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Milestones Supplemental Guide

This document provides additional guidance and examples for the 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

**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 history and physical exam to form a patient assessment | • Obtains a history and physical exam for a patient with hematuria; identifies risk factors and determines if work-up is indicated  
• Confirms dipstick hematuria with a microscopic urinalysis  
• Differentiates between gross hematuria and microscopic hematuria |
| **Level 2** Evaluates patients; orders and interprets diagnostic testing | • Recognizes contaminated urine specimens and orders a catheterized specimen  
• Orders appropriate radiographic imaging and endoscopic evaluation  
• Interprets computerized tomography (CT) scans and ultrasounds  
• Identifies indications for cytology |
| **Level 3** Develops a plan to manage patients with straightforward conditions | • Develops a plan for pertinent findings and results of initial work-up of a small bladder tumor  
• Develops a plan for a renal pelvic stone  
• Identifies indications for continuous bladder irrigation  
• As the condition worsens, recognizes the need to escalate care |
| **Level 4** Develops a plan to manage patients with complex conditions and adapts plan for changing clinical situation | • Manages refractory hemorrhagic cystitis patients  
• Manages unstable hemorrhage after partial nephrectomy |
| **Level 5** Develops a clinical pathway for the management of patients with complex conditions or identifies clinical trials for patients | • Develops an institutional clinical algorithm for managing patients with radiation cystitis  
• Refers and counsels patients with metastatic bladder cancer for appropriate clinical trial |

**Assessment Models or Tools**

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

**Curriculum Mapping**

- 

**Notes or Resources**

### Patient Care 2: Peri-Procedural Care

**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** Identifies alterations in normal physiology | ● Identifies post-operative hypotension, fever, or tachycardia  
● Selects appropriate pre-operative antibiotics  
● Appropriately selects prophylaxis for venous thromboembolism |
| **Level 2** Accurately and reliably gathers and reports clinical information pertaining to common peri-procedural alterations and complications | ● Orders appropriate testing for chest pain  
● Orders appropriate work-up for fever  
● Performs appropriate work-up of altered mental status |
| **Level 3** Independently identifies and prioritizes tasks necessary for management of common peri-procedural alterations and complications | ● Manages oliguria after sacrocolpopexy or sling  
● Manages post-operative anemia  
● Manages hypotension in a postoperative partial nephrectomy  
● Manages continuous bladder irrigation |
| **Level 4** Independently identifies and prioritizes tasks necessary for management of complex and/or less common peri-procedural alterations and complications | ● Manages infected lymphocele following pelvic lymphadenectomy  
● Manages chylous ascites after xanthogranulomatous pyelonephritis nephrectomy  
● Manages pheochromocytoma using pharmacology  
● Recognizes the need for and initiates early parenteral nutrition support |
| **Level 5** Proactively recognizes potential risk factors for complications, and implements measures to prevent or mitigate them, applying effective team management skills to manage multiple scenarios simultaneously | ● Manages septic shock in immunosuppressed coagulopathic patient  
● Manages multidisciplinary care for a patient with pelvic fracture and posterior urethral disruption |

**Assessment Models or Tools**

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

**Curriculum Mapping**

| Venous thromboembolism (VTE) and Chest Guidelines  
### 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** Prepares patient and equipment for endoscopic procedures (e.g., lithotomy positioning, assemble endoscope) | ● Correctly assembles endoscopic equipment  
  ● Appropriately positions patient with pressure points padded and limbs situated ergonomically |
| **Level 2** Independently performs bedside endoscopic procedures (e.g., cystoscopy with catheter placement over a wire) | ● Visualizes entire surface of bladder during cystoscopy  
  ● Anticipates need for additional supplies for catheter placement over wire |
| **Level 3** Independently performs simple endoscopic procedures (e.g., simple transurethral resection of a bladder tumor (TURBT), simple ureteroscopy (URS), small transurethral resection of the prostate (TURP)) | ● Anticipates additional equipment needed for procedure  
  ● Judiciously uses disposable equipment  
  ● Safely performs:  
    o transurethral resection of a bladder tumor (TURBT) of a 3 cm posterior wall lesion  
    o transurethral resection of the prostate (TURP) for 40 gm prostate  
    o ureteropyeloscopy with laser lithotripsy |
| **Level 4** Independently performs complex endoscopic procedures (e.g., percutaneous nephrolithotomy (PCNL), complex URS, complex TURBT, large TURP) | ● Appropriately manages intraoperative endoscopic complications  
  ● Safely performs:  
    o Percutaneous nephrolithotomy (PCNL)  
    o TURBT of a 5cm bladder tumor at the lateral bladder wall or dome  
    o TURP for >80 gm prostate |
| **Level 5** Independently performs complex endoscopic procedures in altered anatomy (e.g., horseshoe kidney, urinary diversion, spinal malformation) | ● Manages a severely encrusted ureteral stent  
  ● Obtains percutaneous renal access |

