

Internal Medicine – Anesthesiology
(Combined) programs must annually
report on **each** set of milestones.

The Internal Medicine Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Internal Medicine



July 2015

The Anesthesiology Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Anesthesiology



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American Board
of Internal Medicine®

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The Internal Medicine Milestone Project

The Milestones are designed only for use in evaluation of resident physicians 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 resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Internal Medicine Milestone Group

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Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

The internal medicine milestones are arranged in columns of progressive stages of competence that do not correspond with post-graduate year of education. For each reporting period, programs will need to review the milestones and identify those milestones that best describe a resident's current performance and ultimately select a box that best represents the summary performance for that sub-competency (See the figure on page v.). Selecting a response box in the middle of a column implies that the resident has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for internal medicine is as follows:

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a resident's performance.

Column 2: Describes behaviors of an early learner.

Column 3: Describes behaviors of a resident who is advancing and demonstrating improvement in performance related to milestones.

Ready for Unsupervised Practice: Describes behaviors of a resident who substantially demonstrates the milestones identified for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the resident may display these milestones at any point during residency.

Aspirational: Describes behaviors of a resident who has advanced beyond those milestones that describe unsupervised practice. These milestones reflect the competence of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional residents will demonstrate these milestones behaviors.

For each ACGME competency domain, programs will also be asked to provide a summative evaluation of each resident's learning trajectory.

Additional Notes

The “Ready for Unsupervised Practice” milestones are designed as the graduation *target* but *do not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (See the Milestones FAQ for further discussion of this issue: “Can a resident/fellow graduate if he or she does not reach every milestone?”). Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether the “Ready for Unsupervised Practice” milestones and all other milestones are in the appropriate stage within the developmental framework, and whether Milestone data are of sufficient quality to be used for high stakes decisions.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page:

<http://www.acgme.org/acgme/web/Portals/0/MilestonesFAQ.pdf>.

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the column of milestones that best describes that resident's performance
- or
- selecting the "Critical Deficiencies" response box

11. Transitions patients effectively within and across health delivery systems. (SBP4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards need for communication at time of transition	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems	Recognizes the importance of communication during times of transition	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes
Does not respond to requests of caregivers in other delivery systems		Communication with future caregivers is present but with lapses in pertinent or timely information	Proactively communicates with past and future care givers to ensure continuity of care	Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs
Written and verbal care plans during times of transition are incomplete or absent				
Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission)				Role models and teaches effective transitions of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Selecting a response box in the middle of a column implies milestones in that column as well as those in previous columns have been substantially demonstrated.

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

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)									
Critical Deficiencies					Ready for unsupervised practice			Aspirational	
Does not collect accurate historical data	Inconsistently able to acquire accurate historical information in an organized fashion	Consistently acquires accurate and relevant histories from patients			Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion			Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis	
Does not use physical exam to confirm history	Does not perform an appropriately thorough physical exam or misses key physical exam findings	Seeks and obtains data from secondary sources when needed			Performs accurate physical exams that are targeted to the patient's complaints			Identifies subtle or unusual physical exam findings	
Relies exclusively on documentation of others to generate own database or differential diagnosis	Does not seek or is overly reliant on secondary data	Consistently performs accurate and appropriately thorough physical exams			Synthesizes data to generate a prioritized differential diagnosis and problem list			Efficiently utilizes all sources of secondary data to inform differential diagnosis	
Fails to recognize patient's central clinical problems	Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Uses collected data to define a patient's central clinical problem(s)			Effectively uses history and physical examination skills to minimize the need for further diagnostic testing			Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing	
Fails to recognize potentially life threatening problems									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

2. Develops and achieves comprehensive management plan for each patient. (PC2)												
Critical Deficiencies					Ready for unsupervised practice			Aspirational				
Care plans are consistently inappropriate or inaccurate Does not react to situations that require urgent or emergent care Does not seek additional guidance when needed		Inconsistently develops an appropriate care plan Inconsistently seeks additional guidance when needed			Consistently develops appropriate care plan Recognizes situations requiring urgent or emergent care Seeks additional guidance and/or consultation as appropriate			Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences Recognizes disease presentations that deviate from common patterns and require complex decision-making Manages complex acute and chronic diseases			Role models and teaches complex and patient-centered care Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Comments:												

3. Manages patients with progressive responsibility and independence. (PC3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Cannot advance beyond the need for direct supervision in the delivery of patient care</p> <p>Cannot manage patients who require urgent or emergent care</p> <p>Does not assume responsibility for patient management decisions</p>	<p>Requires direct supervision to ensure patient safety and quality care</p> <p>Inconsistently manages simple ambulatory complaints or common chronic diseases</p> <p>Inconsistently provides preventive care in the ambulatory setting</p> <p>Inconsistently manages patients with straightforward diagnoses in the inpatient setting</p> <p>Unable to manage complex inpatients or patients requiring intensive care</p>	<p>Requires indirect supervision to ensure patient safety and quality care</p> <p>Provides appropriate preventive care and chronic disease management in the ambulatory setting</p> <p>Provides comprehensive care for single or multiple diagnoses in the inpatient setting</p> <p>Under supervision, provides appropriate care in the intensive care unit</p> <p>Initiates management plans for urgent or emergent care</p> <p>Cannot independently supervise care provided by junior members of the physician-led team</p>	<p>Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes</p> <p>Seeks additional guidance and/or consultation as appropriate</p> <p>Appropriately manages situations requiring urgent or emergent care</p> <p>Effectively supervises the management decisions of the team</p>	<p>Manages unusual, rare, or complex disorders</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

4. Skill in performing procedures. (PC4)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Attempts to perform procedures without sufficient technical skill or supervision		Possesses insufficient technical skill for safe completion of common procedures			Possesses basic technical skill for the completion of some common procedures			Possesses technical skill and has successfully performed all procedures required for certification		
Unwilling to perform procedures when qualified and necessary for patient care								Maximizes patient comfort and safety when performing procedures		
								Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice		
								Teaches and supervises the performance of procedures by junior members of the team		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

