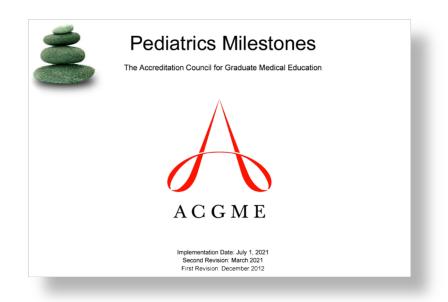
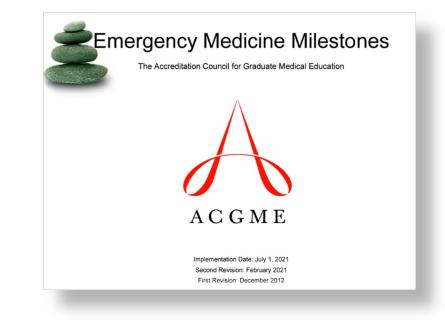
Pediatrics and Emergency Medicine (combined) programs must annually report on **each** set of Milestones.







Pediatrics Milestones

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: March 2021 First Revision: December 2012

Pediatrics 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.

Pediatrics Milestones

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

American Board of Pediatrics Association of American Medical Colleges Association of Osteopathic Directors and Medical Educators Association of Pediatric Program Directors Council of Pediatric Subspecialties Review Committee for Pediatrics

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.

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.

| 1: Patient Safety | | | |
|---|--|--|--|
| Level 2 | Level 3 | Level 4 | Level 5 |
| 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 |
| 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) | Role models or mentors others in the disclosure of patient safety events |
| | | | |
| | | Not Yet C | ompleted Level 1 |
| onse box in the | Selecting a re | esponse box on the line | e in |
| middle of a level implies that | | | |
| | | | ally |
| substantially | | | |
| | Level 2 Identifies system factors that lead to patient safety events Reports patient safety events through institutional reporting systems (actual or simulated) | Level 2 Level 3 Identifies system factors that lead to patient safety events Participates in analysis of patient safety events (simulated or actual) 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) Image: Description of the institutional reporting systems (actual or simulated) Participates in disclosure of patient safety events to patients and families (simulated or actual) Image: Description of the implies that t level and in lower substantially Image: Description of the in lower level demonstrated | Level 2Level 3Level 4Identifies system factors that lead to patient safety eventsParticipates in analysis of patient safety events (simulated or actual)Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)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 patient safety events to patient safety events to patient sand families (simulated or actual)Not Yet C onse box in the implies that t level and in lowerNot Yet C between levels indicates that milesto in lower levels have been substantia |

| Patient Care 1: History | | | | | |
|---|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Gathers information strictly following a template | Adapts template to filter and prioritize pertinent positives and negatives based on broad diagnostic categories or possible diagnoses | Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real-time for uncomplicated or typical presentations | Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations | Recognizes and probes subtle clues from patients and families; distinguishes nuances among diagnoses to efficiently drive further information gathering | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Patient Care 2: Physical Exam | | | | |
|---|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs fundamental physical examination | Performs complete physical examination and identifies variants and abnormal findings | Performs complete or focused physical examination, as indicated, and interprets normal variants and abnormal findings | Performs complete or focused physical examination, as indicated, and selects advanced maneuvers to distinguish between diagnoses | Detects, pursues, and integrates key physical examination findings to distinguish nuances among competing, often similar diagnoses |
| Performs a rote physical examination using a strict head-to-toe approach | Performs a physical examination considering appropriate adaptation for age and development | Performs a physical examination with consistent use of a developmentally appropriate approach | Performs a physical examination using strategies to maximize patient cooperation and comfort | Performs a physical examination that consistently and positively engages the patient |
| Comments: Not Yet Completed Level 1 | | | | |

| Patient Care 3: Organize | and Prioritize Patient Care |) | | |
|--|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Completes tasks for an individual patient, when prompted | Organizes patient care responsibilities by focusing on individual (rather than multiple) patients | Organizes and prioritizes the simultaneous care of patients with efficiency | Organizes, prioritizes, and delegates patient care responsibilities even when patient volume approaches the capacity of the individual or facility; anticipates and triages urgent and emergent issues | Serves as a role model and coach for patient care responsibilities |
| | | | | |
| Comments: | | | | Completed Level 1 |

