

Pulmonary Critical Care Milestones

The Accreditation Council for Graduate Medical Education



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Pulmonary Critical Care Milestones

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

Pulmonary Critical Care Milestones Work Group

Doreen Addrizzo-Harris, MD

Henry Fessler, MD

Rendell Ashton, MD Janae Heath, MD

John Buckley, MD, MPH Karen Korzick, MD, MA

Kevin Chan, MD Kannan Ramar, MD

Fei Chen, PhD Lekshmi Santhosh, MD

Timothy Dempsey, MD, MPH Nitin Seam, MD

Laura Edgar, CAE, EdD Antoinette Spevetz, MD

J. Christopher Farmer, MD

Nancy Stewart, DO

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American Board of Internal Medicine

American College of Chest Physicians

Association of Pulmonary and Critical Care Medicine Program Directors

Review Committee for Internal Medicine

Society for Critical Care Medicine

Understanding Milestone Levels and Reporting

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

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

These levels *do not* correspond with post-graduate year of education. Depending on previous experience, a junior fellow may achieve higher levels early in his/her educational program just as a senior fellow 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. Fellows may also regress in achievement of their milestones. This may happen for many reasons, such as over scoring in a previous review, a disjointed experience in a particular procedure, or a significant act by the fellow.

Selection of a level implies the fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page 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 fellow whose achievements in a subcompetency are greater than the expectation. Milestones are primarily designed for formative, developmental purposes to support continuous quality improvement for individual learners, education programs, and the specialty. The ACGME and its partners will continue to evaluate and perform research on the Milestones to assess their impact and value.

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

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

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

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 fellow's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow's performance in relation to those milestones.

| Systems-Based Practice | 2: Coordination and Trans | ition of Care | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations effectively using the members of the interprofessional teams | Coordinates care of patients in complex clinical situations effectively using the members of the interprofessional teams | Coordinates care of patients in complex clinical situations 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 handoffs | Performs safe and effective transitions of care/handoffs in routine clinical situations | Performs safe and effective transitions of care/handoffs in complex clinical situations | Advocates for safe and effective transitions of care/handoffs within and across health care delivery systems | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| | | | | |
| Comments: | | | Not Yet C | completed Level 1 |
| Selecting a respo | nse box in the | Selecting a response | onse box on the line in | |
| middle of a level i | | | ndicates that milestone | |
| | level and in lower | | ave been substantially | |
| levels have been demonstrated. | substantially | demonstrated as milestones in the | | |
| demonstrated. | | THIESTORES III THE | - Higher level(5). | |

| Patient Care 1: History a | nd Physical Examination | | | |
|--|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Obtains specialty- specific, detailed, and accurate history from patients with common disorders, with substantial guidance | Obtains specialty-specific, detailed, and accurate history from patients with common disorders | Obtains specialty-specific, detailed, and accurate history from multiple sources for patients with complex disorders | Independently and efficiently obtains a specialty-specific, detailed, and accurate history from multiple sources for patients with complex disorders | Independently obtains a specialty-specific, detailed, and accurate history from multiple sources for patients with rare disorders |
| Performs a specialty- specific, detailed, and accurate physical exam on patients with common disorders, with substantial guidance | Performs a specialty- specific, detailed, and accurate physical exam on patients with common disorders | Elicits specialty-specific signs while performing a detailed and accurate physical exam on patients with complex disorders | Independently and efficiently elicits specialty-specific signs while performing a detailed and accurate physical exam on patients with complex disorders | Independently elicits specialty-specific signs while performing a detailed and accurate physical exam on patients with complex or rare disorders in clinically difficult circumstances |
| | | | | |
| Comments: | | | Not Yet C Not Yet As | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|--|
| Manages unstable patients requiring a higher intensity of care, with substantial guidance | Manages unstable patients with single system disease | Manages unstable patients with multisystem disease | Independently manages unstable patients with multisystem disease and coordinates interdisciplinary care plans | |
| Identifies the long-term consequences of critical illness, with substantial guidance | Anticipates the long-term consequences of critical illness | Anticipates and acts to minimize the long-term consequences of critical illness | Anticipates and acts independently to minimize the long-term consequences of critical illness | Independently facilitates post-intensive care unit care |
| Provides critical care consultation, with substantial guidance | Provides critical care consultation for patients with single system disease | Provides critical care consultation for patients with multisystem disease | Independently triages and prioritizes comprehensive critical care consultation for multiple patients | Independently reconciles conflicting consultative recommendations to optimize patient care |
| | | | | |

