Correctional (Carceral) Medicine Supplemental Guide

ACGME

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Correctional (Carceral) Medicine Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Patient Care 1: Screening, Evaluation, Diagnosis, and Treatment of the Patient in a Carceral Setting **Overall Intent:** To provide patient-centered, evidence-based evaluation and treatment of individuals in carceral settings through comprehensive assessment, diagnostic reasoning, longitudinal management, and adaptation of care as clinical circumstances evolve.	
Milestones	**Examples**
Level 1 *Uses validated screening and assessment tools*	● Identifies evidence-based and validated screening tools that can be used at the time of intake in a correctional setting to identify substance use disorders, common mental health disorders, and chronic care needs
Performs biopsychosocial history and targeted physical examination	● Obtains relevant psychosocial history relevant to health and chief complaint, including housing status/unit, incarceration-related factors that affect health (duration of incarceration, disciplinary segregation, barriers to medication access, interruptions in care during lockdowns and court visits); if relevant, obtain a social history including housing plans, family supports, and employment after release as it relates to initiating and continuing hepatitis C treatment following release
Organizes, summarizes, and presents information and develops an initial diagnosis and treatment plan, with supervision	● Presents the case in a logical and concise format while incorporating correctional system realities into the treatment plan, including how facility transfers, lockdowns, administrative segregation, and imminent release may impact care
Level 2 *Actively engages patients in discussions of screening and assessment results*	● Determines which patients need a specialty referral based on objective scores ● For a patient at risk of a heart attack, discusses what tests and interventions should be considered to gather more information or mitigate the risk
Incorporates biopsychosocial history, examination, lab, and collateral data into patient evaluation	● Identifies stroke versus bleeding risk in the setting of atrial fibrillation to make informed medication recommendations ● Triages and manages liver disease from multiple causes including viral hepatitis, alcohol, and fatty liver disease
Organizes, summarizes, and presents information and develops an initial diagnosis and treatment plan, without supervision	● Screens patients routinely for multiple substance use disorders and considers varying severities, cravings, and drug interactions when selecting medications ● Knows when a patient can be monitored effectively using resources on site following a head injury
Level 3 *Addresses inconsistencies in collected information from screening and assessment*	● Calls nutritionist after screening patient for low sodium at intake ● Understands what might make a calculation inaccurate or not trendable
Performs comprehensive patient evaluation, including patients with complex presentations, with indirect supervision	● Knows when some forms of liver disease need to be treated sooner than others ● Distinguishes lab error from true emergencies

Develops a comprehensive treatment plan using a multidisciplinary approach	● Efficiently reviews and consolidates relevant information from complicated medical histories to determine the next best step in the management of the patient ● Succinctly writes up a case to obtain an opinion from a colleague, utilization management, or an asynchronous consultation service
Level 4 *Teaches validated screening and assessment tools to other health care professionals* *Independently performs comprehensive patient evaluation, including for patients with complex presentations* *Continuously reassesses the patient, adjusting the diagnosis and treatment plan as new data becomes available*	● Has intimate familiarity with the above scoring systems and how they interact ● Teaches rotating residents and other new physicians about clinical decision-making related to each screening ● Teaches nurses and other ancillary staff how to implement standing orders based on the results of screenings ● Starts newly incarcerated patient with uncontrolled type 2 diabetes and starts basal insulin with glucose monitoring; one week later, when glucose logs show persistent hyperglycemia and the patient reports missed evening doses because medication administration times conflict with work assignment in the prison, reassesses clinical situation leading to working with nursing team regarding administration logistics so that patient care receive insulin
Level 5 *Facilitates or leads screening and patient evaluation activities within an organization* *Participates in the ongoing development of disease management guidelines within an organization*	● Revises nursing standing orders and explains the clinical rationale for each change ● Updates internal clinical guidelines and chronic care workflows for other providers and nurses to apply ● Establishes treatment protocols for distributing limited resources such as expensive medications ● Writes continuous quality improvement programs designed to improve care around chronic conditions such as congestive heart failure or end-stage liver disease
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation

Curriculum Mapping	–
Notes or Resources	● Centers for Disease Control and Prevention. n.d. “CDC Recommendations for Correctional Settings.” Accessed August 24, 2026. https://www.cdc.gov/correctional-health/recommendations/index.html. ● Davis, Dawn M., Jennifer K. Bello, and Fred Rottnek. 2018. “Care of Incarcerated Patients.” *American Family Physician* 98 (10): 577–583. https://www.aafp.org/afp/2018/1115/p577#initial-approach. ● Federal Bureau of Prisons. n.d. “Clinical Guidance.” Accessed August 24, 2026. https://www.bop.gov/resources/health_care_mngmt.jsp. ● Federal Bureau of Prisons. 2024. “Preventive Health Care Screening Clinical Guidance.” https://www.bop.gov/resources/pdfs/preventive_health_care_december_2024.pdf (link current as of August 2026).

Patient Care 2: Manage Substance Use Disorder (SUD) in a Carceral Setting **Overall Intent:** To safely, efficiently, and collaboratively assess for and treat SUD while effectively navigating the carceral environment.	
Milestones	**Examples**
Level 1 *Identifies sources of intoxication and withdrawal states and triages as needed, with direct supervision*	● During a jail medical intake with their supervisor, correctly performs a Clinical Institute Withdrawal Instrument for Alcohol Scale (CIWA-A) (score of 13), orders a benzodiazepine taper and ensures the intake nurse is aware
Identifies available non-pharmacologic interventions, including evidence-informed behavioral and psychosocial treatment	● Describes the core components of various non-pharmacologic interventions for SUD in carceral settings, including but not limited to motivational interviewing, cognitive behavioral therapy (CBT), and 12-step programs
Level 2 *Prescribes a broad range of pharmacologic agents, with indirect supervision, paying attention to dosing parameters, drug interactions, and side effects, including ongoing medical treatment*	● Comprehensively discusses methadone and buprenorphine/naloxone as medication options with a newly admitted patient and appropriately initiates the option most in line with the patient's wishes and safety
Facilitates a patient-specific non-pharmacologic treatment, under direct supervision	● For a patient with nicotine use disorder, works with a supervisor to establish a CBT-inspired behavioral plan with the patient to aid in managing his nicotine withdrawal
Employs basic counseling strategies in treatment	● Provides supportive psychotherapy for a patient struggling with cravings
Level 3 *Incorporates a multidisciplinary approach to manage pharmacokinetic and pharmacodynamic drug interactions for patients using multiple medications, other substances, or with comorbidities*	● For a 65-year-old at high risk for alcohol withdrawal, initiates a reduced benzodiazepine taper and orders the patient to medical housing
Facilitates a patient-specific non-pharmacologic treatment, under indirect supervision	● For a patient with nicotine use disorder, establishes a CBT-inspired behavioral plan and documents this in the chart, sending the note to their supervisor for review
Integrates the principles of motivational interviewing, with indirect supervision	● Identifies that a patient with alcohol use disorder is in the contemplative stage of stopping drinking and uses motivational interviewing skills to work toward a 12-step meeting, and reviews the plan in weekly supervision

Level 4 *Leads a multidisciplinary team to manage patients with complex disease states and complex medication regimens* *Develops a comprehensive patient-centered treatment plan with continuous reassessment* *Independently integrates the principles of motivational interviewing*	● Effectively collaborates with the local hospital for a patient with bipolar disorder and benzodiazepine use disorder who repeatedly swallows objects to obtain endoscopy under sedation ● Works to create multidisciplinary treatment plan that involves positive reinforcement, contingency planning, and a slow benzodiazepine taper ● Understands when informed consent cannot be achieved due to patient's lack of capacity and seeks an alternative decision-maker ● Identifies that a patient with alcohol use disorder is in the contemplative stage of stopping drinking and uses motivational interviewing skills to work toward a 12-step meeting
Level 5 *Designs an educational curriculum for fellows or providers in practice* *Disseminates best practices for SUD management* *Engages with health systems or community organizations to improve patient care*	● Prepares and delivers grand rounds at the correctional facility or affiliated academic institution on the management of SUD in jails and prisons ● In a peer-reviewed journal, publishes a systematic review of the literature describing best practices for the management of SUD in correctional facilities ● Participates in the creation of a relevant policy statement for the National Commission on Correctional Health Care (NCCHC) ● Develops a reliable referral network of opioid treatment programs in the community that are willing and able to accept patients returning from prison
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	–
Notes or Resources	● American Society of Addiction Medicine. 2025. "Public Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings." https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/public-policy-statements/2025-final-pps-on-treatment-of-oud-in-correctional-settings.pdf?sfvrsn=74bc3ae0_1 (link current as of August 2026).

	● Fiscella, Kevin, Margaret Noonan, Sarah H. Leonard, et al. 2020. "Drug- and Alcohol-Associated Deaths in U.S. Jails." *Journal of Correctional Health Care* 26 (2): 183–193. https://doi.org/10.1177/1078345820917356. ● National Commission on Correctional Health Care. 2025. "Jail Guidelines for the Medical Treatment of Substance Use Disorders." https://www.ncchc.org/wp-content/uploads/2025-MAT-Guidelines-for-Substance-Use-Disorders-3-6-25.pdf (link current as of August 2026). ● Substance Abuse and Mental Health Services Administration. 2025. "Guidelines for Implementing Medications for Opioid Use Disorder Treatment in State Prisons." https://library.samhsa.gov/sites/default/files/oud-treatment-state-prisons-pep25-02-003.pdf (link current as of August 2026). ● Zaller, Nickolas D., Margaret M. Gorvine, Jennifer Ross, et al. 2022. "Providing Substance Use Disorder Treatment in Correctional Settings: Knowledge Gaps and Proposed Research Priorities—Overview and Commentary." *Addiction Science & Clinical Practice* 17: 69. https://doi.org/10.1186/s13722-022-00351-0.

Patient Care 3: Security **Overall Intent:** To learn the impact of security practices on patient health and the delivery of health care in carceral settings.	
Milestones	**Examples**
Level 1 *Identifies medications which are commonly diverted and strategies to decrease the risk of diversion* *Identifies security practices that adversely impact patient health* *Identifies the range of housing areas and, if applicable, any medical requirements for entrance*	● Identifies that prescribing sublingual buprenorphine can pose a risk of diversion ● Identifies opportunities to educate security regarding ways to decrease the diversion of buprenorphine, through direct observed therapy or injectable medications ● Identifies use-of-force measures, restrictive housing, and other common security practices that may exacerbate underlying medical or psychiatric conditions ● Describes the housing classifications within the facility where the learner is working that are specific to medical and/or mental health needs
Level 2 *In partnership with the patient, prescribes medications with an awareness of diversion potential, under direct supervision* *Collaborates with security to develop a patient-specific management plan to minimize exposure to security practices that adversely impact patient health* *Recommends most appropriate housing area based on a holistic assessment of patient needs, under direct supervision*	● For a patient with chronic pain, with guidance from faculty, discusses the benefits and risks of medication options, and prescribes, when appropriate, non-opioid medications along with supportive therapies available such as transcutaneous electrical nerve stimulation (TENS) unit utilization, physical therapy, and meditation, that meet the therapeutic needs of patients during incarceration ● Identifies patient with serious mental illness that benefits from increased monitoring during restrictive housing unit placement, and works with security to ensure that security staff are knowledgeable of the signs and symptoms of psychiatric destabilization ● Works with security to ensure that a visually impaired patient has non-visual cues to be able to respond to security requests and the safety needs of the facility ● Recommends that a patient with mental illness be placed in a dorm mental health housing area because of comorbid substance use and potential risk for withdrawal symptoms ● Recommends housing in special needs unit, as available, because of documentation of learning disability that significantly impairs reading and writing
Level 3 *In partnership with the patient, independently prescribes medications with an awareness of diversion potential*	● Works with the patient to identify additional medication options to gabapentin for the treatment of chronic pain, understands the clinical situations in which gabapentin may be appropriate, and prescribes the medication as a watch-take to decrease the risk of diversion