**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
- Simulation
- Surgical skills assessment tool

**Curriculum Mapping**

## Patient Care 4: Open Procedures

### 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** Demonstrates basic skills (e.g., positioning, knot tying, suturing) | • Positions patient for common surgery  
• Performs closure of skin incision  
• Manages wound vacuum dressing changes  
• Ties square knots using one or both hands |
| **Level 2** Independently performs bedside open procedures (e.g., incision and drainage, priapism aspiration and irrigation, circumcision, removal of genital wart) | • Performs incision and drainage of a scrotal abscess  
• Performs dorsal slit for refractory paraphimosis  
• Performs complex dressing changes with debridement on a Fournier’s gangrene patient |
| **Level 3** Independently performs simple open procedures (e.g., scrotal procedures, vasectomy, cystorrhaphy, mid-urethral sling) | • Performs hydrocelectomy, orchiopexy, orchiectomy, synthetic mid-urethral sling  
• Repairs an iatrogenic bladder injury in a non-radiated field  
• Performs primary artificial urinary phincter/inflatable penile prosthesis placement in a non-radiated patient |
| **Level 4** Independently performs complex open procedures (e.g., partial nephrectomy, prosthetic replacement, cystectomy and ileal conduit, ureteral reconstruction) | • Revises/replaces an infected three-piece inflatable penile prosthesis  
• Performs extravesical ureteral reimplant  
• Performs simple prostatectomy  
• Performs excision and repair of urethral diverticulum |
| **Level 5** Independently performs uncommon complex open procedures (e.g., retroperitoneal lymph node dissection (RPLND), nephrectomy with caval thrombus, reconstructive genital surgery) | • Performs salvage cystectomy or prostatectomy  
• Performs a nephrectomy for xanthogranulomatous pyelonephritis  
• Performs gender affirming surgery  
• Performs microscopic vasoepididymostomy |

### 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  
• Objective Structured Assessment of Technical Skills  
• Simulation  
• Surgical skills assessment tool

### Curriculum Mapping

### Notes or Resources
## Patient Care 5: 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>
</table>
| **Level 1** Demonstrates basic skills (e.g., positioning, draping, docking and undocking) | • Properly drapes and preps patient to maintain sterile field  
• Properly adjusts robotic console and table height for optimized ergonomics |
| **Level 2** Assists during minimally invasive procedures (e.g., port placement, bedside assistant) | • Holds camera steadily during laparoscopic procedure  
• Efficiently exchanges surgical tools during laparoscopic and robotic procedures  
• Maintains correct depth perception and force of tissue manipulation |
| **Level 3** Independently performs simple portions of the procedure (e.g., bladder takedown, colon reflection, pelvic lymph node dissection) | • Independently reflects colon during minimally invasive nephrectomy  
• Independently exposes ureteropelvic junction for pyeloplasty  
• Exposes correct anatomy for sacral colpopexy |
| **Level 4** Independently performs critical (complex) portions of the procedure (e.g., hilar dissection, renorrhaphy, anastomosis) | • Independently completes vesicourethral anastomosis in robotic-assisted laparoscopic prostatectomy  
• Independently completes nerve-sparing portion of robotic-assisted laparoscopic prostatectomy  
• Independently completes robotic partial nephrectomy for exophytic tumor |
| **Level 5** Independently performs advanced minimally invasive procedures (e.g., cystectomy, complex partial nephrectomy, complex reconstruction) | • Manages an intraoperative rectal injury during prostatectomy  
• Completes intracorporeal urinary diversion following radical cystectomy  
• Completes partial nephrectomy for hilar tumor |

**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  
### Patient Care 6: Office-Based Procedures

**Overall Intent:** To proficiently perform all manner of office procedures encountered in independent practice

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Demonstrates basic skills in office procedures (e.g., Foley catheter placement, drain removal) | ● Places Foley catheter  
● Removes staples  
● Changes suprapubic tube  
● Performs bladder irrigation |
| **Level 2** Performs simple office-based procedures, with direct supervision (e.g., prostate biopsy, urodynamics interpretation, vasectomy, urethral stricture dilation) | ● Performs flexible diagnostic cystoscopy  
● Performs trans rectal ultrasound with prostate biopsy  
● Performs routine penile or inguinal cord block  
● Performs intra-cavernosal injections |
| **Level 3** Independently performs simple office-based procedures, including percutaneous suprapubic tube placement | ● Performs flexible diagnostic cystoscopy with urethral dilation  
● Performs urodynamics with interpretation  
● Places suprapubic tube  
● Performs a bladder Botox injection |
| **Level 4** Independently performs complex office-based procedures (e.g., renal ultrasound, bladder biopsy, Botox injection) | ● Performs cystoscopy and biopsy/fulguration  
● Performs penile plaque injection  
● Performs targeted prostate biopsy |
| **Level 5** Independently performs advanced office-based procedures (e.g., stage 1 neuromodulation, minimally invasive benign prostatic hyperplasia (BPH) procedure, penile ultrasound) | ● Performs testicular sperm aspiration  
● Performs ultrasound-guided renal biopsy  
● Performs minimally invasive benign prostatic hyperplasia procedure |

