# Supplemental Guide: Health Care Administration, Leadership, and Management

ACGME

2026

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## Milestones Supplemental Guide

This document provides additional guidance and examples for the Health Care Administration, Leadership, and Management 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.

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the Resources page of the Milestones section of the ACGME website.

| **Patient Care 1: Health Information Technology (HIT)**<br>**Overall Intent:** To develop physicians who can effectively understand, apply, and lead the use of health information technology to support safe, high-quality, evidence-based, and efficient patient care across clinical and organizational settings | |
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| **Milestones** | **Examples** |
| **Level 1** *Possesses basic knowledge of health information technology (HIT) systems and their integration into the enterprise* | ● Catalogs the local clinical information systems<br>● Reviews the background and impact of technology selection<br>● Identifies the different people involved in HIT and their specific roles<br>● Shadows at the help desk in order to gain an understanding of common HIT problems |
| *Identifies the elements, categories, and challenges of decision support* | ● Lists data visualization, non-interruptive/interruptive alerts, and order sets as various types of decision support used in the intensive care unit (ICU)<br>● Catalogs the various types, number, and frequencies of alerts being used within the system |
| **Level 2** *Defines best practices for clinical information systems implementation, maintenance, and clinical decision support* | ● Identifies the group(s) overseeing decision support<br>● Attends a data governance meeting<br>● Defines five rights of clinical decision support and reviews related literature<br>● Meets with chief medical information officer (CMIO) and chief financial officer (CFO) to review a proposal that was submitted to obtain the electronic health record (EHR) to better understand the historical context |
| *Describes the basics of the science of decision-making, including heuristics and tools to analyze decisions* | ● Describes the different types of cognitive bias<br>● Understands the components of dual process reasoning<br>● Describes the cognitive implications of interruption<br>● Reviews principles of run and control chart rules |
| **Level 3** *Collaborates with an interprofessional team to implement, integrate, monitor, or evaluate a clinical information system* | ● Participates on committee reviewing new clinical decision support requests<br>● Participates in meetings that focus on proposals for new systems or technologies<br>● Participates in a multidisciplinary group to improve medication reconciliation, workflow, and accuracy |
| *Describes the strengths and limitations of decision support approaches* | ● Interviews frontline providers to understand diabetes decision support system<br>● Writes a two-page summary on the opportunities and limits of using artificial intelligence (AI) for clinical reasoning in the urgent care setting<br>● Analyzes existing fall risk alert for adherence to best practices and proposes alternatives |
| **Level 4** *Leads a team in the design, implementation, and evaluation of key component(s) of a clinical information systems project* | ● Designs and implements a safety dashboard in the event reporting systems for chief residents and safety leaders to review events |

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| *Participates in the design and evaluation of an evidence-based decision support based on input from stakeholders* | ● Designs new data visualization of longitudinal microbiology results to guide clinical decision-making<br>● Reviews current sepsis alert performance data and makes suggestions for enhancement<br>● Evaluates a clinical pathway for code stroke and includes outcome and process metric with ongoing review |
| **Level 5** *Leads a team in the evaluation of a complex clinical information systems project*<br><br>*Leads the implementation or de-implementation of an evidence-based decision support, and monitors its effectiveness using key outcomes/measures/metrics* | ● Leads a team to integrate a new endoscopy writer software into existing EHR and evaluates its fidelity, safety, and usability<br>● Collaborates with care providers, informaticists, and the innovation team to evaluate use of new AI technology<br><br>● Evaluates the evidence, reviews the clinical data, interprets the information, and makes the necessary changes for continuous cardiac monitoring of all patients |
| Assessment Models or Tools | ● Direct observation<br>● End-user evaluation<br>● Multisource feedback<br>● Portfolio review of written project documentation of project process and results |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Agency for Healthcare Research and Quality. n.d. “Clinical Decision Support.” https://www.ahrq.gov/cpi/about/otherwebsites/clinical-decision-support/index.html.<br>● Kahneman, Daniel. 2011. *Thinking, Fast and Slow.* Farrar, Straus and Giroux.<br>● Office of the National Coordinator for Health Information Technology. n.d. *Health IT Implementation Resources*. https://www.healthit.gov/healthit-resources/implementation-resources. |