5. Requests and provides consultative care. (PC5)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services</p> <p>Unwilling to utilize consultant services when appropriate for patient care</p>	<p>Inconsistently manages patients as a consultant to other physicians/health care teams</p> <p>Inconsistently applies risk assessment principles to patients while acting as a consultant</p> <p>Inconsistently formulates a clinical question for a consultant to address</p>	<p>Provides consultation services for patients with clinical problems requiring basic risk assessment</p> <p>Asks meaningful clinical questions that guide the input of consultants</p>	<p>Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</p> <p>Appropriately weighs recommendations from consultants in order to effectively manage patient care</p>	<p>Switches between the role of consultant and primary physician with ease</p> <p>Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment</p> <p>Manages discordant recommendations from multiple consultants</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Patient Care

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

6. Clinical knowledge (MK1)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care		Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care			Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care			Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care		Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

7. Knowledge of diagnostic testing and procedures. (MK2)									
Critical Deficiencies					Ready for unsupervised practice			Aspirational	
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care		Inconsistently interprets basic diagnostic tests accurately	Consistently interprets basic diagnostic tests accurately			Interprets complex diagnostic tests accurately			Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures
		Does not understand the concepts of pre-test probability and test performance characteristics	Needs assistance to understand the concepts of pre-test probability and test performance characteristics			Understands the concepts of pre-test probability and test performance characteristics			Pursues knowledge of new and emerging diagnostic tests and procedures
		Minimally understands the rationale and risks associated with common procedures	Fully understands the rationale and risks associated with common procedures			Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

Medical Knowledge

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

8. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (SBP1)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Refuses to recognize the contributions of other interprofessional team members		Identifies roles of other team members but does not recognize how/when to utilize them as resources			Understands the roles and responsibilities of all team members but uses them ineffectively			Understands the roles and responsibilities of and effectively partners with, all members of the team		Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient
Frustrates team members with inefficiency and errors		Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders)			Participates in team discussions when required but does not actively seek input from other team members			Actively engages in team meetings and collaborative decision-making		Efficiently coordinates activities of other team members to optimize care
										Viewed by other team members as a leader in the delivery of high quality care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

9. Recognizes system error and advocates for system improvement. (SBP2)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p> Ignores a risk for error within the system that may impact the care of a patient</p> <p> Ignores feedback and is unwilling to change behavior in order to reduce the risk for error</p>	<p> Does not recognize the potential for system error</p> <p> Makes decisions that could lead to error which are otherwise corrected by the system or supervision</p> <p> Resistant to feedback about decisions that may lead to error or otherwise cause harm</p>	<p> Recognizes the potential for error within the system</p> <p> Identifies obvious or critical causes of error and notifies supervisor accordingly</p> <p> Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk</p> <p> Willing to receive feedback about decisions that may lead to error or otherwise cause harm</p>	<p> Identifies systemic causes of medical error and navigates them to provide safe patient care</p> <p> Advocates for safe patient care and optimal patient care systems</p> <p> Activates formal system resources to investigate and mitigate real or potential medical error</p> <p> Reflects upon and learns from own critical incidents that may lead to medical error</p>	<p> Advocates for system leadership to formally engage in quality assurance and quality improvement activities</p> <p> Viewed as a leader in identifying and advocating for the prevention of medical error</p> <p> Teaches others regarding the importance of recognizing and mitigating system error</p>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

10. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (SBP3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Ignores cost issues in the provision of care</p> <p>Demonstrates no effort to overcome barriers to cost-effective care</p>	<p>Lacks awareness of external factors (e.g. socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financiers, purchasers) have on the cost of care</p> <p>Does not consider limited health care resources when ordering diagnostic or therapeutic interventions</p>	<p>Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care</p> <p>Minimizes unnecessary diagnostic and therapeutic tests</p> <p>Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g. screening tests)</p>	<p>Consistently works to address patient specific barriers to cost-effective care</p> <p>Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions)</p> <p>Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests</p>	<p>Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources</p> <p>Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

11. Transitions patients effectively within and across health delivery systems. (SBP4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Disregards need for communication at time of transition</p> <p>Does not respond to requests of caregivers in other delivery systems</p>	<p>Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems</p> <p>Written and verbal care plans during times of transition are incomplete or absent</p> <p>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission)</p>	<p>Recognizes the importance of communication during times of transition</p> <p>Communication with future caregivers is present but with lapses in pertinent or timely information</p>	<p>Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems</p> <p>Proactively communicates with past and future care givers to ensure continuity of care</p>	<p>Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes</p> <p>Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs</p> <p>Role models and teaches effective transitions of care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Systems-based Practice

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

12. Monitors practice with a goal for improvement. (PBLI1)									
Critical Deficiencies					Ready for unsupervised practice			Aspirational	
Unwilling to self-reflect upon one's practice or performance		Unable to self-reflect upon one's practice or performance			Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections			Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice	
Not concerned with opportunities for learning and self-improvement		Misses opportunities for learning and self-improvement			Inconsistently acts upon opportunities for learning and self-improvement			Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	
								Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement	
								Actively engages in self-improvement efforts and reflects upon the experience	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

13. Learns and improves via performance audit. (PBLI2)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards own clinical performance data	Limited awareness of or desire to analyze own clinical performance data	Analyzes own clinical performance data and identifies opportunities for improvement	Analyzes own clinical performance data and actively works to improve performance	Actively monitors clinical performance through various data sources
Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Nominally participates in a quality improvement projects	Effectively participates in a quality improvement project	Actively engages in quality improvement initiatives	Is able to lead a quality improvement project
	Not familiar with the principles, techniques or importance of quality improvement	Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients	Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

14. Learns and improves via feedback. (PBLI3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Never solicits feedback	Rarely seeks feedback	Solicits feedback only from supervisors	Solicits feedback from all members of the interprofessional team and patients	Performance continuously reflects incorporation of solicited and unsolicited feedback
Actively resists feedback from others	Responds to unsolicited feedback in a defensive fashion	Is open to unsolicited feedback	Welcomes unsolicited feedback	Able to reconcile disparate or conflicting feedback
	Temporarily or superficially adjusts performance based on feedback	Inconsistently incorporates feedback	Consistently incorporates feedback	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