Implements a patient-specific management plan, in collaboration with security, that minimizes exposure to security practices that adversely impact patient health, under direct supervision *Independently recommends most appropriate housing area based on a holistic assessment of patient needs*	● Evaluates a patient with serious mental illness and self-harming tendencies when they are housed in a single cell, works with security to ensure either a cellmate or positive reinforcement opportunities for avoiding self-harming behavior ● Takes initiative in coordinating interdisciplinary approaches and anticipating how security interventions may affect clinical stability ● Identifies a patient with active cancer who requires a medical single cell to address neutropenia, but has improved mental health status when she is able to see her family; works with security to implement in-cell video visits ● Recommends infirmary housing for a patient with difficulties performing activities of daily living
Level 4 *Participates in multi-disciplinary policy or program efforts to optimize patient care and improve specialty care access* *Independently implements a patient-specific management plan, in collaboration with security, that minimizes exposure to security practices that adversely impact patient health* *Collaborates with security to find safe housing areas for patients*	● Participates in a quality improvement initiative to review quarterly off-site care, to identify opportunities to improve emergency room utilization so that security transport services are directed toward specialty care transports ● Participates in multidisciplinary treatment team meetings for a patient with dementia with agitation, provides recommendations based on medication review, reviews and orders appropriate labs, and recommends implementation of peer/one-on-one at times identified of increased sundowning, without first resorting to disciplinary interventions ● Identifies at a patient who has had multiple in-facility overdoses, including while in restrictive housing, works with security to identify gang-related triggers that lead to substance use, and advocates for housing placement in a therapeutic community if available
Level 5 *Develops institutional policies that prioritize best interests of the patient and consider security concerns* *Collaboratively designs facility-wide programs that limit security practices that adversely impact patient health*	● Works with correctional and medical leadership to design a methadone program in the facility ● Creates a sleep hygiene protocol with custodial staff that minimizes environmental impact of limited exercise and lights on/off on poor sleep ● Works with security to introduce alternative exercise options for patients when lockdowns occur ● Works to reduce solitary confinement, advocates for getting rid of dry cells for a healthier and more person-centered approach to suicide prevention, and participates in facility-wide program development meetings ● Collaborates with others to develop use-of-force guidance for security and medical personnel to understand the risk to patients, and ways to decrease risk

Collaboratively designs facility-wide practices that optimize safe and healthy housing areas	● Reviews policies and case law regarding use of force and medical/behavioral health response to ensure that health care needs are addressed, both pre- and post-use of force ● Designs specialty housing areas for certain health conditions that allow for more flexible health care-related practices; designs program housing areas that look as much as possible like treatment units instead of carceral settings ● Designs housing frameworks and programmatic environments that support medical and mental health needs while maintaining institutional safety
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	–
Notes or Resources	● Chicago Beyond. 2024. “Do I Have the Right to Feel Safe? A Vision for Holistic Safety in Corrections.” Accessed June 2026. https://wp.chicagobeyond.org/wp-content/uploads/2024/09/Do-I-Have-The-Right-To-Feel-Safe-2024-Edition.pdf (link current as of August 2026). ● Tamburello, Anthony, Joseph Penn, Elizabeth Ford, Michael K. Champion, Graham Glancy, Jeffrey Metzner, et al. 2022. “The American Academy of Psychiatry and the Law Practice Resource for Prescribing in Corrections.” *Journal of the American Academy of Psychiatry and the Law Online* 50 (4): 636–637. doi: 10.29158/JAAPL.220081-22. ● Tapia, Nneka Jones. 2023. “Instilling Holistic Safety: How We Can Reimagine Our Approach Toward Safety in Corrections.” Webinar. *National Institute of Corrections*. Accessed June 2026. https://nicic.gov/resources/nic-library/webinars-broadcasts/instilling-holistic-safety-how-we-can-reimagine-our.

Patient Care 4: Infectious Disease of Public Health Significance in Carceral Settings **Overall Intent:** To learn how to manage health outbreaks in settings where patients cannot leave.	
Milestones	**Examples**
Level 1 *Performs a facilities needs assessment*	● Demonstrates knowledge of common carceral infectious diseases ● Lists where the isolation cells are within the facility along with availability ● Describes the process of access to off-site hospitalization, and how to access personal protective equipment (PPE)/handwashing stations
Identifies common methods for preventing the transmission of infectious diseases, and environmental, health, and behavioral risk factors that increase patient vulnerability to infectious diseases	● Determines availability and access to negative pressure rooms and alternatives for placement for patients with active tuberculosis ● Identifies risk factors for transmission of hepatitis C/HIV and other blood-borne illnesses
Level 2 *Identifies infection risk and staff knowledge gaps*	● Demonstrates knowledge of previous infectious disease outbreaks and control procedures in carceral settings and most prevalent current infection control measures
Performs comprehensive assessment and treatment based on epidemiology, risk factors, and prevention strategies under direct supervision	● Performs appropriate tests to confirm diagnosis, orders treatment or prophylactic measures as indicated, recommends housing to minimize infectious risk, sends to a higher level of care as needed, and notifies appropriate health and custodial personnel for anything that may cause outbreak ● Demonstrates knowledge of local laws about reporting
Level 3 *Prioritizes active surveillance at the facility level in coordination with the local health care department*	● Communicates directly with facility, community, and public health entities when reporting infectious diseases and collaborates to address outbreaks ● Participates in the facility infection control committee meetings reviewing trends and analyzing data
Collaborates with the care team to address patient-specific and community-level risk factors for disease transmission with indirect supervision	● Develops multidisciplinary education to address behavioral risk factors that can increase the risk of hepatitis C/HIV transmission in the facility
Level 4 *Develops infection control protocols and/or guidelines*	● Based on participation in the infection control committee meeting, makes recommendations to mitigate spread of infectious disease ● Participates in pandemic disaster policy updates and tabletop exercises

Leads multidisciplinary efforts to implement infectious disease prevention and treatment strategies across care settings	● Conducts trainings, designs e-modules for asynchronous training, or teaches medical learners regarding infection control
Level 5 *Disseminates information about infection control best practices at a system-level* *Advocates for system-level improvements and policies that enhance infection control and public health outcomes*	● Creates health education materials for teaching non-medical learners and patients ● Develops a population health monitoring tool based on trends identified from infection control committee meetings ● Provides input to policy development regarding infection control
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	–
Notes or Resources	● Bick, Joseph A. 2007. “Infection Control in Jails and Prisons.” *Clinical Infectious Diseases* 45 (8): 1047–1055. https://doi.org/10.1086/521910. ● Centers for Disease Control and Prevention. 2024. “Summary of CDC Recommendations for Correctional Settings.” https://www.cdc.gov/correctional-health/recommendations/. ● Centers for Disease Control and Prevention. 2024. “Correctional Health Supplement.” *Emerging Infectious Diseases* 30 (Supplement). https://wwwnc.cdc.gov/eid/article/30/13/23-0705_article. ● Federal Bureau of Prisons. n.d. “Clinical Practice Guidelines.” Accessed August 24, 2026. https://www.bop.gov/resources/health_care_mngmt.jsp. ● National Commission on Correctional Health Care. 2026. *Standards for Health Services in Jails*. Standard J-B-02, “Infection Prevention and Control.” ● National Commission on Correctional Health Care. n.d. “Federal Clinical Guidelines.” Accessed August 24, 2026. https://ncchc.org/federal-clinical-guidelines/.

	● Olotu, Abisola A., Joseph A. Bick, Bonnie S. Medley-Lane, and Anne C. Spaulding. 2026. "Infection Control in Carceral Facilities." *Clinical Infectious Diseases* 82 (4): e781–e790. https://doi.org/10.1093/cid/ciaf479.

Patient Care 5: Care of Special Populations—Special Needs/Assisted Devices; Housing; Across the Lifespan **Overall Intent:** To provide patient-centered, equitable care for populations by recognizing how clinical conditions, functional status, and structural factors interact within carceral environments to influence health outcomes, access to care, and treatment planning.	
Milestones	**Examples**
Level 1 *Identifies special populations in carceral settings and their health-specific needs*	● Identifies that an older adult assigned to an upper bunk is at increased risk of falls and recognizes the need for a lower bunk accommodation within the constraints of the housing system ● Recognizes that intake screening process for all children and/or young adults incarcerated in adult facilities, performed by a medical provider, reduces threat of violence or bullying
Identifies medical/assistive devices that are routinely used but for which there are security concerns	● Recognizes that access to mobility aids, continuous positive airway pressure (CPAP) machine, assistive devices, or accommodations may be delayed or restricted in the facility ● Recognizes that patients with limited literacy or intellectual disability may not understand written sick call requests, medication instructions, or may be bullied/harmed by other incarcerated people
Identifies housing accommodations for patients with specialized health needs	● Identifies that a patient with serious mental illness placed in segregation may experience worsening psychiatric symptoms and recognizes this as a health risk
Level 2 *Develops treatment plans for special populations under direct supervision*	● Develops initial treatment plans under direct supervision for patients from vulnerable populations, incorporating medical, psychiatric, and functional needs
Reviews and documents the need for patient-specific medical/assistive devices, under direct supervision	● Under supervision, writes a lower bunk and ground-tier restriction for an older adult and follows facility procedures on medical order and housing forms to communicate this to custody ● Develops a care plan for a patient with serious mental illness that includes recommending removal from restrictive housing, while recognizing that final decisions involve custody and require appropriate documentation ● Documents the medical necessity of a CPAP machine and initiates the facility-specific approval process, understanding that security review may affect access
Describes the distinction between custody-based restrictive housing and specialized health care housing	● Engages patients in discussions about how pregnancy, disability, or cognitive impairment affect their ability to function within the carceral environment ● Describes the distinction between medically indicated accommodations and custody-based restrictions, and recognizes when these may create barriers to care ● Explains to a patient why mobility devices, special diets, or other accommodations may take time to implement in the correctional setting, maintaining a therapeutic alliance while acknowledging system limitations

Level 3 *Incorporates a multidisciplinary approach to treatment planning for special populations, under indirect supervision*	● Evaluates an older patient with cognitive decline who has multiple disciplinary infractions and identifies that these behaviors may reflect dementia rather than willful noncompliance, prompting referral for neurocognitive assessment ● Independently evaluates a patient repeatedly written up for "noncompliance" and identifies that hearing impairment or cognitive decline is contributing to misunderstanding of officer commands, and communicates this to custody staff to modify expectations
Communicates the use or modification of medical/assistive devices to security staff	● Coordinates with custody and nursing to ensure a patient with mobility limitations can access medications, meals, and showers despite movement restrictions or lockdown conditions and is not assigned to a housing unit that requires climbing stairs ● Initiates appropriate evaluation and escalates care to an outside facility, while coordinating safe and timely transport for a pregnant patient experiencing abdominal pain ● Recognizes that a patient with serious mental illness is unable to adhere to complex medication regimens and simplifies the regimen to improve adherence
Makes recommendations to security staff for housing of patients with specialized health needs	● Identifies that a juvenile patient is at increased risk of harm in current housing and makes a clinically grounded recommendation for safer placement, using appropriate institutional channels ● Recognizes that a patient with opioid use disorder in withdrawal placed in restrictive housing is at increased medical risk and advocates for transfer to a setting where monitoring is feasible
Level 4 *Independently leads treatment plan for special populations*	● Leads the care of patients from vulnerable populations, consistently integrating clinical complexity with the constraints of the carceral environment
Independently prescribes/reviews the use and continued appropriateness of medical/assistive devices	● Evaluates the ongoing appropriateness of assistive devices and accommodations and modifies care plans as patient needs evolve
Develops and delivers staff education to ensure appropriate housing for patients with specialized health needs	● Develops and delivers education to health care and custody staff on the recognition and management of vulnerable populations ● Advocates within the institution for care practices that reduce harm and improve health outcomes for juvenile patients in an adult facility ● Develops and delivers training for custody staff on recognizing signs of cognitive impairment, withdrawal, or decompensation in vulnerable patients to prevent misclassification as behavioral issues

	● Collaborates with facility leadership to improve processes for identifying and managing pregnant patients, including timely access to prenatal care and appropriate housing assignments ● Identifies that certain juvenile patients are disproportionately placed in restrictive housing and brings cases forward in multidisciplinary meetings to advocate for alternative management approaches
Level 5 *Educates/disseminates information to external stakeholders regarding the needs of special populations*	● Develops a standardized pathway for evaluating and approving assistive devices that reduces delays caused by security review and improves patient access ● Collaborates with institutional leadership and community stakeholders to design programs that improve continuity of care for vulnerable populations during incarceration and after release ● Identifies a pattern of patients with disabilities experiencing delays in accommodations and works with nursing and custody leadership to streamline the process for implementing medical orders for bunk restrictions and mobility devices ● Disseminates best practices through teaching, scholarship, or policy engagement focused on the care of vulnerable populations in carceral settings
Educates the community stakeholders on setting realistic expectations	● Identifies that certain vulnerable patients are disproportionately placed in restrictive housing and brings cases forward in multidisciplinary meetings to advocate for alternative management approaches
Advocates for patient-centered housing both during incarceration and post-release	● Leads or contributes to institutional policy changes that limit the use of restrictive housing for vulnerable populations, including those with serious mental illness, pregnancy, or cognitive impairment, incorporating clinical evidence and ethical considerations ● Advocates for patient-centered approaches to housing, access to assistive devices, and fair care, contributing to system-level improvements in health outcomes ● Partners with community organizations and reentry programs to ensure continuity of care for a pregnant patient requiring prenatal follow-up upon release
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation

Curriculum Mapping	–
Notes or Resources	● Kramer, Caitlin, Darby Bradley, Rebecca J. Shlafer, et al. 2025. “Maternal Health and Incarceration: Advancing Pregnancy Justice through Research.” *Health & Justice* 13: 36. https://doi.org/10.1186/s40352-025-00343-7.

