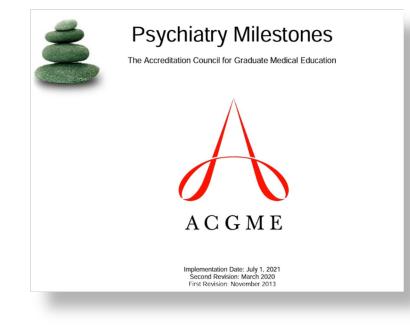
Internal Medicine and Psychiatry (combined) programs must annually report on **each** set of Milestones.







# **Internal Medicine Milestones**

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: November 2020 First Revision: July 2013

## **Internal Medicine 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 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 Milestones Work Group

Eva Aagaard, MD, FACP Cinnamon Bradley, MD Fred Buckhold, MD Alfred Burger, MD, MS, FACP, SFHM Stephanie Call, MD, MSPH Shobhina Chheda, MD, MPH Davoren Chick, MD, FACP Jack DePriest, MD, MACM Benjamin Doolittle, MD, MDiv Laura Edgar, EdD, CAE Christin Giordano McAuliffe, MD Neil Kothari, MD Heather Laird-Fick, MD, MPH, FACP Jonathan Lim, MD Monica Lypson, MD, MHPE Allan Markus, MD, MS, MBA, FACP Bernadette Miller, MD Attila Nemeth, MD Jacob Perrin, MD Raul Ramirez Velazquez, DO Rachel Robbins, MD Jacqueline Stocking, PhD, MBA, RN Jane Trinh, MD Mark Tschanz, DO, MACM Asher Tulsky, MD Eric Warm, MD

#### **Advisory Group**

Mobola Campbell-Yesufu, MD, MPH Gretchen Diemer, MD Jodi Friedman, MD Janae Heath, MD Benjamin Kinnear, MD

Subha Ramani, MBBS, MMed, MPH Brijen Shah, MD C. Christopher Smith, MD Abby Spencer, MD, MS Nicole Swallow, MD, FACP The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

Alliance for Academic Internal Medicine American Board of Internal Medicine American College of Physicians Association of Medical Colleges Review Committee for Internal Medicine Society of Hospital Medicine Society of General Internal Medicine

## **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.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On <u>www.acgme.org</u>, <u>choose the applicable specialty under the "Specialties" menu</u>, then select the "Milestones" link in the lower navigation bar. The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a 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	1: Patient Safety and Quali	ity Improvement		
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project	Designs,, implements, and assesses quality improvement initiatives at the institutional or community level
Comments:				ompleted Level 1
Selecting a respo middle of a level i milestones in that levels have been demonstrated.	mplies that level and in lower		between levels inc	

Patient Care 1: History				
Level 1	Level 2	Level 3	Level 4	Level 5
Elicits and reports a comprehensive history for common patient presentations, with guidance	Elicits and concisely reports a hypothesis- driven patient history for common patient presentations	Elicits and concisely reports a hypothesis- driven patient history for complex patient presentations	Efficiently elicits and concisely reports a patient history, incorporating pertinent psychosocial and other determinants of health	Efficiently and effectively tailors the history taking, including relevant historical subtleties, based on patient, family, and system needs
Seeks data from secondary sources, with guidance	Independently obtains data from secondary sources	Reconciles current data with secondary sources	Uses history and secondary data to guide the need for further diagnostic testing	Models effective use of history to guide the need for further diagnostic testing
Comments: Not Yet Completed Level 1				

Patient Care 2: Physical	Examination			
Level 1	Level 2	Level 3	Level 4	Level 5
Performs a general physical examination while attending to patient comfort and safety	Performs a hypothesis- driven physical examination for a common patient presentation	Performs a hypothesis- driven physical examination for a complex patient presentation	Uses advanced maneuvers to elicit subtle findings	Models effective evidence-based physical examination technique
Identifies common abnormal findings	Interprets common abnormal findings	Identifies and interprets uncommon and complex abnormal findings	Integrates subtle physical examination findings to guide diagnosis and management	Teaches the predictive values of the examination findings to guide diagnosis and management
Comments:				completed Level 1

