifies complex barriers to effective communication | Recognizes personal biases while attempting to minimize communication barriers | Independently uses shared decision-making to align community/population values, goals, and preferences with preventive services | Practices shared decision-making in community/population communication, including in situations with a high degree of uncertainty/conflict |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Interpersonal and Communication Skills 2: Interprofessional Team Communication | | | | |
|---|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Uses language that values all members of an interprofessional team</p> <p>Recognizes the importance of the role of feedback within an interprofessional team</p> | <p>Communicates information effectively, including the use of active listening and feedback, with all members of an interprofessional team and/or with community stakeholders</p> <p>Solicits feedback on performance as a member of an interprofessional team or community group</p> | <p>Adapts communication style to fit the needs of health care team members or community stakeholders</p> <p>Communicates concerns and provides feedback to peers and learners</p> | <p>Facilitates interprofessional team and community group communication using multiple communication strategies</p> <p>Uses constructive criticism skills in communicating with interprofessional team members, community stakeholders, and leaders</p> | <p>Serves as a role model for effective interprofessional team communication</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> | | | | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> |