15. Learns and improves at the point of care. (PBLI4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate Fails to seek or apply evidence when necessary	Rarely “slows down” to reconsider an approach to a problem, ask for help, or seek new information	Inconsistently “slows down” to reconsider an approach to a problem, ask for help, or seek new information	Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information	Searches medical information resources efficiently, guided by the characteristics of clinical questions
	Can translate medical information needs into well-formed clinical questions with assistance	Can translate medical information needs into well-formed clinical questions independently	Routinely translates new medical information needs into well-formed clinical questions	Role models how to appraise clinical research reports based on accepted criteria
	Unfamiliar with strengths and weaknesses of the medical literature	Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication	Utilizes information technology with sophistication	Has a systematic approach to track and pursue emerging clinical questions
	Has limited awareness of or ability to use information technology	With assistance, appraises clinical research reports, based on accepted criteria	Independently appraises clinical research reports based on accepted criteria	
	Accepts the findings of clinical research studies without critical appraisal			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Practice-Based Learning and Improvement

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

16. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Lacks empathy and compassion for patients and caregivers	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations	Demonstrates empathy, compassion and respect to patients and caregivers in all situations	Role models compassion, empathy and respect for patients and caregivers
Disrespectful in interactions with patients, caregivers and members of the interprofessional team	Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion	Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care	Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers	Role models appropriate anticipation and advocacy for patient and caregiver needs
Sacrifices patient needs in favor of own self-interest	Inconsistently considers patient privacy and autonomy	Emphasizes patient privacy and autonomy in all interactions	Demonstrates a responsiveness to patient needs that supersedes self-interest	Fosters collegiality that promotes a high-functioning interprofessional team
Blatantly disregards respect for patient privacy and autonomy			Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate	Teaches others regarding maintaining patient privacy and respecting patient autonomy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

17. Accepts responsibility and follows through on tasks. (PROF2)												
Critical Deficiencies					Ready for unsupervised practice			Aspirational				
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks Shuns responsibilities expected of a physician professional		Completes most assigned tasks in a timely manner but may need multiple reminders or other support Accepts professional responsibility only when assigned or mandatory			Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy Completes assigned professional responsibilities without questioning or the need for reminders			Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner Willingness to assume professional responsibility regardless of the situation			Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner Assists others to improve their ability to prioritize multiple, competing tasks	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:												

18. Responds to each patient's unique characteristics and needs. (PROF3)												
Critical Deficiencies					Ready for unsupervised practice			Aspirational				
<p>Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter</p> <p>Is unwilling to modify care plan to account for a patient's unique characteristics and needs</p>		<p>Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</p> <p>Requires assistance to modify care plan to account for a patient's unique characteristics and needs</p>			<p>Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference</p> <p>Modifies care plan to account for a patient's unique characteristics and needs with partial success</p>			<p>Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver</p> <p>Appropriately modifies care plan to account for a patient's unique characteristics and needs</p>			<p>Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs</p> <p>Role models consistent respect for patient's unique characteristics and needs</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Comments:												

19. Exhibits integrity and ethical behavior in professional conduct. (PROF4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Dishonest in clinical interactions, documentation, research, or scholarly activity	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions	Honest and forthright in clinical interactions, documentation, research, and scholarly activity	Demonstrates integrity, honesty, and accountability to patients, society and the profession	Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility
Refuses to be accountable for personal actions	Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients	Actively manages challenging ethical dilemmas and conflicts of interest	Role models integrity, honesty, accountability and professional conduct in all aspects of professional life
Does not adhere to basic ethical principles		Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity	Identifies and responds appropriately to lapses of professional conduct among peer group	Regularly reflects on personal professional conduct
Blatantly disregards formal policies or procedures.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Professionalism

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

20. Communicates effectively with patients and caregivers. (ICS1)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Ignores patient preferences for plan of care		Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences.			Engages patients in shared decision making in uncomplicated conversations			Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations		Role models effective communication and development of therapeutic relationships in both routine and challenging situations
Makes no attempt to engage patient in shared decision-making		Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful			Requires assistance facilitating discussions in difficult or ambiguous conversations			Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds		Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds
Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers		Defers difficult or ambiguous conversations to others			Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds			Incorporates patient-specific preferences into plan of care		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

21. Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (ICS2)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non-verbal behaviors disrupt effective collaboration with team members		Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input	Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care			Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care			Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

22. Appropriate utilization and completion of health records. (ICS3)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Health records are absent or missing significant portions of important clinical data		Health records are disorganized and inaccurate			Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning			Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific		Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

Interpersonal and Communications Skills

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

_____ Yes _____ No _____ Conditional on Improvement

Overall Clinical Competence

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

- ___ Superior: Far exceeds the expected level of development for this year of training
- ___ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training
- ___ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.
- ___ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.

The Anesthesiology Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education
and
The American Board of Anesthesiology



July 2015

The Anesthesiology Milestone Project

The Milestones are designed only for use in evaluation of resident physicians 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 resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Anesthesiology Milestone Group

Chair: Deborah Culley, MD

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Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as the resident moves from entry into residency through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

For each reporting period, review and reporting will involve selecting the level of milestones that best describes each resident's current performance level in relation to these milestones. Milestones are arranged into numbered levels. Selection of a level implies that the resident substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v). A general interpretation of levels for anesthesiology is below:

- Level 1:** The resident demonstrates milestones expected of a resident who has completed one post-graduate year of education in either an integrated anesthesiology program or another preliminary education year prior to entering the CA1 year in anesthesiology.
- Level 2:** The resident demonstrates milestones expected of a resident in anesthesiology residency prior to significant experience in the subspecialties of anesthesiology.
- Level 3:** The resident demonstrates milestones expected of a resident after having experience in the subspecialties of anesthesiology.
- Level 4:** The resident substantially fulfills the milestones expected of an anesthesiology residency, and is ready to transition to independent practice. This level is designed as the graduation target.
- Level 5:** The resident has advanced beyond performance targets defined for residency, and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level for selected milestones.

