Internal Medicine and Dermatology (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

ACGME

American Board
of Internal Medicine®

July 2015

Dermatology Milestones

The Accreditation Council for Graduate Medical Education

ACGME

Second Revision: April 2020
First Revision: June 2014

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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/acgmeweb/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 Does not respond to requests of caregivers in other delivery systems	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems 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)	Recognizes the importance of communication during times of transition Communication with future caregivers is present but with lapses in pertinent or timely information	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems Proactively communicates with past and future care givers to ensure continuity of care	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs Role models and teaches effective transitions of care
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
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 Does not use physical exam to confirm history Relies exclusively on documentation of others to generate own database or differential diagnosis Fails to recognize patient's central clinical problems Fails to recognize potentially life threatening problems	Inconsistently able to acquire accurate historical information in an organized fashion Does not perform an appropriately thorough physical exam or misses key physical exam findings Does not seek or is overly reliant on secondary data Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Consistently acquires accurate and relevant histories from patients Seeks and obtains data from secondary sources when needed Consistently performs accurate and appropriately thorough physical exams Uses collected data to define a patient's central clinical problem(s)	Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion Performs accurate physical exams that are targeted to the patient's complaints Synthesizes data to generate a prioritized differential diagnosis and problem list Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis Identifies subtle or unusual physical exam findings Efficiently utilizes all sources of secondary data to inform differential diagnosis Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
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
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				

3. Manages patients with progressive responsibility and independence. (PC3)

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

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

4. Skill in performing procedures. (PC4)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Attempts to perform procedures without sufficient technical skill or supervision Unwilling to perform procedures when qualified and necessary for patient care	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	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
☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

5. Requests and provides consultative care. (PC5)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services

Unwilling to utilize consultant services when appropriate for patient care | Inconsistently manages patients as a consultant to other physicians/health care teams

Inconsistently applies risk assessment principles to patients while acting as a consultant

Inconsistently formulates a clinical question for a consultant to address | Provides consultation services for patients with clinical problems requiring basic risk assessment

Asks meaningful clinical questions that guide the input of consultants | Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment

Appropriately weighs recommendations from consultants in order to effectively manage patient care | Switches between the role of consultant and primary physician with ease

Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment

Manages discordant recommendations from multiple consultants |
| ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |

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
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

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 Does not understand the concepts of pre-test probability and test performance characteristics Minimally understands the rationale and risks associated with common procedures	Consistently interprets basic diagnostic tests accurately Needs assistance to understand the concepts of pre-test probability and test performance characteristics Fully understands the rationale and risks associated with common procedures	Interprets complex diagnostic tests accurately Understands the concepts of pre-test probability and test performance characteristics Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures	Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures Pursues knowledge of new and emerging diagnostic tests and procedures
☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Version 7/2014

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 Frustrates team members with inefficiency and errors	Identifies roles of other team members but does not recognize how/when to utilize them as resources Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders)	Understands the roles and responsibilities of all team members but uses them ineffectively Participates in team discussions when required but does not actively seek input from other team members	Understands the roles and responsibilities of and effectively partners with, all members of the team Actively engages in team meetings and collaborative decision-making	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 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

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

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

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

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
Ignores cost issues in the provision of care Demonstrates no effort to overcome barriers to cost-effective care	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, financers, purchasers)* have on the cost of care Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care Minimizes unnecessary diagnostic and therapeutic tests Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g. screening tests)	Consistently works to address patient specific barriers to cost-effective care Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions) Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests	Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

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 Does not respond to requests of caregivers in other delivery systems	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems 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)	Recognizes the importance of communication during times of transition Communication with future caregivers is present but with lapses in pertinent or timely information	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems Proactively communicates with past and future care givers to ensure continuity of care	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs Role models and teaches effective transitions of care
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

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 Not concerned with opportunities for learning and self-improvement	Unable to self-reflect upon one's practice or performance Misses opportunities for learning and self-improvement	Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections Inconsistently acts upon opportunities for learning and self-improvement	Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice 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
☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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Comments:

14. Learns and improves via feedback. (PBLI3)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Never solicits feedback Actively resists feedback from others	Rarely seeks feedback Responds to unsolicited feedback in a defensive fashion Temporarily or superficially adjusts performance based on feedback	Solicits feedback only from supervisors Is open to unsolicited feedback Inconsistently incorporates feedback	Solicits feedback from all members of the interprofessional team and patients Welcomes unsolicited feedback Consistently incorporates feedback	Performance continuously reflects incorporation of solicited and unsolicited feedback Able to reconcile disparate or conflicting feedback
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