| Patient Care 4: Clinical Reasoning | | | | | |
|---|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Presents clinical facts (e.g., history, exam, tests, consultations) in the order they were elicited | Generates an unfocused differential diagnosis based on the clinical facts | Organizes clinical facts to compare and contrast diagnoses being considered, resulting in a prioritized differential diagnosis | Integrates clinical facts into a unifying diagnosis(es); reappraises in real time to avoid diagnostic error | Role models and coaches the organization of clinical facts to develop a prioritized differential diagnosis, including life threatening diagnoses, atypical presentations, and complex clinical presentations | |
| | | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | | |

| Patient Care 5: Patient Management | | | | | |
|--|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Reports management plans developed by others | Participates in the creation of management plans | Develops an interdisciplinary management plan for common and typical diagnoses | Develops and implements informed management plans for complicated and atypical diagnoses, with the ability to modify plans as necessary | Serves as a role model and coach for development of management plans for complicated and atypical diagnoses, with the ability to modify plans as necessary | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Medical Knowledge 1: Clinical Knowledge | | | | | |
|---|---|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates basic medical knowledge | Links basic medical knowledge to clinical scenarios | Applies medical knowledge to common and typical scenarios to guide patient care | Integrates a breadth of medical knowledge that includes complicated and atypical conditions to guide patient care | Teaches at multiple levels, drawing from a breadth of medical knowledge that spans the continuum of simple to complex problems | |
| | | | | | |
| Comments: | | | | ompleted Level 1 | |

| Medical Knowledge 2: Diagnostic Evaluation | | | | |
|---|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Lists basic evaluation (e.g., diagnostic testing and consultation) for common diagnoses, with prompting | Recommends broad evaluation based on an unfocused differential diagnosis | Recommends focused evaluation based on a prioritized differential diagnosis | Prioritizes and optimizes evaluation based on risks, benefits, indications, and alternatives to clarify the diagnosis(es) | Educates others about risks, benefits, indications, and alternatives to guide diagnostic decision making |
| Reports results of diagnostic studies | Identifies clinically significant diagnostic study results, with guidance | Interprets clinical significance of diagnostic study results | Interprets clinical significance of diagnostic study results while considering study limitations | Teaches others to interpret clinically significant results and consider study limitations |
| | | | | |
| Comments: Not Yet Completed Level 1 | | | | |

| Systems-Based Practice 1: Patient Safety | | | | |
|--|---|---|---|--|
| 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 |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Systems-Based Practice 2: Quality Improvement | | | | |
|---|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation) | Participates in local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|--|---|---|
| Lists the various interprofessional individuals involved in the patient's care coordination | Coordinates care of patients in routine clinical situations, incorporating interprofessional teams with consideration of patient and family needs | Coordinates care of patients in complex clinical situations, effectively utilizing the roles of interprofessional teams, and incorporating patient and family needs and goals | Coordinates interprofessional, patient-centered care among different disciplines and specialties, actively assisting families in navigating the health- care system | Coaches others in interprofessional, patient- centered care coordination |
| | | | | |