**Assessment Models or Tools**  
● Direct observation  
● End-of-rotation evaluation  
● Multisource feedback  
● Simulation

**Curriculum Mapping**  
●

**Notes or Resources**  
● Urology boot camp or dry lab sessions  
## 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 as it pertains to surgical conditions | ● Describes the layers of the abdominal wall  
● Demonstrates knowledge of male urethral segments  
● Demonstrates knowledge of anatomy of the inguinal canal  
● Demonstrates knowledge of prostate anatomy                                                                                           |
| **Level 2** Demonstrates knowledge of pathophysiology and treatments of simple urologic conditions | ● Describes pathophysiology of hyperoxaluria in a patient with inflammatory bowel disease  
● Describes the pathophysiology and treatment of stress urinary incontinence  
● Describes the treatment of undescended testicle                                                                                       |
| **Level 3** Demonstrates knowledge of pathophysiology and treatments of complex urologic conditions considering patient factors (e.g., comorbidity, social context) | ● Describes treatment of a pediatric patient with cystinuria  
● Describes management of a patient with stage IB testicular germ cell tumor in a non-compliant patient or with limited access to care  
● Distinguishes between obstructive and non-obstructive azoosperma                                                                    |
| **Level 4** Demonstrates comprehensive knowledge, including guidelines, of the full spectrum of urologic diseases, treatments, and populations | ● Recognizes the need for upper tract surveillance in patients with Lynch syndrome  
● Discusses the role of biomarkers in prostate cancer  
● Describes peri-operative management of a patient with pheochromocytoma                                                                |
| **Level 5** Creates a curriculum for clinical medical knowledge | ● Develops a regular didactic review for other members of the health care team                                                                                                                                |

**Assessment Models or Tools**

● AUA Self-assessment study program  
● Case-based discussion assessment  
● Direct observation  
● End-of-rotation evaluations  
● In-service exam  
● Mock oral examination  
● Multisource feedback

**Curriculum Mapping**

●

**Notes or Resources**

<table>
<thead>
<tr>
<th>Supplemental Guide for Urology</th>
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</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>
<tbody>
<tr>
<td><strong>Level 1</strong> Integrates patient-specific information to generate an appropriate working diagnosis</td>
<td>● Identifies patients for prostate cancer screening while considering patient’s risk factors and preference</td>
</tr>
</tbody>
</table>
| **Level 2** Provides a prioritized differential diagnosis using supporting rationale | ● Develops a list of potential causes for elevated prostate-specific antigen levels  
● Explains indications for ordering a repeat prostate-specific antigen level |
| **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 | ● Uses risk stratification tools to determine need for additional diagnostic testing for elevated prostate-specific antigen levels  
● Uses predictive prostate cancer nomograms to counsel patients  
● Explains the indications for systematic versus targeted biopsy for elevated prostate-specific antigen levels |
| **Level 4** Independently synthesizes clinical information to inform diagnosis and therapy in complex cases, recognizing sources of error | ● Appropriately manages patients with persistently elevated prostate-specific antigen levels after previous negative prostate biopsy  
● Incorporates emerging evidence to revise the clinical plan |
| **Level 5** Teaches others to recognize sources of diagnostic error | ● Reviews institutional prostate cancer screening patterns to assess for bias and delivers feedback to providers |

**Assessment Models or Tools**
- AUA In-service examination
- Clinical case discussion assessment
- Direct observation
- End-of-rotation evaluation
- Medical record (chart) audit
- Mock oral examination
- Multisource feedback
- Observed structured clinical examination