Version 7/2014

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

Can translate medical information needs into well-formed clinical questions with assistance

Unfamiliar with strengths and weaknesses of the medical literature

Has limited awareness of or ability to use information technology

Accepts the findings of clinical research studies without critical appraisal | Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information

Can translate medical information needs into well-formed clinical questions independently

Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication

With assistance, appraises clinical research reports, based on accepted criteria | Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information

Routinely translates new medical information needs into well-formed clinical questions

Utilizes information technology with sophistication

Independently appraises clinical research reports based on accepted criteria | Searches medical information resources efficiently, guided by the characteristics of clinical questions

Role models how to appraise clinical research reports based on accepted criteria

Has a systematic approach to track and pursue emerging clinical questions |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

15

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 Disrespectful in interactions with patients, caregivers and members of the interprofessional team Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self-interest Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate	Role models compassion, empathy and respect for patients and caregivers Role models appropriate anticipation and advocacy for patient and caregiver needs Fosters collegiality that promotes a high-functioning interprofessional team Teaches others regarding maintaining patient privacy and respecting patient autonomy
☐	☐	☐	☐	☐	☐	☐	☐	☐
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

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

18. Responds to each patient's unique characteristics and needs. (PROF3)

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

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 Refuses to be accountable for personal actions Does not adhere to basic ethical principles Blatantly disregards formal policies or procedures.	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Honest and forthright in clinical interactions, documentation, research, and scholarly activity Demonstrates accountability for the care of patients 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	Demonstrates integrity, honesty, and accountability to patients, society and the profession Actively manages challenging ethical dilemmas and conflicts of interest Identifies and responds appropriately to lapses of professional conduct among peer group	Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility Role models integrity, honesty, accountability and professional conduct in all aspects of professional life Regularly reflects on personal professional conduct
☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Version 7/2014

20. Communicates effectively with patients and caregivers. (ICS1)				
Critical Deficiencies			**Ready for unsupervised practice**	**Aspirational**
Ignores patient preferences for plan of care

Makes no attempt to engage patient in shared decision-making

Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers | Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences.

Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful

Defers difficult or ambiguous conversations to others | Engages patients in shared decision making in uncomplicated conversations

Requires assistance facilitating discussions in difficult or ambiguous conversations

Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds | Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations

Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds

Incorporates patient-specific preferences into plan of care | Role models effective communication and development of therapeutic relationships in both routine and challenging situations

Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds |
| ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | | | |
| Comments: | | | | |

20

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
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				

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
☐	☐	☐	☐	☐	☐	☐	☐	☐
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.

Dermatology Milestones

The Accreditation Council for Graduate Medical Education
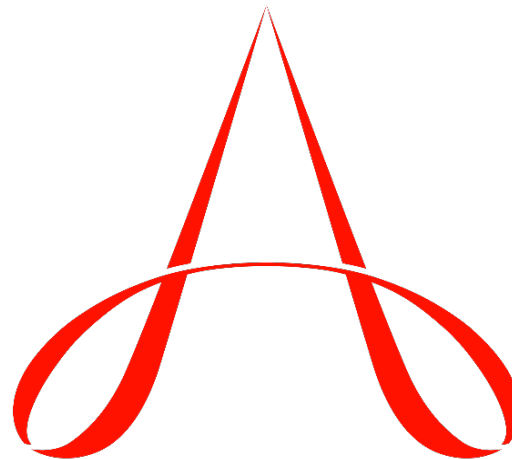
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Dermatology Milestones

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

Dermatology Milestones

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American Board of Dermatology

Review Committee for Dermatology

Understanding Milestone Levels and Reporting

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

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

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

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

Additional Notes

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

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

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

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

Additional resources are available in the Milestones section of the ACGME website. Follow the links under "What We Do" at www.acgme.org.