| **Patient Care 2: Data**<br>**Overall Intent:** To develop the ability to access, analyze, and apply health care data for clinical, quality, research, and operational improvement | |
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| **Milestones** | **Examples** |
| **Level 1** *Discusses data sources and governance of access to meet clinical, quality, research, business, and strategic objectives*<br><br>*Defines various data analytics techniques* | ● Identifies claims data as a type of data in the EHR<br>● Defines basic statistical concepts, including mean, median, mode, and range<br>● Lists sources of internal and external data<br>● Identifies the roles and responsibilities of individuals or teams who are authorized to access specific kinds of data, and explains the importance of governance<br><br>● Explains what a histogram or trend line is and when to use it |
| **Level 2** *Compares local portfolio of data sources and governance of access to best practices to meet clinical, quality, research, business, and strategic objectives*<br><br>*Identifies appropriate data, analytics tools, and visualizations for a specific use case* | ● Compares internal data governance processes to leading health care organizations or industry frameworks<br>● Reviews organization's processes and policies for de-identifying patient information and notes for research<br><br>● Selects an infographic with a run chart to show falls data on a medical unit<br>● Uses Tableau to investigate hand hygiene compliance and for data display on units |
| **Level 3** *Identifies opportunities to improve data sources and governance of access to meet clinical, quality, research, business, and strategic objectives*<br><br>*Performs and interprets preliminary analysis on datasets, alone or with data scientist/team* | ● Analyzes patient falls data to identify timing, location, age, medications, and staffing factors, and hypothesizes causes for increased falls<br>● Notices missing sociodemographic data gaps or inconsistencies and reports them to the data integrity team<br><br>● Participates in a project with IT and finance to validate newly merged payor data<br>● Calculates the annual clinic over no-show rate from relevant data<br>● Works with a data analyst to compare different reporting periods for hand hygiene compliance<br>● Conducts a privacy review before requesting a new dataset |
| **Level 4** *Meaningfully participates in the improvement of data sources and governance of access to meet clinical, quality, research, business, and strategic objectives*<br><br>*Critically assesses and communicates results and potential limitations of an analysis tailored to audience and stakeholders* | ● Participates in redesigning the data governance charter by addressing clinical, research, and compliance needs<br>● Writes a brief for C-suite on limitations of EHR-derived sepsis data<br><br>● Presents a report on barriers to health using multiple datasets, highlighting missing data and proposing fix<br>● Leads a review of risk dashboard metrics after noticing inconsistent denominators across departments |

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| **Level 5**<br>*Leads the improvement of data sources and governance of access to meet clinical, quality, research, business, and strategic objectives*<br><br>*Oversees data acquisition and analysis that leads to organizational impact* | ● Chairs the hospital data governance board, setting enterprise-wide data access policies<br>● Supervises a cross-functional team that integrates disparate datasets for a major operational initiative such as quality-linked compensation<br><br>● Implements an organization-wide data quality improvement plan<br>● Publishes best practices for health system data governance or authors data section of an annual quality report |
| Assessment Models or Tools | ● Direct observation of data review or analytic process<br>● Multisource feedback (from IT, quality, operations)<br>● Portfolio review: examples of data analysis, governance recommendations, or reports authored<br>● Presentations to operational or C-suite audiences and feedback on slides and written material<br>● Simulation: mock data governance meetings or analytic scenario |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Handel, Daniel (Ed.). 2025. *Healthcare Administration, Leadership, and Management (HALM): The Essentials* (1st ed.). American Association for Physician Leadership. |