**Curriculum Mapping**

**Notes or Resources**
- Society to Improve Diagnosis in Medicine. Inter-Professional Consensus Curriculum on Diagnosis and Diagnostic Error. [https://www.improvediagnosis.org/?s=competency+summary+list](https://www.improvediagnosis.org/?s=competency+summary+list), 2019.
# 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** Demonstrates knowledge of common patient safety events and institutional reporting system | ● Lists patient misidentification or medication errors as common patient safety events  
● Describes how to report errors in your local environment  
● Describes importance of surgical checklist, including time-out |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | |
| **Level 2** Identifies and reports patient safety events | ● Identifies lack of hand sanitizer dispenser at each clinical exam room may lead to increased infection rates  
● Reports breakdowns of sterile processing that could harm patients  
● Summarizes protocols resulting in decreased spread of hospital acquired *C. difficile* |
| Describes local quality improvement initiatives (e.g., multimodal analgesics, antibiotic stewardship, smoking cessation, hospital acquired infection) | |
| **Level 3** Participates in analysis of patient safety events (simulated or actual) | ● Presents patient safety event at morbidity and mortality conference  
● Participates in project identifying root cause of retained ureteral stent |
| Participates in local quality improvement initiatives | |
| **Level 4** Offers strategies (simulated or actual) 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 a local QI project to increase patient compliance or provide additional educational materials for patients |
| Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | |
| **Level 5** Actively engages and leads teams and processes to prevent patient safety events | ● Assumes a leadership role at the departmental or institutional level to improve patient safety  
● Conducts a simulation for disclosing patient safety events  
● Designs a regional or national QI project to appropriately utilize imaging in the management of prostate cancer |
<p>| Creates, implements, and assesses quality improvement initiatives at the institutional or community level | |
| Assessment Models or Tools | ● Direct observation |</p>
<table>
<thead>
<tr>
<th>Supplemental Guide for Urology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum Mapping</strong></td>
</tr>
<tr>
<td>• E-module multiple choice tests</td>
</tr>
<tr>
<td>• Local patient safety event reporting</td>
</tr>
<tr>
<td>• Medical record (chart) audit</td>
</tr>
<tr>
<td>• Multisource feedback</td>
</tr>
<tr>
<td>• Resident portfolio</td>
</tr>
<tr>
<td>• Simulation</td>
</tr>
</tbody>
</table>

| **Notes or Resources**         |
| • Institute of Healthcare Improvement. [http://www.ihi.org/Pages/default.aspx](http://www.ihi.org/Pages/default.aspx). 2019 |
# 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** Demonstrates knowledge of care coordination and community health needs | ● For a patient with advanced prostate cancer, identifies that care is delivered through multidisciplinary team members  
● Identifies that patients with different backgrounds may have different needs |
| Performs safe and effective transitions of care/hand-offs in routine clinical situations | ● Lists the essential components of sign-out, care transition and hand-offs |
| **Level 2** Coordinates multidisciplinary care of patients in routine clinical situations, considering inequities and disparities for their local population (e.g., cultural barriers) | ● Appropriately coordinates translation services for patients and provides patient materials that are sensitive to patient background |
| Performs safe and effective transitions of care/hand-offs in complex clinical situations | ● Routinely uses sign-out effectively for a stable patient |
| **Level 3** Coordinates multidisciplinary care of patients in complex clinical situations and incorporates local resources into the plan (e.g., home parenteral nutrition, postoperative intravenous feeding, intensive care unit) | ● Coordinates a plan with the social worker to initiate home health care for patients with complicated wound care  
● Works with patients to provide affordable medications and treatments |
| Supervises safe and effective transitions of care/hand-offs of junior residents | ● Supervises safe hand-offs when transferring a patient to the intensive care unit (ICU) |
| **Level 4** Leads care coordination of patients with barriers or other disparities in care (e.g., trauma patient with no access to care) | ● Leads coordination of care for patients without insurance or means to access care |
| Resolves conflicts in transitions of care between teams | ● Effectively manages times when volume of work outpaces available resources |
| **Level 5** Designs innovative care coordination strategies for populations with health care inequities | ● Develops a telemedicine pilot to improve access to care |
| Leads in the design and implementation of improvements to transitions of care | ● Develops a protocol to improve transitions to long-term care facilities |
| Assessment Models or Tools | ● Direct observation  
● Medical record (chart) audit  
● Multisource feedback  
● Observed structured clinical examination  
● Review of sign-out tools, use and review of checklists  
● Rotation evaluation |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Mapping</td>
<td>●</td>
</tr>
</tbody>
</table>
| Notes or Resources | ● CDC. Population Health Training in Place Program (PH-TIPP).  
● Kaplan KJ. In pursuit of patient-centered care.  
https://pediatrics.aappublications.org/content/129/2/201?sso=1&sso_redirect_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token. 2019. |
**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>
<tbody>
<tr>
<td><strong>Level 1</strong> Identifies basic needs for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel) Describes basic health payment systems (e.g., government, private, public, uninsured care) and practice models</td>
<td>• Identifies that notes must meet coding requirements • Identifies that the type of health plan coverage may impact care</td>
</tr>
<tr>
<td><strong>Level 2</strong> Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding) Describes how components of a complex health care system are interrelated and how this impacts patient care</td>
<td>• Uses appropriate documentation to capture patient complexity • Explains that ordering extraneous tests or use of unnecessary supplies in the operating room (OR) impact overall health care costs</td>
</tr>
<tr>
<td><strong>Level 3</strong> Describes core administrative knowledge needed for transition to independent practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance) Discusses how individual practice affects the broader system performance (e.g., length of stay, readmission rates, clinical efficiency)</td>
<td>• Discusses the advantages and disadvantages of various employment models • 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</td>
</tr>
<tr>
<td><strong>Level 4</strong> Analyzes individual practice patterns and professional requirements in preparation for practice Manages various components of the complex health care system to provide efficient and effective patient care (e.g., patient payment models, insurance)</td>
<td>• Compares individual post-prostate biopsy infection rate to benchmarks and changes practice if indicated • Proactively compiles procedure log in anticipation of applying for hospital privileges • 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</td>
</tr>
</tbody>
</table>
| **Level 5** Educates others to prepare them for transition to practice | ● Leads a practice management conference for residents  
● Provides a lecture on payment models  
● Improves informed consent process for non-English-speaking patients  
● Works with community or professional organizations to advocate for health care access |
| --- | --- |
| Advocates for or leads systems change that enhances high-value, efficient, and effective patient care | ● Direct observation  
● Medical record (chart) audit  
● Multisource feedback  
● Patient satisfaction data  
● Portfolio  
● Rotation evaluation |
<p>| Curriculum Mapping | ● Notes or Resources |</p>
<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> <em>Demonstrates how to access available evidence</em></td>
<td>● Identifies evidence-based guidelines for hematuria assessment</td>
</tr>
<tr>
<td><strong>Level 2</strong> <em>Articulates clinical questions to guide evidence-based care</em></td>
<td>● In a patient with stress urinary incontinence, identifies and discusses potential evidence-based treatment options</td>
</tr>
<tr>
<td><strong>Level 3</strong> <em>Integrates best available evidence with patient preferences to guide care</em></td>
<td>● Obtains, discusses, and applies evidence for the treatment of a child with vesicoureteral reflux</td>
</tr>
<tr>
<td><strong>Level 4</strong> <em>Tailors patient care in the setting of conflicting or absent evidence</em></td>
<td>● Accesses and applies the primary literature to identify treatment options for hormone resistant prostate cancer</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  
● As part of a team, develops pain management pathways to decrease opioid use |

