Supplemental Guide: Pediatric Urology

May 2021
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This document provides additional guidance and examples for the Pediatric Urology Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

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

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

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the Resources page of the Milestones section of the ACGME website.
## Patient Care 1: Patient Evaluation and Decision Making

### Overall Intent:
To efficiently obtain and synthesize the history, physical exam, and collateral patient data to develop an appropriate management plan.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Obtains and performs developmentally appropriate history and physical exam | ● Obtains and performs a history and physical exam for a child with a urinary tract infection  
● Identifies risk factors and comorbidities, particularly bowel function  
● Identifies genital abnormalities  
● Confirms the diagnosis of urinary tract infection based on urinalysis, urine culture and symptoms  
● Differentiates between symptomatic and asymptomatic bacteriuria |
| **Level 2** Selects and interprets diagnostic testing | ● Obtains a catheterized urine specimen when needed  
● Recognizes contaminated urine specimens, and repeats when needed  
● Understands the significance of a bag urine specimen  
● Orders appropriate radiographic imaging  
● Interprets renal/bladder ultrasounds and voiding cystourethrograms |
| **Level 3** Develops a plan to manage patients with straightforward conditions | ● Develops a plan for a child with a normal physical exam and renal ultrasound  
● Develops a behavior modification plan for bladder and bowel dysfunction  
● Understands the need to manage diet and benefits of probiotics  
● Knows when antibiotic treatment and prophylaxis are warranted |
| **Level 4** Develops a plan to manage patients with complex conditions and adapts plan for changing clinical situation | ● Manages recurrent pyelonephritis when associated with congenital uropathy  
● Appropriately treats symptomatic breakthrough urinary tract infections |
| **Level 5** Develops a clinical pathway for the management of patients with complex conditions | ● Integrates novel intervention into management plan following standard management |

### Assessment Models or Tools
- Clinical case discussion assessment
- Direct observation
- End-of-rotation evaluation
- Medical record (chart) audit
- Multisource feedback
- Observed structured clinical examination (OSCE)
- Simulation

### Curriculum Mapping
- 

### Notes or Resources

**Overall Intent:** To safely provide comprehensive pre-operative, intra-operative, and post-operative management of patients, including physiologic alterations and complications

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Describes how changes in normal physiology may lead to peri-procedural alterations and complications | ● Selects appropriate pre-operative antibiotics  
● Identifies appropriate fluids (type and rate) for resuscitation of pediatric patients post-operatively  
● Avoids use of nonsteroidal anti-inflammatory drugs (NSAIDs) in high-risk patients |
| **Level 2** Accurately and reliably gathers and reports clinical information pertaining to common peri-procedural alterations and complications | ● Identifies abnormal vital signs and/or urine output in pediatric patients post-operatively  
● Recognizes concerning findings during abdominal or wound examination |
| **Level 3** Identifies and prioritizes tasks necessary for management of peri-procedural alterations and complications | ● Orders appropriate work-up of post-operative fever  
● Effectively troubleshoots malfunctioning tubes and drains after reconstructive procedure  
● Recognizes signs and symptoms of post-operative urine leak |
| **Level 4** Proactively recognizes potential risk factors for complications and implements measures to prevent or mitigate them | ● Assures patients have appropriate bowel regimen post procedure including on discharge  
● Considers the potential need for ongoing prophylactic antibiotics, particularly in the setting of indwelling tubes or drains  
● Includes regular skin checks and offloading as part of routine care in patients with limited mobility (including spica cast or Bryant’s traction) |
| **Level 5** Coordinates input from multiple specialties and/or manages multiple scenarios simultaneously | ● Communicates with pain management service regarding needs for pain medications both pre- and post-operatively  
● Manages hemorrhagic cystitis in a patient after bone marrow transplant  
● Coordinates multidisciplinary care for patients after exstrophy closure |

**Assessment Models or Tools**

- Clinical case discussion assessment
- Direct observation
- End-of-rotation evaluation
- Medical record (chart) audit
- Multisource feedback
- OSCE
- Simulation

**Curriculum Mapping**

Pediatric Urology Supplemental Guide

## Patient Care 3: Endoscopic Procedures

**Overall Intent:** To perform endoscopic procedures safely and efficiently

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Preparers pediatric patients and equipment for endoscopic procedures | ● Explains differences and limitations between offset Deflux \(^\text{©}\) scope and other pediatric cystoscopic equipment  
● Correctly assembles endoscopic equipment  
● Appropriately positions patient with pressure points padded and limbs situated ergonomically  
● Appropriately covers nonessential parts of the body from direct ionizing radiation  
Identifies anatomic and safety differences between pediatric and adult populations | ● Describes ALARA (“as low as reasonably achievable”) principle  
● Discusses the effects of ionizing radiation on children, particularly regarding malignancy risk |
| **Level 2** Independently performs diagnostic pediatric lower tract endoscopic procedures | ● Visualizes entire surface of bladder during cystoscopy  
● Monitors radiation exposure of the patient and team during the procedure  
Identifies urethral and ureteral abnormalities during endoscopic procedures | ● Identifies urethral abnormalities such as posterior urethral valves and prostatic utricle  
● Identifies ureteral orifice abnormalities such as ectopic ureteral orifice, ureterocele |
| **Level 3** Independently performs simple diagnostic upper tract and lower tract therapeutic endoscopic procedures | ● Safely performs:  
  o Diagnostic ureteroscopy  
  o Retrograde ureteropyelogram and JJ stent placement  
  o Subureteric injection of bulking agent  
  o Transurethral incision of ureterocele  
  o Transurethral resection of posterior urethral valves  
Selects ureteroscope and stent size for individual patients and plans for assistive devices to perform endoscopic procedures | ● Selects appropriately sized endoscopic equipment  
● Uses available formula to determine appropriate stent size  
● Anticipates additional equipment needed for procedure |
| **Level 4** Independently performs complex endoscopic procedures | ● Appropriately manages intra-operative endoscopic complications (e.g., defective stone basket)  
● Safely performs:  
  o Percutaneous nephrolithotomy in adolescent patient  
  o Ureteroscopic stone extraction  
  o Ureteroscopy in very young child |
| **Selects endoscopic assistive devices in a cost-effective manner and effectively troubleshoots during the procedure** | ● Considers the various disposable products that can be used for one procedure and how to use them efficiently to cut down on cost to patient |
| **Level 5 Independently performs complex endoscopic procedures in a patient with challenging anatomy** | ● Safely performs:  
  o Ureteroscopy in horseshoe or crossed ectopic kidney  
  o Percutaneous nephrolithotomy in young child  
  ● Manages a severely encrusted ureteral stent  
  ● Obtains percutaneous renal access |
| **Identifies a novel use of available tools** | ● Clinical case discussion assessment  
  ● Direct observation  
  ● End-of-rotation evaluation  
  ● Medical record (chart) audit  
  ● Multisource feedback  
  ● Simulation  
  ● Surgical skills assessment tool |