| Systems-Based Practice 4: System Navigation for Patient-Centered Care – Transitions in Care | | | | | |
|---|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Uses a standard template for transitions of care/hand-offs | Adapts a standard template, recognizing key elements for 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, and ensures closed-loop communication | Performs and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including transitions to adult care | Coaches others in improving transitions of care within and across health care delivery systems to optimize patient outcomes | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Systems-Based Practice | 5: Population and Commu | nity Health | | |
|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates awareness of population and community health needs and disparities | Identifies specific population and community health needs and disparities; identifies local resources | Uses local resources effectively to meet the needs and reduce health disparities of a patient population and community | Adapts practice to provide for the needs of and reduce health disparities of a specific population | Advocates at the local, regional, or national level for populations and communities with health care disparities |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Systems-Based Practice | 6: Physician Role in Healtl | n Care Systems | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Engages with patients and other providers in discussions about cost- conscious care and key components of the health care delivery system | Identifies the relationships between the delivery system and cost- conscious care and the impact on the patient care | Discusses the need for changes in clinical approaches based on evidence, outcomes, and cost-effectiveness to improve care for patients and families | Advocates for the promotion of safe, quality, and high-value care | Coaches others to promote safe, quality, and high-value care across health care systems |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Practice-Based Learning | and Improvement 1: Evide | ence-Based and Informed F | Practice | | |
|---|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Develops an answerable clinical question and demonstrates how to access available evidence, with guidance | Independently articulates clinical question and accesses available evidence | evidence, integrated with patient preference, to the care of 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 | |
| | | | | | |
| Comments: | | | Not Yet C | completed Level 1 | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
|---|---|---|--|--|--|
| Participates in feedback sessions | Demonstrates openness to feedback and performance data | Seeks and incorporates feedback and performance data episodically | Seeks and incorporates feedback and performance data consistently | Role models and coaches others in seeking and incorporating feedback and performance data | |
| Develops personal and professional goals, with assistance | Designs a learning plan based on established goals, feedback, and performance data, with assistance | Designs and implements a learning plan by analyzing and reflecting on the factors which contribute to gap(s) between performance expectations and actual performance | Adapts a learning plan using long-term professional goals, self- reflection, and performance data to measure its effectiveness | Demonstrates continuous self-reflection and coaching of others on reflective practice | |
| | | | | | |

| Professionalism 1: Profe | ssional Behavior | | | | |
|---|--|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Identifies expected professional behaviors and potential triggers for lapses | Demonstrates professional behavior with occasional lapses | Maintains professional behavior in increasingly complex or stressful situations | Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others | Models professional behavior and coaches others when their behavior fails to meet professional expectations | |
| Identifies the value and role of pediatrics as a vocation/career | Demonstrates accountability for patient care as a pediatrician, with guidance | Fully engages in patient care and holds oneself accountable | Exhibits a sense of duty to patient care and professional responsibilities | Extends the role of the pediatrician beyond the care of patients by engaging with the community, specialty, and medical profession as a whole | |
| | | | | | |
| Comments: | Comments: | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|---|---|--|
| Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics | Applies ethical principles in common situations | Analyzes complex situations using ethical principles to address conflict/controversy; seeks help when needed to manage and resolve complex ethical situations | Manages and seeks to resolve ethical dilemmas using appropriate resources (e.g., ethics consultations, literature review, risk management/legal consultation) | Called upon by others to consult in cases of complex ethical dilemmas; identifies and seeks to address system- level factors that induce or exacerbate |
| | | | | |

| Professionalism 3: Acco | untability/Conscientiousne | 955 | | |
|---|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs tasks and responsibilities, with prompting | Performs tasks and responsibilities in a timely manner in routine situations | Performs tasks and responsibilities in a thorough and timely manner in complex or stressful situations | Coaches others to ensure tasks and responsibilities are completed in a thorough and timely manner in complex or stressful situations | Creates strategies to enhance others' ability to efficiently complete tasks and responsibilities |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Professionalism 4: Well- | Being | | | |
|---|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes the importance of addressing personal and professional well-being | Describes institutional resources that are meant to promote well-being | Recognizes institutional and personal factors that impact well-being | Describes interactions between institutional and personal factors that impact well-being | Coaches and supports colleagues to optimize well-being at the team, program, or institutional level |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