Additional Notes

Level 4 is designed as the graduation *target* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (See the Milestones FAQ for further discussion of this issue: “Can a resident/fellow graduate if he or she does not reach every milestone?”). Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether Level 4 milestones and milestones in lower levels are in the appropriate level within the developmental framework, and whether Milestone data are of sufficient quality to be used for departmental and accreditation decisions.

Some milestone descriptions include statements about performing independently. These activities must follow ACGME supervision guidelines. For example, a resident who performs a procedure or takes independent call must, at a minimum, be supervised through oversight.

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes the resident's performance in relation to those milestones
- or
- selecting the "Has not Achieved Level 1" option

Patient Care 6: Triage and management of the critically ill patient in a non-operative setting					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Performs a focused evaluation of the critically ill patient. Monitors patient's clinical status to identify acute changes and trends. Communicates pertinent findings to supervisor</p> <p>Participates in development and initiation of a treatment plan as directed by supervisor</p>	<p>Identifies relevant critical disease processes requiring urgent or emergent intervention. Seeks assistance to identify appropriate care setting (e.g., ICU, transitional care unit)</p> <p>Develops, implements, and appropriately modifies treatment plan based on patient's response with direct supervision</p>	<p>Identifies appropriate care setting and coordinates patient's disposition with direct supervision</p> <p>Prioritizes clinical management of clinical problems with indirect supervision</p>	<p>Identifies appropriate care setting and coordinates patient's disposition with indirect supervision</p> <p>Defines clinically appropriate priorities when resources are limited</p> <p>Integrates management choices taking into account long-term impact of therapeutic decisions with indirect supervision</p> <p>Supervises other members of the health-care team</p>	<p>Coordinates transition of care to appropriate care setting. Sets clinically appropriate priorities when resources are limited</p> <p>Serves as a consultant to other members of the health care team regarding initial evaluation and management of the critically ill patient</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <input type="text"/>					

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

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

**ANESTHESIOLOGY MILESTONES
ACGME Report Worksheet**

Patient Care 1: Pre-anesthetic Patient Evaluation, Assessment, and Preparation					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Performs general histories and physical examinations</p> <p>Identifies clinical issues relevant to anesthetic care with direct supervision</p> <p>Identifies the elements and process of informed consent</p>	<p>Identifies disease processes and medical issues relevant to anesthetic care</p> <p>Optimizes preparation of non-complex patients receiving anesthetic care</p> <p>Obtains informed consent for routine anesthetic care; discusses likely risks, benefits, and alternatives in a straightforward manner; responds appropriately to patient's or surrogate's questions; recognizes when assistance is needed</p>	<p>Identifies disease processes and medical or surgical issues relevant to subspecialty anesthetic care; may need guidance in identifying unusual clinical problems and their implications for anesthesia care</p> <p>Optimizes preparation of patients with complex problems or requiring subspecialty anesthesia care with indirect supervision</p> <p>Obtains appropriate informed consent tailored to subspecialty care or complicated clinical situations with indirect supervision</p>	<p>Performs assessment of complex or critically-ill patients without missing major issues that impact anesthesia care with conditional independence</p> <p>Optimizes preparation of complex or critically-ill patients with conditional independence</p> <p>Obtains appropriate informed consent tailored to subspecialty care or complicated clinical situations with conditional independence</p>	<p>Independently performs comprehensive assessment for all patients</p> <p>Independently serves as a consultant to other members of the health care team regarding optimal pre-anesthetic preparation</p> <p>Consistently ensures that informed consent is comprehensive and addresses patient and family needs</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Patient Care 2: Anesthetic Plan and Conduct					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Formulates patient care plans that include consideration of underlying clinical conditions, past medical history, and patient, medical, or surgical risk factors</p> <p>Adapts to new settings for delivery of patient care</p>	<p>Formulates anesthetic plans for patients undergoing routine procedures that include consideration of underlying clinical conditions, past medical history, patient, anesthetic, and surgical risk factors, and patient choice</p> <p>Conducts routine anesthetics, including management of commonly encountered physiologic alterations associated with anesthetic care, with indirect supervision</p> <p>Adapts to new settings for delivery of anesthetic care</p>	<p>Formulates anesthetic plans for patients undergoing common subspecialty procedures that include consideration of medical, anesthetic, and surgical risk factors, and that take into consideration a patient's anesthetic preference</p> <p>Conducts subspecialty anesthetics with indirect supervision, but may require direct supervision for more complex procedures and patients</p>	<p>Formulates and tailors anesthetic plans that include consideration of medical, anesthetic, and surgical risk factors and patient preference for patients with complex medical issues undergoing complex procedures with conditional independence</p> <p>Conducts complex anesthetics with conditional independence; may supervise others in the management of complex clinical problems</p>	<p>Independently formulates anesthetic plans that include consideration of medical, anesthetic, and surgical risk factors, as well as patient preference, for complex patients and procedures</p> <p>Conducts complex anesthetic management independently</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Patient Care 3: Peri-procedural pain management					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes and initiates management of common pain states; seeks advice for management of pain that does not respond to routine therapies	Manages uncomplicated peri-procedural pain with indirect supervision; requires direct supervision for complex pain situations	Manages complex peri-procedural pain with indirect supervision; consults with a pain medicine specialist when appropriate	Manages complex peri-procedural pain for all patients, including those with chronic pain, with conditional independence Recognizes the need to consult a pain medicine specialist to address complex pain management issues or co-existing chronic pain states that are not responsive to usual management strategies	Independently manages peri-procedural pain states
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Patient Care 4: Management of peri-anesthetic complications									
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5				
	Performs patient assessments and identifies complications associated with patient care; begins initial management of complications with direct supervision	Performs post-anesthetic assessment to identify complications of anesthetic care; begins initial management of peri-anesthetic complications with direct supervision	Identifies and manages peri-anesthetic complications unique to subspecialty or medically complex patients, and requests appropriate consultations with indirect supervision	Identifies and manages all peri-anesthetic complications with conditional independence	Independently identifies and manages all peri-anesthetic complications				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