Patient Care 3: Clinical F	Reasoning			
Level 1	Level 2	Level 3	Level 4	Level 5
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from all sources to develop a basic differential diagnosis for common patient presentations	Develops a thorough and prioritized differential diagnosis for common patient presentations	Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings	Coaches others to develop prioritized differential diagnoses in complex patient presentations
	Identifies clinical reasoning errors within patient care, with guidance	Retrospectively applies clinical reasoning principles to identify errors	Continually re-appraises one's own clinical reasoning to improve patient care in real time	Models how to recognize errors and reflect upon one's own clinical reasoning
Comments:			Not Yet C Not Yet A	ompleted Level 1

Patient Care 4: Patient Management – Inpatient					
Level 1	Level 2	Level 3	Level 4	Level 5	
Formulates management plans for common conditions, with guidance	Develops and implements management plans for common conditions, recognizing acuity, and modifies based on the clinical course	Develops and implements value-based (high value) management plans for patients with multisystem disease and comorbid conditions; modifies based on the clinical course	Uses shared decision making to develop and implement value-based (high value) comprehensive management plans for patients with comorbid and multisystem disease, including those patients requiring critical care	Develops and implements comprehensive management plans for patients with rare or ambiguous presentations or unusual comorbid conditions	
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health, with guidance	Independently develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Independently develops and implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health		
Comments:			Not Yet C Not Yet As	ompleted Level 1	

©2020 Accreditation Council for Graduate Medical Education (ACGME) All rights reserved except the copyright owners grant third parties the right to use the Internal Medicine Milestones on a non-exclusive basis for educational purposes.

Patient Care 5: Patient Management – Outpatient				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health	Develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Develops and implements value- based (high-value) comprehensive plans to maintain and promote health	
Formulates management plans for a common chronic condition, with guidance	Develops and implements management plans for common chronic conditions	Develops and implements management plans for multiple chronic conditions	Develops and implements value- based (high value) comprehensive management plans for multiple chronic conditions, incorporating pertinent psychosocial and other determinants of health	Creates and leads a comprehensive patient- centered management plan for the patient with highly complex chronic conditions, integrating recommendations from multiple disciplines
Formulates management plans for acute common conditions, with guidance	Develops and implements management plans for common acute conditions	Develops and implements an initial management plan for patients with urgent or emergent conditions in the setting of chronic comorbidities	Develops and implements value- based (high value) management plans for patients with acute conditions	Develops and implements management plans for patients with subtle presentations, including rare or ambiguous conditions
Comments:			Not Yet C Not Yet As	ompleted Level 1

©2020 Accreditation Council for Graduate Medical Education (ACGME) All rights reserved except the copyright owners grant third parties the right to use the Internal Medicine Milestones on a non-exclusive basis for educational purposes.

Patient Care 6: Digital He	alth			
Level 1	Level 2	Level 3	Level 4	Level 5
Uses electronic health record (EHR) for routine patient care activities	Expands use of EHR to include and reconcile secondary data sources in patient care activities	Effectively uses EHR capabilities in managing acute and chronic care of patients	Uses EHR to facilitate achievement of quality targets for patient panels	Leads improvements to the EHR
Identifies the required components for a telehealth visit	Performs assigned telehealth visits using approved technology	Identifies clinical situations that can be managed through a telehealth visit	Integrates telehealth effectively into clinical practice for the management of acute and chronic illness	Develops and innovates new ways to use emerging technologies to augment telehealth visits
Comments:			Not Yet Co Not Yet As	ompleted Level 1

#### **Patient Care**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident 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 <u>No</u> Conditional on Improvement

©2020 Accreditation Council for Graduate Medical Education (ACGME)