**Assessment Models or Tools**

**Curriculum Mapping**

**Notes or Resources**

# Patient Care 4: Open Procedures (Abdominal or Rectoperineal)

**Overall Intent:** To competently and independently perform simple and complex open urologic procedures

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Describes various published techniques available for open procedures | ● Describes multiple techniques for performing ureteral reimplantation and risks/benefits of each  
● Describes options for urinary diversion in infant with posterior urethral valves and possible indications for each |
| **Level 2** Anticipates the steps of the procedure and actively assists | ● Actively assists in common open procedures (hernia/hydrocele repair, orchiopexy, ureteral reimplant) but requires some prompting  
● Demonstrates awareness of anatomic relationships and exercises caution to avoid common complications (e.g., avoids injury to vas deferens during mobilization of the ureter in a boy) |
| **Level 3** Performs simple open procedures with good tissue handling and identifies the need for deviation in the surgical plan | ● Performs major steps of hernia/hydrocele repair, orchiopexy, or ureteral reimplant in a single system with minimal prompting  
● Chooses surgical instrumentation that is appropriate to tissue type and is conscious of tissue handling (e.g., exercises caution when handling ureter, does not pick up ilioinguinal nerve)  
● Identifies when an appendix is not suitable for creating a continent catheterizable channel |
| **Level 4** Performs complex open procedures and executes deviation in the surgical plan when needed | ● Performs major steps of infant (open) pyeloplasty, re-operative ureteral reimplant or bladder augmentation with minimal prompting  
● Carries out psoas hitch, Boari flap, or ureteroureterostomy when there is inadequate ureteral length for ureteral reimplantation  
● Creates continent catheterizable channel from alternate bowel segment when appendicovesicostomy is not feasible |
| **Level 5** Performs procedures incorporating surgical innovations | ● Efficiently and effectively performs a procedure using a previously created surgical tool in a new way  
● Creates a new tool for use in a surgical procedure |

**Assessment Models or Tools**

- Clinical case discussion assessment
- Crowdsourcing assessment of surgical skills
- Direct observation
- End-of-rotation evaluation
- Multisource feedback
- Objective structured assessment of technical skills (OSATS)
- Simulation
- Surgical skills assessment tool

**Curriculum Mapping**
| Notes or Resources                                                                 | ● AUA University. Surgical Video Library. [https://auau.auanet.org/node/25250, 2021].  
# Patient Care 5: Genital Reconstruction

**Overall Intent:** To perform genital reconstruction safely and efficiently

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Describes various published techniques available for reconstruction | ● Describes options for reconstruction of glanular, distal, proximal, and scrotal hypospadias  
● Understands the significance of chordee release and can explain various etiologies and treatment options  
● Describes when simple and complex scrotoplasty is required  
● Is aware of alternative tissue for use of urethral construction |
| **Level 2** Anticipates the steps of the procedure and actively assists     | ● Assists without verbal direction  
● Describes the next step                                                                                                                                  |
| **Level 3** Performs routine genital procedures with good tissue handling and identifies the need for deviation from the surgical plan | ● Adheres to good tissue handling that maintains tissue integrity  
● Maintains the vascularity of tissue  
● Degloves penile shaft  
● Performs basic maneuvers to correct chordee  
● Recognizes when the planned approach must be altered because of severe chordee |
| **Level 4** Performs complex genital procedures and deviates from the surgical plan when needed          | ● Releases severe chordee using concepts for dorsal plication or ventral grafting of corpora  
● Performs maximal proximal corporal dissection and corporal rotation to reduce penile torsion  
● Proceeds with complex scrotal reconstruction with reduction of bifid appearance and establishment of penoscrotal differentiation  
● Transitions from tubularized urethral plate to an onlay of preputial tissue when indicated  
● Knows when to transition to a staged repair when a primary repair was anticipated |
| **Level 5** Performs procedures incorporating surgical innovations         | ● Has skills needed to correct the hypospadias “cripple”  
● Harvests, prepares, and uses buccal epithelium                                                                                                         |

**Assessment Models or Tools**
- Clinical case discussion assessment
- Crowdsourcing assessment of surgical skills
- Direct observation
- End-of-rotation evaluation
- Medical record (chart) audit
- Multisource feedback
- OSATS
- Surgical skills assessment tool

**Curriculum Mapping**

**Notes or Resources**
- To achieve Level 4, it includes planning, tissue handling, and performance
## Patient Care 6: Minimally Invasive Procedures (Laparoscopic and Robotic)