Medical Knowledge 1: Knowledge of Chronic Disease States Prevalent to the Carceral Setting **Overall Intent:** To apply knowledge of chronic physical, oral, and mental health conditions commonly seen in carceral settings to develop context-sensitive, multidisciplinary treatment plans that address patient needs, environmental constraints, and access to care.	
Milestones	**Examples**
Level 1 *Recognizes basic concepts of chronic oral and physical conditions and the unique constraints of carceral environments* *Recognizes basic concepts of mental health conditions and the unique constraints of carceral environments*	● Recognizes the need for antiepileptics and previous consultation with neurology for a patient with a history of seizures ● Recognizes that patients in a carceral setting have higher levels of unmet dental needs ● Recognizes that patients in a carceral setting have higher levels of mental health conditions and substance use disorders
Level 2 *Demonstrates knowledge of chronic oral and physical conditions modified for carceral contexts, recognizing the need for higher levels of care* *Demonstrates knowledge of mental health conditions modified for carceral contexts, recognizing the need for higher levels of care*	● Identifies appropriate dentist referrals/consults for dentures and other prosthesis ● Identifies standard of care for diabetes management, to include screening for retinopathy ● Coordinates care for a patient with medical and mental health conditions requiring medications and potential drug interactions ● Consults with mental health experts when level of care required is beyond skill set of clinicians
Level 3 *Participates in a multidisciplinary team to develop and modify treatment plans for carceral contexts to determine barriers and support access to chronic care* *Participates in a multidisciplinary team to develop and modify treatment plans to address multiple mental health conditions*	● Coordinates directly with security to ensure a patient with active cancer can attend appointments as appropriate ● Works with medical and mental health providers to ensure that electrocardiogram (EKG) protocols and laboratory exams for mental health medications are appropriately ordered and followed up on ● Engages multidisciplinary team for management of dental prostheses wired jaws due to fractures
Level 4 *Independently applies scientific knowledge of chronic disease conditions to treatment plans, integrating environmental factors*	● Monitors patient living with HIV for oral status and makes appropriate referrals to dental staff

Independently applies scientific knowledge of mental health conditions to treatment plans, integrating environmental factors	● Makes recommendations to avoid administrative segregation for a patient with serious mental illness ● Coordinates care for patient with co-occurring mental health and chronic medical conditions such as depression and prostate cancer
Level 5 *Teaches a multidisciplinary team knowledge of chronic physical and oral health conditions* *Teaches knowledge of mental health conditions to a multidisciplinary team*	● Develops educational materials on hypertension for the patient population ● Develops educational materials on diabetes management for a multidisciplinary team ● Educates facilities staff on suicide prevention strategies for patients with mental health diagnosis ● Teaches multidisciplinary team management of a patient with co-occurring substance use disorder with oral manifestations and chronic hepatitis C
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	–
Notes or Resources	● Johns Hopkins Bloomberg School of Public Health. 2023. “Analysis of Health and Prescription Data Suggests Chronic Health Conditions in U.S. Incarcerated People May Be Severely Undertreated.” Published April 14, 2023. *JAMA Health Forum*. ● Hewson, Thomas, et al. 2024. “Interventions for the Detection, Monitoring, and Management of Chronic Non-Communicable Diseases in a Prison Population: An International Systematic Review.” *BMC Public Health* 24: 292. doi: 10.1186/s12889-024-17715-7. ● Wang, Emily A., Jenerius A. Aminawung, Warren Ferguson, Robert Trestman, Edward H. Wagner, and Carl Bova. 2014. “A Tool for Tracking and Assessing Chronic Illness Care in Prison (ACIC-P).” *Journal of Correctional Health Care* 20 (4): 313–333. doi: 10.1177/1078345814541531.

Medical Knowledge 2: Preventive Care in Carceral Settings **Overall Intent:** To identify and support opportunities to provide preventive health care to incarcerated populations that is consistent with community standards and accounts for increased health risks and barriers based on the correctional environment.	
Milestones	**Examples**
Level 1 *Describes the process for patients to access preventive care in their system* *Identifies best practices in patient-specific preventive strategies to support mental health during incarceration*	● Identifies intake, periodic health assessments, and chronic care visits as opportunities to engage with patients in preventive care needs ● Is familiar with mental health screening tools for suicide risk, depression, anxiety, and substance use, and potential times they are used during incarceration, including but not limited to intake and restrictive housing unit placement ● Applies the guidelines recommended by nationally recognized medical organizations such as the American Academy of Family Physicians, American Medical Association, and American Academy of Pediatrics based on age and lifestyle risk factors to complete appropriate malignancy and infectious disease screenings
Level 2 *Identifies physical/oral examination components relevant to the patient's age and risk factors* *Describes institution-specific practices for addressing mental health and well-being among patients*	● Identifies how a 65-year-old patient with a 30-pack-year smoking history, on an initial chronic care visit for hypertension, would benefit from low-dose lung computed tomography (CT) scan, one-time abdominal aortic aneurysm (AAA) screening, and colon cancer screening ● Conducts cognitive screening and assessment using validated tools given the accelerated aging process that occurs for incarcerated individuals ● Understands the restrictive housing unit prescreen process to identify mental health risk factors and the suicide prevention protocol utilized on suicide watch, both acute and non-acute
Level 3 *Interprets national organization health screening strategies and how to adapt them in carceral clinical practice* *Develops multidisciplinary, institution-specific strategies to improve mental health and well-being*	● Utilizes the American College of Obstetrics and Gynecology recommendations for cervical cancer screening, discusses said screening with women at intake, and recommends offering self-swab human papillomavirus (HPV) testing as an option given the significant prevalence of trauma for justice-involved individuals ● Works with mental health, physical health, and security colleagues to implement currently incarcerated peer recovery specialists in-facility
Level 4 *Collaborates with security to design and recommend programs that are in line with national guidelines to promote physical health among patients*	● Designs alternative access to healthy nutrition options for patients that is within scope of the current available commissary or by introducing access to non-commissary healthy options

Identifies environmental stressors for destabilization and utilizes this information to enhance institutional policies and procedures	● Recommends that time in solitary confinement should be limited based on current World Health Organization (WHO) guidance to support mental health and avoid potential decompensation
Level 5 *Evaluates outcomes in preventive health at a system level* *Collaborates with security to implement institution-specific policies to improve mental health and well-being*	● Tracks disease incidence and prevalence across cancers, hepatitis C, HIV, tuberculosis, and other infectious diseases as indicated and as resources permit ● Develops a system-specific screening processes for colon cancer to ensure all incarcerated individuals who qualify for screening have timely access ● Maintains flexibility to pivot to address evolving pandemic concerns that may necessitate delays in other routine preventive care
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	-
Notes or Resources	● Dumont, Dora M., Dawn Davis, Radha Sadacharan, Elizabeth Lamy, and Jennifer G. Clarke. 2021. “A Correctional-Public Health Collaboration for Colorectal Cancer Screening in a State Prison System.” *Public Health Reports* 136 (5): 548–553. https://doi.org/10.1177/0033354920974668. ● Kendig, Newton E., Sarah Bur, and Jonathan Zaslavsky. 2024. “Infection Prevention and Control in Correctional Settings.” *Emerging Infectious Diseases* 30 (13): 88–93. https://doi.org/10.3201/eid3013.230705. ● Kramer, Caitlin, Darby Bradley, Rebecca J. Shlafer, et al. 2025. “Maternal Health and Incarceration: Advancing Pregnancy Justice through Research.” *Health & Justice* 13: 36. https://doi.org/10.1186/s40352-025-00343-7. ● Sadacharan, Radha, Megan Lynch, Sam Prawer, Cyrus Ahalt, and Brie Williams. 2026. “Emerging Innovations to Optimize Women’s Health, Wellness, and Empowerment in Prison.” Amend. Accessed June 2026. https://amend.us/document/emerging-innovations-

	to-optimize-womens-health-wellness-and-empowerment-in-prison/ (link current as of August 2026).

Medical Knowledge 3: Emergency and Urgent Care in a Carceral Setting **Overall Intent:** To identify and manage common clinical situations that require time-sensitive interventions while appreciating differences from community settings.	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of common physical health emergencies, including oral health*	● Describes to supervisor the most common physical health emergencies in carceral settings, including but not limited to cardiac events/chest pain, assault-related events, including orthopaedic, dental, surgical, and neurosurgical sequelae of violence, and overdoses
Demonstrates knowledge of common mental health emergencies	● Identifies suicide as the single leading of cause of death in US jails and that suicide prevention is a critical function in carceral health care ● Describes to supervisor the most common mental health emergencies in carceral settings, including but not limited to suicide, self-injury (regardless of lethal intent), violence secondary to psychosis, and medication-induced toxicity
Level 2 *Demonstrates knowledge of the differential diagnoses of common physical health emergencies*	● Documents event including head injury with potential for intracranial hemorrhage in the differential diagnosis following a patient's report of nausea after the use of force ● Describes to the supervisor a differential that includes opioid overdose for a patient who was brought into the prison clinic with somnolence and reduced respiratory rate
Demonstrates knowledge of the differential diagnoses of common mental health emergencies	● After a patient's self-injury by banging his head against his concrete cell wall, documents the possibility of psychosis, depression, post-traumatic stress disorder (PTSD), or neurodevelopmental disorder, and attempts to change housing areas as contributing to the behavior
Level 3 *Applies knowledge about coordinating emergency response to physical health emergencies with security*	● Collaborates with security staff, during a medical emergency alarm/code in the facility, to identify roles and efficiently identify a patient with stroke symptoms that needs to be sent immediately to a higher level of care, including understanding of how a 911 response is managed, who is responsible for transport, and the roles of nurses
Applies knowledge about coordinating emergency response to mental health emergencies with security	● After a psychiatric emergency in which a correctional officer finds a patient hanging with a sheet around their neck, immediately orders suicide precautions and frequently evaluates the patient for treatment options that can reduce their risk
Level 4 *Integrates clinical reasoning principles to retrospectively identify cognitive and system errors in managing physical health emergencies*	● Reviews emergency response, chart for chronic care, sick call, medications, and previous emergency department/hospitalization to identify errors and possible opportunities for improvement following the stabilization of a patient after a stroke

Integrates clinical reasoning principles to retrospectively identify cognitive and system errors in managing mental health emergencies	● Completes a written formulation of the issues contributing to a suicide attempt or death from suicide event, including patient, security, environmental, institutional, and systemic issues
Level 5 *Continually re-appraises clinical reasoning and system response, with security, to prospectively minimize errors and uncertainty in managing physical health emergencies* *Continually re-appraises clinical reasoning and system response, with security, to prospectively minimize errors and uncertainty in managing mental health emergencies*	● Evaluates recent emergency transports and arranges monthly meetings with security staff to identify opportunities for collaboration, reevaluation, and discussion of improvements ● Evaluates recent cases of self-injurious behavior that lead to emergency room visit or hospitalization and arranges monthly meetings with security staff to identify opportunities for collaboration, reevaluation, and discussion of improvements
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	–
Notes or Resources	● Institute for Healthcare Improvement. n.d. “RCA2: Improving Root Cause Analyses and Actions to Prevent Harm.” Accessed August 24, 2026. https://www.ihi.org/library/tools/rca2-improving-root-cause-analyses-and-actions-prevent-harm. ● Kapoor, Reena, and Elizabeth B. Ford, eds. 2026. *Oxford Textbook of Correctional Psychiatry*. 2nd ed. Oxford University Press. ● Phipps, Emily, et al., eds. 2024. *Prison Medicine and Health*. Oxford University Press.