| **Patient Care 3: Clinical Operations**<br>**Overall Intent:** To develop the ability to optimize clinical operations by engaging multidisciplinary teams, analyzing data, and implementing strategies that improve efficiency, safety, and continuity of care | |
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| **Milestones** | **Examples** |
| **Level 1** *Describes makeup of a multi-disciplinary team composition required for given clinical operations scenarios/contexts* | ● Collaborates with an accounting staff member to reconcile discrepancies in operational costs for a new initiative<br>● During a multidisciplinary project kickoff, introduces each stakeholder and articulates their specific contributions to the operational goals |
| *Demonstrates knowledge of data sources, including financial, or other input needed to identify operational problems* | ● Reviews a profit and loss statement for a clinical unit and explains key financial metrics to the team during a project debrief<br>● Reviews a hospital flow and capacity dashboard |
| *Identifies internal and external risks to clinical operations (business) continuity and mitigation strategies* | ● Reviews a SWOT [strengths, weaknesses, opportunities, threats] analysis for a clinical operation |
| **Level 2** *Conducts stakeholder analyses in a matrixed environment that recognize and engage the multi-disciplinary members that make up clinical operations* | ● Provides support in assembling the project team and compiling data for charter development on new initiatives<br>● Reviews project charter, identifies the required data types, and lists the team members needed for the project during a team meeting |
| *Identifies process and outcome metrics that drive operational excellence* | ● Describes limitations to current data sets for a given project |
| *Identifies the emergency management system, triggers and importance of multi-disciplinary teams, and bidirectional information flow* | ● Interviews emergency management leadership, focusing on event triggers and effective team participation |
| **Level 3** *Engages stakeholders and participates in clinical initiative to improve and sustain operational measures* | ● Presents project subcommittee action plans and data<br>● Participates as a committee member for reducing emergency department wait times |
| *Helps develop and analyzes data Key Performance Indicators (KPI)* | ● Works with project manager and data analytics team to prepare data for an operational project |
| *Participates in local emergency management activities* | ● Participates in emergency management committee meetings<br>● Participates in a mock or real incident command event surrounding a local CT [computed tomography] scan downtime |

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| **Level 4** *Leads teams in existing and new operational initiatives*<br><br>*Makes operational changes based on data and conducts ongoing performance evaluation of operations*<br><br>*Participates in interprofessional emergency management activities, including information flow and change management (actual or simulated)* | ● Assembles a multidisciplinary team including physicians, nurses, lab technicians, finance, and IT; develops a budget outlining expenses and projected revenue; and creates a dashboard to track patient outcomes for the new stem cell program<br>● Organizes a multi-disciplinary team to reduce length of stay times<br><br>● Reviews operational dashboards and makes recommendations during readmission committee meeting<br>● Participates in capacity huddles and makes patient flow recommendations<br><br>● Participates in mock or real incident command deployment for a system cyberattack |
| **Level 5** *Spreads and/or leads a portfolio of clinical initiatives that have improved operations*<br><br>*Leads teams to develop KPIs and creates analysis for clinical operations*<br><br>*Leads a local emergency management event with multiple stakeholder groups* | ● Initiates a hospital-wide safety huddle<br><br>● Participates in yearly hospital operational goal setting<br><br>● Chairs the medical branch of an incident command simulation or event surrounding supply chain disruption |
| Assessment Models or Tools | ● Direct observation<br>● End-user evaluation<br>● Multisource feedback |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Handel, Daniel (Ed.). 2025. *Healthcare Administration, Leadership, and Management (HALM): The Essentials* (1st ed.). American Association for Physician Leadership. |