**Overall Intent:** To competently navigate minimally invasive techniques to provide safe and effective patient care

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Prepares pediatric patients and equipment for minimally invasive procedures</td>
<td>● Properly positions, drapes, and preps patient to maintain sterile field&lt;br&gt;● Properly adjusts robotic console and table height for optimized ergonomics</td>
</tr>
<tr>
<td><strong>Level 2</strong> Actively assists and performs portions of the minimally invasive procedure</td>
<td>● Holds camera steadily during laparoscopic procedure&lt;br&gt;● Exposes ureteropelvic junction for pyeloplasty, with assistance&lt;br&gt;● Maintains correct depth perception and force of tissue manipulation</td>
</tr>
<tr>
<td><strong>Level 3</strong> Performs low complexity minimally invasive procedures with good tissue handling and identifies need for deviation in the surgical plan or conversion to open approach</td>
<td>● Independently performs first stage Fowler-Stephens laparoscopic orchiopexy&lt;br&gt;● Independently exposes ureteropelvic junction for pyeloplasty</td>
</tr>
<tr>
<td><strong>Level 4</strong> Performs complex minimally invasive procedures and deviates from the surgical plan when needed</td>
<td>● Independently performs second stage Fowler-Stephens laparoscopic orchiopexy or single stage laparoscopic orchiopexy&lt;br&gt;● Independently completes laparoscopic or robotic pyeloplasty</td>
</tr>
<tr>
<td><strong>Level 5</strong> Performs procedures incorporating surgical innovations</td>
<td>● Completes a robotic bladder neck reconstruction</td>
</tr>
</tbody>
</table>

**Assessment Models or Tools**
- Clinical case assessment
- Crowdsourcing assessment of surgical skills
- Direct observation
- End-of-rotation evaluation
- Global Evaluative Assessment of Robotic Skills
- Multisource feedback
- Simulation
- Surgical skills assessment tool
- Virtual skills simulator

**Curriculum Mapping**
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**Notes or Resources**
- Virtual skills simulator
### Medical Knowledge 1: Clinical Medical Knowledge

**Overall Intent:** To demonstrate comprehensive knowledge, including guidelines, of the full spectrum of urologic diseases, treatments, and populations

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Demonstrates knowledge of anatomy and physiology of the genitourinary tract as it relates to pediatric patients | ● Demonstrates knowledge of the anatomy of the inguinal canal  
● Demonstrates knowledge of normal bladder physiology and how this is reflected in urodynamic studies  
● Demonstrates knowledge of the anti-reflux mechanism |
| **Level 2** Demonstrates knowledge of pathophysiology and treatments of simple conditions, including guidelines | ● Describes the pathophysiology and treatment of kidney stones in pediatric patients  
● Describes the treatment of undescended testis  
● Describes the pathophysiology and treatment of vesicoureteral reflux |
| **Level 3** Demonstrates knowledge of pathophysiology and treatments of complex conditions, taking individual patient factors into consideration (e.g., contributing bowel and bladder dysfunction, familial preferences) | ● Discusses indications for initiation of clean intermittent catheterization in a patient with spina bifida  
● Demonstrates knowledge of neonatal management of a patient with posterior urethral valves  
● Describes literature findings as they relate to treatment of adolescent varicocele and the limitations of available data |
| **Level 4** Demonstrates knowledge of the full spectrum of congenital conditions, including rare diseases, controversies, and evolving treatment practices | ● Demonstrates knowledge of malignant risk and fertility potential in a patient with mixed gonadal dysgenesis  
● Discusses differing viewpoints of staged versus complete primary repair for extrophy |
| **Level 5** Advances understanding of pathophysiology or clinical care pathways in pediatric urology | ● Performs basic science research that alters our understanding of pediatric urologic conditions  
● Performs clinical research that alters the way in which pediatric urology patients are cared |

**Assessment Models or Tools**
- AUA Self-assessment study program
- Case-based discussion assessment
- Direct observation
- End-of-rotation evaluations
- Mock oral examination
- Multisource feedback

**Curriculum Mapping**
- 

**Notes or Resources**
<table>
<thead>
<tr>
<th>Pediatric Urology Supplemental Guide</th>
</tr>
</thead>
</table>
### Medical Knowledge 2: Clinical Reasoning

**Overall Intent:** To use sound reasoning and data synthesis skills for safe clinical decision making

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Integrates patient-specific information to generate an appropriate working diagnosis | • Identifies newborns with clinically relevant hydronephrosis  
• Investigates antenatal history and developmental abnormalities  
• Recognizes neonatal renal insufficiency |
| **Level 2** Provides a prioritized differential diagnosis using supporting rationale | • Develops a differential diagnosis inclusive of upper and lower urinary tract etiologies  
• Understands when temporary urinary diversion (urethral/percutaneous) is required |
| **Level 3** Independently synthesizes clinical information to inform diagnosis and therapy in simple cases and adapts based on a patient’s clinical course and additional data | • Orders appropriate imaging studies to define anatomy  
• Understands when sedation would be required for computerized tomography (CT)/magnetic resonance (MR) imaging  
• Orders labs recognizing the importance of timing and the maternal influence on the results  
• Understands the limitation of neonatal renal function on the renal scintigraphy |
| **Level 4** Independently synthesizes clinical information to inform diagnosis and therapy in complex cases, recognizing sources of error | • Recognizes when to proceed with bedside percutaneous drainage of the bladder  
• Appropriately manages hydroureteronephrosis when urethral drainage does not improve the clinical status |
| **Level 5** Teaches others to recognize sources of diagnostic error | • Helps more junior residents understand the influence of time in relation to birth when assessing hydronephrosis due to physiologic dehydration within the first 24-48 hours of life  
• Helps more junior residents appreciate the maternal influence on neonatal renal function  
• Helps more junior residents understand the limitations of urodynamics in infants and young children |

**Assessment Models or Tools**
• Clinical case discussion assessment  
• Direct observation  
• End-of-rotation evaluation  
• Medical record (chart) audit  
• Mock oral examination  
• Multisource feedback  
• OSCE

**Curriculum Mapping**


<table>
<thead>
<tr>
<th>Notes or Resources</th>
</tr>
</thead>
</table>
# Medical Knowledge 3: Complex Care in Medical Management

**Overall Intent:** To demonstrate comprehensive knowledge of medical management for pediatric patients with chronic genitourinary conditions