Systems-Based Practice 1: Patient Safety and Quality Improvement **Overall Intent:** To engage in the analysis and management of patient safety events, including relevant communication with patients, families, and health care professionals; to conduct a quality improvement project.	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of common patient safety events*	● Identifies which medications have potential to be misused and ensures safe administration of medications ● Lists the types of health care-associated infections and common causes
Demonstrates knowledge of how to report patient safety events	● Describes how to file incident report
Demonstrates knowledge of basic quality improvement methodologies and metrics	● Describes quality improvement tools such as the fishbone diagram, five whys, and Plan-Do-Study-Act (PDSA) cycle
Level 2 *Identifies system factors that lead to patient safety events*	● Identifies continued dispensing of drugs that are often misused or sold, and how the risks of continuation do not outweigh the benefits ● Identifies role of security's use of mouth checks in medication administration
Reports patient safety events through institutional reporting systems (simulated or actual)	● Reports lack of medical equipment in each clinical exam room to the medical director ● Reports sharps that are not accounted for in clinical exam rooms ● Reports near miss of wrong medication administration due to similar-looking container/labeling through institutional reporting system
Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	● Summarizes protocols and initiatives aimed at improving breast, cervical, and colon cancer screening rates ● Summarizes initiatives aimed at improving blood sugar control in diabetics given restrictions in food choice and exercise abilities
Level 3 *Participates in analysis of patient safety events (simulated or actual)*	● Evaluates and presents patient safety events at a morbidity and mortality or continuous quality improvement conference ● Applies root cause analysis to patient safety events ● Participates in multidisciplinary critical incident review
Participates in disclosure of patient safety events to patients and stakeholders (simulated or actual)	● Communicates with patients and legal teams about delayed diagnosis or missed medication dose when it happens, or within a simulation

Participates in local quality improvement initiatives	● Follows protocols/implements initiatives designed to improve cancer screening rates ● Reviews A1C of patients to cross reference compliance with existing blood sugar management plans, special diets, commissary recommendations, and exercises
Level 4 *Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)* *Discloses patient safety events to patients and stakeholders (simulated or actual)* *Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project*	● Collaborates with a multidisciplinary and interprofessional team to conduct the analysis of health outcomes and use of oleoresin capsicum spray ● Collaborates with team and discusses how a missed medication dose or delayed treatment contributed to deterioration of a chronic medical or mental health condition ● Discloses error directly to patient with a proposed solution for improvement ● Develops and tracks quality improvement project progress using the Institute for Healthcare Improvement (IHI) Model for Improvement
Level 5 *Actively engages teams and processes to modify systems to prevent patient safety events* *Role models or mentors others in the disclosure of patient safety events* *Creates, implements, and assesses quality improvement initiatives at the institutional or community level*	● Collaborates with IT department to build surveillance systems to track and mitigate wound infections in patients with diabetes ● Designs and conducts a simulation for disclosing patient safety events ● Initiates and completes a quality improvement project to reduce treatment delays in collaboration with the pharmacy, security team, or other health care team members
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Root cause analysis ● Simulation
Curriculum Mapping	●
Notes or Resources	● Accreditation Council for Graduate Medical Education. 2016. “CLER 2016 National Report of Findings: Issue Brief #2—Patient Safety.” Chicago, IL.

	● Accreditation Council for Graduate Medical Education. 2016. “CLER 2016 National Report of Findings: Issue Brief #3—Health Care Quality.” Chicago, IL. ● American Medical Association. n.d. “Plan-Do-Study-Act (PDSA) Directions and Examples.” Accessed August 24, 2026. https://edhub.ama-assn.org/steps-forward/module/2702507?resultClick=1&bypassSolrId=J_2702507. ● Centers for Medicare & Medicaid Services. n.d. “Plan-Do-Study-Act (PDSA) Cycle Template.” Accessed August 24, 2026. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf (link current as of August 2026). ● Institute for Healthcare Improvement. n.d. “IHI Open School: Improvement Capability and Patient Safety.” Accessed August 24, 2026.

Systems-Based Practice 2: Carceral System Navigation for Patient-Centered Care **Overall Intent:** To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes.	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of care coordination practices for people in carceral settings* *Demonstrates basic knowledge of custodial intake, classification, and monitoring practices*	● For a patient with prostate cancer, identifies the community urologist, oncologist, radiation oncologist, security staff, transportation team, infirmary, chaplain, and case manager as members of the team ● Identifies core members of the correctional health care team, including nursing, custody staff, administration, transportation, and social services ● Evaluates a patient newly admitted to jail and documents any urgent or emergency medical or behavioral health needs, with direct supervision ● Describes suicide risk screening and precautions during the intake, classification, transfer, and monitoring process for new admissions to prison
Level 2 *Coordinates care of patients in routine clinical situations and effectively utilizes the roles of the interprofessional teams, including non-medical and custodial staff* *Demonstrates knowledge of how custodial intake, classification, and monitoring practices and policies interact with health care practices at intake*	● Evaluates a patient with prostate cancer returning from radiation treatment and, under supervision, effectively communicates any urgent needs with custodial transport, medical, and security staff ● Integrates awareness of how segregation housing, such as administrative segregation and disciplinary segregation, affects the ability to see patients in a timely manner ● Identifies inequities, barriers, and resource constraints within and among correctional facilities including medication formulary and/or staffing limitations ● Independently evaluates a patient newly admitted to jail, documents any urgent or emergency medical or behavioral health needs, and communicates them effectively and appropriately to security staff ● Performs a comprehensive health intake that incorporates community treatment for someone with no active medical/mental health problems
Level 3 *Coordinates care of patients in complex clinical situations and effectively utilizes the roles of their interprofessional teams, including non-medical and custodial staff*	● Works with the discharge planner to coordinate care for a patient experiencing homelessness that will ensure follow-up to a urology clinic after release ● Ensures appropriate care coordination for a patient with serious mental illness, SUD, and wound care ● Anticipates and mitigates disruptions to continuity of care ● Uses institutional and external resources to address complex patient needs ● Participates in quality improvement initiatives addressing care gaps

Utilizes knowledge of custodial practices and policies to optimize patient care, with supervision	● Ensures pregnant women are not shackled during labor and delivery ● With guidance, establishes continual access to patient while detoxing and works with security to provide appropriate housing
Level 4 *Role models effective coordination of patient-centered care among different disciplines and specialties, including non-medical and custodial staff* *Independently utilizes knowledge of custodial practices and policies to optimize patient care*	● During multidisciplinary team meetings, leads team members in care coordination ● Advocates for safe, dignified, and effective transitions of care ● Identifies and addresses systemic barriers impacting patient outcomes ● Prior to going on vacation, proactively informs the covering provider about a plan of care for a 36-weeks-pregnant patient who has elevated blood pressure and has outpatient labs pending, communicating with patient and security staff about red flag symptoms ● Identifies opportunities and implements changes to improve medication continuity for patients at the time of transfers
Level 5 *Analyzes the process of care coordination and leads the multi-disciplinary and multi-agency design and implementation of improvements* *Coordinates with custodial leadership to improve policies and system-wide practices for optimized patient care*	● Analyzes current care coordination practices with nursing and security staff partners and creates a weekly team meeting structure with standardized action items to improve care for patients with active cancer diagnoses in a prison ● Leads sustainable system-level improvements in care transitions ● Designs a population health tool to ensure timely follow-up with specialists and imaging ● Designs innovative models of care delivery within correctional environments ● Advocates for structural or policy reforms addressing carceral health barriers
Assessment Models or Tools	● Direct observation ● Objective structured clinical examination (OSCE) ● Medical record (chart) audit ● Review of sign-out tools, utilization and review of checklists ● Multisource feedback ● Quality metrics and goals mined from electronic health records (EHR)
Curriculum Mapping	–
Notes or Resources	● Accreditation Council for Graduate Medical Education. 2016. “CLER 2016 National Report of Findings: Issue Brief #5—Care Transitions.” Chicago, IL. ISBN 978-1-945365-10-2. ● I-PASS Study Group. n.d. “Faculty Observation Tools.” Accessed August 24, 2026. http://www.ipasshandoffstudy.com/materialsrequest. ● Institute for Healthcare Improvement. n.d. “IHI Open School Online Modules: Triple Aim for Populations.” Accessed August 24, 2026.

	● Kaplan, Keith J. 2016. “In Pursuit of Patient-Centered Care.” *Tissuepathology.com*, March 29. http://tissuepathology.com/2016/03/29/in-pursuit-of-patient-centered-care/#axzz5e7nSsAns. ● Skochelak, Susan E., Richard E. Hawkins, Linda E. Lawson, et al. 2016. *Health Systems Science*. 1st ed. Elsevier.

Systems-Based Practice 3: Transitions of Care in a Carceral Setting **Overall Intent:** To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes.	
Milestones	**Examples**
Level 1 *Demonstrates general knowledge of population and community health needs*	● Lists the essential components of oral and written sign-out at change-of-shift hand-off for patients returning or transferring into the facility from outside care ● Upon a patient's return to a correctional facility, documents a thorough review of medical care provided in a hospital setting, and orders appropriate follow-up in a timely fashion
Identifies key elements for safe and effective transitions of care and hand-offs	● Defines necessary elements of a hand-off of a patient between the infirmary and regular bed
Identifies key stakeholders involved in reentry of a patient	● Identifies that patients in rural areas may have different needs than urban patients ● Describes how publicly funded systems, contracts, capitated care, and care delivery for uninsured or underinsured populations relate to correctional health care ● Understands the implications of Medicaid Section 1115 reentry waiver and other Centers for Medicare & Medicaid Services (CMS) changes ● Recognizes the requirements for Health Resources and Services Administration (HRSA) 340B Drug Pricing Program ● Understands Medicare, Medicaid, employer-provided plans, Supplemental Security Income (SSI), Veterans Affairs (VA), and other benefit plans
Level 2 *Identifies specific population and community health needs*	● Transfers patient from general population to mental health housing with appropriate notification of mental health clinicians and security ● Identifies medical and mental health needs or risks prior to restrictive housing placement
Performs safe and effective transitions of care/hand-offs in routine clinical situations, including medical and mental health	● Communicates with community primary care provider about patient's carceral care for someone who has been released ● Completes a brief note on patients being transferred to another level of care
Identifies the impact of social determinants of health on reentry	● Identifies that limited transportation options may be a factor in rural patients attending multiple chemotherapy appointments ● Takes into consideration facility's formulary drug coverage when choosing a diabetes medication ● Consider patient's insurance coverage options upon release for continuity of care
Level 3 *Uses local resources effectively to meet the needs of a patient population and community*	● Coordinates with community stakeholders to ensure medication continuity and continued care

Performs safe and effective transitions of care/hand-offs in complex clinical situations and hospitalizations, including medical and mental health *Collaborates with stakeholders to develop a reentry plan with consideration for the impact of social determinants of health*	● Coordinates access to an essential medication in a low-resource correctional setting to prevent missed doses, ensuring that coordination with family, pharmacy, and community providers complies with licensure and board of pharmacy rules ● Coordinates with community social worker to identify community resources for accessible housing and transportation for a diabetic patient status post below-the-knee amputation
Level 4 *Participates in changing and adapting practice to provide for the needs of a patient population and community* *Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems* *Coordinates with stakeholders to mitigate barriers to successful reentry*	● Analyzes care gaps for rural patients with cancer ● Works collaboratively with community stakeholders to improve patient assistance resources for patients with end-stage renal disease ● Coordinates a community needs assessment with community stakeholders to identify opportunities to improve transitions of care at reentry ● Refers patient to community reentry resources and patient assistance programs to promote continuity of care
Level 5 *Leads innovations and advocates for populations and communities with specific health care needs* *At a systems level, identifies and initiates improvement in quality of transitions of care within and out of carceral settings to optimize patient care*	● Develops a protocol to improve transitions to long-term care facilities ● In collaboration with an interdisciplinary team, implements training for post-operative hand-offs between procedural team and inpatient team ● Participates in multi-disciplinary committees to optimize policies related to connecting patients to care upon return to community ● Leads development of telehealth diagnostic services for a rural clinic site ● Works with local American Diabetes Association chapter to improve access to diabetes testing supplies upon release
Assessment Models or Tools	● Direct observation ● Medical record (chart) audit ● Multisource feedback ● OSCE ● Quality metrics and goals mined from electronic health records (EHR) ● Review of sign-out tools, utilization and review of checklists

Curriculum Mapping	–
Notes or Resources	● Accreditation Council for Graduate Medical Education. 2016. “CLER 2016 National Report of Findings: Issue Brief #4—Health Care Disparities.” Chicago, IL. ISBN 978-1-945365-07-2. ● Accreditation Council for Graduate Medical Education. 2016. “CLER 2016 National Report of Findings: Issue Brief #5—Care Transitions.” Chicago, IL. ISBN 978-1-945365-10-2. ● American College of Surgeons. n.d. “Health Care Disparities Resources.” Accessed August 24, 2026. https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2021/05/social-determinants-of-health-and-surgery-an-overview/. ● I-PASS Study Group. n.d. “Faculty Observation Tools.” Accessed August 24, 2026. http://www.ipasshandoffstudy.com/materialsrequest. ● Institute for Healthcare Improvement. n.d. “IHI Open School Online Modules: Triple Aim for Populations.” Accessed August 24, 2026. ● Kaplan, Keith J. 2016. “In Pursuit of Patient-Centered Care.” *Tissuepathology.com*, March 29. http://tissuepathology.com/2016/03/29/in-pursuit-of-patient-centered-care/#axzz5e7nSsAns. ● Skochelak, Susan E., Richard E. Hawkins, Linda E. Lawson, et al. 2016. *Health Systems Science*. 1st ed. Elsevier.