**Assessment Models or Tools**
- Direct observation
- Electronic health record (EHR) review
- In-service examinations
- Mock oral examinations
- 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** Identifies gap(s) between expectations and actual performance | ● Identifies gaps in surgical skills  
● Seeks feedback from patients, families, and patient care team members  
● Sets a SMART (specific, measurable, attainable, realistic and time-bound) personal practice goal of improving knowledge of vesicoureteral reflux |
| Establishes goals for personal and professional development | |
| **Level 2** Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance | ● Identifies the impact of personal anxiety on fine motor skills  
● Assesses time-management skills and how it impacts timely completion of clinic notes and literature reviews  
● When prompted, develops a longitudinal education plan to improve their evaluation of vesicoureteral reflux |
| Identifies opportunities for performance improvement; designs a learning plan | |
| **Level 3** Institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | ● Uses standardized assessment tools to inform refinement of surgical technique  
● Completes a focused literature review prior to patient encounters  
● Incorporating feedback, completes a personal curriculum to refine their evaluation of vesicoureteral reflux |
| Integrates practice data and feedback with humility to implement a learning plan | |
| **Level 4** Continuously reflects on remaining gaps and institutes behavioral adjustments to narrow them | ● Routinely records own robotic procedures to analyze and improve technical skills  
● Routinely debriefs with the attending and other team members to optimize patient care  
● Performs a self-directed chart audit of their evaluation of vesicoureteral reflux |
| Uses performance data to measure the effectiveness of the learning plan and adapts when necessary | |
| **Level 5** Coaches others on reflective practice | ● Leads others through a reflective practice cycle |
| Coaches others in the design and implementation of learning plans | ● Assists other residents and students in developing their individualized learning plans |
| Assessment Models or Tools | ● Direct observation  
● End-of-rotation evaluations  
● In-service examinations |
### Supplemental Guide for Urology

<table>
<thead>
<tr>
<th>Curriculum Mapping</th>
<th>Notes or Resources</th>
</tr>
</thead>
</table>
### Professionalism 1: Professional Behavior and Ethical Principles