Medical Knowledge 1: A	pplied Foundational Scienc	ces		
Level 1	Level 2	Level 3	Level 4	Level 5
Explains the scientific knowledge (e.g., physiology, social sciences, mechanism of disease) for normal function and common medical conditions	Explains the scientific knowledge for complex medical conditions	Integrates scientific knowledge to address comorbid conditions within the context of multisystem disease	Integrates scientific knowledge to address uncommon, atypical, or complex comorbid conditions within the context of multisystem disease	Demonstrates a nuanced understanding of the scientific knowledge related to uncommon, atypical, or complex conditions
Comments:				ompleted Level 1

Medical Knowledge 2: Therapeutic Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Explains the scientific basis for common therapies	Explains the indications, contraindications, risks, and benefits of common therapies	Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis	Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options	Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options
Comments:			Not Yet C Not Yet A	ompleted Level 1

Medical Knowledge 3: Knowledge of Diagnostic Testing				
Level 1	Level 2	Level 3	Level 4	Level 5
Explains the rationale, risks, and benefits for common diagnostic testing	Explains the rationale, risks, and benefits for complex diagnostic testing	Integrates value and test characteristics of various diagnostic strategies in patients with common diseases	Integrates value and test characteristics of various diagnostic strategies in patients with comorbid conditions or multisystem disease	Demonstrates a nuanced understanding of emerging diagnostic tests and procedures
Interprets results of common diagnostic tests	Interprets complex diagnostic data	Integrates complex diagnostic data accurately to reach high-probability diagnoses	Anticipates and accounts for limitations when interpreting diagnostic data	
Comments:				ompleted Level 1

#### Medical Knowledge

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

	e 1: Patient Safety and Qual	· ·		
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Contributes to the analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Leads teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (actual or simulated)	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)	Models the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Contributes to local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses sustainable quality improvement initiatives at the institutional or community level
Comments:			Not Yet C	Completed Level 1

©2020 Accreditation Council for Graduate Medical Education (ACGME) All rights reserved except the copyright owners grant third parties the right to use the Internal Medicine Milestones on a non-exclusive basis for educational purposes.

Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates knowledge of care coordination	Coordinates care of patients by effectively engaging interprofessional teams in routine clinical situations	Coordinates care of patients by effectively engaging interprofessional teams in complex clinical situations	Models 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	Models and 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 the 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	

©2020 Accreditation Council for Graduate Medical Education (ACGME) All rights reserved except the copyright owners grant third parties the right to use the Internal Medicine Milestones on a non-exclusive basis for educational purposes.

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 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 regional and national health care 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			Advocates for patient care needs with consideration of the limitations of each patient's payment model	Actively engaged in influencing health policy through advocacy activities at the local, regional, or national level	
Comments:					

#### **Systems-Based Practice**

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

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, categorize, and analyze clinical evidence, with guidance	Articulates clinical questions and elicits patient preferences and values to guide evidence- based care	Critically appraises and applies the best available evidence, integrated with patient preference, to the care of complex patients	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 to patient care		
Comments:			Not Yet C	ompleted Level 1		

2 Instrates openness formance data ack and other to inform goals res and reflects on	Level 3 Seeks performance data episodically, with adaptability, and humility	Level 4 Seeks performance data consistently with adaptability, and humility	Level 5 Models consistently seeking performance data with adaptability and humility
es and reflects on			
tors which ute to gap(s) en ideal and actual nance, with	Institutes behavioral change(s) to narrow the gap(s) between ideal and actual performance	Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between ideal and actual performance	Coaches others on reflective practice
•	Designs and implements an individualized learning plan, with prompting	Independently creates and implements an individualized learning plan	Uses performance data to measure the effectiveness of the individualized learning plan and when necessary, improves it
	ute to gap(s) en ideal and actual nance, with ce y seeks unities to improve	ute to gap(s)gap(s) between ideal and actual performanceen ideal and actual nance, with cegap(s) between ideal and actual performancey seeks unities to improveDesigns and implements an individualized learning	ute to gap(s)gap(s) between ideal and actual performanceconsiders alternatives in narrowing the gap(s) between ideal and actual performancey seeks unities to improveDesigns and implements an individualized learning plan, with promptingIndependently creates and implements an individualized learning