| **Medical Knowledge 1: Governance**<br>**Overall Intent:** To demonstrate understanding and effectively navigate health care governance structures, roles, and regulatory frameworks in order to participate in and lead organizational decision-making that supports safe, ethical, and high-quality patient care | |
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| **Milestones** | **Examples** |
| **Level 1** *Describes organizational structures within a health system including organizational hierarchy, hospital structures, boards of directors/trustees, physician groups and academic interaction*<br><br>*Describes medical staff bylaws and function* | ● Explains how the board of directors manages conflicts of interest, such as requiring members to recuse themselves from decisions when personal interests are involved<br>● Reads hospital bylaws, rules, and regulations<br>● Reads and refers to organizational hierarchy chart<br><br>● Meets with the medical staff office to understand the credentialling purpose and process |
| **Level 2** *Identifies the interdependencies within the organizational hierarchy*<br><br>*Demonstrates knowledge of state and federal regulatory requirements related to medical staff* | ● Articulates own individual chain of command, including dotted line reporting structures<br><br>● Meets with hospital general counsel to understand Emergency Medical Treatment and Labor Act (EMTALA) law |
| **Level 3** *Demonstrates knowledge of key roles within the organizational structures*<br><br>*Demonstrates knowledge of legal aspects related to medical staff governance* | ● Reviews own job description<br>● Interviews a leader from an adjacent department or service line for understanding of roles and responsibilities<br>● Participates in cross-continuum project and maintains a RACI [responsible, accountable, consulted, informed] chart<br><br>● With assistance from general counsel, reads case law briefings related to medical staff governance, credentialing, and peer review |
| **Level 4** *Navigates organizational hierarchy to determine pathways for operational change*<br><br>*Participates in medical staff activities including medical executive committee leadership, credentialling, medical staff quality, and bylaw development* | ● Prepares a charter or other project planning document which includes key stakeholder involvement, roles, and responsibilities<br><br>● Serves on a formal medical staff committee |
| **Level 5** *Makes organizational hierarchical changes across governance structures* | ● Serves on subcommittee to board of directors or board of trustees<br>● Makes recommendations or direct contribution to changing a system, medical group, or hospital reporting structure or chart |

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| *Leads medical staff activities including medical executive committee leadership, credentialling, medical staff quality, and policy/bylaw development* | ● Serves as a medical staff officer, chief medical officer, vice president of medical affairs, or medical staff committee chair |
| Assessment Models or Tools | ● Direct observation<br>● End-user evaluation<br>● Multisource feedback<br>● Portfolio review of written project documentation of project process and results |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Goleman, Daniel, Richard E. Boyatzis, and Annie McKee. 2013. *Primal Leadership: Unleashing the Power of Emotional Intelligence*. Harvard Business Press.<br>● Pietersen, Willie. 2010. *Strategic Learning: How to Be Smarter than Your Competition and Turn Key Insights into Competitive Advantage*. John Wiley & Sons. |

| **Medical Knowledge 2: Organizational Leadership**<br>**Overall Intent:** To apply emotional intelligence, strategic thinking, and leadership principles to effectively guide teams, contribute to organizational strategy, and lead change in complex and evolving health care environments | |
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| **Milestones** | **Examples** |
| **Level 1** *Describes team dynamics, elements of emotional intelligence, and organizational culture* | ● Lists the four domains of emotional intelligence<br>● Explains how hospital incident command structures work<br>● Describes Pietersen's strategic thinking model and compares this to skills needed for effective project management<br>● Defines "organizational culture" and "team dynamics"<br>● Lists traits of effective leaders and managers |
| *Differentiates strategic planning/thinking from project management* | ● Explains differences between strategic and operational planning |
| *Describes the foundations of emergency preparedness* | ● Identifies how hospital incident command structures work<br>● Defines "organizational culture" by explaining, in a quality improvement seminar, how organizational values shape clinical practices |
| **Level 2** *Reflects on strengths and weakness of one's own leadership behaviors and characteristics* | ● Reflects on a critical incident prior to leadership roles and events<br>● Completes a 360-degree review and identifies feedback on communication style; sets a goal to improve delegation |
| *Describes strategic thinking models and elements of strategy* | ● Discusses SWOT, balanced score card, and blue ocean thinking<br>● Identifies a SWOT analysis during a department retreat<br>● Participates in faculty-led workshops on strategic planning |
| *Contributes to disaster preparedness committees/local planning* | ● Joins the hospital's emergency management subcommittee and contributes to evacuation protocol revisions |
| **Level 3** *Applies emotional and situational intelligence to team dynamics* | ● Develops a team action plan for communication after everyone on the team receives their diSC [dominance, influence, steadiness, conscientiousness] assessment<br>● Adapts leadership approach based on direct feedback during a quality improvement initiative<br>● Adjusts tone and approach when leading with residents versus C-suite executives |
| *Identifies local forces that may impact the health environment* | ● During pandemic response planning, notes how supply chain disruptions affect staffing policy |