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Understands long-term ramifications of urinary tract, renal function, gastrointestinal function, and reproductive health | ● Identifies the metabolic, gastrointestinal, and reproductive impact of augmentation cystoplasty and bladder neck reconstruction on adults who underwent the surgery as children  
● Describes changes in bladder and renal function from childhood to adulthood in patients with posterior urethral valves, myelodysplasia, and bladder extrophy |

*Demonstrates basic knowledge of embryology and physiologic changes with aging in the genitourinary system*

| Level 2 Identifies role of other specialists to achieve goals of care | ● Develops a list of specialists and their roles needed in the multidisciplinary care of children with myelodysplasia  
● Identifies management options in newborn with posterior urethral valves |

*Describes initial treatment options for patients born with genitourinary conditions requiring long-term care*

| Level 3 Engages with other specialists for comprehensive care | ● Requests consultations from appropriate specialists in children with bladder extrophy, myelodysplasia, posterior urethral valves, or detrusor sphincter dyssynergia  
● Engages in discussion with pediatric anesthesia regarding potential medical issues prior to such surgeries as augmentation cystoplasty or bladder extrophy closure  
● Interacts with intensive care unit (ICU) staff members and other specialists in care of child following augmentation cystoplasty or extrophy closure  
● Assists with development of long-term care plan for patients with neurogenic bladder dysfunction |

*Lists care requirements for pediatric patients with chronic genitourinary conditions as they age and grow*

| Level 4 Actively contributes to the medical and psychological well-being of patients with complex conditions | ● Counsels preadolescent patients with severe hypospadias, bladder extrophy or detrusor sphincter dyssynergia, and their families on sexual development and sexual health during adolescence and adulthood  
● Refers patients to mental health professionals to discuss concerns of body image, sexual performance, and self-esteem  
● Discusses penile function and long-term success of penile and urethral reconstruction for chordee and hypospadias |

*Identifies potential complications and long-term adult needs for patients with chronic genitourinary conditions arising in childhood*
| **Level 5** Advocates locally and nationally for psychological well-being and collaborative care of chronic conditions | • Works with local chapters or national organizations (Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction, SUGR, AUA, American Academy of Pediatrics, American Academy of Family Physicians) to develop or contribute to existing advocacy positions impacting on patients with complex medical conditions  
• Participates in advocacy conferences  
• Collaborates with other specialists to develop a curriculum or protocols for transitional care for children with myelodysplasia to adult care |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Develops clinical curriculum related to care transition from child to adulthood for chronic genitourinary conditions</td>
</tr>
</tbody>
</table>
| **Assessment Models or Tools** | • Clinical case discussion assessment  
• Direct observation  
• End-of-rotation evaluation  
• Medical record (chart) audit  
• Multisource feedback |
| **Curriculum Mapping** | • |
| **Notes or Resources** | • AUA. Guidelines. [https://www.auanet.org/guidelines](https://www.auanet.org/guidelines), 2021.  
• |
**Systems-Based Practice 1: Patient Safety and Quality Improvement (QI)**

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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1  Participates in basic patient safety initiatives (e.g., time-outs, handwashing protocols)** | ● Lists patient misidentification or medication errors as common patient safety events  
● Describes how to report errors in your local environment |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | ● Describes importance of surgical checklist, including time-out |
| **Level 2  Identifies and reports patient safety events** | ● Identifies that lack of hand sanitizer dispenser at each clinical exam room may lead to increased infection rates  
● Reports on breakdowns of sterile processing that could harm patients |
| Describes and participates in local quality improvement initiatives (e.g., multimodal analgesics, antibiotic stewardship, hospital acquired infection) | ● Summarizes protocols resulting in decreased spread of catheter-associated urinary tract infection |
| **Level 3  Participates in analysis of patient safety events (simulated or actual) and offers strategies to prevent future events** | ● Presents patient safety event at morbidity and mortality conference |
| Identifies potential areas for team or local quality improvement initiatives | ● Participates in project identifying root cause of retained ureteral stent |
| **Level 4  Actively engages care team to prevent patient safety events** | ● Collaborates with a multidisciplinary team to analyze and decrease risk of catheter-associated urinary tract infection or surgical site infections  
● Designs and carries out a local QI project to increase patient compliance or provide additional educational materials for patients |
| Demonstrates the skills required to develop, implement, and analyze a quality improvement project | |
| **Level 5  Enacts systemic changes to prevent patient safety events by affecting processes** | ● Assumes a leadership role at the departmental or institutional level to improve patient safety  
● Conducts a simulation for disclosing patient safety events  
● Designs and carries out a regional or national QI project to appropriately use imaging in the management of hydronephrosis |
| Creates, implements, and assesses quality improvement initiatives at the institutional or community level | |
| Assessment Models or Tools | • Direct observation  
| | • E-module multiple choice tests  
| | • Local patient safety event reporting  
| | • Medical record (chart) audit  
| | • Multisource feedback  
| | • Resident portfolio  
| | • Simulation  
| Curriculum Mapping |  
| Notes or Resources | • AUA. Quality Improvement Summit. [https://www.auanet.org/education/educational-calendar/quality-improvement-summit](https://www.auanet.org/education/educational-calendar/quality-improvement-summit), 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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Advocates for quality patient care and identifies potential barriers to care | ● Identifies that care is delivered through multidisciplinary team members for pediatric patients with complex conditions  
● Identifies that patients with different backgrounds may have different needs  
● Lists the essential components of sign-out, care transition, and hand-offs |
| Performs safe and effective transitions of care/hand-offs in routine clinical situations |                                                                                                                                                                                                             |
| **Level 2** Demonstrates knowledge of local resources available for optimizing care delivery and coordination | ● Appropriately coordinates translation services for patients and provides patient materials that are sensitive to patient background  
● Routinely uses sign-out effectively for a stable patient |
| Performs safe and effective transitions of care/hand-offs in complex clinical situations |                                                                                                                                                                                                             |
| **Level 3** Coordinates care of patients in routine clinical situations, considering potential barriers to care including inequities, cultural or language differences, and family circumstances | ● Coordinates a plan with the social worker to initiate home health care for patients starting clean intermittent catheterization or stomal care  
● Works with patients to provide affordable medications and treatments  
● Supervises safe hand-offs when transferring a patient to the ICU |
| Supervises safe and effective transitions of care/hand-offs of junior team members |                                                                                                                                                                                                             |
| **Level 4** Coordinates multidisciplinary care of patients in complex clinical situations by incorporating local resources into the plan (e.g., social worker to identify additional home resources) | ● Leads coordination of care for patients without insurance or means to access care  
● Effectively manages times when volume of work outpaces available resources |
<p>| Resolves conflicts in transitions of care between teams |                                                                                                                                                                                                             |
| <strong>Level 5</strong> Designs innovative care coordination strategies for optimizing health care outcomes, taking into consideration populations with health care inequities | ● Helps to develop a novel multidisciplinary clinic |</p>
<table>
<thead>
<tr>
<th>Leads in the design and implementation of improved transitions of care</th>
<th>● Develops a protocol to improve transitions to long-term care facilities</th>
</tr>
</thead>
</table>
| Assessment Models or Tools | ● Direct observation  
● Medical record (chart) audit  
● Multisource feedback  
● OSCE  
● Review of sign-out tools, use and review of checklists  
● Rotation evaluation |
| Curriculum Mapping |  |
## Systems-Based Practice 3: Physician Role in Health Care Systems