#### **Practice-Based Learning and Improvement**

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

©2020 Accreditation Council for Graduate Medical Education (ACGME)

Professionalism 1: Professional Behavior						
Level 1	Level 2	Level 3	Level 4	Level 5		
Demonstrates professional behavior in routine situations	Identifies potential triggers for professionalism lapses and accepts responsibility for one's own professionalism lapses	Demonstrates a pattern of professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others	Coaches others when their behavior fails to meet professional expectations		
Comments:			Not Yet C	ompleted Level 1		

Professionalism 2: Ethical Principles						
Level 1	Level 2	Level 3	Level 4	Level 5		
Demonstrates knowledge of basic ethical principles	Applies basic principles to address straightforward ethical situations	Analyzes complex situations using ethical principles and identifies the need to seek help in addressing complex ethical situations	Analyzes complex situations and engages with appropriate resources for managing and addressing ethical dilemmas as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution		
Comments:			Not Yet C	ompleted Level 1		

Professionalism 3: Accountability/Conscientiousness						
Level 1	Level 2	Level 3	Level 4	Level 5		
Performs administrative tasks and patient care responsibilities, with prompting	Performs administrative tasks and patient care responsibilities in a timely manner in routine situations	Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met	Creates strategies to enhance other's ability to efficiently complete administrative tasks and patient care responsibilities		
Comments:			Not Yet C	ompleted Level 1		

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of getting help when needed to address personal and professional well-being	Lists resources to support personal and professional well-being	With prompting, reflects on how personal and professional well-being may impact one's clinical practice	Reflects on actions in real time to proactively respond to the inherent emotional challenges of physician work	Participates in institutional changes to promote personal and professional well-being
	Recognizes that institutional factors affect well-being	Describes institutional factors that affect well- being	Suggests potential solutions to institutional factors that affect well- being	

\*This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.

#### Professionalism

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

©2020 Accreditation Council for Graduate Medical Education (ACGME)

Level 1	Level 2	Level 3	Level 4	Level 5	
Uses language and non- verbal behavior to demonstrate respect and establish rapport	Establishes and maintains a therapeutic relationship using effective communication behaviors in straightforward encounters	Establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters	Establishes and maintains therapeutic relationships using shared decision making, regardless of complexity	Coaches others in developing and maintaining therapeutic relationships and mitigating communication barriers	
	Identifies common barriers to effective communication	Identifies complexMitigatesbarriers to effectivecommunication barcommunication, includingpersonal bias		Models the mitigation of communication barriers	

Interpersonal and Communication Skills 2: Interprofessional and Team Communication						
Level 1	Level 2	Level 3	Level 4	Level 5		
Respectfully requests and responds to a consultation	Clearly and concisely requests and responds to a consultation	Checks own and others' understanding of recommendations when providing or receiving consultation	Coordinates recommendations from different consultants to optimize patient care	Facilitates conflict resolution between and amongst consultants when disagreement exists		
Uses verbal and non- verbal communication that values all members of the interprofessional team	I communicationinformation, includingalues all membersbasic feedback with all		Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team	Models flexible communication strategies that facilitate excellence in interprofessional teamwork		
Comments:						

Interpersonal and Communication Skills 3: Communication within Health Care Systems						
Level 1	Level 2	Level 3	Level 4	Level 5		
Accurately documents comprehensive and current information	Documents clinical encounter, including reasoning, through organized notes	Documents clinical encounter through concise and thorough notesDocuments clinical encounter clearly, concisely, timely, and in an organized form, including anticipatory guidance		Guides departmental or institutional communication policies and procedures		
Communicates using formats specified by institutional policy to safeguard patient personal health information	Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance	Appropriately selects direct and indirect forms of communication based on context	Models effective written and verbal communication			
Comments:			Not Yet C	ompleted Level 1		

#### Interpersonal and Communication Skills

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



# **Psychiatry Milestones**

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: March 2020 First Revision: November 2013

## **Psychiatry Milestones**

The Milestones are designed only for use in evaluation of residents 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 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 competence, nor are they designed to be relevant in any other context.