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

Systems-Based Practice 2: System Navigation for Patient Centered Care

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively utilizing the roles of their interprofessional teams	Leads effective coordination of patient-centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and handoffs	Performs safe and effective transitions of care/handoffs in routine clinical situations	Performs safe and effective transitions of care/handoffs in complex clinical situations	Advocates for safe and effective transitions of care/handoffs within and across healthcare delivery systems including outpatient settings	Improves quality of transitions of care within and across healthcare delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities

Comments:

Not Yet Completed Level 1 ☐

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

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

Patient Care 1: Medical Dermatology				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Obtains basic dermatologic history and physical exam	Evaluates patients with common dermatologic conditions, with assistance	Independently evaluates patients with common dermatologic conditions	Independently evaluates patients with complex dermatologic conditions	Independently evaluates and manages patients with rare, atypical, or refractory dermatologic conditions
Identifies management options for common dermatologic conditions	Manages patients with common dermatologic conditions, with assistance	Independently manages patients with common dermatologic conditions	Independently manages patients with complex dermatologic conditions and/or comorbidities	
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

Not Yet Completed Level 1   ☐
Not Yet Assessable   ☐

Patient Care 2: Pediatric Dermatology

Level 1	Level 2	Level 3	Level 4	Level 5
Obtains basic dermatologic history and physical exam in a pediatric patient	Evaluates patients with common pediatric dermatologic conditions, with assistance	Independently evaluates patients with common pediatric dermatologic conditions	Independently evaluates patients with complex pediatric dermatologic conditions	Independently evaluates and manages pediatric patients with rare, atypical, or refractory dermatologic conditions
Identifies management options for common pediatric dermatologic conditions	Manages patients with common pediatric dermatologic conditions, with attention to age, weight, and psychosocial considerations, with assistance	Independently manages patients with common pediatric dermatologic conditions with attention to age, weight, and psychosocial considerations	Independently manages patients with complex pediatric dermatologic conditions and/or comorbidities, with attention to age, weight, and psychosocial considerations	
Describes the challenges of procedures on pediatric patients	Assists in procedures on pediatric patients	Performs basic procedures on pediatric patients with assistance using patient comfort strategies	Independently performs basic procedures on pediatric patients using patient comfort strategies	Independently performs a range of procedures in pediatric patients using patient comfort strategies

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Patient Care 3: Dermatologic Procedures and Surgery

Level 1	Level 2	Level 3	Level 4	Level 5
Performs pre-operative assessment for basic procedures, with guidance	Performs pre-operative assessment for basic procedures	Performs pre-operative assessment and counseling of risk for excisions and layered closures, with guidance	Performs pre-operative assessment and counseling of risk for complex procedures	
Performs basic procedures, with guidance	Performs basic procedures	Performs excisions and layered closures, with guidance	Performs excisions with layered closures; designs flaps and grafts where indicated	Performs flaps and grafts, micrographic surgery, or other advanced procedures
Provides basic wound care instructions	Provides anticipatory guidance for procedural outcomes	Identifies and manages procedural complications, with guidance	Identifies and manages procedural complications	

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Patient Care 4: Dermatopathology				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Identifies key structural and cellular components of the skin, hair, and nails	Identifies microscopic features of common neoplasms and inflammatory reaction patterns	Interprets microscopic features of common disorders of the skin, hair, and nails, with guidance	Independently interprets microscopic features of common and uncommon disorders of the skin, hair, and nails	Independently interprets atypical or subtle microscopic features of disorders of the skin, hair, and nails
Reviews reported histologic findings	Performs clinicopathologic correlation, with guidance	Independently performs clinicopathologic correlation for straightforward presentations	Independently performs clinicopathologic correlation for atypical or complex presentations	

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Patient Care 5: Cosmetic Care				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Identifies patients with a cosmetic concern	Gathers patient data, including cosmetic and relevant medical history	Evaluates patient and recommends interventions to meet patient goals for cosmetic care, with assistance	Independently evaluates routine patient and recommends interventions to meet patient goals for cosmetic care	Independently evaluates and counsels the patient with complex cosmetic concerns
	Describes available cosmetic treatments	Selects cosmetic treatment, with assistance	Delivers cosmetic treatment and manages complications, with assistance	Delivers cosmetic treatment and manages complications