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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Understands different types of physician practices and the basic differences/benefits and liabilities associated with each (e.g., private practice versus academic, solo practitioner versus group practice) | ● Discusses the advantages and disadvantages of various employment models  
● Discusses practice options with mentor as they align with career goals |
| **Level 2** Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding) | ● Uses appropriate documentation to capture patient complexity  
● Identifies that notes must meet coding requirements  
● Understands the unique challenges and benefits associated with electronic health records (EHR)s  
● Explains that ordering extraneous tests or use of unnecessary supplies in the operating room impacts overall health care costs  
● Understands and describes how inappropriate consultation of other services during an inpatient stay affects the delivery of health care across the hospital |
| **Level 3** Identifies basic needs for effective transition to practice (e.g., information technology, legal, billing and coding, financial) | ● Demonstrates effective billing practices; understands effective billing  
● Understands the core elements of employment contracts  
● Recognizes the importance of timely discharge processes on hospital length of stay and access to care for other patients  
● Tracks operative complications/readmissions with an eye toward improving personal practice  
● Explains the importance of efficiently seeing patients in the clinic |
| **Level 4** Describes core administrative knowledge needed for transition to independent practice (e.g., cost/billing effectiveness) | ● Proactively compiles procedure log in anticipation of applying for hospital privileges  
● Understands how to optimize billing practice within current guidelines |
| Manages various components of the complex health care system to provide efficient and effective patient care (e.g., patient payment models, insurance) | ● Works collaboratively to improve patient assistance resources for a patient with a recent extensive surgery and limited resources  
● Incorporates value-based principles in managing patients |
|---|---|
| **Level 5** Analyzes professional requirements in preparation for practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance) | ● Leads a practice management conference for residents  
● Provides a lecture on payment models |
| Advocates for or leads systems change that enhances high-value, efficient, and effective patient care | ● Improves informed consent process for non-English-speaking patients  
● Works with community or professional organizations to advocate for health care access |
| **Assessment Models or Tools** | ● Direct observation  
● Medical record (chart) audit  
● Multisource feedback  
● Patient satisfaction data  
● Portfolio  
● Rotation evaluation  
● Formal billing courses |
| **Curriculum Mapping** | ● |
## Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates how to access available evidence</td>
<td>● Identifies evidence-based guidelines for undescended testes and vesicoureteral reflux assessment</td>
</tr>
<tr>
<td><strong>Level 2</strong> Articulates clinical questions to guide evidence-based care</td>
<td>● Identifies and discusses potential evidence-based treatment options for a patient with primary nocturnal enuresis</td>
</tr>
<tr>
<td><strong>Level 3</strong> Integrates best available evidence with patient preferences to guide care</td>
<td>● Obtains, discusses, and applies evidence for the treatment of a child with hydronephrosis</td>
</tr>
<tr>
<td><strong>Level 4</strong> Tailors patient care in the setting of conflicting or absent evidence</td>
<td>● Accesses and applies the primary literature to identify surgical treatment options for congenital adrenal hyperplasia</td>
</tr>
</tbody>
</table>
| **Level 5** Coaches others to critically appraise and apply evidence for patients with complex conditions | ● Leads clinical teaching on application of best practices in critical appraisal of cytoreductive nephrectomy in a patient with metastatic kidney cancer  
● Develops pain management pathways to decrease opioid use as part of a team |

### Assessment Models or Tools
- Direct observation
- EHR review
- Presentation evaluation
- Rotation evaluations

### Curriculum Mapping

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

**Overall Intent:** To seek clinical performance information with the intent to improve care; to reflect on all domains of practice, personal interactions, and behaviors, including impact on colleagues and patients; to develop clear goals and objectives for improvement