### **Psychiatry Milestones Work Group**

Elie Aoun, MD Jeff Aronowitz, DO Adrienne Bentman, MD Lynneice Bowen, MD Brittany Campbell Deborah Cowley, MD Sandra DeJong, MD, MSc Laura Edgar, EdD, CAE Lillian Joy Houston, MD, FAPA Furhut Janssen, DO George Keepers, MD Mark Kinzie, MD, PhD Matthew Macaluso, DO Patcho Santiago, MD, MPH

The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Association of Directors of Psychiatric Residency Training American Board of Psychiatry and Neurology American College of Osteopathic Neurologists and Psychiatrists American Osteopathic Board of Psychiatry and Neurology ACGME Review Committee for Psychiatry

### **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/fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page vi).

#### **Additional Notes**

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert 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.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On <u>www.acgme.org</u>, choose the applicable specialty under the "Specialties" menu, then select the "Milestones" link in the lower navigation bar. The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a 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					
A: Coordinates patient c B: Safely transitions car	are				
-	e care to meet community n	eeds			
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	patier clinica effect roles	dinates care of nts in complex al situations ively utilizing the of their rofessional teams	Role models 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		Role models and serves as a patient advocate 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
		Z			
Comments:				Not Yet	Completed Level 1
	\	-	`	<u></u>	
Selecting a respon	se box in the		Selecting a re	sponse box on the l	ine in
middle of a level in	plies that		between leve	Is indicates that mile	estones
milestones in that I	evel and in lower		in lower levels	s have been substar	ntially
levels have been s	ubstantially		demonstrated	l as well as <b>some</b>	
demonstrated.			milestones in	the higher level(s).	

©2020 Accreditation Council for Graduate Medical Education (ACGME)

Version 2

<ul> <li>Patient Care 1: Psychiatric Evaluation</li> <li>A: Gathers and organizes findings from the patient interview and mental status examination</li> <li>B: Gathers and organizes data from collateral sources</li> <li>C: Screens for risk and integrates risk assessment into the patient evaluation</li> </ul>					
Level 1	Level 2	Level 3	Level 4	Level 5	
Collects general medical and psychiatric history and completes a mental status examination	Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's presentation	Uses hypothesis-driven information gathering to obtain complete, accurate, and relevant history	Elicits and observes subtle and unusual findings	Serves as a role model for gathering subtle and accurate findings from the patient and collateral	
Collects relevant information from collateral sources	Selects appropriate laboratory and diagnostic tests	Interprets collateral information and test results to determine necessary additional steps	Interprets collateral information and test results to determine necessary additional steps in the evaluation of complex conditions	sources	
Screens for risk of harm to self, to others, or by others	Engages in a basic risk assessment and basic safety planning	Incorporates risk and protective factors into the assessment of imminent, short, and long-term patient safety and the safety of others	Incorporates risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient	Serves as a role model for risk assessment	
Comments:	Comments: Not Yet Completed Level 1				

Patient Care 2: Psychiatric Formulation and Differential Diagnosis         A: Organizes and summarizes findings and generates differential diagnosis         B: Identifies contributing factors and contextual features and creates a formulation         C: Uses the emotional responses of clinician and patient as diagnostic information				
Level 1	Level 2	Level 3	Level 4	Level 5
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations	Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of patient presentations	Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation	Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient's presentation	Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, and developmental/life cycle factors	Develops formulations based on multiple conceptual models	
Recognizes that clinicians have emotional responses to patients	Recognizes that clinicians' emotional responses have diagnostic value	Begins to use the clinician's emotional responses to the patient to aid formulation	Integrates clinician's and patient's emotional responses into the diagnosis and formulation	
Comments:				Completed Level 1