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

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
|--|--|---|---|---------------|--|
| Demonstrates respect and attempts to establish rapport | Establishes a therapeutic relationship in straightforward encounters | Establishes a culturally competent and therapeutic relationship in most encounters | Establishes a therapeutic relationship in straightforward and complex encounters, including those with ambiguity and/or conflict | relationships | |
| Attempts to adjust communication strategies based upon patient/family expectations | on strategies as needed to sensitivity and making with sed upon mitigate barriers and meet compassion, elicits patient/fam | Uses shared decision making with patient/family to make a personalized care plan | Models and coaches others in patient- and family-centered communication | | |
| | | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|---|---|--|
| Respectfully requests a consultation, with guidance | Clearly and concisely requests consultation by communicating patient information | Formulates a specific question for consultation and tailors communication strategy | Coordinates consultant recommendations to optimize patient care | Maintains a collaborative relationship with referring providers that maximizes adherence to practice recommendations |
| Identifies the members of the interprofessional team | Participates within the interprofessional team | Uses bi-directional communication within the interprofessional team | Facilitates interprofessional team communication | Coaches others in effective communication within the interprofessional team |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|--|--|--|
| Records accurate information in the patient record | Records accurate and timely information in the patient record | Concisely documents updated, prioritized, diagnostic and therapeutic reasoning in the patient record | Documents diagnostic and therapeutic reasoning, including anticipatory guidance | Models and coaches others in documenting diagnostic and therapeutic reasoning |
| Identifies the importance of and responds to multiple forms of communication (e.g., in- person, electronic health record (EHR), telephone, email) | Selects appropriate method of communication, with prompting | Aligns type of communication with message to be delivered (e.g., direct and indirect) based on urgency and complexity | Demonstrates exemplary written and verbal communication | Coaches others in written and verbal communication |
| | | | | |

Emergency Medicine Milestones

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: February 2021 First Revision: December 2012

Emergency 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 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.

Emergency Medicine Milestones

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

American Board of Emergency Medicine Association of American Medical Colleges Council of Residency Directors in Emergency Medicine Emergency Medicine Residents' Association Review Committee for Emergency Medicine

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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.

| Level 1 | Level 2 | Level 3 | | Level 4 | Level 5 |
|---|---|--------------------------|---|--|--|
| Demonstrates an openness to performance data (feedback and other input) | Demonstrates an openness to performance data and uses it to develop personal and professional goals | | nce data for g personal and | Using performance data, continually improves and measures the effectiveness of one's personal and professional goals | Acts as a role model for the development of personal and professional goals |
| | Identifies the factors that contribute to the gap(s) between expectations and actual performance | upon the t contribute | and reflects factors that to gap(s) expectations and formance | Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | Coaches others on reflective practice |
| Comments: | | | | Not Yet C | ompleted Level 1 |
| Selecting a responsible middle of a level i milestones in that levels have been demonstrated. | mplies that level and in lower | | between level in lower levels demonstrated | sponse box on the line s indicates that milesto s have been substantia as well as some the higher level(s). | in nes |

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

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| Patient Care 1: Emergency Stabilization | | | | | |
|--|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Detects when a patient's vital signs are abnormal | Identifies a patient who is unstable and requires immediate intervention | Identifies a patient with occult presentation that is at risk for instability or deterioration | Ascertains, in a timely fashion, when further clinical intervention for a patient is futile | | |
| Assesses a patient's ABCs and performs basic interventions | Addresses the unstable vital signs and initiates advanced resuscitation procedures and protocols | Reassesses the patient's status after implementing a stabilizing intervention | Integrates hospital support services into the management of critically-ill or -injured patients | Manages patients with rare or complex presentations requiring emergency stabilization | |
| | | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | | |

| Patient Care 2: Performance of a Focused History and Physical Exam | | | | | |
|--|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Elicits and communicates a reliable comprehensive patient history and performs a physical exam | Elicits and communicates a focused patient history and performs a focused physical exam that effectively address the patient's chief complaint and urgent issues | Prioritizes essential components of a patient history and physical exam, given a limited or dynamic circumstance | Using all potential sources of data, gathers those that are necessary for the beneficial management of patients | Models the effective use of a patient history and physical exam to minimize the need for further diagnostic testing | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Patient Care 3: Diagnostic Studies | | | | |
|--|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Determines the need for diagnostic studies | Selects appropriate diagnostic studies and reviews the risks, benefits, and contraindications of them | Given a limited or dynamic circumstance, prioritizes the diagnostic studies that are essential | Practices cost-effective ordering of diagnostic studies | Proposes alternatives when barriers exist to specific diagnostic studies |
| Demonstrates understanding of diagnostic testing principles | Interprets results of diagnostic testing (e.g., electrocardiogram (EKG), diagnostic radiology, point-of-care ultrasound) | Orders and performs diagnostic testing, considering the pre-test probability of disease and the likelihood of test results altering management | Considers the factors that impact post-test probability | In the context of the patient presentation, discriminates between subtle and/or conflicting diagnostic results |
| | | | | |
| Comments: | | | | ompleted Level 1 |