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Accepts feedback from faculty members | ● Identifies gaps in surgical skills  
● Seeks feedback from patients, families, and patient care team members |
| Establishes goals for personal and professional development | ● Sets a SMART (specific, measurable, attainable, realistic, time-bound) personal practice goal of improving knowledge of vesicoureteral reflux |
| **Level 2** Uses feedback from all members of the team to improve performance | ● Identifies the impact of personal anxiety on fine motor skills |
| Monitors progress towards goals and directs efforts accordingly | ● Assesses time-management skills and how it impacts timely completion of clinic notes and literature reviews  
● When prompted, develops an education plan for improved personal understanding of vesicoureteral reflux |
| **Level 3** Integrates feedback and adjusts behaviors in real time to improve performance | ● Uses standardized assessment tools to inform refinement of surgical technique  
● Completes a focused literature review prior to patient encounters |
| Integrates practice data to revise goals | ● Incorporating feedback, completes a personal curriculum to refine their personal understanding of vesicoureteral reflux |
| **Level 4** Seeks out specific feedback to further improve performance | ● Routinely records own robotic procedures to analyze and improve technical skills  
● Routinely debriefs with the attending and other team members to optimize patient care |
| Uses performance data to measure readiness for independent clinical practice | ● Performs a self-directed chart audit of their evaluation of prenatal hydronephrosis |
| **Level 5** Coaches others to integrate feedback and improve performance | ● Leads others through reflective/deliberate practice |
| Coaches others to incorporate performance data | ● Assists urology residents and students in developing their individualized learning plans |

**Assessment Models or Tools**
- Direct observation
- End-of-rotation evaluations
- Simulation
- Video review

**Curriculum Mapping**
-  

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<table>
<thead>
<tr>
<th>Notes or Resources</th>
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<tbody>
<tr>
<td>● CSAT assessment</td>
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<td>● OSAT assessment</td>
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<tr>
<td>Milestones</td>
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</table>
| **Level 1** Demonstrates professional behavior in routine situations and knows how to report professionalism lapses | ● Understands that substance abuse impairs judgment  
● Can verbalize the institutional process for reporting impaired physicians  
● Knows how to access appropriate graduate medical education (GME) resources and other hospital employee assistance programs |
| Demonstrates knowledge of ethical principles underlying shared decision making and patient confidentiality | ● Recognizes and respects the importance of confidentiality in the sign-out process  
● Respects patient autonomy by not performing unnecessary procedures for learning purposes |
| **Level 2** Demonstrates insight into personal triggers for professionalism lapses and develops mitigation strategies | ● Ensures adequate sleep before a complex surgery  
● Has awareness of anger issues and knows how to obtain management support |
| Analyzes straightforward situations using ethical principles | ● Conveys discomfort when performing unfamiliar tasks and declines to continue without supervision |
| **Level 3** Demonstrates professional behavior in complex or stressful situations | ● Appropriately responds to a distraught family member following an event of sexual abuse |
| Seeks help in managing and resolving complex ethical situations | ● After noticing a colleague’s inappropriate social media post, reviews policies related to posting of content, and seeks guidance |
| **Level 4** Recognizes and intervenes in situations to prevent professionalism lapses in oneself and others | ● Seeks out personal assistance when needed  
● Proactively assumes tasks of a more junior resident who is fatigued to ensure they are able to get adequate rest  
● Advocates for members of the care team when implicit or explicit bias is witnessed |
| Recognizes and uses appropriate resources for managing and resolving ethical dilemmas (e.g., ethics consultations, literature review) | ● Seeks ethics consult for gonad removal for a patient with disorders of sexual differentiation |
| **Level 5** Coaches others when their behavior fails to meet professional expectations | ● Develops a peer coaching program to guide others when behavior fails to meet professional expectations, and creates a performance improvement plan to prevent recurrence |
Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution

- Partners with program director to design and implement vendor interaction policy

| Assessment Models or Tools | Direct observation
|                          | Mock oral examination or written self-reflection
|                          | Multisource feedback
|                          | Rotation evaluation
|                          | Simulation

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<th>Curriculum Mapping</th>
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<th>Notes or Resources</th>
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## Professionalism 2: Administrative Tasks

**Overall Intent:** To take responsibility for one’s actions and the impact on patients and other members of the health care team

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
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</table>
| **Level 1** Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations | ● Reports punctually to assigned clinical and educational duties  
● Responds promptly to reminders from program administrator to complete work-hour logs  
● Timely attendance at conferences  
● Timely completion of end-of-rotation evaluations |
| **Level 2** Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex and stressful situations | ● Completes administrative tasks, safety modules, case logs, and licensing requirements by specified due date  
● Before going out of town, completes tasks in anticipation of lack of computer access while traveling |
| **Level 3** Delegates and oversees tasks to medical students and residents that results in efficient management of clinical activities and enhances education | ● Assigns medical students and residents to faculty members and operative cases providing an equal, unbiased opportunity for all based on their level of training and ability  
● Notifies attending of multiple competing demands on-call, appropriately triages tasks, and asks for assistance from other residents or faculty members as needed |
| **Level 4** Recognizes situations that may impact others’ ability to complete tasks and responsibilities in a timely manner and proposes solutions | ● Manages resident schedules and provides adjustments when a resident is out (illness or vacation)  
● Implements an administrative process for resident responsibilities for upcoming visiting professor event |
| **Level 5** Develops systems to enhance others’ ability to efficiently complete administrative tasks and responsibilities | ● Develops automated reminder system to notify others of upcoming deadlines |

**Assessment Models or Tools**
- Case log review
- Compliance with deadlines and timelines
- Direct observation
- Multisource feedback
- Rotation evaluations
- Self-evaluations and reflective tools

**Curriculum Mapping**

**Notes or Resources**
- Code of conduct from fellow/resident institutional manual
- Expectations of residency program regarding accountability and professionalism
### Professionalism 3: Well-Being

**Overall Intent:** To identify and mitigate personal and professional stressors that affect well-being of self and others