A: Creates treatment plan B: Monitors and revises tre C: Incorporates the use of		211L		
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies potential biopsychosocial treatment options	Engages the patient in the selection of evidence-based biopsychosocial treatment, recognizing that comorbid conditions and side effects impact treatment	Applies an understanding of psychiatric, neurologic, and medical comorbidities in the management of common presentations	Devises individualized treatment plan for complex presentations; integrates multiple modalities and providers in a comprehensive approach	Supervises treatment planning of other learners and multidisciplinary providers
Recognizes that acuity affects level of care and treatment monitoring	Selects the most appropriate level of care based on acuity and monitors treatment adherence and response	Selects the most appropriate interventions, treatments, and adjustments in treatment in common presentations based on consideration of patient factors and acuity	Selects the most appropriate interventions, treatments, and adjustments in treatment in complex presentations based on consideration of patient factors and acuity	
Gives examples of community resources	Coordinates care with community resources	Incorporates support and advocacy groups in treatment planning	Locates and connects patients to community resources in complex and difficult situations	Participates in the creation or administration of community-based programs
Comments:				Completed Level 1

	c alliance and manages bou d provides psychotherapies	ndaries including supportive, psycho	odynamic, and cognitive-beł	navioral
Level 1	Level 2	Level 3	Level 4	Level 5
Establishes a working relationship with patients demonstrating interest and empathy	Establishes a bounded therapeutic alliance with patients with uncomplicated problems	Establishes and maintains a therapeutic alliance with patients with uncomplicated problems, and can recognize and avoid boundary violations	Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations	Assesses and can help repair troubled alliances and/or boundary difficulties between junior residents and their patients
Lists the three core psychotherapies	Uses the common factors of psychotherapy in providing supportive therapy to patients	Provides selected psychotherapies (including supportive, psychodynamic, and cognitive-behavioral), sets goals and integrates therapy with other treatment modalities	Selects appropriate psychotherapeutic modality based on case formulation, tailors the therapy to the patient, and provides psychotherapy (at least supportive and one of psychodynamic or cognitive-behavioral) to complex patients	Tailors psychotherapeutic treatment based on awareness of own skill sets, strengths, and limitations
Accurately identifies patient emotions, particularly sadness, anger, and fear	Identifies and reflects the core feelings and key issues for the patient during the session	Identifies and reflects the core feelings, key issues and what the issues mean to the patient during the session, while managing the emotional content and feelings elicited	Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions	Links feelings, recurrent/central themes/schemas and their meaning to the patient as they shift within and across sessions
Comments: Not Yet Completed Level 1				

Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms	Appropriately prescribes commonly used somatic therapies and understands their mechanism of action	Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies	Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases	Manages complex combinations of somatic therapies and considers novel approaches
Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments	Appropriately uses educational and other resources to support the patient and optimize understanding and adherence	Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families	Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base	Leads the development of novel patient educational processes of materials
Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety	Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies	Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy	Manages adverse effects and safety concerns in complex or treatment refractory cases	Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response

Patient Care 6: Clinical (	Consultation			
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Applies consultant recommendations judiciously to patient care	Critically appraises and integrates diverse recommendations	Contributes to identifying and rectifying flaws of consultation system
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Assists consulting team in identifying unrecognized clinical care issues and provides relevant recommendations, checking for understanding	Manages complicated and challenging consultation requests	Leads consultation- liaison psychiatry teams
	Demonstrates understanding of the consultation model, including liaison function	Demonstrates understanding of models of integrated multidisciplinary mental health and primary care	Collaborates skillfully with practitioners from other disciplines in medical settings	Serves as a leader of integrated care teams or implementation projects
Comments: Not Yet Completed Level 1				