| Patient Care 4: Diagnosis | | | | | |
|--|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Constructs a list of potential diagnoses based on the patient's chief complaint and initial assessment | Provides a prioritized differential diagnosis | Provides a diagnosis for common medical conditions and demonstrates the ability to modify a diagnosis based on a patient's clinical course and additional data | Provides a diagnosis for patients with multiple comorbidities or uncommon medical conditions, recognizing errors in clinical reasoning | Serves as a role model and educator to other learners for deriving diagnoses and recognizing errors in clinical reasoning | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Patient Care 5: Pharmacotherapy | | | | |
|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes the different classifications of pharmacologic agents | Selects appropriate agent for therapeutic intervention | Considers array of drug therapy and selects appropriate agent based on mechanism of action and intended effect | Selects the appropriate agent based on patient preferences, allergies, cost, policies, and clinical guidelines | Participates in developing departmental and/or institutional policies on pharmacy and therapeutics |
| Consistently asks patients for drug allergies | Evaluates for potential adverse effects of pharmacotherapy and drug-to-drug interactions | Recognizes and acts upon common adverse effects and interactions | Recognizes and acts upon uncommon and unanticipated adverse effects and interactions | |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 6: Reassessment and Disposition | | | | |
|--|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes basic resources available (e.g., follow-up care, rehabilitation, transfer centers) | Makes a disposition decision for patients with routine conditions needing minimal resources | Makes a disposition decision for patients with routine conditions, with resource utilization | Makes disposition decision for patients with complex conditions, with resource utilization | Participates in institutional committees to develop systems that enhance safe patient disposition and maximizes resources |
| Describes basic patient education plans | Educates patients on simple discharge and admission plans | Educates patients regarding diagnosis, treatment plan, medication review and primary care physician/consultant appointments | Educates patients on complex discharge and admission plans, including complex transfers | |
| Identifies the need for patient re-evaluation | Monitors that necessary diagnostic and therapeutic interventions are performed | Identifies which patients will require ongoing emergency department evaluation and evaluates the effectiveness of diagnostic and therapeutic interventions | Evaluates changes in clinical status during a patient's emergency department course | Participates in the development of protocols to enhance patient safety |
| | | | | |
| Comments: Not Yet Completed Level 1 | | | | |

| Patient Care 7: Multitasking (Task-Switching) | | | | | |
|---|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Manages a single patient amidst distractions | Task-switches between different patients of similar acuity | Employs task-switching in an efficient manner to manage multiple patients of varying acuity and at varying stages of work-up | Employs task-switching in an efficient manner to manage the emergency department | Employs task switching in an efficient manner to manage the emergency department under high- volume or surge situations | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|--|---|--|
| Identifies indications for a procedure and pertinent anatomy and physiology | Assesses indications, risks, benefits, and alternatives and obtains informed consent in low- to moderate-risk situations | Assesses indications, risks, and benefits and weighs alternatives in high-risk situations | Acts to mitigate modifiable risk factors in high-risk situations | |
| Performs basic therapeutic procedures (e.g., suturing, splinting) | Performs and interprets basic procedures, with assistance | Performs and interprets advanced procedures, with guidance | Independently performs and interprets advanced procedures | Teaches advanced procedures and independently performs rare, time-sensitive procedures |
| | Recognizes common complications | Manages common complications | Independently recognizes and manages complex and uncommon complications | Performs procedural peer review |
| | | | | |