Systems-Based Practice 4: Physician Role in Health Care Systems **Overall Intent:** To understand one's role in the complex health care system and how to optimize the system to improve patient care and the health system's performance.	
Milestones	**Examples**
Level 1 *Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)*	● Identifies key components of correctional health care systems, including custody operations, infirmary services, specialty care access, hospitals, staffing models, health information technology, and administrative leadership ● Articulates differences between skilled nursing, rehabilitation, and long-term care facilities ● Identifies the correctional physician's role and professional identify within the health care system
Identifies basic knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)	● Compares and contrasts various modes of physician payment including salary, fee-for-service, or relative value units ● Locates and identifies institution's policies about protected health information or billing compliance ● Understands Eighth Amendment "deliberate indifference" under Estelle v. Gamble, 429 US 97 (1976); Fourteenth Amendment Due Process Clause under Farmer v. Brennan, 511 U.S. 825 (1994); and compelled treatment under Washington v. Harper, 494 U.S. 210 (1990) ● Describes medical malpractice state tort law
Level 2 *Describes how components of a complex health care system are interrelated, and how this impacts patient care*	● Describes how prescription of a directly observed therapy medication may require the need of extra nursing staff ● Delivers patient care with awareness of system constraints, including custody considerations, formulary limitations, transportation logistics, and payment models ● Takes into consideration facility's formulary drug coverage when choosing a diabetes medication ● Consider patient's insurance coverage options upon release for continuity of care
Describes core administrative knowledge needed for transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance, Medicare Access and CHIP Reauthorization Act (MACRA))	● Discusses the impact of US Marshall Service, Department of Homeland Security (DHS), and other agencies on health care ● Identifies accreditation requirements of American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and other accrediting bodies ● Describes core administrative and operational concepts relevant to carceral settings, including medical co-pays, payment responsibility, regulatory compliance, accreditation requirements, and governmental oversight

Level 3 *Discusses how individual practice affects the broader system (e.g., length of infirmary stay, clinical efficiency)*	● Explains how individual clinical decisions impact the broader correctional health care system, including effects on: ○ Length of infirmary stay and housing placement ○ Specialty referral utilization ○ Emergency department transfers and readmissions ○ Operational efficiency and resource allocation ● Modifies rounding schedule to be able to participate in multidisciplinary discharge planning ● Discusses imaging and system impact in the setting of acute low back pain for a patient who would like a work and recreation restriction and access to a lower bunk
Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding)	● Compares electronic health record (EHR) systems and health information exchanges ● Demonstrates effective use of health information technology, including: ○ Accurate and compliant EHR documentation ○ Telemedicine platforms ○ Billing and coding requirements as applicable ○ Interdisciplinary communication tools ○ Adheres to institution's policies regarding EHRs ● Updates and manages patient's problem list in the EHR
Level 4 *Manages various components of the complex health care system to provide efficient and effective patient care and transitions of care*	● Collaborates with medical staff during qualifying hospital stay prior to discharge ● Coordinates and provides care for a patient with a mental health diagnosis currently in restrictive housing who may require out-of-cell visits and medication administration
Analyzes individual practice patterns and professional requirements in preparation for practice	● Reviews organizational structure for the carceral setting, including security, administration, and medical, identifying any gaps in practice ● Pursues professional advancement through NCCHC, ACA, or American College of Correctional Physicians (ACCP) to obtain correctional medicine-relevant continuing medical education (CME)
Level 5 *Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transitions of care*	● Designs, leads, or meaningfully contributes to system-level initiatives that improve quality, efficiency, fairness, safety, and value in correctional health care delivery ● Leads a quality improvement project that focuses on successful referrals for transition to community care or reduction of hospital transfers
Educates others to prepare them for transition to practice	● Educates and mentors a junior learner regarding practice within complex, resource-constrained carceral systems
Assessment Models or Tools	● Direct observation ● Medical record (chart) audit ● Patient satisfaction data

	● Portfolio ● Panel practice data
Curriculum Mapping	–
Notes or Resources	• Agency for Healthcare Research and Quality. 2015. “Measuring the Quality of Physician Care.” Accessed August 2026. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/challenges.html. • Agency for Healthcare Research and Quality. 2015. “Major Physician Measurement Sets.” Accessed August 2026. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/measurementsets.html. • American Board of Internal Medicine. 2019. “Practice Assessment: QI/PI Activities.” Accessed August 2026. https://www.abim.org/maintenance-of-certification/participate-in-activities/quality-and-practice-improvement/ • American Medical Association. n.d. “Practice Management.” Accessed August 2026. https://www.ama-assn.org/practice-management. • Centers for Medicare & Medicaid Services. 2018. “MIPS and MACRA.” Accessed August 2026. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html. • Commonwealth Fund. 2017. “Health System Data Center.” Accessed August 2026. http://datacenter.commonwealthfund.org. • Dzau, Victor J., Mark McClellan, Sheila Burke, et al. 2017. “Vital Directions for Health and Health Care: Priorities from a National Academy of Medicine Initiative.” *National Academy of Medicine*. https://nam.edu/vital-directions-for-health-health-care-priorities-from-a-national-academy-of-medicine-initiative/. • Kaiser Family Foundation. 2019. “Affordable Care Act.” Accessed August 2026. https://www.kff.org/topic/health-reform/. • Kaiser Family Foundation. https://www.kff.org. • Vashdi DR, Goldman E, Sharfstein JM, Eisenberg JM, eds. *The Healthcare Handbook: A Clear and Concise Guide to the United States Healthcare System.* 2nd ed. St. Louis, MO: Washington University School of Medicine; 2015.

Systems-Based Practice 5: Emergency Preparedness and Response in a Carceral Setting **Overall Intent:** To gain the knowledge and skills necessary to lead the preparation and response in emergency situations.	
Milestones	**Examples**
Level 1 *Identifies examples of safety threats that might warrant an emergency response* *Identifies examples of security threats that may affect health care delivery*	● Describes how flooding may impact staffing and patient movement ● Identifies entry of contraband in the facility and impact on staff safety ● Recognizes the impact of respiratory pathogens on patient movement and staffing ● Discusses the impact of lockdown on the ability to deliver care ● Describes need for triage systems during a riot or mass casualty event
Level 2 *Describes how an emergent response to a safety threat is organized* *Describes how a medical or mental health response to a security threat is organized*	● Completes relevant assigned online or in-person training provided locally or from the National Incident Management System ● Outlines the steps taken to obtain water and maintain emergency health services during a power outage ● Identifies potential pathways to care for patients involved in an emergency situation
Level 3 *Plans and/or participates in an emergency preparedness event (actual or simulated) in collaboration with security teams* *Plans and/or participates in a security threat event (actual or simulated) in collaboration with multidisciplinary teams*	● Participates in a mass casualty exercise that occurs at the facility ● Participates in the debrief of an event or an existing emergency preparedness plan ● Works with security to design an improved response to man-down code during a structured exercise
Level 4 *Evaluates an emergency preparedness event (actual or simulated)* *Participates in a multidisciplinary team to analyze a medical response to a security threat event (actual or simulated)*	● Evaluates and provides recommendations to all facilities involved in a simulation of a natural disaster response ● Designs a plan to evaluate an emergency preparedness exercise for death in custody ● Attends meeting with security to review a medical response to a recent man-down code
Level 5 *Provides leadership during an emergency preparedness event (actual or simulated)*	● Leads a simulated response to a natural or man-made catastrophic event

Evaluates a security threat event and makes recommendations for future responses (actual or simulated)	• Identifies gaps in threat event response and suggests training modules for staff
Assessment Models or Tools	• Direct observation • Post-course examinations • Simulation
Curriculum Mapping	•
Notes or Resources	• **Educational Rationale** Correctional health care professionals must be prepared to respond effectively to a broad range of emergencies including natural disasters, infectious disease outbreaks, riots, hostage situations, fires, utility failures, mass casualty incidents, and deaths in custody. Effective emergency preparedness requires close collaboration between health care, security, administration, and community partners while maintaining safety, security, and continuity of patient care. • American Correctional Association. https://www.aca.org/. • Assistant Secretary for Preparedness and Response. *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness.* https://asprtracie.hhs.gov/technical-resources/resource/3235/healthcare-preparedness-capabilities-national-guidance-for-healthcare-system-preparedness. Accessed 2026. • Centers for Disease Control and Prevention. *Emergency Preparedness and Response Program.* https://emergency.cdc.gov/. Accessed 2026. • Federal Emergency Management Agency. *Incident Command System (ICS) Resource Center.* https://training.fema.gov/emiweb/is/icsresource/trainingmaterials/. Accessed 2026. • Federal Emergency Management Agency. *National Incident Management System (NIMS).* Washington, DC: US Department of Homeland Security. https://training.fema.gov/nims/ Accessed 2026. • National Commission on Correctional Health Care. *National Commission on Correctional Health Care.* https://www.ncchc.org/. • National Commission on Correctional Health Care. *Standards for Health Services in Jails/Prisons.* Chicago, IL: National Commission on Correctional Health Care. https://ncchc.org/jails-and-prisons/. Accessed 2026. • The Joint Commission. *Framework for Root Cause Analysis and Corrective Actions.* Oakbrook Terrace, IL: The Joint Commission. https://digitalassets.jointcommission.org/api/public/content/3559a1e9d41842348122ca1f2c627e96?v=291853c9. Accessed 2026.

	• US Department of Justice. *National Institute of Corrections.* https://nicic.gov/. Accessed 2026.

Systems-Based Practice 6: Policies, Law, Advocacy **Overall Intent:** To understand important legal precedential cases related to health care in jails and prisons and how the law influences treatment delivery and advocacy.	
Milestones	**Examples**
Level 1 *Identifies important legal precedential cases*	• Lists Estelle v. Gamble (USSC 1976), Bowring v. Godwin (4th Cir. 1977), Helling v. McKinney (USSC 1993), and CRIPA (Civil Rights of Institutionalized Persons Act) (1980) as some of the many legal cases relevant to practice in correctional medicine
Demonstrates knowledge of the role of policies at both a security and a health care provision level	• Demonstrates knowledge that the policy related to suicide prevention at the jail is governed by a consent decree that resulted from a class action lawsuit and that both the security staff and the health care staff must track/document those actions as a result
Identifies the advocacy organizations involved with facility, community boards, or other constituents	• Names and describes the roles of advocates on jail oversight board
Level 2 *Describes the impact of legal precedent on program guidelines*	• Describes how Estelle v. Gamble (USSC 1976) established a right to adequate medical care, under the Eighth Amendment, for people sentenced to prison (pre-trial populations included via the Fourteenth Amendment) and established the concept of “deliberate indifference” as the threshold for malpractice
Identifies critical policies for patient and security health and safety	• Identifies health care policies related to preventive care, urgent and emergency escalation, suicide watch, post-use-of-force care, contraband, and appropriate sharing of protected health information (PHI) with security staff
Identifies individual level opportunities for advocacy, maintaining professional boundaries	• Advocates for a patient phone call during a lockdown to address anxiety related to a family member’s health
Level 3 *Reviews the work of expert witnesses in correctional medicine litigation*	• Reviews at least two written reports from expert witnesses opining about the standard of care regarding obstetric care and annual gynecologic screenings and summarizes the findings • Reviews at least two written reports from experts opining about the standard of care in the treatment of substance withdrawal and summarizes the findings
Reviews health care and health care-related security policies for a facility	• Completes a review of all policies related to suicide prevention in a prison and prepares a presentation for both health care and security leadership

Advocates for institutional policy change to improve patient care	● Prepares a written or verbal argument, with supervision, advocating against pregnant women being shackled during delivery ● Attends regularly scheduled policy review meetings and actively participates in brainstorming and generating ideas related to health care practices
Level 4 *Incorporates legal precedent into correctional health policy meetings at the organizational level* *Applies correctional health knowledge to improving relevant policies, at both a security and a health care provision level* *Advocates for care of carceral population at the community level*	● Attends health care leadership policy meetings and comes prepared to each meeting with an understanding of the most up-to-date legal precedents related to that policy ● Proposes a feasible plan to reevaluate medication for opioid use administration, integrating security and administrative team goals ● Advocates to initiate insurance opportunities for recently released patients
Level 5 *Communicates with governmental bodies and legal teams regarding health care needs of incarcerated individuals with consideration of legal precedent* *Advocates for improvements in jurisdiction-specific laws with regard to the health care needs of incarcerated individuals*	● Attends advisory panel with a facility representative in the city or state government related to oversight of relevant correctional facilities ● Writes affidavits, with appropriate consent and permission, related to compassionate release ● Obtains permission to testify to a local city council about proposed changes to a law that limits access to certain medications for people who are incarcerated ● Obtains permission before preparing a letter to a state senator in support of a proposal to increase access to a wider range of medications for a particular medical condition
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	–
Notes or Resources	• Bivens v. Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971); 42 U.S.C. § 1983. • Estelle v. Gamble, 429 U.S. 97 (1976) (Eighth Amendment Deliberate Indifference).

	• Federal Bureau of Prisons. n.d. *Clinical Practice Guidelines.* Accessed 2026. https://www.bop.gov/resources/health_care_mngmt.jsp. • Farmer v. Brennan, 511 U.S. 825 (1994) (Fourteenth Amendment Due Process). • Helling v. McKinney, 509 U.S. 25 (1993). • National Commission on Correctional Health Care. n.d. *CorrectCare.* Accessed 2026. https://www.ncchc.org/correctcare. • National Commission on Correctional Health Care. n.d. *Journal of Correctional Health Care.* Accessed 2026. https://www.ncchc.org/journal-of-correctional-health-care. • National Commission on Correctional Health Care. https://www.ncchc.org/. • National Commission on Correctional Health Care. n.d. *Other Resources.* Accessed 2026. https://www.ncchc.org/other-resources. • National Commission on Correctional Health Care. n.d. *Position Statements.* Accessed 2026. https://www.ncchc.org/position-statements. • National Commission on Correctional Health Care. n.d. *Standards.* Accessed 2026. https://www.ncchc.org/standards (Jails, Prisons, Juvenile Facilities, Mental Health, Opioid Treatment Programs). • Washington v. Harper, 494 U.S. 210 (1990).