Version 2

<b>Development and Devel</b> <b>A:</b> Knowledge of human d	evelopment through the Li opment on the Expression levelopment ical and environmental influe	of Psychopathology)	pact of Psychopathology	on the Trajectory of
Level 1	Level 2	Level 3	Level 4	Level 5
Conceptualizes development as occurring in stages throughout the life cycle	Describes the basic stages of typical biological, sociocultural, sexual, and cognitive development throughout the life cycle	Explains developmental tasks and transitions throughout the life cycle, using multiple conceptual models	Articulates an integrated understanding of typical development	Incorporates new knowledge into own understanding of typical and atypical development
Recognizes major deviations from typical development	Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that contribute to a shift towards an atypical developmental trajectory	Describes the influence of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology	Describes how acquiring and losing specific capacities can influence the expression of psychopathology	
Comments:				Completed Level 1

Version 2

<ul> <li>Medical Knowledge 2: Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations)</li> <li>A: Knowledge to identify and treat psychiatric conditions</li> <li>B: Knowledge at the interface of psychiatry and the rest of medicine</li> </ul>				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the major psychiatric diagnostic categories	Demonstrates sufficient knowledge to identify and assess common psychiatric conditions	Demonstrates sufficient knowledge to identify and treat common psychiatric conditions throughout the life cycle	Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle	
Gives examples of interactions between medical and psychiatric symptoms and disorders	Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients	Applies knowledge to identify and treat common psychiatric symptoms due to other medical illness	Applies knowledge to identify and treat a wide range of psychiatric conditions in patients with comorbid medical disorders and ensures treatment of medical conditions in psychiatric patients	Applies knowledge to identify and manage uncommon conditions at the interface of psychiatry and medicine
Comments: Not Yet Completed Level 1				

Medical Knowledge 3: Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) A: Neurodiagnostic and neuropsychological testing B: Neuropsychiatric comorbidity C: Application of neuroscientific findings in psychiatry					
Level 1	Level 2	Level 3	Level 4	Level 5	
Lists commonly available neuroimaging, neurophysiologic, and neuropsychological tests	Describes indications for common neuroimaging, neurophysiologic, and neuropsychological tests	Identifies the significance of findings in routine neuroimaging, neurophysiologic, and neuropsychological tests	Correlates the significance of neuroimaging, neurophysiological, and neuropsychological testing results to case formulation and treatment planning	Integrates recent neuroimaging, neurophysiologic, and neuropsychological tests research into understanding of psychopathology	
Describes basic components and functions of the nervous system	Describes major neurobiological processes underlying common psychiatric illness	Explains how neurobiological processes are included in a case formulation	Correlates neurobiological processes into case formulation and treatment planning	Engages in scholarly activity related to neuroscience and psychiatric disorders	
Describes basic features of common neurologic disorders	Describes with the interplay between psychiatric and neurologic disorders	Identifies common comorbidities of between psychiatric and neurologic disorders	Synthesizes knowledge of psychiatric and neurologic comorbidities for case formulation and treatment	Integrates recent research into understanding of the interface between neurology and psychiatry	
Comments:	Comments: Not Yet Completed Level 1				

C: Evidence base				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies psychotherapy as an effective modality of treatment	Describes the common elements across psychotherapeutic modalities	Identifies the central theoretical principles across the three core psychotherapeutic modalities: supportive, psychodynamic, cognitive-behavioral	Explains the theoretical mechanisms of therapeutic change in each of the three core modalities	Incorporates new theoretical developments into knowledge base
Describes the basic framework of a psychotherapeutic experience	Lists the basic indications and benefits of using psychotherapy	Identifies the techniques of the three core individual psychotherapies	Compares the selection criteria and potential risks, and benefits of the three core individual psychotherapies	Demonstrates sufficient evidence-based knowledge of core individual therapies to teach others
Lists the three core psychotherapy modalities	Describes the evidence for one core psychotherapy modality	Summarizes the evidence base for the three core individual psychotherapies	Analyzes the evidence base for combining psychotherapy and pharmacotherapy	