Patient Care 5: Crisis management									
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5				
	Recognizes acutely ill or medically deteriorating patients; initiates basic medical care for common acute events; calls for help appropriately	Constructs prioritized differential diagnoses that include the most likely etiologies for acute clinical deterioration; initiates treatment with indirect supervision and seeks direct supervision appropriately	Identifies and manages clinical crises with indirect supervision; may require direct supervision in complex situations	Identifies and manages clinical crises appropriately with conditional independence; assumes increasing responsibility for leadership of crisis response team	Coordinates crisis team response				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

Patient Care 6: Triage and management of the critically-ill patient in a non-operative setting					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Performs a focused evaluation of the critically-ill patient; monitors patient's clinical status to identify acute changes and trends; communicates pertinent findings to supervisor</p> <p>Participates in development and initiation of a treatment plan as directed by supervisor</p>	<p>Identifies relevant critical disease processes requiring urgent or emergent intervention; seeks assistance to identify appropriate care setting (e.g., ICU, transitional care unit)</p> <p>Develops, implements, and appropriately modifies treatment plan based on patient's response with direct supervision</p>	<p>Identifies appropriate care setting and coordinates patient's disposition with direct supervision</p> <p>Prioritizes clinical management of clinical problems with indirect supervision</p>	<p>Identifies appropriate care setting and coordinates patient's disposition with indirect supervision</p> <p>Defines clinically appropriate priorities when resources are limited</p> <p>Integrates management choices taking into account long-term impact of therapeutic decisions with indirect supervision</p> <p>Supervises other members of the health care team</p>	<p>Coordinates transition of care to appropriate care setting; sets clinically appropriate priorities when resources are limited</p> <p>Serves as a consultant to other members of the health care team regarding initial evaluation and management of the critically-ill patient</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Patient Care 7: Acute, chronic, and cancer-related pain consultation and management					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Performs targeted history and physical examination for patients with pain, including the use of common pain scales</p> <p>Initiates non-interventional, routine therapy for common pain problems with indirect supervision</p>	<p>Diagnoses common acute and chronic pain syndromes; evaluates efficacy of current medication regimen</p> <p>Implements non-interventional pain treatment plans with indirect supervision</p> <p>Performs simple interventional pain procedures (e.g., trigger point injections, scar injections, lumbar interlaminar epidural steroid injection [ESI], intravenous [IV] regional blocks) with direct supervision</p> <p>Identifies structures seen on ultrasound and basic fluoroscopy</p>	<p>Formulates differential diagnoses of acute and chronic pain syndromes; identifies appropriate diagnostic evaluation</p> <p>Participates in complex procedures (e.g., thoracic ESI, medial branch blocks, radiofrequency procedures, sympathetic blocks) for alleviating acute, chronic, or cancer-related pain, under direct supervision</p> <p>Prescribes initial therapy for pain medication, and adjusts ongoing medication regimens with indirect supervision; uses ultrasound and fluoroscopy with direct supervision</p>	<p>Acts as consultant for acute pain management to junior residents and other health care providers with conditional independence</p> <p>Consults with non-anesthesiologist specialists regarding pain management as appropriate</p> <p>Recognizes treatment failures and obtains appropriate consultations, including with a pain medicine specialist</p>	<p>Participates in coordination of care for patients with complex pain problems</p> <p>Serves as a consultant to other members of the health care team regarding initial evaluation and management of the patient with acute, chronic, or cancer-related pain</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Patient Care 8: Technical skills: Airway management					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes airway patency and adequacy of ventilation based on clinical assessment</p> <p>Positions patient for airway management; places oral and nasal airways; performs bag-valve-mask ventilation</p>	<p>Applies knowledge of the American Society of Anesthesiologist (ASA) difficult airway algorithm to prepare equipment and supplies for airway management</p> <p>Performs basic airway management in patients with normal airways, including endotracheal intubation, supraglottic airways, and videolaryngoscopy</p> <p>Recognizes need for assistance and/or equipment and seeks help</p>	<p>Prepares appropriate equipment and supplies for management of difficult airways, including cricothyroidotomy</p> <p>Performs advanced airway management techniques, including awake intubations, fiberoptic intubations, and lung isolation techniques</p>	<p>Identifies and corrects problems and complications associated with airway management (e.g., hypoxemia during one-lung ventilation, airway hemorrhage) with conditional independence</p> <p>Manages all airways, including under