**Overall Intent:** To recognize and address lapses in ethical and professional behavior, demonstrate ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates professional behavior in routine situations and knows how to report professionalism lapses</td>
<td>● Understands that substance abuse impairs judgment&lt;br&gt;● Can verbalize the institutional process for reporting impaired physicians&lt;br&gt;● Knows how to access appropriate graduate medical education (GME) resources and other hospital employee assistance programs</td>
</tr>
<tr>
<td>Demonstrates knowledge of ethical principles underlying shared decision making and patient confidentiality</td>
<td>● Recognizes and respects the importance of confidentiality in the sign-out process&lt;br&gt;● Respects patient autonomy by not performing unnecessary procedures for learning purposes</td>
</tr>
<tr>
<td><strong>Level 2</strong> Demonstrates insight into personal triggers for professionalism lapses, develops mitigation strategies</td>
<td>● Is punctual to assigned clinical and educational duties&lt;br&gt;● Ensures adequate sleep before a complex surgery&lt;br&gt;● Conveys discomfort when performing unfamiliar tasks and declines to continue without supervision</td>
</tr>
<tr>
<td>Analyzes straightforward situations using ethical principles</td>
<td>● Appropriately responds to a distraught family member following an unsuccessful resuscitation attempt&lt;br&gt;● After noticing a colleague’s inappropriate social media post, reviews policies related to posting of content, and seeks guidance</td>
</tr>
<tr>
<td><strong>Level 3</strong> Demonstrates professional behavior in complex or stressful situations</td>
<td>● Proactively assumes tasks of a junior resident who is fatigued to ensure they are able to get adequate rest&lt;br&gt;● Advocates for members of the care team when implicit or explicit bias is witnessed&lt;br&gt;● Seeks ethics consult for posthumous sperm extraction</td>
</tr>
<tr>
<td>Seeks help in managing and resolving complex ethical situations</td>
<td>● Develops a peer coaching program to guide others when behavior fails to meet professional expectations, and creates a performance improvement plan to prevent recurrence&lt;br&gt;● Partners with program director to design and implement vendor interaction policy</td>
</tr>
<tr>
<td><strong>Level 4</strong> Recognizes and intervenes in situations to prevent professionalism lapses in self and others</td>
<td>● Direct observation</td>
</tr>
<tr>
<td>Recognizes and uses appropriate resources for managing and resolving ethical dilemmas (e.g., ethics consultations, literature review)</td>
<td>● Direct observation</td>
</tr>
<tr>
<td><strong>Level 5</strong> Coaches others when their behavior fails to meet professional expectations</td>
<td>● Direct observation</td>
</tr>
<tr>
<td>Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution</td>
<td>● Direct observation</td>
</tr>
</tbody>
</table>
- Mock oral examination or written self-reflection
- Multisource feedback
- Rotation evaluation
- Simulation

### Curriculum Mapping

<table>
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<tr>
<th>Notes or Resources</th>
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</table>
## 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>
</tr>
</thead>
</table>
| **Level 1** Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future | ● 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 routine 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** Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations | ● 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 | ● Implements an administrative process for resident responsibilities for upcoming visiting professor event |
| **Level 5** Develops systems to enhance other’s 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
### Supplemental Guide for Urology

#### 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>
</thead>
</table>
| **Level 1 Recognizes status of personal and professional well-being, with assistance** | ● Acknowledges own response to patient’s adverse outcome  
● Completes a well-being questionnaire |
| **Level 2 Independently recognizes status of personal and professional well-being** | ● Independently identifies and communicates impact of a personal family tragedy |
| **Level 3 With assistance, proposes a plan to optimize personal and professional well-being** | ● After meeting with mentor, reflects and develops a strategy to address the personal impact of difficult patient encounters |
| **Level 4 Independently develops a plan to optimize personal and professional well-being** | ● Independently identifies and engages in ways to manage personal stress and mitigate burnout |
| **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 resident’s well-being, but to ensure each resident has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.  
● Local resources, including Employee Assistance and online training modules  
**Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication**

**Overall Intent:** To form therapeutic relationships using shared decision making, to identify and mitigate communication barriers and bias

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Level 1** Demonstrates respect and establishes rapport with patient and family (e.g., situational awareness of language, disability, health literacy level, cultural) | ● 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  
● Identifies need for trained interpreter with non-English-speaking patients  
● Uses age-appropriate language when counseling pediatric patients |
| **Level 2** Establishes a therapeutic relationship in straightforward encounters | ● Avoids medical jargon and restates patient perspective when discussing erectile dysfunction  
Identifies barriers to effective communication (e.g., health literacy, cultural)  
● Recognizes the need for handouts with diagrams and pictures to communicate information to a patient who is unable to read |
| **Level 3** Establishes a therapeutic relationship in challenging encounters (e.g., shared decision making) | ● Appropriately counsels patient on treatment options for prostate cancer 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 |
| **Level 4** Facilitates difficult discussions specific to patient and family conferences, (e.g., end-of-life, explaining complications, therapeutic uncertainty) | ● Continues to engage representative family members with disparate goals in the care of a critically ill patient  
● 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  
Independently recognizes personal biases while attempting to proactively minimize communication barriers  
● 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  
● Develops a residency curriculum on social justice which addresses implicit bias |