| Medical Knowledge 1: Scientific Knowledge | | | | | |
|---|--|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates scientific knowledge of common presentations and conditions | Demonstrates scientific knowledge of complex presentations and conditions | Integrates scientific knowledge of comorbid conditions for complex presentations | Integrates scientific knowledge of uncommon, atypical, or complex comorbid conditions for complex presentations | Pursues and integrates new and emerging knowledge | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Medical Knowledge 2: Treatment and Clinical Reasoning | | | | | |
|---|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates knowledge of treatment of common conditions | Demonstrates knowledge of treatment of patients with complex conditions | Demonstrates knowledge of the impact of patient factors on treatment | Demonstrates comprehensive knowledge of the varying patterns of disease presentation and alternative and adjuvant treatments of patients | Contributes to the body of knowledge on the varying patterns of disease presentation, and alternative and adjuvant treatments of patients | |
| Identifies types of clinical reasoning errors within patient care, with substantial guidance | Identifies types of clinical reasoning errors within patient care | Applies clinical reasoning principles to retrospectively identify cognitive errors | Continually re-appraises one's clinical reasoning to prospectively minimize cognitive errors and manage uncertainty | Coaches others to recognize and avoid cognitive errors | |
| | | | | | |
| Comments: | Comments: Not Yet Completed Level 1 | | | | |

| 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 for preventing 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) | Acts as a role model and/or mentor for others in the disclosing of patient safety events |
| | | | | |

| Systems-Based Practice 2: Quality Improvement | | | | | |
|---|---|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., emergency department throughput, testing turnaround times) | Participates in local quality improvement initiatives | Demonstrates the skills required for identifying, developing, implementing, and analyzing a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level | |
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| Comments: | | | Not Yet C | ompleted Level 1 | |

| Systems-Based Practice | Systems-Based Practice 3: System Navigation for Patient-Centered Care | | | | | |
|---|---|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Demonstrates knowledge of care coordination | In routine clinical situations, effectively coordinates patient care integrating the roles of interprofessional teams | In complex clinical situations, effectively coordinates patient care by integrating the roles of the interprofessional teams | Serves as a role model, effectively coordinates 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 | In routine clinical situations, enables safe and effective transitions of care/hand-offs | In complex clinical situations, enables safe and effective transitions of care/hand-offs | Serves as a role model, 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 | Effectively uses local resources 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 C | ompleted Level 1 | | |

| Systems-Based Practice | e 4: Physician Role in Health | n Care Systems | | |
|--|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology) | 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 (e.g., length of stay, readmission rates, clinical efficiency) | Manages various components of the complex health care system to provide efficient and effective patient care and the transition of care | Advocates for or leads systems change that enhances high value, efficient, and effective patient care, and the transition of care |
| Describes basic health payment systems, including (e.g., government, private, public, uninsured care) practice models | Delivers care with consideration of each patient's payment model (e.g., insurance type) | Engages 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 knowledge domains required for medical practice (e.g., information technology, legal, billing, coding, financial, and personnel aspects) | Demonstrates efficient integration of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding) | Describes core administrative knowledge needed for the transition to practice (e.g., contract negotiation, malpractice insurance, government regulation, compliance) | Analyzes individual practice patterns and professional requirements |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Practice-Based Learning | and Improvement 1: Evide | ence-Based and Informed P | Practice | |
|---|---|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates how to access and use available evidence | Articulates the clinical questions that are necessary to guide evidence-based care | Locates and applies the best available evidence, integrating it with patient preference, to the care of complex patients | Critically appraises and applies evidence even in the face of uncertainty and of conflicting evidence to guide care that is 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 C | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|--|--|---|
| Demonstrates an openness to performance data (feedback and other input) | Demonstrates an openness to performance data and uses it to develop personal and professional goals | Seeks and accepts performance data for developing personal and professional goals | Using performance data, continually improves and measures the effectiveness of one's personal and professional goals | Acts as a role model for the development of personal and professiona goals |
| | Identifies the factors that contribute to the gap(s) between expectations and actual performance | Analyzes and reflects upon the factors that 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 | Coaches others on reflective practice |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|--|---|---|
| Demonstrates professional behavior in routine situations and in how to report professionalism lapses | Identifies and describes potential triggers and takes responsibility for professionalism lapses | Exhibits professional behavior in complex and/or stressful situations | Sets apart those situations that might trigger professionalism lapses and intervenes to prevent them in oneself and others | Coaches others when their behavior fails to meet professional expectations |
| Demonstrates knowledge of the ethical principles underlying patient care | Analyzes straightforward situations using ethical principles | Analyzes complex situations using ethical principles, and recognizes the need to seek help in managing and resolving them | Uses appropriate resources for managing and resolving ethical dilemmas | Identifies and addresses system-level factors that either induce or exacerbate ethical problems or impede their resolution |
| Comments: | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|--|--|------------------------------------|
| In routine situations, performs tasks and responsibilities 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, performs tasks and responsibilities in a timely manner with appropriate attention to detail | Recognizes situations that might impact others' ability to complete tasks and responsibilities | Takes ownership of system outcomes |
| Responds promptly to requests and reminders to complete tasks and responsibilities | Takes responsibility for failure to complete tasks and responsibilities | Recognizes situations that might impact one's own ability to complete tasks and responsibilities in a timely manner, and describes strategies for ensuring timely task completion in the future | Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | |
| | | | | |