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| *Participates in an emergency plan/drill and/or attends emergency management activations* | ● Participates in a simulated mass casualty disaster response<br>● Explores the impact of cuts in federal funding to the hospital/health care system |
| **Level 4** *Analyzes own leadership behaviors and team behaviors to improve outcomes*<br><br>*Contributes to a strategic plan*<br><br>*Evaluates and modifies an emergency plan, as needed* | ● Conducts after-action review of a failed initiative, identifying team/process improvements<br>● After a failed project launch, conducts a root-cause analysis focusing on team dynamics and communication gaps, proposes interventions:<br>○ Uses start/stop/continue logs to assess teamwork<br>○ Revises institutional disaster response protocols based on lessons learned<br>○ Drafts a section of three-year departmental plan addressing physician burnout<br>○ Revises protocols for communication during prolonged power outages after real-world events reveal gaps |
| **Level 5** *Applies leadership skills to change organizational culture*<br><br>*Develops a strategic plan*<br><br>*Leads an aspect of a disaster response* | ● Implements a wellness initiative, reducing turnover by 20 percent and increasing provider engagement, as measured in annual surveys<br><br>● Operationalizes and oversees the integration of medical consultants into an orthopaedics co-management service<br><br>● Is primarily responsible for leading live multi-unit response during an actual or simulated disaster<br>● Serves as the medical leader for hospital's pandemic response<br>● Oversees the system-wide launch of a new patient engagement platform, tracks progress using KPIs |
| Assessment Models or Tools | ● Assessment of strategic plans and other strategy tools<br>● Multi-source feedback<br>● Multiple-choice questions<br>● Self and facilitated reflection |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Goleman, Daniel, Richard E. Boyatzis, and Annie McKee. 2013. *Primal Leadership: Unleashing the Power of Emotional Intelligence*. Harvard Business Press.<br>● Federal Emergency Management Agency. n.d.. *Independent Study Program: Integrated Emergency Management*. https://training.fema.gov/is/searchisbycurriculum.aspx?keywords=iem<br>● Pietersen, Willie. 2010. *Strategic Learning: How to Be Smarter than Your Competition and Turn Key Insights into Competitive Advantage*. John Wiley & Sons.*DISC Assessment*. White Label Disc. https://www.whitelabeldisc.com/disc-assessments/ |

| **Medical Knowledge 3: Workforce Development**<br>**Overall Intent:** To apply workforce development principles to build, support, and lead high-performing and sustainable health care teams that advance organizational goals and high-quality patient care | |
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| **Milestones** | **Examples** |
| **Level 1** *Describes basic functions of human resources (HR)* | ● Explains the role of HR in onboarding, benefits administration, and recruitment |
| *Identifies a physician leader's role in well-being, growth, and performance management* | ● Identifies how a physician leader may encourage professional development through continuing medical education (CME) opportunities or mentorship<br>● Describes how a graduate medical education (GME) leader supported well-being in their clinical education and training |
| **Level 2** *Summarizes basic compensation models and benefits, includes talent development and management* | ● Describes differences between salary, hourly, and incentive compensation<br>● Reviews sample employment contracts and identifies health insurance, paid time off, and CME stipend as common benefit offerings |
| *Summarizes tools and approaches for performance management* | ● Identifies frameworks such as annual performance reviews or 360-degree feedback tools<br>● Explains how succession planning works for a key role, such as charge nurse or medical director |
| **Level 3** *Applies HR and compensation concepts to recruitment, retention, and positive culture* | ● Drafts a quality incentive plan for a surgeon<br>● Uses employee engagement data to recommend ways to reduce turnover among advanced practice providers |
| *Utilizes performance management tools and structures* | ● Suggests clinical metrics for inclusion in focused professional practice evaluation and ongoing professional practice evaluation |
| **Level 4** *Utilizes HR rules and best practices to create and hire talent and develop segments of the health care workforce* | ● Writes a competency-based job description and leads interview process for a new clinical manager |
| *Participates in performance management tasks* | ● Leads mid-year review sessions with team members, focusing on strengths and areas for improvement<br>● Develops a list of acceptable questions to ask about clinical competence and training to be used by medical directors to hire new physicians |
| **Level 5** *Analyzes a major component of workforce plan* | ● Develops a departmental workforce plan to support implementation of new service lines or population health initiatives<br>● Explores the licensing and regulatory aspects of hiring clinical pharmacists into a telehealth unit |