**Assessment Models or Tools**

● Direct observation
<table>
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<tr>
<th>Curriculum Mapping</th>
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</thead>
<tbody>
<tr>
<td>Notes or Resources</td>
</tr>
</tbody>
</table>

- **Supplemental Guide for Urology**

- Kalamazoo Essential Elements Communication Checklist (Adapted)
- Multisource feedback
- Observed structured clinical examination
- Self-assessment including self-reflection exercises
- Skills needed to set the State, Elicit information, Give information, Understand the patient, and End the encounter (SEGUE)

<table>
<thead>
<tr>
<th>Notes or Resources</th>
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</table>
### Interpersonal and Communication Skills 2: Patient Counseling and Shared Decision Making

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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Demonstrates basic understanding of informed consent process</td>
<td>● Confirms consent and patient counseling has been completed for a procedure</td>
</tr>
</tbody>
</table>
| **Level 2** Answers questions about treatment plan 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 patient through decision-making process, including questions, for simple clinical problems | ● Fully discusses indications, risks, benefits, and alternatives during informed consent for ureteroscopy  
● Obtains a consent in situations in which the patient is unable to provide it themselves and documents appropriately |
| **Level 4** Counsels patient through decision-making process, including questions, for complex clinical problems | ● Fully discusses indications, risks, benefits, and alternatives during informed consent for prostatectomy  
● Obtains a consent in emergent situations and documents appropriately |
| **Level 5** Counsels patient through decision-making process, including questions, for uncommon clinical problems | ● Develops supplemental materials to better inform patients prior to procedure  
● Obtains consent for a micro-testicular sperm extraction procedure with anticipated low success rate |

**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., politely accepts and requests consults) | ● Respectfully requests cardiology consultation for anticoagulation management  
● Receives consult request for a patient with urinary retention, asks clarifying questions politely, and expresses gratitude for the consult  
● Acknowledges the contribution of nursing and social work in the discharge of a patient |
| **Level 2** Communicates in an approachable and productive manner to facilitate teamwork (e.g., active listening updates in timely fashion duality) | ● Succinctly presents complete information to senior residents or faculty  
● Communicates diagnostic evaluation recommendations clearly and concisely in an organized and timely manner  
● Communicates consultation to the dietician in the EHR for a metabolic stone patient to decrease risk factor for stone formation  
● Actively listens to other members of the team and responds appropriately |
| **Level 3** Actively recognizes and mitigates communication barriers and biases 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 consulting service |
| **Level 4** Leads and coordinates recommendations from multidisciplinary members of the health care team (e.g., facilitates conflict resolution) | ● Leads a multidisciplinary goals of care conference for a patient with terminal disease  
● Presents a case to tumor board and coordinates the recommendations from each specialty |
| **Level 5** Exemplar of flexible communication strategies | ● Mediates a conflict resolution between different members of the health care team |

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

**Curriculum Mapping**
- Green M, Parrott T, Cook G., Improving your communication skills. *BMJ.* 2012;344:e357. [https://www.bmj.com/content/344/bmj.e357](https://www.bmj.com/content/344/bmj.e357). 2019.
### 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         | ● Complex clinical thinking is documented concisely but may not contain 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  
 ● Notes are exemplary and 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**