| Patient Care 3: Disease I | Management in Pulmonary | Medicine | | |
|---|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Manages common pulmonary disorders in hospitalized patients, with substantial guidance | Manages common pulmonary disorders in hospitalized patients | Manages complex pulmonary disorders in hospitalized patients | Independently manages complex pulmonary disorders in hospitalized patients | Independently manages complex pulmonary disorders in hospitalized patients and coordinates interdisciplinary care plans |
| Manages common pulmonary disorders in ambulatory patients | Manages common pulmonary disorders in ambulatory patients and mitigates their disease risk factors | Manages pulmonary disorders in ambulatory patients with complex comorbidities and mitigates their disease risk factors | Independently manages complex ambulatory patients with pulmonary disorders and mitigates their disease risk factors | Independently manages complex ambulatory patients with pulmonary disorders, mitigates their disease risk factors, and coordinates interdisciplinary care plans |
| Provides pulmonary consultation for patients with common pulmonary disorders, with substantial guidance | Provides pulmonary consultation for patients with common pulmonary disorders | Provides pulmonary consultation for patients with complex pulmonary disorders | Independently triages and prioritizes pulmonary consultation for multiple patients | Independently triages and prioritizes pulmonary consultation including reconciling conflicting consultative recommendations to optimize patient care |
| | | | | |
| Comments: | | | Not Yet C Not Yet A | ompleted Level 1 |

| Patient Care 4: Pre-Proce | edure Assessment | | | |
|---|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies indications for procedures and their risks, benefits, and alternatives | Assesses indications, risks, benefits and weighs alternatives in low- to moderate-risk situations | Assesses indications, risks, benefits and weighs alternatives in high-risk situations | Independently assesses indications, risks, benefits and weighs alternatives in high-risk situations and acts to mitigate modifiable risk factors | Recognized by peers as an expert in procedural assessment |
| | | | | |
| Comments: | | | Not Yet C Not Yet A | ompleted Level 1 |

| Performs simple procedures, with | Performs complex | Performs complex | Independently performs | |
|--|--|---|--|--|
| assistance | procedures, with assistance | procedures, with minimal assistance | all procedures in the current practice environment | Recognized by peers as a procedural expert |
| Interprets limited procedural results, with assistance | Interprets comprehensive procedural results, with assistance | Independently interprets comprehensive procedural results | Independently interprets comprehensive procedural results and applies them to the patient's clinical context | |
| Recognizes common complications | Recognizes uncommon complications | Recognizes and manages complications, with oversight | Independently recognizes and manages complications | |

Patient Care

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The fellow 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: Cl | linical Reasoning | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Synthesizes a specialty- specific, analytic, and prioritized differential diagnosis for common presentations, with substantial guidance | Synthesizes a specialty- specific, analytic, and prioritized differential diagnosis for common presentations | Synthesizes a specialty- specific, analytic, and prioritized differential diagnosis for complex presentations | Synthesizes information to reach high-probability and/or high-risk diagnoses and anticipates potential complications in patient care | Recognized by peers as an expert diagnostician |
| Identifies types of clinical reasoning errors within patient care, with substantial guidance | Identifies types of clinical reasoning errors within patient care | Applies clinical reasoning principles to retrospectively identify cognitive errors | Continually re-appraises one's clinical reasoning to prospectively minimize cognitive errors and manage uncertainty | Coaches others to recognize and avoid cognitive errors |
| | | | | |
| Comments: | | | | ompleted Level 1 |

| Medical Knowledge 2: So | cientific Knowledge of Dise | ase and Therapeutics | | |
|---|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates scientific knowledge of common diseases | Applies scientific knowledge of common diseases | Applies scientific knowledge of complex diseases | Independently applies scientific knowledge of complex diseases | Expertly teaches scientific knowledge of complex diseases |
| Demonstrates knowledge of pharmacology and therapeutics for common diseases | Applies knowledge of pharmacology and therapeutics for common diseases | Applies knowledge of pharmacology and therapeutics for complex diseases | Independently applies knowledge of pharmacology and therapeutics for complex diseases | Applies cutting-edge knowledge of pharmacology and therapeutics |
| | | | | |
| Comments: | | | Not Yet Co Not Yet As | empleted Level 1 sessable |