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| *Educates others in techniques to address performance or develops performance management tools* | ● Builds and delivers an educational session on how to perform an effective ongoing/focused professional practice evaluation |
| Assessment Models or Tools | ● Direct observation<br>● Product review<br>● 360-degree/multisource feedback<br>● Portfolio review |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Carr, James B., 2nd and Robert Spang. 2025. “Navigating Contract Negotiations.” *Clin Sports Med* 44(1):21-26. doi: 10.1016/j.csm.2024.03.028. PMID: 39510749.<br>● Handel, Daniel (Ed.). 2025. *Healthcare Administration, Leadership, and Management (HALM): The Essentials* (1st ed.). American Association for Physician Leadership.Loftus, Michael L. 2018. “OPPE, FPPE, QPS, and Why the Alphabet Soup of Physician Assessment Is Essential for Safer Patient Care.” *Clin Imaging* 47:v-vii. doi: 10.1016/j.clinimag.2017.11.003. PMID: 29246462. |

| **Systems-Based Practice 1: Patient Safety and Quality Improvement**<br>**Overall Intent:** To develop knowledge, skill, and experience with patient safety and quality improvement | |
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| **Milestones** | **Examples** |
| **Level 1** *Demonstrates knowledge of common patient safety events* | ● Lists patient misidentification or medication errors as common patient safety events |
| *Demonstrates knowledge of how to report patient safety events* | ● Is familiar with patient event recording system and classification scheme |
| *Demonstrates knowledge of basic quality improvement methodologies and metrics* | ● Completes a patient safety/quality improvement module of the Institute for Healthcare Improvement (IHI) certification |
| **Level 2** *Identifies system factors that lead to patient safety events* | ● Identifies look-alike/sound-alike medications that could cause medication errors |
| *Reports patient safety events through institutional reporting systems (actual or simulated)* | ● Enters a medication error event |
| *Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)* | ● Is familiar with current and past improvement initiatives (both successful and unsuccessful)<br>● Is familiar with event evaluation/root cause analysis methodology |
| **Level 3** *Participates in analysis of patient safety events (simulated or actual)* | ● Participates in redacted root cause analysis exercise |
| *Participates in disclosure of patient safety events to patients and families (simulated or actual)* | ● Participates in role-playing exercise related to disclosure of adverse event |
| *Participates in local quality improvement initiatives* | ● Participates in a project to reduce inappropriate procalcitonin ordering |
| **Level 4** *Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)* | ● Leads a simulated root cause analysis for case from own institution or other |
| *Discloses patient safety events to patients and families (simulated or actual)* | ● Leads a simulated discussion with patient or family about a patient safety event |

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| *Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project* | • Completes Lean Six Sigma belt training that requires completion of a project |
| **Level 5** *Actively engages teams and processes to modify systems to prevent patient safety events*<br><br>*Role models or mentors others in the disclosure of patient safety events*<br><br>*Creates, implements, and assesses quality improvement initiatives at the institutional or community level* | • Leads a team to implement barcode scanning for medication safety in the emergency department<br><br>• Creates and delivers a workshop for senior residents on disclosing patient safety events<br><br>• Designs and implements a quality improvement project to reduce the length of stay on hospital floors |
| Assessment Models or Tools | • Direct observation<br>• IHI certification<br>• Lean Six Sigma certification<br>• Multi-source feedback |
| Curriculum Mapping | • Intentionally blank for programs to populate |
| Notes or Resources | • Agency for Healthcare Research and Quality. “Communication and Optimal Resolution (CANDOR).” Last reviewed August 2022. https://www.ahrq.gov/patient-safety/settings/hospital/candor/index.html.<br>• IHI website, local improvement instruction resources |