Systems-Based Practice 7: Worker Health, Well-Being, and Performance Optimization **Overall Intent:** To improve worker health, well-being, and performance through workplace assessment, resource identification, and evidence-based health promotion programs.	
Milestones	**Examples**
Level 1 *Discusses how individual and organizational factors in the carceral setting can influence health, well-being, and performance*	● Actively engages in discussions on the occupational environment of each correctional facility and occupational hazards unique to each correctional facility
Level 2 *Identifies individual and organizational factors in the carceral setting which influence the health, well-being, and performance of workers*	● Participates in facility walkthrough with the trainer and identifies specific workplace hazards, environmental concerns, and workplace policies unique to that facility
Level 3 *Assists individuals in accessing resources for improving worker health and well-being*	● Performs ergonomic assessments related to nursing assignments
Level 4 *Surveys workforce to identify resource gaps at an institutional level for worker health and well-being needs*	● Interprets workplace disability claims data for a specific correctional institution ● Implements wellness survey for staff to identify additional support programs ● In simulation, leads a post-crisis team debrief
Level 5 *Designs, implements, and evaluates worksite health promotion programs independently, incorporating authoritative guidelines and evidence*	● Designs a workplace mental health program ● Designs programs which periodically rotate correctional workers from high-stress assignments to prevent burnout
Assessment Models or Tools	● Dashboards on quality and safety metrics ● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Reflection ● Simulation
Curriculum Mapping	–
Notes or Resources	• Centers for Disease Control and Prevention. n.d. *Correctional Workers Safety.* Accessed August 2026. https://www.cdc.gov/niosh/corrections/about/index.html. • Hull, Olivia J., Olivia D. Breckler, and Lisa A. Jaegers. 2023. “Integrated Safety and Health Promotion Among Correctional Workers and People Incarcerated: A Scoping Review.”

	International Journal of Environmental Research and Public Health. 2023;20(12):6104. doi:10.3390/ijerph20126104. • Owusu Ansah, Kenneth, Wandile Fundo Tsabedze, and Curwyn Mapaling. 2026. “Well-Being Interventions for Correctional Officers: A Scoping Review of the Evidence.” *Journal of Behavioral and Cognitive Therapy.* 2026;36(3):100592. doi:10.1016/j.jbct.2026.100592. https://www.sciencedirect.com/science/article/pii/S2589979126000235.

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice **Overall Intent:** To incorporate evidence and patient values into clinical practice.	
Milestones	**Examples**
Level 1 *Demonstrates how to access and use available evidence, and to incorporate patient preferences and values in order to take care of a routine patient*	● Appropriately uses atherosclerotic cardiovascular disease risk calculator to determine statin therapy for a patient ● Identifies evidence-based guidelines for osteoporosis screening at US Preventive Services Task Force website ● Identifies criteria for antibiotics in a patient with a sore throat ● Categorizes pre-test probability of a pulmonary embolism for a patient with chest pain and shortness of breath ● Uses validated screening tools for mental health assessment and diagnosis
Level 2 *Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care*	● In a patient with hyperlipidemia, identifies and discusses potential evidence-based treatment options, and solicits patient perspective ● Articulates the sensitivity and specificity of a rapid strep test in evaluation of a patient who presents with a soft throat ● Understands negative predictive value of D-dimer test for a patient with pulmonary embolism
Level 3 *Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients*	● Discusses and applies evidence for the treatment of a high-risk patient with hyperlipidemia who previously did not tolerate a statin ● Understands and appropriately uses clinical practice guidelines for antibiotics in a patient with a sore throat in making patient care decisions while eliciting patient preferences ● Uses a multimodal evidence-based approach to treating chronic back pain ● Utilizes evidence-based treatments for patients with SUDs
Level 4 *Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient*	● Determines which statins will be most likely to be tolerated by a patient who previously did not tolerate a statin ● Synthesizes national guidelines and primary literature to improve diabetes management and appropriately generalizes patients being treated
Level 5 *Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines*	● Reviews inappropriate antibiotic use in clinical setting ● Reviews avoidable hospitalizations to improve management of patients with complex health needs ● Creates pathways for patients with terminal diagnoses to obtain palliative care ● Participates in the development of SUD guidelines based on newly emerging evidence
Assessment Models or Tools	● Direct observation ● Evidence-based write up ● Journal club or evidence-based medicine presentation evaluation

	● Oral or written examinations ● Research portfolio
Curriculum Mapping	–
Notes or Resources	• Choosing Wisely. n.d. Accessed 2026. https://www.choosingwisely.org/. • Institutional Review Board (IRB) guidelines. • JAMAevidence. n.d. Accessed 2026. https://jamaevidence.mhmedical.com/. • National Institutes of Health. n.d. “Write Application.” Accessed 2026. https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm. • US National Library of Medicine. n.d. “PubMed Online Training.” Accessed 2026. https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html.

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth **Overall Intent:** To seek clinical performance information with the intent to improve care; reflect on all domains of practice, personal interactions, and behaviors, and their impact on colleagues and patients (reflective mindfulness); develop clear objectives and goals for improvement in some form of a learning plan.	
Milestones	**Examples**
Level 1 *Accepts responsibility for personal and professional development by establishing goals*	● Sets a personal practice goal of discussion and documentation of preventive health counseling with patients ● Self-evaluates using the Milestones document as a reference
Identifies the factors which contribute to gap(s) between expectations and actual performance	● Using practice habit data, identifies gaps between personal practice and peers' practice
Actively seeks opportunities to improve	● Asks for feedback from patients, patient care team members, and security staff
Level 2 *Demonstrates openness to performance data (feedback and other input) in order to inform goals*	● Integrates feedback from housing staff on patient compliance with smoking cessation counseling
Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance	● Assesses time management skills and how they impact timely completion of clinic notes and patient care tasks ● Identifies areas of improvement to ensure timely review of lab results and communication to patients
Designs and implements a learning plan, with prompting	● Uses feedback and sets a goal to improve communication skills with patients the following week
Level 3 *Seeks performance data episodically, with adaptability and humility*	● Performs a chart audit to determine the percent of patients who received smoking cessation counseling ● Takes input from nursing staff members, peers, and supervisors to gain complex insights into personal strengths and areas to improve
Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	● Humbly acts on input and is appreciative and not defensive
Independently creates and implements a learning plan	● Using evidence-based resources, creates a personal curriculum to improve their understanding and use of behavioral approaches to managing insomnia

Level 4 *Intentionally seeks performance data consistently, with adaptability and humility* *Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance* *Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it*	● Independently uses institutional data sources to complete quarterly chart audits to ensure documentation and management of diabetes ● Consistently creates a list of learning objectives for each rotation and seeks feedback from faculty members ● After a patient encounter, debriefs with the attending and other patient care team members to optimize future collaboration in the care of the patient ● At the following semi-annual review, reviews individualized learning plan goals and ongoing gaps and plans next steps, if necessary
Level 5 *Role models consistently seeking performance data with adaptability and humility* *Coaches others on reflective practice* *Facilitates the design and implementation of learning plans for others*	● Models practice improvement and adaptability ● Actively discusses learning goals with supervisors and colleagues; encourages other learners on the team to consider how their behavior affects the rest of the team ● Develops educational module for collaboration with other patient care team members ● Assists junior learners in developing their individualized learning plans
Assessment Models or Tools	● Career development plan ● Direct observation ● In-training exam or OSCE performance ● Performance data, including feedback from evaluations, quality scorecards, productivity ● Review of learning plan
Curriculum Mapping	–
Notes or Resources	● Burke, Ann E., Bradley Benson, Robert Englander, Carol Carraccio, and Patricia J. Hicks. 2014. “Domain of Competence: Practice-Based Learning and Improvement.” *Academic Pediatrics.* 14(Suppl 2):S38-S54. ● Hojat, Mohammadreza, J. Jon Veloski JJ, and Joseph S. Gonnella. 2009. “Measurement and Correlates of Physicians' Lifelong Learning.” *Academic Medicine.* Aug;84(8):1066-74. Contains a validated questionnaire about physician lifelong learning. ● Lockspeiser, Tai M., Patricia A. Schmitter, J. Lindsey Lane, et al. 2013. “Assessing Residents’ Written Learning Goals and Goal Writing Skill: Validity Evidence for the Learning Goal Scoring Rubric.” *Academic Medicin*e. Oct;88(10)1558-63.

Professionalism 1: Professional Behavior and Ethical Principles in a Carceral Setting **Overall Intent:** To recognize and address lapses in ethical and professional behavior, demonstrate ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas.	
Milestones	**Examples**
Level 1 *Identifies and describes situations prone to professionalism lapses*	● Identifies that absence from assigned clinical responsibilities is a lapse in professionalism ● Discusses how fatigue, stress, anxiety, or depression can cause lapses in professionalism
Describes when and how to appropriately report professionalism lapses	● Reports instances of contraband in the facility as a lapse in professional behavior when witnessed, had knowledge of, and/or identified in themself
Demonstrates knowledge of the impact of dual loyalty on the delivery of health care in carceral settings	● Discusses the basic principles of beneficence, nonmaleficence, justice, autonomy, and professional values and commitments and how they apply to the informed consent process ● Articulates how the principle of “do no harm” applies to patients
Level 2 *Demonstrates professional behavior in routine situations*	● Minimizes copy and paste in patient care notes ● Completes patient encounters in a timely manner
Takes responsibility for own professionalism lapses and reports appropriately	● Takes responsibility for their own lapses, as evidenced by apologizing to the team when showing up late to sign-out, and relays a strategy to prevent being late in the future ● Apologizes for errors or assumptions to the involved people and takes action to not repeat those behaviors ● Identifies and applies ethical principles involved in informed consent
Navigates dual loyalty challenges to prioritize patient care in straightforward situations, with supervision	● After an altercation, reviews need for medical assessment to occur in the clinic rather than on the unit
Level 3 *Demonstrates professional behavior in complex or stressful situations*	● Redirects patient and reschedules patient if they are abusive during the encounter
Recognizes need to seek help in managing and resolving complex ethical situations	● After noticing a colleague’s inappropriate social media post, reviews policies related to posting of content and seeks guidance ● Seeks advice on treatment options for a terminally ill patient, free of bias, while recognizing own limitations and consistently honoring the patient’s choice ● Recognizes the need to seek an ethics consultation when an ethical problem or question involving patient care is not being satisfactorily addressed or resolved for all concerned

Independently navigates dual loyalty challenges to prioritize patient care in complex situations	● Seeks out opinion of team member in complex security situation that may be prohibiting a patient from accessing medical services
Level 4 *Proactively intervenes in situations prone to professionalism lapses to minimize lapses in self and others* *Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)* *Anticipates dual loyalty issues and seeks to minimize them in advance of clinical decision-making*	● Monitors and responds to fatigue, hunger, or stress when observed in team members ● Evaluates need for forced medication during a psychotic event ● Intervenes when professional boundaries are not being respected by colleagues ● When dealing with a challenging patient, recognizes and consults with behavioral health staff to determine better management strategies ● Consults others when a patient with suicidal ideation makes a request to be categorized as do not resuscitate (DNR) ● During a patient's hunger strike, respects the patient's wishes while consulting with health care team for closer monitoring and intervention
Level 5 *Mentors other health care professionals when their behavior fails to meet professional expectations* *Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution* *Mentors other health care professionals in navigating dual loyalty challenges to prioritize patient care*	● Coaches others on maintaining and respecting professional boundaries ● Participates on an IRB for the facility on research involving incarcerated patients ● Mentors health care team on how to identify direct reporting methods for child, elder, or sexual abuse
Assessment Models or Tools	● Completion of required institutional human resource assignments ● Direct observation ● Work hour logging ● Global evaluation ● Health care system safety or professionalism reports ● Multisource feedback ● Obtainment of required vaccines ● Oral or written self-reflection ● Simulation
Curriculum Mapping	–

Notes or Resources	• American Board of Pediatrics. n.d. *Chapter 3: Professionalism with Physician Colleagues and Other Health Professionals.* Accessed 2026. Includes several vignettes for discussion. • American Medical Association. 2019. *Code of Medical Ethics.* Accessed 2026. https://www.ama-assn.org/delivering-care/ama-code-medical-ethics. • American Board of Internal Medicine; American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. "Medical Professionalism in the New Millennium: A Physician Charter." *Ann Intern Med.* 2002;136:243-246. http://abimfoundation.org/wp-content/uploads/2015/12/Medical-Professionalism-in-the-New-Millenium-A-Physician-Charter.pdf. • Byyny, R.L., D.S. Paauw, and M.A. Papadakis. 2017. *Medical Professionalism: Best Practices in the Modern Era.* ISBN: 978-1-5323-6516-4. • Chang, H.J., Y.M. Lee, Y.H. Lee, H.J. Kwon. 2017. "Causes of Resident Lapses in Professional Conduct During Training: A Qualitative Study on the Perspectives of Residents." *Med Teach.* 39(3):278-284. doi:10.1080/0142159X.2017.1270432. • Domen, R.E., K. Johnson, R.M. Conran, et al. 2017. "Professionalism in Pathology: A Case-Based Approach as a Potential Educational Tool." *Arch Pathol Lab Med.* 141:215-219. doi:10.5858/arpa.2016-2017-CP. • Ginsburg, S., G. Regehr, D. Stern, and L. Lingard. 2002. "The Anatomy of the Professional Lapse: Bridging the Gap Between Traditional Frameworks and Students' Perceptions." *Acad Med.* 77(6):516-522. • Levinson, W., S. Ginsburg, F.W. Hafferty, and C.R. Lucey. 2014. *Understanding Medical Professionalism.* 1st ed. New York, NY: McGraw-Hill Education. • Papadakis, M.A., D.S. Paauw, F.W. Hafferty, J. Shapiro, and R.L. Byyny; Alpha Omega Alpha Honor Medical Society Think Tank. 2012. "Perspective: The Education Community Must Develop Best Practices Informed by Evidence-Based Research to Remediate Lapses of Professionalism." *Acad Med.* 87(12):1694-1698. doi:10.1097/ACM.0b013e318271bc0b.