Medical Knowledge

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The fellow 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 Improvemen | ıt |
|-----|----|---------------------------|----|

| Systems-Based Practice | 1: Patient Safety and Qual | ity 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 the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| Comments: | | | Not Yet Co | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|--|---|---|
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations effectively using the members of the interprofessional teams | Coordinates care of patients in complex clinical situations effectively using the members of the interprofessional teams | Coordinates care of patients in complex clinical situations 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 | Advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| 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 in the community | Advocates for changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with health care inequities |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|---|--|---|
| Describes basic health care delivery systems (e.g., practice and payment models, accountable care organizations) | Describes how components of a complex health care delivery system are interrelated, and how this impacts patient care (e.g., out-of-network hospitalizations) | Discusses how individual practice affects the broader system (e.g., length of stay, cost of care, readmission rates, clinical efficiency) | Advocates for patient care needs (e.g., community resources, patient assistance resources) with consideration of the limitations of each patient's payment model | Advocates for or leads systems change that enhances high-value, efficient, and effective patient care |
| | | | | |
| Comments: | | | Not Yet G | ompleted Level 1 |

Systems-Based Practice

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The fellow 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

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|--|--|--|
| Demonstrates how to access and apply available evidence to care for patients | Elicits patient preferences and values to guide evidence-based care for patients | Locates and applies the best available evidence, integrated with patient preference to care for patients | Critically appraises and 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; and/or participates in the development of guidelines |
| Demonstrates knowledge of basic trial design and statistical concepts and communicates details of published scientific work | Reads scientific literature, identifies gaps, and generates hypotheses for planned scholarly activity | Participates in a scholarly project | Presents scholarly activity at local or regional meetings, and/or submits an abstract of their scholarly work to a regional meeting | Effectively presents scholarly work at national and international meetings or has a peer reviewed publication accepted or grant funded |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|--|
| Accepts responsibility for personal and professional development by establishing goals | Demonstrates openness to performance feedback in order to inform goals | Seeks performance feedback episodically, with adaptability, and humility | Intentionally seeks performance feedback consistently with adaptability, and humility | Consistently role models the seeking of performance data with adaptability and humility |
| Identifies the factors which contribute to gap(s) between expectations and actual performance | Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance | Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | Identifies and uses alternative methods to narrow the gap(s) between expectations and actual performance | Coaches others on reflective practice |
| Actively seeks opportunities to improve knowledge and abilities | Designs and implements a learning plan, with prompting | Independently creates and implements a learning plan | Uses performance feedback to measure the effectiveness of the learning plan and when necessary, improves it | Facilitates the design and implementation of learning plans for others |
| | | | | |

Practice-Based Learning and Improvement

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The fellow 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 | N | Vο | Condition | nal | on | Imp | orov | em | ent |
|-----|---|----|-----------|-----|----|-----|------|----|-----|
| | | | | | | | | | |

| Professionalism 1: Profes | Professionalism 1: Professional Behavior and Ethical Principles | | | | | | |
|--|---|--|---|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | | |
| Identifies and describes potential triggers for professionalism lapses in self | Demonstrates insight into professional behavior in routine situations and takes responsibility for own professionalism lapses | Demonstrates professional behavior in complex or stressful situations | Recognizes situations that may trigger professionalism lapses and acts to prevent them | Recognized by peers as a resource for professionalism concerns | | | |
| Recognizes professionalism lapses in others | Knows institutional processes for reporting professionalism lapses, including strategies for addressing common barriers | Follows institutional processes for reporting professionalism lapses, including strategies for addressing common barriers | Intervenes to prevent and address professionalism lapses in peers | Coaches peers when their behavior fails to meet professional expectations | | | |
| Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics | Analyzes straightforward situations using ethical principles and applies them to practice | Analyzes complex situations using ethical principles, and applies them to practice, while recognizing the need to seek help in managing these situations | Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation) | Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution | | | |
| | | | | | | | |
| Comments: | | | Not Yet Co | ompleted Level 1 | | | |