special situations (e.g., trauma, patients with tracheostomies, loss of airway), with conditional independence</p>	<p>Independently assesses and manages the airway for all clinical situations utilizing appropriate advanced airway techniques, including cricothyroidotomy</p> <p>Independently supervises and provides consultation to other members of the health care team for airway management</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Patient Care 9: Technical skills: Use and Interpretation of Monitoring and Equipment					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Demonstrates the correct use of standard monitoring devices, including blood pressure (BP) cuff, electrocardiogram (ECG), pulse oximeter, and temperature monitors</p> <p>Interprets data from standard monitoring devices, including recognition of artifacts</p>	<p>Performs pre-anesthetic equipment and machine checks</p> <p>Inserts arterial and central venous catheters with direct supervision</p> <p>Demonstrates use of ultrasound for placement of invasive catheters</p> <p>Interprets data from arterial and central venous catheters</p> <p>Recognizes and appropriately troubleshoots malfunctions of standard ASA monitoring equipment and anesthesia machines</p>	<p>Inserts arterial catheters with conditional independence and central venous catheters with indirect supervision</p> <p>Performs advanced monitoring techniques for assessing cardiac function (e.g., pulmonary artery catheterization, transesophageal echocardiography) with direct supervision</p> <p>Applies data from advanced monitoring devices (e.g., electroencephalogram [EEG], motor evoked potentials [MEPs], somatosensory evoked potentials [SSEPs], fetal monitors) with indirect supervision</p> <p>Recognizes and appropriately troubleshoots malfunctions of advanced monitoring equipment</p>	<p>Obtains vascular access in complex or difficult situations with conditional independence</p> <p>Performs advanced monitoring techniques for assessing cardiac function (e.g., pulmonary artery catheterization, transesophageal echocardiography) with indirect supervision</p> <p>Supervises other members of the health care team in the placement and interpretation of monitoring techniques</p> <p>Recognizes equipment malfunctions and troubleshoots appropriately</p>	<p>Independently selects and uses basic and advanced monitoring techniques</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Patient Care 10: Technical skills: Regional anesthesia					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Demonstrates sterile technique</p> <p>Administers infiltrative local anesthetics for procedures under direct supervision</p> <p>Identifies physiologic changes associated with local anesthesia administration and seeks help appropriately</p>	<p>Applies appropriate monitors and prepares resuscitative equipment prior to performing regional anesthesia procedures</p> <p>Performs spinal and epidural anesthesia under direct supervision</p> <p>Recognizes problems or complications associated with regional anesthesia, and manages them with direct supervision</p>	<p>Performs peripheral nerve blocks and regional anesthesia under direct supervision, including both upper and lower extremity blocks and thoracic epidurals</p> <p>Uses ultrasound or nerve stimulator guided techniques appropriately</p> <p>Performs common pediatric regional anesthetics (e.g., caudal blockade) with direct supervision</p> <p>Recognizes problems or complications associated with regional anesthesia and manages them with indirect supervision</p>	<p>Performs spinal, epidural, and peripheral nerve blocks with conditional independence</p> <p>Supervises junior residents in performing regional anesthetics and other health care providers on issues related to regional anesthesia</p> <p>Manages problems or complications associated with regional anesthesia with conditional independence</p>	<p>Independently performs peripheral and neuraxial regional anesthesia techniques</p> <p>Independently manages problems or complications associated with regional anesthesia</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Medical Knowledge 1: Knowledge of biomedical, clinical, epidemiological, and social-behavioral sciences as outlined in the American Board of Anesthesiology Content Outline									
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5				
	<p>Demonstrates knowledge of the etiology, pathophysiology, diagnosis, and treatment of common medical and surgical problems</p> <p>Has passed Steps 1 and 2 of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX)</p>	<p>Achieves satisfactory Medical Knowledge rating by the Clinical Competence Committee (CCC) related to the anesthetic care of healthy patients undergoing routine procedures</p> <p>Achieves a program-defined score on the American Board of Anesthesiology (ABA) In-Training Examination or equivalent examination</p> <p>Has passed all steps of USMLE or COMLEX</p>	<p>Achieves satisfactory Medical Knowledge rating by the CCC related to the anesthetic care of subspecialty or medically-complex patients</p> <p>Achieves a program-defined score on the ABA In-Training Examination or equivalent examination</p> <p>Passes the ABA Basic Examination</p>	<p>Achieves satisfactory Medical Knowledge rating by the CCC related to anesthetic care of all patients</p> <p>Achieves a program-defined score on the ABA In-Training Examination or equivalent examination</p>	<p>Passes the ABA Advanced and Applied Examinations and enrolls in Maintenance of Certification in Anesthesiology (MOCA)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