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
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</table>
| **Level 1** With assistance, recognizes status of personal and professional well-being | ● Acknowledges own response to patient’s adverse outcome  
● Completes a well-being questionnaire  
| **Level 2** Independently recognizes status of personal and professional well-being | ● Seek out support from peers or mentors to discuss patient’s adverse outcome  
● Participates in divisional or departmental wellness initiatives  
| **Level 3** Identifies how well-being impacts the team’s performance | Recognizes acute wellness needs within the team and creates accommodations to benefit team performance  
| **Level 4** Independently develops a plan to optimize personal and professional well-being | ● Manages professional obligations to permit time for personal wellness, rest, and enriching personal relationships  
● Independently organizes team wellness event  
| **Level 5** Coaches others when emotional responses do not meet professional expectations | ● Reaches out to a team member who appears to be struggling and offers resources and guidance  
| Assessment Models or Tools                                                | ● Direct observation  
● Group discussions  
● Individual interview or meeting with mentor  
● Rotation evaluation  
● Self-assessment and personal learning plan  
● Semi-annual review  
| Curriculum Mapping                                                         | ●  
| Notes or Resources                                                         | ● This subcompetency is not intended to evaluate a fellow’s well-being. Rather, the intent is to ensure that each fellow has the fundamental knowledge of factors that impact wellbeing, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being  
● Local resources, including Employee Assistance and online training modules  

# Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

**Overall Intent:** To form therapeutic relationships with patients and families, to identify and mitigate communication barriers and bias

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
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</table>
| **Level 1** Demonstrates respect and establishes rapport with patients and patients’ families (e.g., situational awareness of language, disability, health literacy level, cultural differences) | • Introduces self and faculty member, explains the roles of team members, and identifies patient and others in the room  
|                                                                                              | • Actively listens and engages all parties in healthcare discussion  
|                                                                                              | • Communicates with patients and their families in an understandable and respectful manner  
| Communicates with patients and their families in an understandable and respectful manner | • Uses age-appropriate language when counseling pediatric patients  
|                                                                                              | • Speaks to patient without family member when appropriate  |
| **Level 2** Establishes a therapeutic relationship in straightforward encounters | • Explains simple pediatric urologic pathophysiology (foreskin issues, undescended testes, inguinal hernias, etc.) to families and answer questions as needed  
| Identifies barriers to effective communication (e.g., health literacy, cultural differences) | • Recognizes the need for handouts with diagrams and pictures to communicate information to a patient who is unable to read  
|                                                                                              | • Identifies need for trained interpreter with non-English-speaking patients  
|                                                                                              | • Identifies when patients are having difficulty understanding conversations and proactively takes steps to improve communication  |
| **Level 3** Establishes a therapeutic relationship in challenging encounters (e.g., shared decision making) | • Appropriately counsels patient on treatment options for complex pediatric urologic pathophysiology (neuropathic bladder, vesicoureteral reflux, etc.) using shared decision making to align treatment plan with patient priorities  
| When prompted, reflects on personal biases while attempting to minimize communication barriers | • In a discussion with a mentor, acknowledges personal discomfort in caring for transgender patient  
|                                                                                              | • Identifies personal biases regarding patients presenting for elective circumcision during discussions with families/mentors  |
| **Level 4** Facilitates difficult discussions specific to patient and family conferences, (e.g., end-of-life, explaining complications, therapeutic uncertainty) | • Engages representative family members with disparate goals in the care of a critically ill patient  
| Independently recognizes personal biases while attempting to proactively minimize communication barriers | • Uses patient and family input to engage palliative care and develop a plan for home hospice in the terminally ill patient, aligned with the patient’s values  
|                                                                                              | • Recognizes their potential implicit bias involved in caring for a transgender patient and solicits input from faculty to mitigate communication barriers  |
| **Level 5** Mentors others in situational awareness and critical self-reflection | • Leads a discussion group on personal experience of moral distress  |
| **Coaches others in the facilitation of crucial conversations** | - Assists residents with patient/family discussion techniques to improve communication skills  
- Develops a residency curriculum on social justice which addresses implicit bias |
| --- | --- |
| **Assessment Models or Tools** | - Direct observation  
- Multisource feedback  
- OSCE  
- Self-assessment including self-reflection exercises |
| **Curriculum Mapping** |  |
## Interpersonal and Communication Skills 2: Patient Counseling and Shared Decision Making

**Overall Intent:** To use shared decision making, counsel patients about indications, risks, benefits, and alternatives during informed consent

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
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</table>
| **Level 1** Demonstrates basic understanding of the informed consent process | • Confirms consent and patient counseling has been completed for a procedure  
• Understands how to obtain informed consent from patients when decision making process has been previously undertaken  
• Understands the difference between consent and assent and the importance of these topics in pediatric urology |
| **Level 2** Answers questions from patients and caregivers about treatment plans and seeks guidance when appropriate | • Uses patient-centered communication when answering questions during the informed consent process  
• Ensures use of receptive body language, eye contact, and posture |
| **Level 3** Counsels patients and caregivers through decision-making process using developmentally appropriate language for simple clinical and surgical problems | • Fully discusses indications, risks, benefits, and alternatives during informed consent for routine cases such as ureteroscopy, circumcision, orchiopexy, etc. |
| **Level 4** Counsels patients and caregivers through decision-making process using developmentally appropriate language for complex clinical and surgical problems | • Fully discusses indications, risks, benefits, and alternatives during informed consent for more complex cases such as bladder augmentation, partial nephrectomy, etc.  
• Obtains a consent in emergent situations and documents appropriately |
| **Level 5** Leads patients, caregivers, and team in complex and high-risk decision making and counseling | • Develops supplemental materials to better inform patients prior to procedure  
• Counsels patient/ family members regarding treatment options in a spina bifida patient with hostile bladder and obtains informed consent for bladder augmentation in the setting of multiple prior abdominal surgeries  
• Leads a detrusor sphincter dyssynergia patient group |

**Assessment Models or Tools**
- Direct observation
- Multisource feedback
- Patient evaluation of residents
- Rotation evaluation

**Curriculum Mapping**
- 

**Notes or Resources**
### Interpersonal and Communication Skills 3: Interprofessional and Team Communication

**Overall Intent:** To effectively communicate with the health care team, including consultants, in both straightforward and complex situations