| Professionalism 2: Accountability | | | | | | | |
|---|--|--|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | | |
| Completes tasks and responsibilities in response to requests or reminders | Completes tasks and responsibilities in a timely manner, without reminders | Completes tasks and responsibilities without reminders, identifies potential barriers to completion, and acts to mitigate those barriers in routine situations | Completes tasks and responsibilities without reminders, identifies potential barriers to completion, and acts to mitigates those barriers in complex or stressful situations | Assists others in developing strategies for completing tasks and responsibilities | | | |
| | | | | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 | | | |

| Professionalism 3: Well-Being and Resiliency | | | | | | |
|--|---|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Identifies elements of well-being and describes risk factors for burnout and signs and symptoms of burnout and depression in self or peers | With assistance, recognizes status of well- being and risk factors for maladaptation in self or peers | Independently recognizes status of well-being in self or peers and reports concerns to appropriate personnel | Develops and implements a plan to improve well-being of self or peers, including utilization of institutional or external resources | Recommends and facilitates system changes to promote well-being in a practice or institution | | |
| | | | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 | | |

Professionalism

| The fellow is der | monstrating | satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training |
|-------------------|--------------|--|
| program. The fe | llow is dem | onstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that |
| includes the deli | very of safe | e, effective, patient-centered, timely, efficient, and equitable care. |
| | | |
| Yes | No | Conditional on Improvement |

| Interpersonal and Comm | nunication Skills 1: Patient- | and Family-Centered Com | munication Level 4 | Level 5 | |
|---|--|--|---|--|--|
| Uses language and nonverbal behavior to demonstrate respect and establish rapport | Establishes a therapeutic relationship using effective communication behaviors in straightforward encounters | Establishes a therapeutic relationship using effective communication behaviors in challenging patient encounters | Establishes therapeutic relationships using shared decision making (e.g., attention to patient/family concerns and context), regardless of complexity | Coaches others in developing therapeutic relationships and mitigating communication barriers | |
| Identifies common barriers to effective communication (e.g., language, disability, personal bias) | Identifies complex barriers to effective communication (e.g. health literacy, cultural), including personal bias | Mitigates communication barriers, including personal bias | Role models the mitigation of communication barriers | | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|--|---|--|
| Uses language that values all members of the team | Communicates information, including basic feedback with all team members | Facilitates team communication to reconcile conflict and provides difficult feedback | Adapts communication style to fit team needs and maximizes impact of feedback to the team | Role models flexible communication strategies that facilitate excellence in teamwork |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|--|
| Accurately records comprehensive information | Documents clinical reasoning through organized notes | Documents clinical reasoning and is concise most of the time | Documents clinical reasoning concisely in an organized form, including next steps in care | Guides departmental or institutional communication policies and procedures |
| Communicates using formats specified by institutional policy to safeguard patient personal health information | Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance | Appropriately selects direct and indirect forms of communication based on context | Role models effective written and verbal communication | |
| | | | | |

| Interpersonal and Comm | nunication Skills 4: Comple | x Communication Around S | Serious Illness | |
|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies prognostic communication as a key element for shared decision making | Assesses the patient's families/caregivers' prognostic awareness and identifies preferences for receiving prognostic information | Delivers basic prognostic information and attends to emotional responses of patient and families/caregivers | Tailors communication of prognosis according to disease characteristics and trajectory, patient consent, family needs, and medical uncertainty, and manages intense emotional response | Coaches others in the communication of prognostic information |
| Identifies the need to assess patient/family expectations and understanding of their health status and treatment options | Facilitates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying an understanding of the clinical situation | Sensitively and compassionately delivers medical information; elicits patient/family values, goals and preferences; and acknowledges uncertainty and conflict, with guidance | Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan in situations with a high degree of uncertainty and conflict | Coaches shared decision making in patient/family communication |
| | | | | |
| Comments: | | | Not Yet C | completed Level 1 |

Interpersonal and Communication Skills

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The fellow 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 | Imp | orov | eme | nt |
|-----|----|-------------|----|-----|------|-----|----|
| | | | | | | | |

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Overall Clinical Competence

| This rating re | epresents the assessment of the fellow's development of overall clinical competence during this year of training: |
|----------------|--|
| Superio | r: Far exceeds the expected level of development for this year of training |
| Satisfac | ctory: Always meets and occasionally exceeds the expected level of development for this year of training |
| | onal on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for ear of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training. |
| Unsatis | factory: Consistently falls short of the expected level of development for this year of training. |