Systems-based Practice 1: Coordination of patient care within the health care system					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Identifies the roles of patients, families, health care providers, and systems in health care delivery and outcome</p> <p>Identifies priorities when caring for multiple patients</p> <p>Coordinates the care of an individual patient within the health care system effectively and safely</p>	<p>Prioritizes multiple patient care activities with indirect supervision for routine procedures</p> <p>Uses system resources to facilitate cost-effective and safe non-subspecialty anesthesia care</p>	<p>Prioritizes multiple patient care activities with indirect supervision for patients undergoing common subspecialty procedures</p> <p>Uses system resources to facilitate cost-effective and safe subspecialty anesthesia care</p>	<p>Manages multiple patient care activities with conditional independence</p> <p>Uses system resources to facilitate and optimize cost-effective and safe longitudinal peri-operative care</p>	<p>Effectively coordinates the management of multiple patient care activities</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Systems-based Practice 2: Patient Safety and Quality Improvement					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Describes common causes of errors</p> <p>Describes team-based actions and techniques designed to enhance patient safety</p> <p>Participates in established institutional safety initiatives</p> <p>Follows institutional safety policies, including reporting of problematic behaviors or processes, errors, near misses, and complications</p> <p>Incorporates national standards and guidelines into patient care</p>	<p>Uses the safety features of medical devices</p> <p>Participates in team-based actions designed to enhance patient safety, (e.g., briefings, closed-loop communication)</p> <p>Identifies problems in the quality of health care delivery within one's institution and brings this to the attention of supervisors</p> <p>Incorporates anesthesiology-specific national standards and guidelines into patient care</p>	<p>Describes and participates in systems and procedures that promote patient safety</p> <p>Identifies departmental and or institutional opportunities to improve quality of care</p> <p>Participates in quality improvement activities as a member of an inter-professional team to improve patient outcomes</p> <p>Takes patient preferences into consideration while promoting cost-effective patient care that improves outcomes</p>	<p>Applies advanced team techniques designed to enhance patient safety (e.g., 'assertiveness')</p> <p>Participates in formal analysis (e.g., root cause analysis, failure mode effects analysis) of medical error and sentinel events with direct supervision</p> <p>Identifies opportunities in the continuum of care to improve patient outcome and reduce costs</p>	<p>Leads multidisciplinary teams (e.g., human factors engineers, social scientists) to address patient safety issues</p> <p>Provides consultation to organizations to improve personal and patient safety</p> <p>Proactively participates in educational sessions prior to using new advanced medical devices for patient care</p> <p>Defines and constructs process and outcome measures, and leads quality improvement projects</p> <p>Effectively addresses areas in anesthesiology practice that pose potential dangers to patients</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Practiced-based Learning and Improvement 1: Incorporation of quality improvement and patient safety initiatives into personal practice					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Has knowledge that patient safety issues exist in medicine and that they should be prevented (e.g., drug errors, wrong site surgery)	Identifies impact of one's decisions on patient outcomes Identifies patient safety issues within one's practice, and develops a quality improvement plan to address deficiencies with direct supervision	Identifies patient safety issues within one's practice, and participates in quality improvement plans to address them	Carries out most steps of a quality improvement project	Routinely carries out all steps of quality improvement projects to enhance patient safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Practiced-based Learning and Improvement 2: Analysis of practice to identify areas in need of improvement					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Identifies critical incidents or potentially harmful events pertaining to one's patients, and brings them to the attention of the supervisor	Identifies adverse events and near misses, and analyzes personal practice to determine the reason they occurred Modifies personal practice to minimize likelihood of recurrence of adverse events related to routine anesthesia care With support from faculty members, compares personal performance and outcomes to those of peers Uses multi-source (peer, faculty member, nurses, other) feedback to improve practice with faculty member guidance	Identifies adverse events and near misses related to subspecialty rotations, and modifies personal practice to minimize likelihood of recurrence of adverse events related to sub-specialty anesthesia care Compares personal performance and patient outcomes to accepted standards and comparative data, and uses data to improve practice	Analyzes personal practices to determine potential risk of adverse outcomes and develops strategies to reduce likelihood of recurrence Prospectively assesses clinical practices and identifies alternative approaches to clinical management to minimize likelihood of adverse events based on currently published data, and comparison of personal practice to peers and supervisors Uses multi-source feedback to independently improve practice	Uses comparative benchmark data about outcomes and clinical practice patterns within the department, facility, or health system to analyze performance of self and group
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Practiced-based Learning and Improvement 3: Self-directed learning					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Completes assigned readings and prescribed learning activities</p> <p>Uses clinical opportunities to direct self-learning</p> <p>Develops a learning plan relevant to clinical practice</p>	<p>Reviews the literature and information relevant to specific clinical assignments</p> <p>Periodically modifies learning plan based on analysis of multi-source feedback, quality data, examination performance, and self-reflection with program guidance</p>	<p>Differentiates evidence-based information from non-evidence-based resources to address specific patient management needs</p> <p>Incorporates experiences from subspecialty rotations to modify learning plan</p>	<p>Incorporates evidence-based medicine practices into patient management</p> <p>Takes responsibility for integrating past experience, multiple learning activities, and self-reflection to direct lifelong learning independently</p>	<p>Refines clinical practice based on evolving medical evidence</p> <p>Continually analyzes personal practice to focus self-directed lifelong learning</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Practiced-based Learning and Improvement 4: Education of patient, families, students, residents, and other health professionals					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Discusses medical plans and responds to questions from patients and their families</p> <p>Acknowledges limits and seeks assistance from supervisor</p>	<p>Explains anesthetic care to patients and their families</p> <p>Teaches basic anesthesia concepts to students and other health care professionals</p>	<p>Effectively explains subspecialty anesthetic care to patients and their families</p> <p>Teaches anesthesia concepts to students and other residents</p>	<p>Explains anesthesia care and risk to patients and their families with conditional independence</p> <p>Teaches anesthesia concepts, including subspecialty care, to students, other residents, and other health professionals</p>	<p>Serves as an expert on anesthesiology to patients, their families, and other health care professionals, (locally or nationally)</p> <p>Participates in community education about anesthesiology</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Professionalism 1: Responsibility to patients, families, and society					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Acts responsibly and reliably with commitment to patient care as expected for level of experience</p> <p>Completes most assigned clinical tasks on time, but may occasionally require direct supervision</p> <p>Recognizes a patient's right to confidentiality, privacy, and autonomy, and treats patients and their families with compassion and respect</p> <p>Seeks assistance appropriate to the needs of the clinical situation while taking into consideration one's own experience and knowledge</p> <p>Displays sensitivity and respect for the needs of diverse patient populations and challenges associated with limited access to health care</p>	<p>Completes routine tasks reliably in uncomplicated circumstances with indirect supervision</p> <p>Identifies issues of importance to diverse patient populations and how limited resources may impact patient care and resource allocation</p>	<p>Completes tasks reliably in complex clinical situations or unfamiliar environments, utilizing available resources, with indirect supervision</p> <p>Identifies options to address issues of importance to diverse patient populations, and creates strategies to provide care when patient access or resources are limited</p>	<p>Completes all work assignments reliably and supports other providers to ensure patient care is optimized; supervises and advises junior residents on time and task management with conditional independence</p>	<p>Manages the health care team to ensure patient care is the first priority while considering the needs of team members</p> <p>Completes all work assignments reliably, and independently supports other providers to ensure patient