Systems-Based Practice 1: Patient Safety and Quality Improvement         A: Analyzes patient safety events         B: Appropriately discloses patient safety events         C: Participates in quality improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to improve systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates)	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 A: Coordinates patient care B: Safely transitions care				
<b>C:</b> Population and commu	nity health needs			
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	Role models 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	Role models and serves as a patient advocate 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
Comments:			Not Yet 0	Completed Level 1

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 high- value, efficient, and effective patient care and transition of care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care
Describes practice models and basic mental health payment systems	Identifies barriers to care in different health care systems	Engages with patients in shared decision making and advocates for appropriate care and parity	Advocates for patient care needs including mobilizing community resources	Participates in advocacy activities for access to care in mental health and reimbursement
Identifies basic knowledge domains for effective transition to residency	Demonstrates use of information technology and documentation required for medical practice	Describes core administrative knowledge needed for transition to practice	Analyzes individual practice patterns and professional requirements in preparation for practice	Educates others to prepare them for transition to practice

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 summarize available evidence for routine conditions	Articulates clinical questions and initiates literature searches to provide evidence-based care	Locates and applies the best available evidence to the care of patients applying a hierarchy of evidence	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	
Comments:			Not Yet	Completed Level 1	

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 openness and humility	Intentionally seeks performance data consistently with openness and humility	Role models consistently seeking performance data with openness and humility
Identifies the factors which contribute to gap(s) between one's expected and actual performance	Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance	Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected 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 implementation of learning plans for others

Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes core professional behavior	Demonstrates 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	Role models professional behavior and ethical principles
Recognizes that one's behavior in professional settings affects others	Takes responsibility for own professionalism lapses and responds appropriately	Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting	Responds appropriately to professionalism lapses of colleagues	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Demonstrates knowledge of core ethical principles	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles and recognizes when help is needed	Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed. (e.g., ethics consultations, literature review, risk management/legal consultation)	
Comments:			Not Yet (	Completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future	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	Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving	Takes ownership of system outcomes
Introduces self as patient's resident physician	Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care	Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider	Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care	Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care

Professionalism 3: Well-	Being			
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of addressing personal and professional well-being	Lists available resources for personal and professional well-being Describes institutional resources designed to promote well-being	With assistance, proposes a plan to promote personal and professional well-being Recognizes which institutional factors affect well-being	Independently develops a plan to promote personal and professional well-being Describes institutional factors that positively and/or negatively affect well-being	Creates institutional level interventions that promote colleagues' well-being Describes institutional programs designed to examine systemic contributors to burnout
Comments:	ended to evaluate a resident's	well-being. Rather, the intent is		Completed Level 1

of factors that affect well-being, the mechanisms by which those factors affect well-being, and available resources and tools to improve well-being.

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively	Effectively establishes and sustains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication; accurately communicates own role within the health care system	Identifies complex barriers to effective communication	When prompted, reflects on personal biases that may contribute to communication barriers	Independently recognizes personal biases and attempts to proactively minimize their contribution to communication barriers	Role models self- awareness practice while identifying and teaching a contextual approach to minimize communication barriers
Recognizes communication strategies may need to be adjusted based on clinical context	Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences; acknowledges uncertainty and conflict	Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict
Comments:			Not Yet (	Completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	Uses active listening to adapt communication style to fit team needs	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
Recognizes the need for ongoing feedback with 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	Respectfully communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations

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 patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Concisely reports diagnostic and therapeutic reasoning in the patient record	Communicates clearly and concisely, in an organized written form, including anticipatory guidance	Contributes to departmental or organizational initiatives to improve communication systems	
Safeguards patient personal health information	Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication	Appropriately selects forms of communication based on context	Achieves written or verbal communication that serves as an example for others to follow		
Communicates about administrative issues through appropriate channels, as required by institutional policy	Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions to improve the system	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders	
Comments:	Comments:				