	• Ziring, D., R.M. Frankel, D. Danoff, J.H. Isaacson, and H. Lochnan. 2018. “Silent Witnesses: Faculty Reluctance to Report Medical Students' Professionalism Lapses. *Acad Med.* 93(11):1700-1706. doi:10.1097/ACM.0000000000002188.

Professionalism 2: Accountability/Conscientiousness **Overall Intent:** To take responsibility for one's own actions and their impact on patients and other members of the health care team.	
Milestones	**Examples**
Level 1 *Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future* *Responds promptly to requests or reminders to complete tasks and responsibilities*	● Attends institutional meetings with security staff ● Documents patient notes in appropriate time frame and safely stores documentation according to institutional policy ● Contacts supervisor immediately after realizing that they forgot to write a note for a patient on the day of service; apologizes; and says that they will start keeping a checklist for all patients to ensure notes are done on time ● Completes institutional training modules about PREA (Prison Rape Elimination Act) in timely manner ● Responds to pagers/phone calls from other staff members in a timely manner
Level 2 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations* *Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner*	● Completes administrative tasks, safety modules, procedure review, and licensing requirements by specified due date ● Before going out of town, completes tasks in anticipation of lack of computer access while traveling and signs out anything urgent or likely to become urgent to supervisor ● Recognizes situations that affect accountability: ○ being overconfident about quality of provided care ○ being unprepared for situations when things do not go right or as planned
Level 3 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations* *Proactively implements strategies to ensure that the needs of patients, teams, and systems are met*	● Notifies attending of multiple competing demands on call, appropriately triages tasks, and asks for assistance from other residents or faculty members as needed ● Arranges coverage for assigned clinical tasks on patients and ensures appropriate continuity of care in preparation for being out of the office ● Maintains professional accountability by demonstrating a commitment to lifelong learning and the provision of high-quality care ● Uses data to implement a unit-level standardized strategy to reduce central line infections with continued monitoring
Level 4 *Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner*	● Takes responsibility for inadvertently omitting key patient information during sign-out and professionally discusses with the patient, family, and interprofessional team

Identifies multidisciplinary strategies to meet the care needs of incarcerated patients and communicates strategies to security partners	● Suggests, as part of the health care team, improving compliance with suicide prevention protocols based on existing health care data analysis
Level 5 *Takes ownership of system outcomes*	● Sets up a meeting with the nurse manager to streamline patient discharges and leads team to find solutions to the problem ● Recommends a revised checklist and/or protocols for use by the institution on a wider basis after successful implementation and monitoring
Assessment Models or Tools	● Chart audit ● Compliance with deadlines and timelines ● Direct observation ● Global evaluations ● Multisource feedback ● Self-evaluations and reflective tools ● Simulation
Curriculum Mapping	–
Notes or Resources	• American Sociological Association. *Code of Ethics.* Accessed 2026. https://www.asanet.org/code-ethics. • Wikipedia. "Big Five Personality Traits." Accessed 2026. https://en.wikipedia.org/wiki/Big_Five_personality_traits. Includes Conscientiousness (efficient/organized vs. easy-going/careless) • Hopkins Medicine. "Bringing True Accountability to Health Care: Lessons From Efforts to Reduce Hospital-Acquired Infections." • Levinson, W., S. Ginsburg, F.W. Hafferty, and C.R. Lucey. 2014. "Chapter 5: Integrity and Accountability" in *Understanding Medical Professionalism*. 1st ed. New York, NY: McGraw-Hill Education. • Mueller, P.S. 2015. "Teaching and Assessing Professionalism in Medical Learners and Practicing Physicians. *Rambam Maimonides Med J.* 6(2):e0011. doi:10.5041/RMMJ.10195. • Program-specific resources: ○ Code of conduct from fellow/resident institutional manual ○ Expectations of residency program regarding accountability and professionalism

Professionalism 3: Self-Awareness and Help-Seeking **Overall Intent:** To identify, use, manage, improve, and seek help for personal and professional well-being for self and others.	
Milestones	**Examples**
Level 1 *Recognizes status of personal and professional well-being, with assistance*	● Acknowledges own response to patient's fatal genetic diagnosis ● Identifies personal values versus personal beliefs ● Accepts and takes to heart feedback about their personal and professional well-being from others ● Completes critical reflection assignment
Recognizes limits in the knowledge/skills of self or team, with assistance	● Accepts input, direction, and feedback from others regarding their knowledge, attitude, and skill limitations ● Receives feedback on missed emotional cues after a family meeting
Level 2 *Independently recognizes status of personal and professional well-being*	● Articulates signs of distress such as depression, anxiety, burnout, substance use, and suicidal ideation ● Identifies and communicates impact of a personal family tragedy
Independently recognizes limits in the knowledge/ skills of self or team and demonstrates appropriate help-seeking behaviors	● Seeks out feedback on their performance to help identify their knowledge, attitude, and skill limitations and determine if they are commensurate with their stage of education and training ● Reviews their plan with a more experienced colleague to make sure it's appropriate ● Recognizes when patient does not respond as expected to first-line treatment and is more complex than anticipated ● Recognizes a pattern of missing emotional cues during family meetings and asks for feedback
Level 3 *With assistance, proposes a plan to optimize personal and professional well-being*	● Actively seeks opportunities to debrief after difficult patient encounters
With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team	● Integrates feedback from the multi-disciplinary team to develop a plan for identifying and responding to emotional cues during the next family meeting
Level 4 *Independently develops a plan to optimize personal and professional well-being*	● Independently enrolls in employee assistance program to mitigate work stress
Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team	● Self-assesses and seeks additional feedback on skills responding to emotional cues during a family meeting

Level 5 *Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations*	● Assists in organizational efforts to address clinician well-being after patient diagnosis/prognosis/death ● Works with multi-disciplinary team to develop a feedback framework for learners around family meetings
Assessment Models or Tools	● 360-degree evaluations ● Direct observation ● Work hour logs ● Group interview or discussions for team activities ● Individual interview ● Institutional online training modules ● Self-assessment and personal learning plan
Curriculum Mapping	–
Notes or Resources	• American College of Physicians. n.d. *Resources for Institutional Strategies to Promote Resilience and Reduce Burnout.* • Accreditation Council for Graduate Medical Education. n.d. *Tools and Resources on Physician Well-Being.* • American Medical Association. n.d. *4 Steps to Creating an Effective Physician Well-Being Program.* Accessed August 2026. https://www.ama-assn.org/practice-management/physician-health/4-steps-creating-effective-physician-well-being-program. • American Medical Association. n.d. *Physician Well-Being and Burnout.* Accessed 2026. https://www.ama-assn.org/topics/physician-well-being. • Hicks, P.J., D. Schumacher, S. Guralnick, C. Carraccio, and A.E. Burke. 2014. "Domain of Competence: Personal and Professional Development." *Acad Pediatr.* 14(Suppl 2):S80-S97. • Local resources, including employee assistance programs • Papanikitas, A. 2017. "Self-Awareness and Professionalism." *InnovAiT.* 10(8):452-458. Accessed 2026. https://ora.ox.ac.uk/objects/uuid:16ee6cd3-fca4-4e6c-b2c4-3497c4842457/download_file?file_format=pdf&safe_filename=Papanikitas_2018_self_awarness_professionalism.pdf&type_of_work=Journal+article.

Interpersonal and Communication Skills 1: Patient- and Stakeholder-Centered Communication **Overall Intent:** To deliberately use language and behaviors to form constructive relationships with patients; to identify communication barriers, including self-reflection on personal biases, and minimize them in the doctor-patient relationships; to organize and lead communication around shared decision-making.	
Milestones	**Examples**
Level 1 *Uses language and nonverbal behavior to demonstrate respect and establish rapport*	● Introduces self, faculty member, and other health care team members and identifies patient and others in the room ● Uses proper posture and maintains eye contact ● Addresses as “patient” instead of “inmate”
Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system	● Identifies their own name and role within the health care team to the patient ● Identifies specific patient need for a qualified interpreter for patient with limited English proficiency
Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options	● Uses written materials that are language- and literacy-appropriate ● Uses age-appropriate language when discussing vaccinations with pediatric patients ● Determines consent process for a patient with questionable capacity
Level 2 *Establishes a therapeutic relationship in straightforward encounters using active listening and clear language*	● Listens and demonstrates empathy and understanding toward the patient and restates patient’s perspective
Identifies complex barriers to effective communication (e.g., health literacy)	● Uses qualified interpreters or translators when indicated ● Identifies the need to evaluate patient capacity and determine competence for informed consent ● Recognizes the need for handouts with diagrams and pictures to communicate information to a patient who is unable to read
Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	● Prioritizes and sets agenda at the beginning of the appointment for a new patient with chronic back pain ● Demonstrates understanding of what the patient asked ● Asks the patient to “teach back” what they understood ● Communicates with patient’s family/guardian for immunization consent when required for individuals under the age of 18
Level 3 *Establishes a therapeutic relationship in challenging patient encounters*	● Provides well-written reports or EHR notes so clarifications and explications are not needed

	● Maintains a normal tone of voice with behaviorally dysregulated patients ● Implements open-door practice to encourage ongoing conversations around stigmatized care while maintaining confidentiality
When prompted, reflects on biases while attempting to minimize communication barriers	● Implements recommended strategies to reduce implicit bias ● During a discussion with a supervisor, acknowledges frustration in caring for a patient with diabetes not adhering to recommended nutrition guidelines
With guidance, sensitively and compassionately delivers medical information; elicits patient/family values, goals, and preferences; and acknowledges uncertainty and conflict	● Conducts a family meeting to determine a plan for withdrawal of treatment in a terminally ill patient ● Evaluates and determines competence for informed consent and uses appropriate alternative consent procedures when indicated ● Uses conflict resolution strategies such as choosing words carefully, demonstrating objectivity and fairness, and using a win-win approach
Level 4 *Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity*	● Includes patient's caregivers when indicated ● Continues to engage representative family members with disparate goals in the care of a patient with dementia
Independently recognizes biases while attempting to proactively minimize communication barriers	● Implements strategies to reduce bias to improve communication and facilitate shared understanding ● Reflects on bias related to lung cancer death of own father and solicits input from faculty about mitigation of communication barriers when counseling patients around smoking cessation
Independently uses shared decision-making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	● Engages patients in shared decision-making, particularly those who are at risk for biased treatment ● Uses patient and family input to engage pastoral care and develop a plan for home hospice in the terminally ill patient, aligned with the patient's values
Level 5 *Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships*	● Role models and teaches self-reflection skills to facilitate shared understanding and shared decision-making ● Leads a discussion group on personal experience of moral distress
Role models self-awareness while identifying a contextual approach to minimizing communication barriers	● Develops a residency curriculum on social justice which addresses bias

Role models shared decision-making in patient/family communication, including situations with a high degree of uncertainty/conflict	● Serves on a hospital bioethics committee
Assessment Models or Tools	● Direct observation ● Kalamazoo Essential Elements Communication Checklist (Adapted) ● OSCE ● Standardized patients ● Self-assessment including self-reflection exercises ● Skills needed to set the State, Elicit information, Give information, Understand the patient, and End the encounter (SEGUE)
Curriculum Mapping	–
Notes or Resources	• DeAngelis, Tori. 2019. "How Does Implicit Bias by Physicians Affect Patients' Health Care?" *Monitor on Psychology.* CE Corner. March 2019;50(3):22. • Gutmann, E. 2003. "Pathologists and Patients: Can We Talk?" *Mod Pathol.* 16:515-518. doi:10.1097/01.MP.0000068260.01286.AC. • Institute for Healthcare Improvement. 2017. "How to Reduce Implicit Bias." *Improvement Blog.* September 28, 2017. https://www.ihi.org/library/blog/how-reduce-implicit-bias. • Laidlaw, A., and J. Hart. 2011. "Communication Skills: An Essential Component of Medical Curricula. Part I: Assessment of Clinical Communication: AMEE Guide No. 51." *Med Teach.* 33(1):6-8. doi:10.3109/0142159X.2011.531170. • Makoul, G. 2001. "Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement." *Acad Med.* 76(4):390-393. • Makoul, G. 2001. "The SEGUE Framework for Teaching and Assessing Communication Skills." *Patient Educ Couns."* 45(1):23-34. • Lovell, B., R.T. Lee, and C.M. Brotheridge. 2010. "Physician Communication: Barriers to Achieving Shared Understanding and Shared Decision Making with Patients." *J Participat Med.* 2:e12. • Wachs, Stanley R. 2008. "Put Conflict Resolution Skills to Work." *J Oncol Pract.* 4(1):37-40. doi:10.1200/JOP.0816501.