care is optimized</p> <p>Demonstrates leadership in managing multiple competing tasks</p> <p>Manages the health care team in a manner that is respectful of patient confidentiality, privacy, and autonomy, and ensures that patients and their families are treated with compassion and respect</p> <p>Demonstrates mentorship and role modeling regarding responsibilities to diverse patient populations and optimizing patient care when resources are limited</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Professionalism 2: Honesty, integrity, and ethical behavior					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Is truthful in all forms of communication</p> <p>Addresses ethical issues relevant to entry-level rotations with direct supervision</p> <p>Takes responsibility for the care they provide and seeks help appropriately</p>	<p>Addresses ethical issues common to anesthesiology with direct supervision (e.g., Jehovah's Witnesses)</p>	<p>Addresses ethical issues in complex and challenging circumstances, including in the subspecialties of anesthesiology, with indirect supervision</p>	<p>Develops a systematic approach to managing ethical dilemmas in clinical care settings with conditional independence</p>	<p>Serves as a role model and mentors others about bioethical principles; works within the team setting to develop a systematic approach to managing ethical dilemmas</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Professionalism 3: Commitment to institution, department, and colleagues					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Complies with institutional policies and regulations, including work schedule rules	Acts as a reliable team member, recognizing the impact of one's own work responsibilities on the institution and on one's colleagues Volunteers to assist colleagues, when appropriate, to cover illnesses/absences in order to ensure quality patient care Completes requested evaluations (e.g., faculty member, program, peers, ACGME Resident Survey) in a timely manner	Serves as a resource and counselor to medical students regarding their professional choices and behaviors	Serves as a resource and counselor to junior residents regarding their professional choices and behaviors	Models responsibility and accountability in one's professional choices and behaviors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Professionalism 4: Receiving and giving feedback					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Accepts constructive feedback, but occasionally demonstrates resistance to feedback while providing patient care	Provides constructive feedback in a tactful and supportive way to medical students to enhance patient care Accepts feedback from faculty members and incorporates suggestions into practice	Consistently seeks feedback, correlates it with self-reflection, and incorporates it into lifelong learning to enhance patient care Seeks out feedback from faculty members and other members of the care team	Provides constructive feedback in a tactful and supportive way to physician and non-physician members of the patient care team to enhance patient care	Effectively provides feedback in challenging situations (e.g. when there is resistance, there are adverse outcomes , or an experienced practitioner is involved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Professionalism 5: Responsibility to maintain personal emotional, physical, and mental health					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Demonstrates basic professional responsibilities, such as reporting for work rested and prepared, with appropriate professional attire and grooming</p> <p>Demonstrates knowledge of basic requirements related to fatigue management, sleep deprivation, and principles of physician well-being</p> <p>Recognizes the need to balance patient, personal, institutional, and societal needs when providing health care</p> <p>Complies with training on physician impairment</p> <p>Identifies departmental and institutional resources available for assistance with concerns about an impaired health care provider</p>	<p>Complies with requirements to assist with preservation of health and mitigation of fatigue (e.g., work hours rules)</p> <p>Demonstrates the ability to balance personal, institutional, and societal goals with professional responsibilities</p> <p>Complies with systems intended to prevent physician impairment, (e.g., controlled substance policies)</p>	<p>Reports concerns about the health or well-being of colleagues to a more experienced individual</p>	<p>Reinforces to junior colleagues the importance of compliance with systems to prevent impairment</p>	<p>Serves as a resource for the development of organizational policies and procedures regarding professional responsibilities</p> <p>Serves as a resource for the development of institutional policies on work-life balance</p> <p>Serves as a resource for the development of organizational policies and procedures for impaired physicians</p> <p>Assists with or leads management of suspected impaired colleagues</p> <p>Serves as monitor/resource for colleagues returning from treatment for impairment</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Interpersonal and Communications Skills 1: Communication with patients and families					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Demonstrates empathy for patients and their families</p> <p>Communicates routine information in straight forward circumstances with indirect supervision</p> <p>Recognizes situations where communication of information requires the assistance of another individual and asks for help</p> <p>Identifies situations where patient and family conflicts exist and appropriately seeks assistance with resolution</p> <p>Discloses medical errors or complications with direct supervision</p> <p>Recognizes that institutional resources are available to assist with disclosure of medical errors</p>	<p>Ensures that communication of information requiring the assistance of another individual occurs in a timely and effective manner</p> <p>Negotiates simple patient and family conflicts</p> <p>Participates in root cause analysis for issues regarding patients for whom he or she has provided care</p> <p>Discloses medical errors or complications independently as allowed by their institution, if not allowed by their institution demonstrates the ability to disclose medical errors or complications independently, e.g. simulation patient experiences</p>	<p>Communicates challenging information and addresses complex circumstances with indirect supervision</p> <p>Consults appropriate institutional resources with indirect supervision</p> <p>Negotiates and manages patient and family conflicts in complex situations (e.g., psychiatric issues, blood transfusions, cultural factors) with indirect supervision</p>	<p>Communicates challenging information and addresses complex circumstances with conditional independence</p> <p>Consults appropriate institutional resources with conditional independence</p> <p>Negotiates and manages patient and family conflicts in complex situations, including end-of-life issues, with conditional independence</p>	<p>Consistently ensures effective communication and resolution of concerns occurs with patients and/or families</p> <p>Independently negotiates and manages patient and family conflicts in all situations</p> <p>Independently discloses medical errors or medical complications</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Interpersonal and Communications Skills 2: Communication with other professionals					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Communicates effectively and with respect for the skills and contributions of other members of the health care team</p> <p>Identifies interpersonal conflicts and ineffective communication with other members of the health care team, and participates in their resolution as appropriate to level of education</p> <p>Communicates patient status to supervisors and other providers effectively, including during hand-offs and transitions of patient care</p> <p>Provides legible, accurate, complete, and timely documentation in written and electronic forms</p> <p>Respects patient privacy in all environments</p> <p>Identifies and discloses medical errors or complications to the healthcare team</p>	<p>Identifies institutional resources to assist in conflict resolution</p> <p>Effectively communicates relevant patient issues during transitions or transfers of care</p> <p>Uses the medical record to document medical decision making and facilitate patient care</p> <p>Documentation is clear and concise, addressing key issues relevant to the care of the patient</p>	<p>Adapts communication to the unique circumstances, such as crisis management and subspecialty anesthesia care</p> <p>Uses institutional resources to assist in conflict resolution</p>	<p>Communicates effectively in crises and contentious situations</p> <p>Participates in conflict resolution with conditional independence</p>	<p>Mentors other members of the health care team to improve communication skills</p> <p>Effectively manages conflict in all situations</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Interpersonal and Communications Skills 3: Team and leadership skills					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes and respects the expertise of other members of the health care team</p> <p>Functions effectively as a member of the health care team</p>	<p>Identifies the care team member with appropriate expertise to address a clinical issue</p> <p>Participates actively in team-based conferences or meetings related to patient care</p>	<p>Coordinates team-based care in routine circumstances</p>	<p>Demonstrates leadership skills in relationships with members of the anesthesia and other patient care teams</p> <p>Facilitates team-based conferences or meetings related to patient care</p>	<p>Effectively contributes to and leads team-based decision making and clinical care</p> <p>Participates in and provides leadership in the practice of team-based care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					