| Professionalism 3: Self-Awareness and Well-Being | | | | | |
|--|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Recognizes, with assistance, the status of one's personal and professional well-being | Independently recognizes the status of one's personal and professional well-being and engages in help-seeking behaviors | With assistance, proposes a plan to optimize personal and professional well-being | Independently develops a plan to optimize one's personal and professional well-being | Coaches others when their emotional responses or level of knowledge/skills fail to meet professional expectations | |
| | | | | | |
| Comments: | intended to evaluate a reside | | | ompleted Level 1 | |

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

| Interpersonal and Comm | unication Skills 1: Patient- | and Family-Centered Com | munication | |
|---|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Uses language and non- verbal behavior to reflect respect and establish rapport while accurately communicating one's own role within the health care system | Establishes a therapeutic relationship in straightforward encounters with patients using active listening and clear language | Establishes a therapeutic relationship in challenging patient encounters | Easily establishes therapeutic relationships with patients, regardless of the complexity of cases | Acts as a mentor to others in situational awareness and critical self-reflection with the aim of consistently developing positive therapeutic relationships and minimizing communication barriers |
| Identifies common barriers to effective communication (e.g., language, disability) | Identifies complex barriers to effective communication (e.g., health literacy, cultural, technology) | When prompted, reflects on one's personal biases, while attempting to minimize communication barriers | Independently recognizes personal biases of patients, while attempting to proactively minimize communication barriers | |
| With insight gained through an assessment of patient/family expectations coupled with an understanding of their health status and treatment options, adjusts one's communication strategies | Organizes and initiates communication with a patient/family by clarifying expectations and verifying one's understanding of the clinical situation | With guidance, sensitively and compassionately delivers medical information to patients, elicits patient/family values, learns their goals and preferences, and acknowledges uncertainty and conflict | Independently uses shared decision making with a patient/family to align their values, goals, and preferences with potential treatment options and ultimately to achieve a personalized care plan | Acts as a role model to exemplify shared decision making in patient/family communication that embodies various degrees of uncertainty/conflict |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|---|--|---|
| Respectfully requests a consultation | Clearly and concisely requests a consultation or other resources for patient care | Integrates recommendations made by various members of the health care team to optimize patient care | Acts as a role model for flexible communication strategies, i.e., those strategies that value input from all health care team members and that resolve conflict when needed | |
| Uses language that reflects the values all members of the health care team | Communicates information effectively with all health care team members | Engages in active listening to adapt to the communication styles of the team | Uses effective communication to lead or manage health care teams | Acts as a role model for communication skills necessary to lead or manage health care teams |
| Receives feedback in a respectful manner | 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 | In complex situations, facilitates regular health care team-based feedback |
| | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
|---|---|--|---|--|--|--|
| Accurately documents information in the patient's record and safeguards the patient's personal information | Demonstrates organized diagnostic and therapeutic reasoning through the patient record in a timely manner | Concisely reports diagnostic and therapeutic reasoning in the patient record | Communicates clearly, concisely, and contemporaneously in an organized written form, including anticipatory guidance | Models feedback to improve others' written communication | | |
| Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage) | Respectfully communicates concerns about the system | Uses appropriate channels to offer clear and constructive suggestions for improving the system | Initiates difficult conversations with appropriate stakeholders to improve the system | Facilitates dialogue regarding systems issues among larger community stakeholders (e.g., institution, the health care system, and/or the field) | | |
| Comments: | | | | | | |