	• Symons ,A.B., A. Swanson, D. McGuigan, S. Orrange, and E.A. Akl. 2009. “A Tool for Self-Assessment of Communication Skills” *BMC Med Educ*. Jan 8:9;1. doi: 10.1186/1472-6920-9-1.

Interpersonal and Communication Skills 2: Interprofessional and Team Communication **Overall Intent:** To effectively communicate with the health care team, including consultants, in both straightforward and complex situations.	
Milestones	**Examples**
Level 1 *Respectfully requests a consultation*	● Requests a psychiatry consultation for an incarcerated patient with worsening depression and suicidal ideation, clearly explaining the reason for the referral and informing the patient about the consultant's role
Respectfully receives a consultation request	● Receives a nursing request to evaluate an incarcerated patient with chest pain and responds professionally, acknowledging the concern and promptly assessing the patient, providing an update to the nurse regarding the status of the patient after assessment
Uses language that values all members of the health care team	● During morning sick-call review, acknowledges the observations of correctional nurses and custody staff regarding changes in a patient's behavior and incorporates their input into the treatment plan
Level 2 *Clearly and concisely requests a consultation*	● Contacts cardiology regarding an incarcerated patient with persistent hypertension despite three medications, providing relevant history, current medications, blood pressure trends, and specific consultation questions
Clearly and concisely responds to a consultation request	● Provides a clear recommendation to an advanced practice provider in the facility regarding management of chronic hepatitis C, including necessary laboratory monitoring and treatment considerations
Communicates information effectively with all health care team members	● Updates nursing staff, pharmacy, and custody personnel regarding changes to a patient's insulin regimen to ensure continuity of care and safe medication administration
Solicits feedback on performance as a member of the health care team	● Requests feedback from nursing leadership and supervising faculty regarding effectiveness during a multidisciplinary chronic care clinic
Level 3 *Checks own understanding of consultant recommendations*	● Reviews nephrology recommendations for chronic kidney disease management and contacts the consultant to clarify medication adjustments before implementing the plan, with documentation in the health record regarding any agreed-upon deviations from the specialist-recommended plan
Checks understanding of recommendations when providing consultation	● Reviews SBAR (situation, background, assessment, recommendation) content of calls received with nursing staff in a debrief to optimize multidisciplinary team dynamics

Uses active listening to adapt communication style to fit team needs *Communicates concerns and provides feedback to peers and learners*	● Explains a complex anticoagulation plan using simplified language during hand-off to ensure all team members understand monitoring requirements ● Provides constructive feedback to nursing regarding incomplete documentation of withdrawal symptoms and offers strategies to improve future assessments
Level 4 *Coordinates recommendations from different members of the health care team to optimize patient care* *Communicates feedback and constructive criticism to superiors*	● Integrates recommendations from psychiatry, primary care, nursing, pharmacy, and custody staff to develop a comprehensive management plan for an incarcerated patient with severe mental illness and diabetes ● Leads a multidisciplinary case conference involving behavioral health, medical providers, nursing leadership, and custody representatives to address frequent emergency department utilization by a medically complex incarcerated patient ● Professionally discusses concerns with facility leadership regarding delays in specialty referrals and proposes workflow improvements to reduce wait times
Level 5 *Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed* *Facilitates regular health care team-based feedback in complex situations*	● Serves as a leader during a facility outbreak investigation, ensuring that nursing staff, infection control personnel, custody staff, and providers contribute to decision-making and response planning ● Mediates disagreement between health care and custody staff regarding housing placement for a medically vulnerable patient, facilitating a collaborative solution that addresses both safety and health care needs ● Establishes monthly multidisciplinary quality improvement meetings to review sentinel events, encourage open discussion, and identify opportunities to improve patient care and team performance
Assessment Models or Tools	● Direct observation ● Global assessment ● Medical record (chart) audit ● Multi-source feedback ● Simulation
Curriculum Mapping	–
Notes or Resources	• Agency for Healthcare Research and Quality. *TeamSTEPPS® 2.0: Team Strategies and Tools to Enhance Performance and Patient Safety Pocket Guide.* • Babiker, A., M. El Husseini, A. Al Nemri, et al. 2014. “Health Care Professional Development: Working as a Team to Improve Patient Care.” *Sudan J Paediatr.* 14(2):9-16.

	• Braddock, C.H. III, K.A. Edwards, N.M. Hasenberg, T.L. Laidley, and W. Levinson. 1999. "Informed Decision Making in Outpatient Practice: Time to Get Back to Basics. *JAMA.* 282(24):2313-2320. • Cohn, Steven L. 2003. "The Role of the Medical Consultant." *Med Clin North Am.* 87(1):1-6. • CU Academy of Medical Educators. *Giving Effective Feedback: ASK-TELL-ASK Method.* YouTube. • Dehon, E., K. Simpson, D. Fowler, and A. Jones. 2015. "Development of the Faculty 360." *MedEdPORTAL.* 11:10174. DOI: 10.15766/mep_2374-8265.10174. • Fay, D., M. Mazzone, L. Douglas, B. Ambuel. 2007. "A Validated, Behavior-Based Evaluation Instrument for Family Medicine Residents." *MedEdPORTAL.* DOI: 10.15766/mep_2374-8265.622. • François, J. 2011. "Tool to Assess the Quality of Consultation and Referral Request Letters in Family Medicine." *Can Fam Physician.* 57(5):574-575. • Henry, S.G., E.S. Holmboe, and R.M. Frankel. 2013. "Evidence-Based Competencies for Improving Communication Skills in Graduate Medical Education: A Review with Suggestions for Implementation." *Med Teach.* 35(5):395-403. doi:10.3109/0142159X.2013.769677. • Makoul, G.T. *SEGUE.* ©1993/1999. • PA Education Association (PAEA) Committee on Clinical Education. *Ask-Tell-Ask Feedback Model.* 1-Pagers for Preceptors. February 2017. • PAEA Committee on Clinical Education. *One-Minute Preceptor.* 1-Pagers for Preceptors. February 2017. • Rogers, A.I. 2010. "Consultation Etiquette: A Proposed Set of Guidelines." *Am J Gastroenterol.* 105(7):1477-1478. doi:10.1038/ajg.2010.163. • Roth, C.G., K.W. Eldin, V. Padmanabhan, and E.M. Friedman. 2019. "Twelve Tips for the Introduction of Emotional Intelligence in Medical Education. *Med Teach.* 41(7):746-749. doi:10.1080/0142159X.2018.1481499.

Interpersonal and Communication Skills 3: Communication within Carceral Settings **Overall Intent:** To effectively communicate using a variety of methods.	
Milestones	**Examples**
Level 1 *Accurately records information in the patient record in a timely manner*	● Produces documentation that is accurate but may include extraneous information ● Acts in a timely manner in response to accreditation matters, internal required timeframes, and other duties
Safeguards patient protected health information and describes nuances of health information sharing that address health needs and support safety	● Shreds patient list after rounds and avoids talking about patients in the elevator ● Uses secure communication methods and appropriately shares PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA), state law, and correctional health care policies ● Says PPE precautions are for a “respiratory threat,” instead of tuberculosis
Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage)	● Identifies institutional and departmental communication hierarchy for concerns and safety issues ● Uses institutional compliant methods of sharing patient information, and does not put patient information at risk by sharing in non-secure methods
Level 2 *Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record*	● Organizes and accurately documents clinical reasoning that supports the treatment plan
Documents required data in formats specified by institutional policy	● Uses institutional medical record templates and standard discharge instructions when applicable ● Completes documentation within institutional requirements and does not copy and paste extraneous or incorrect information
Respectfully communicates concerns about the system	● Calls information technology (IT) or other designated department to report that secure texting platform is not working or other technological issues that impact patient care
Level 3 *Uses patient record to communicate updated and concise information in an organized format*	● Documents complex clinical thinking concisely, but documentation may not contain anticipatory guidance
Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context and need for timeliness	● Informs patient immediately about critical test results and communicates with other team members about a critical lab result

Uses appropriate channels to offer clear and constructive suggestions to improve the system	● Recognizes and discusses workarounds with departmental or institutional leadership when technology is not working as intended
Level 4 *Optimizes and improves functionality of patient record-keeping within the institutional system* *Achieves written or verbal communication (patient notes, email, etc.) that serves as an example for others to follow* *Initiates difficult conversations with appropriate stakeholders to improve the system*	● Incorporates anticipatory guidance in written hand-off documentation ● Includes information about outpatient follow-up, labs needed, and instructions for patient with anticipatory guidance in consult notes ● Includes all relevant information for patients in discharge summary, in compliance with discharge summary requirements ● Develops documentation templates for the inpatient rotation ● Solicits IT issues from other learners and brings them to a venue where problem-solving can occur
Level 5 *Models feedback to improve others' written communication* *Guides departmental or institutional communication around policies and procedures* *Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, jurisdiction, field)*	● Leads a task force established by the hospital quality improvement committee to develop a plan to improve resident hand-offs ● Incorporates and ensures that institutional policies are embedded within program or departmental policies ● Participates in an institution- or department-wide ad hoc team to solve identified IT issues
Assessment Models or Tools	● Direct observation ● Hand-off audit ● Multisource feedback ● Medical record (chart) audit
Curriculum Mapping	–
Notes or Resources	● Bierman, J.A., K.K. Hufmeyer, D.T. Liss, A.C. Weaver, and H.L. Heiman. 2017. "Promoting Responsible Electronic Documentation: Validity Evidence for a Checklist to Assess Progress Notes in the Electronic Health Record." *Teach Learn Med*. Oct-Dec;29(4):420-432. doi: 10.1080/10401334.2017.1303385. Epub 2017 May 12. PubMed PMID: 28497983. ● Haig, K.M., S. Sutton, and J. Whittington. 2006. "SBAR: A Shared Mental Model for Improving Communication Between Clinicians." *Jt Comm J Qual Patient Saf*. Mar;32(3):167-75. PubMed PMID: 16617948.

	● Starmer, A.J., N.D. Spector, R. Srivastava, et al.; I-PASS Study Group. 2012. "I-Pass, a Mnemonic to Standardize Verbal Handoffs." *Pediatrics*. Feb;129(2):201-4. doi: 10.1542/peds.2011-2966. Epub 2012 Jan 9. PubMed PMID: 22232313.

Available Milestones Resources

Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021 - *https://jgme.kglmeridian.com/view/journals/jgme/13/2s/article-p1.xml*

Milestones Guidebooks*: https://www.acgme.org/milestones/resources/*

- *Assessment Guidebook*
- *Clinical Competency Committee Guidebook*
- *Clinical Competency Committee Guidebook Executive Summaries*
- *Implementation Guidebook*
- *Milestones Guidebook*

Milestones Guidebook for Residents and Fellows*: https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/*

- Milestones Guidebook for Residents and Fellows
- Milestones Guidebook for Residents and Fellows Presentation
- Milestones 2.0 Guide Sheet for Residents and Fellows

Milestones Research and Reports: https://www.acgme.org/milestones/research/

- *Milestones National Report*, updated each fall
- *Milestones Predictive Probability Report,* updated each fall
- *Milestones Bibliography*, updated twice each year

Developing Faculty Competencies in Assessment courses - https://www.acgme.org/education-and-resources/courses-and-workshops/developing-faculty-competencies-in-assessment/

Assessment Tool: Direct Observation of Clinical Care (DOCC) - https://dl.acgme.org/pages/assessment

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - https://team.acgme.org/

Improving Assessment Using Direct Observation Toolkit - https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation

Learn at ACGME has several courses on Assessment and Milestones - https://dl.acgme.org/