In an effort to aid programs in the transition to using the new version of the Milestones, we have mapped the original Milestones 1.0 to the new Milestones 2.0. Below we have indicated where the subcompetencies are similar between versions. These are not necessarily exact matches, but are areas that include some of the same elements. Note that 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>PC1: Gathers information by interviewing the patient or surrogate and performing a physical exam.</td>
<td>PC6: Patient Evaluation</td>
</tr>
<tr>
<td>PC2: Uses diagnostic tests and procedures, including performance and interpretation of imaging studies.</td>
<td>PC6: Patient Evaluation</td>
</tr>
<tr>
<td>PC3: Develops a patient care plan, including medical, surgical, and/or radiological interventions.</td>
<td>PC5: Peri-procedural Care MK2: Clinical Reasoning</td>
</tr>
<tr>
<td>PC4: Performs intra-operative and post-operative management of patients, including recognition and treatment of physiologic alterations and complications.</td>
<td>PC5: Peri-procedural Care</td>
</tr>
<tr>
<td>PC5: Performs open surgical procedures.</td>
<td>PC2: Open Procedures</td>
</tr>
<tr>
<td>PC6: Performs endoscopic procedures of the upper and lower urinary tract.</td>
<td>PC1: Endoscopic Procedures</td>
</tr>
<tr>
<td>PC7: Performs laparoscopic/robot-assisted surgical procedures.</td>
<td>PC3: Minimally Invasive Procedures (Laparoscopic and Robotic)</td>
</tr>
<tr>
<td>PC8: Performs office-based procedures.</td>
<td>PC4: Office-Based Procedures</td>
</tr>
<tr>
<td>MK1: Surgical Care</td>
<td>MK1: Clinical Medical Knowledge</td>
</tr>
<tr>
<td>MK2: Differential Diagnosis</td>
<td>MK2: Clinical Reasoning</td>
</tr>
<tr>
<td>MK3: Evidence-Based Medicine</td>
<td>PBL1: Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>MK4: Core Domains</td>
<td>MK1: Clinical Medical Knowledge</td>
</tr>
<tr>
<td>SBP1: Works effectively within and across health delivery systems.</td>
<td>SBP2: System Navigation for Patient-Centered Care</td>
</tr>
<tr>
<td>SBP2: Incorporates cost awareness and risk-benefit analysis into patient care.</td>
<td>SBP3: Physician Role in Health Care Systems</td>
</tr>
<tr>
<td>SBP3: Works in inter-professional teams to enhance patient safety</td>
<td>SBP1: Patient Safety and Quality Improvement ICS3: Interprofessional and Team Communication</td>
</tr>
<tr>
<td>SBP4: Uses technology to accomplish safe health care delivery.</td>
<td>ICS4: Communication within Health Care Systems</td>
</tr>
<tr>
<td>PBL11: Improves via feedback and self-assessment.</td>
<td>PBL12: Reflective Practice and Commitment to Personal Growth</td>
</tr>
<tr>
<td>PBL12: Learns and improves by asking and answering clinical questions from a patient scenario.</td>
<td>PBL11: Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>PBLI3: Acquires the best evidence.</td>
<td>PBLI1: Evidence-Based and Informed Practice</td>
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<tr>
<td>----------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>PBLI4: Appraises the evidence for validity, impact, and applicability.</td>
<td>PBLI1: Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>PBLI5: Applies the evidence to decision-making for individual patients.</td>
<td>PBLI1: Evidence-Based and Informed Practice</td>
</tr>
<tr>
<td>PBLI6: Improves the quality of care for a panel of patients.</td>
<td>SBP1: Patient Safety and Quality Improvement</td>
</tr>
<tr>
<td>PBLI7: Participates in the education of other team members.</td>
<td>ICS3: Interprofessional and Team Communication</td>
</tr>
<tr>
<td>PROF1: Demonstrates adherence to ethical principles.</td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
</tr>
<tr>
<td>PROF2: Demonstrates compassion, integrity, and respect for others.</td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
</tr>
<tr>
<td>PROF3: Demonstrates responsiveness to patient needs that supersede self-interest.</td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
</tr>
<tr>
<td>PROF4: Demonstrates respect for patient privacy and autonomy.</td>
<td>PROF1: Professional Behavior and Ethical Principles</td>
</tr>
<tr>
<td>PROF5: Demonstrates accountability to patients, society, and the profession.</td>
<td>PROF2: Administrative Tasks ICS4: Communication within Health Care Systems</td>
</tr>
<tr>
<td>PROF6: Demonstrates sensitivity and responsiveness to diverse populations, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.</td>
<td>PROF1: Professional Behavior and Ethical Principles PBLI2: Reflective Practice and Commitment to Personal Growth ICS1: Patient and Family-Centered Communication</td>
</tr>
<tr>
<td>No match</td>
<td>ICS3: Interprofessional and Team Communication</td>
</tr>
<tr>
<td>ICS1: Communicates effectively with patients and families with diverse socioeconomic and cultural backgrounds.</td>
<td>PROF3: Well-Being and Awareness ICS1: Patient and Family-Centered Communication</td>
</tr>
<tr>
<td>ICS2: Effectively counsels, educates, and obtains informed consent.</td>
<td>ICS1: Patient and Family-Centered Communication ICS2: Patient Counseling and Shared Decision Making</td>
</tr>
<tr>
<td>ICS3: Communicates effectively with physicians, other health professionals, and health-related agencies.</td>
<td>ICS3: Interprofessional and Team Communication</td>
</tr>
<tr>
<td>ICS4: Communicates effectively during care transitions and consultations with fellow residents.</td>
<td>SBP2: System Navigation for Patient-Centered Care ICS3: Interprofessional and Team Communication</td>
</tr>
<tr>
<td>ICS5: Works effectively as a member or leader of a health care team or other professional group.</td>
<td>ICS3: Interprofessional and Team Communication</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/