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Respectfully interacts and actively communicates with all members of health care team (e.g., proper identification, politely accepts and requests consults) | - Respectfully requests anesthesia consultation for post-operative pain management  
- Receives consult request for a patient with urinary retention, asks clarifying questions politely, and expresses gratitude for the consult  
- Respectfully engages with nursing and social work to facilitate patient discharge |
| **Level 2** Communicates in an approachable and productive manner to facilitate teamwork (e.g., active listening, updates in timely fashion) | - Succinctly presents complete information to faculty members  
- Communicates diagnostic evaluation recommendations clearly and concisely in an organized and timely manner  
- Communicates pertinent details of consultation request to the pediatric nephrologist for management of post-obstructive diuresis  
- Actively listens to other members of the team and responds appropriately |
| **Level 3** Actively recognizes and mitigates communication barriers and biases (explicit and implicit) with members of the health care team | - After a consultation has been completed, communicates directly with the primary team to verify they have received and understand the recommendations  
- When receiving treatment recommendations from an attending physician, actively listens and repeats back the plan to ensure understanding  
- Seeks opportunity to constructively educate the consulting service  
- Identifies potential sources of implicit bias in the clinical setting and redirects the team to mitigate this bias |
| **Level 4** Identifies conflict as threat to patient care and team functioning and initiates an intervention | - Organizes a care conference involving the care team and consultants to resolve conflicting recommendations and coordinates recommendations from each specialty |
| **Level 5** Exemplifies flexible communication strategies | - Formally mediates conflict between members of the health care team  
- Adjusts teaching and communication approach for various learning styles on the team |

**Assessment Models or Tools**
- Direct observation
- Medical record (chart) audit
- Multi-source feedback
- Rotation evaluation
- Simulation

**Curriculum Mapping**
- 

**Notes or Resources**
### Interpersonal and Communication Skills 4: Communication within Health Care Systems

**Overall Intent:** To effectively communicate across the health care system using the medical record

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Accurately records information in the patient record in a timely manner while safeguarding patient personal health information | ● Documentation is accurate but may include extraneous information  
● Shreds patient list after rounds; avoids talking about patients in the elevator |
| **Level 2** Documents diagnostic and therapeutic reasoning in the patient record with appropriate use of documentation shortcuts | ● Organized and accurate documentation outlines clinical reasoning that supports the treatment plan  
● Develops documentation templates to avoid copy-and-paste errors |
| **Level 3** Concisely reports diagnostic and therapeutic reasoning         | ● Documents complex clinical thinking concisely but may not include anticipatory guidance |
| **Level 4** Efficiently communicates in an organized fashion that includes contingency plans | ● Writes accurate, organized, and concise note for a patient with overactive bladder and provides plan for follow-up management if current treatment is unsuccessful  
● Writes exemplary notes that are used to teach others |
| **Level 5** Facilitates improved written and verbal communication of others | ● Organizes one-on-one teaching sessions with residents and medical students to improve documentation |

**Assessment Models or Tools**

- Direct observation
- Medical record (chart) audit
- Multisource feedback
- Rotation evaluation

**Curriculum Mapping**

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.

<table>
<thead>
<tr>
<th>Milestones 1.0</th>
<th>Milestones 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC3: Peri-operative Care</td>
<td>PC2: Peri-Procedural Care</td>
</tr>
<tr>
<td>PC4: Genital Reconstructive Procedures</td>
<td>PC5: Genital Reconstruction</td>
</tr>
<tr>
<td>PC5: Open Abdominal/Retroperitoneal Procedures</td>
<td>PC4: Open Procedures – Abdominal and Retroperitoneal</td>
</tr>
<tr>
<td>PC6: Endoscopic and Percutaneous Procedures of the Upper and Lower Urinary Tract</td>
<td>PC3: Endoscopic Procedures</td>
</tr>
<tr>
<td>PC7: Laparoscopic/ Robotic</td>
<td>PC6: Minimally Invasive Procedures</td>
</tr>
<tr>
<td>MK1: Appropriate Competency in Core Domains</td>
<td>MK1: Clinical Medical Knowledge</td>
</tr>
<tr>
<td>MK2: Related Fields of Knowledge</td>
<td>MK1: Clinical Medical Knowledge MK3: Complex Care in Medical Management</td>
</tr>
<tr>
<td>SBP1: Working Effectively Within and Across Health Delivery Systems for the Benefit of Children</td>
<td>SBP2: System Navigation for Patient-Centered Care</td>
</tr>
<tr>
<td>SBP2: Cost Awareness and Risk-Benefit Analysis In Patient Care</td>
<td>SBP3: Physician Role in Health Care Systems</td>
</tr>
<tr>
<td>SBP3: Enhancing Patient Safety</td>
<td>SBP1: Patient Safety and Quality Improvement</td>
</tr>
<tr>
<td>PBLI1: Improves via feedback and self-assessment</td>
<td>PBLI2: Reflective Practice and Commitment to Personal Growth</td>
</tr>
<tr>
<td>PBLI2: Evidence-based Learning</td>
<td>PBLI1: Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>PBLI3: Education of Team Members</td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
</tr>
<tr>
<td>PROF1: Work Ethic: Integrity, Altruism, and Teamwork</td>
<td>PROF2: Administrative Tasks</td>
</tr>
<tr>
<td>PROF2: Respect for Patient Privacy and Autonomy</td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
</tr>
<tr>
<td>PROF3: Sensitivity and Responsiveness to Diverse Populations</td>
<td>PROF3: Well-Being</td>
</tr>
<tr>
<td>ICS1: Communication: Families and Care Givers</td>
<td>ICS1: Patient- and Family-Centered Communication ICS2: Patient Counseling and Shared Decision Making</td>
</tr>
<tr>
<td>ICS3: Communication: Personal Interactions with Physicians, Nurses, Hospital Staff Members, Residents, and Students</td>
<td>ICS3: Interprofessional and Team Communication</td>
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</tr>
<tr>
<td>ICS4: Use of Technology and Information Sharing Modalities to Facilitate Communication</td>
<td>ICS4: Communication within Health Care Systems</td>
</tr>
</tbody>
</table>
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/


Remediation Toolkit - https://dl.acgme.org/courses/acgme-remediation-toolkit

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