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Patient Care 6: Diagnostics				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes indications and steps involved in in-office testing	Selects and performs in-office tests, with assistance	Independently selects and performs in-office test; interprets in-office diagnostic tests, with assistance	Independently selects, performs, and interprets a full spectrum of in-office tests	Evaluates the application of novel and emerging diagnostic tests
Describes laboratory, imaging, and other diagnostic testing used in dermatology	Selects laboratory, imaging, and other diagnostic tests for common presentations, with assistance	Independently interprets laboratory, imaging, and other diagnostic tests for common presentations	Independently interprets laboratory, imaging, and other diagnostic tests for complex or rare presentations	

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Patient Care 7: Critical Thinking/Differential Diagnosis				
Level 1	Level 2	Level 3	Level 4	Level 5
Develops a differential diagnosis for common presentations, with guidance	Independently develops a differential diagnosis for common presentations	Develops a prioritized differential diagnosis for complex presentations and identifies clinical reasoning errors	Pursues and synthesizes additional information to reach high-probability diagnoses with continuous re-appraisal	Integrates additional data and coaches others to minimize clinical reasoning errors
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐

Comments:

Not Yet Completed Level 1   ☐
Not Yet Assessable   ☐

Patient Care 8: Therapeutics Management				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies patients who are candidates for topical and systemic therapy	Provides appropriate counseling regarding adverse effects and reasonable risks	Consistently evaluates treatment response and counsels patients on expectations of therapy	Consistently identifies refractory disease and independently escalates therapy as necessary	Independently manages rare and complex diseases based on emerging evidence
Identifies available treatment options for common skin disorders	Selects treatment options for common skin disorders, with guidance	With guidance, selects therapeutic modalities for common and uncommon skin disorders while balancing risks and benefits	Independently selects therapeutic modalities for common and uncommon skin disorders based on stepwise therapeutic ladders	Evaluates the application of novel and emerging therapeutic modalities or unique applications of existing drugs
Identifies therapeutic agents which require laboratory monitoring	Selects appropriate laboratory monitoring for systemic treatments, with guidance	Selects appropriate laboratory monitoring and manages adverse effects, with guidance	Independently orders appropriate laboratory monitoring and manages adverse effects	Develops systems for safety monitoring
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐

Comments:
Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Medical Knowledge 1: Knowledge of Dermatologic Disease				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes fundamental cutaneous anatomy and physiology	Describes pathophysiology of common skin disorders	Demonstrates knowledge of the pathophysiology of complex skin disorders	Synthesizes knowledge of pathophysiology of skin disorders from multiple sources	Teaches emerging concepts in cutaneous pathophysiology
Demonstrates knowledge of the clinical features of common dermatologic disorders	Demonstrates knowledge of the clinical features, associations, treatments, and expected course of common dermatologic disorders	Demonstrates knowledge of the clinical features, associations, treatments, and expected course of uncommon and complex dermatologic disorders	Demonstrates comprehensive knowledge of the clinical features, associations, treatments, and expected course of common, uncommon, and complex dermatologic disorders	Teaches emerging concepts in clinical features, associations, treatments, or expected course of common, uncommon, and complex dermatologic disorders

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

Medical Knowledge 2: Visual Recognition				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies common diseases with characteristic findings	Identifies uncommon diseases with characteristic findings	Identifies variable presentations of common disease	Identifies variable presentations of uncommon and rare disease	
Defines primary lesions and secondary features	Describes morphology, with assistance	Describes morphology with fluency

Integrates visual diagnostic tools (e.g., dermoscopy), with assistance | Identifies subtle morphologic variability

Independently integrates visual diagnostic tools | Integrates visual diagnostic tools for a wide range of diagnoses of the skin, hair, and nails |
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Comments:
Not Yet Completed Level 1 ☐   Not Yet Assessable ☐

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common safety events	Identifies system factors that lead to safety events	Participates in analysis of safety events (simulated or actual)	Conducts analysis of safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., handwashing, needle stick prevention, wrong site surgery prevention)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level

Comments:

Not Yet Completed Level 1 ☐

Systems-Based Practice 2: System Navigation for Patient-Centered Care

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams	Leads effective coordination of patient-centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities

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Comments:

Not Yet Completed Level 1   ☐

Systems-Based Practice 3: Physician Role in Health Care Systems				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Identifies key components of the complex health care system	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the broader system	Manages various components of the complex health care system to provide efficient and effective patient care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care
Describes basic health payment systems and practice models	Delivers care with consideration of each patient's payment model	Engages with patients in shared-decision making, informed by each patient's payment models	Advocates for patient care needs with consideration of the limitations of each patient's payment model	Participates in health policy advocacy activities
Identifies basic practice management knowledge domains for effective transition to practice	Describes core administrative knowledge needed for transition to practice	Demonstrates use of information technology required for medical practice	Analyzes individual practice patterns and professional requirements in preparation for practice	Educates others to prepare them for transition to practice
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Comments:

Not Yet Completed Level 1   ☐

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines

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Comments:

Not Yet Completed Level 1   ☐

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) in order to inform goals	Seeks performance data episodically, with adaptability and humility	Intentionally seeks performance data consistently with adaptability and humility	Role models consistently seeking performance data with adaptability and humility
Identifies the factors which contribute to gap(s) between expectations and actual performance	Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges own assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it	Facilitates the design and implementing learning plans for others
☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:
Not Yet Completed Level 1   ☐

Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes potential triggers for professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Coaches others when their behavior fails to meet professional expectations
Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers	Takes responsibility for own professionalism lapses	Recognizes need to seek help in managing and resolving complex ethical situations	Recognizes and uses appropriate resources for managing and resolving ethical dilemmas, as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Demonstrates knowledge of medical ethical principles	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles		Serves as resource for colleagues who face ethical dilemmas

Comments:

Not Yet Completed Level 1 ☐

Professionalism 2: Accountability/Conscientiousness

Level 1	Level 2	Level 3	Level 4	Level 5
Responds promptly to requests or reminders to complete tasks	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations	Mitigates situations that may impact others' ability to complete tasks and responsibilities in a timely manner	Takes ownership of system outcomes and revises systems to enhance accountability
Takes responsibility for failure to complete tasks and responsibilities	Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner	Proactively ensures that the needs of patients are met	Implements strategies to enhance accountability of team members involved in patient care	

| ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐   ☐ |

Comments:

Not Yet Completed Level 1   ☐

Professionalism 3: Self-Awareness and Help-Seeking				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being, with assistance Recognizes limits in one's own knowledge/ skills, with assistance	Independently recognizes status of personal and professional well-being Independently recognizes limits in one's own knowledge/skills and seeks help when appropriate	Proposes a plan to optimize personal and professional well-being, with assistance Proposes a plan to remediate or improve limits in one's own knowledge/skills, with assistance	Independently develops a plan to optimize personal and professional well-being Independently develops a plan to remediate or improve limits in one's own knowledge/skills	Coaches others to optimize personal and professional well-being
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments: Not Yet Completed Level 1 ☐				

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal behavior to demonstrate respect and establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters, with guidance	Independently establishes a therapeutic relationship in challenging patient encounters	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers (e.g., language) to effective communication	Identifies complex barriers (e.g., health literacy) to effective communication	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	
Identifies the importance of engaging in shared decision making	Identifies elements of shared decision making	Uses shared decision making to make a personalized care plan, with guidance	Independently uses shared decision making to make a personalized care plan	Independently uses shared decision making to make a personalized care plan when there is a high degree of uncertainty
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐

Comments:
Not Yet Completed Level 1   ☐

Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Checks own understanding of consultant recommendations	Coordinates recommendations from different members of the health care team to optimize patient care	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Checks understanding of recommendations when providing consultation		
Uses language that values all members of the health care team	Solicits feedback on performance as a member of the health care team	Communicates concerns and provides feedback to peers and learners	Communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations

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Comments:

Not Yet Completed Level 1   ☐

Interpersonal and Communication Skills 3: Communication within Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Accurately records information in the electronic health record (EHR) in a timely manner	Demonstrates organized diagnostic and therapeutic reasoning through notes in the EHR	Concisely reports diagnostic and therapeutic reasoning in the EHR	Communicates clearly, concisely, and in an organized written form, including anticipatory guidance	Coaches others to improve written communication
Safeguards protected health information by using appropriate communication channels	Uses documentation tools and short cuts (e.g., copy/paste) accurately and appropriately, per institutional policy	Appropriately selects and uses direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text and inbox messages) forms of communication based on context	Achieves written or verbal communication (e.g., patient notes, email) that serves as an example for others to follow	Guides departmental or institutional communication around policies and procedures
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Comments:

Not Yet Completed Level 1 ☐