| **Systems-Based Practice 2: System Navigation for Patient-Centered Care**<br>**Overall Intent:** To effectively navigate the health care system, including the interdisciplinary team and other care practitioners, and to adapt care to a specific patient population to ensure high-quality patient outcomes | |
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| **Milestones** | **Examples** |
| **Level 1** *Demonstrates knowledge of care coordination*<br><br>*Identifies key elements for safe and effective transitions of care and handoffs*<br><br>*Demonstrates knowledge of population and community health needs and disparities* | ● Describes the care coordination needs and key stakeholders for a safe discharge of a complex patient with multiple chronic conditions<br><br>● Presents the I-PASS framework to a clinical service<br><br>● Describes the processes required to connect high-risk patients with preventive services and culturally competent care |
| **Level 2** *Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional teams*<br><br>*Identifies clinical operational processes for safe and effective transitions of care*<br><br>*Identifies specific population and community health needs and inequities for their local population* | ● Participates in daily huddles with nurses, medical assistants, pharmacists, and care coordinators<br><br>● Shadows the hospital's discharge planning team and maps the current workflow for transitioning patients from inpatient to outpatient care<br>● Identifies gaps in communication or follow-up, and proposes a revised discharge checklist that includes medication education, follow-up appointments, and transportation planning<br><br>● Analyzes local public health data and EHR reports to identify high rates of uncontrolled hypertension in a specific ZIP code<br>● Summarizes and evaluates the inclusion/exclusion criteria for outpatient surgical centers |
| **Level 3** *Coordinates care of patients in complex clinical situations effectively utilizing the roles of their interprofessional teams*<br><br>*Analyzes safety events and clinical operational process for safe and effective transitions of care* | ● Facilitates a care team meeting including cardiology, nursing, social work, pharmacy, and case management to align goals of care, optimize medication management, and ensure continuity across settings<br><br>● Recommends process improvements such as automated discharge alerts and enhanced patient education protocols<br>● Assesses current hand-off practices and needs of the heart failure team |

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| *Uses local resources effectively to meet the needs of a patient population and community* | ● Uses data from community health needs assessments to design and propose a pilot outreach program that connects high-risk patients with preventive services and culturally competent care |
| **Level 4** *Role models effective coordination of patient-centered care among different disciplines and specialties*<br><br>*Identifies and analyzes key performance indicators of transitions of care to facilitate improvements at the organizational level*<br><br>*Participates in changing and adapting practice to provide for the needs of specific populations* | ● Demonstrates best practices in communication, shared decision-making, and documentation during interdisciplinary rounds<br><br>● Uses hospital data to evaluate 30-day readmission rates, follow-up appointment adherence, and medication reconciliation completion and presents findings to the quality improvement committee<br>● Assesses the workflow and utility of pre-operative clinic to optimize patient status prior to surgery<br><br>● Collaborates with clinic leadership to implement extended evening hours and telehealth services for working adults in underserved communities |
| **Level 5** *Analyses the process of care coordination and leads in the design and implementation of improvements*<br><br>*Leads organizational change to improve transitions of care*<br><br>*Leads innovations and advocates for populations and communities with health care inequities* | ● Conducts a workflow analysis of care coordination for high-risk patients in a primary care clinic<br>● Identifies inefficiencies in communication between providers and care managers<br>● Leads a pilot project to implement a centralized care coordination dashboard that integrates EHR alerts, task assignments, and patient outreach tracking<br><br>● Identifies bottlenecks in discharge planning and follow-up care and develops and implements a new transition-of-care protocol that includes real-time discharge summaries, automated follow-up scheduling, and patient education materials in multiple languages<br><br>● Coordinates with local health departments to provide preventive screenings, chronic disease management, and health literacy workshops tailored to community needs |
| Assessment Models or Tools | ● Direct observation<br>● Multi-source feedback |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Agency for Healthcare Research and Quality. “Care Coordination.” *National Center for Excellence in Primary Care Research*. Last reviewed November 2024. https://www.ahrq.gov/ncepcr/care/coordination.html.<br>● Agency for Healthcare Research and Quality. “I-PASS Handoff Tool.” *TeamSTEPPS®: Strategies and Tools to Enhance Performance and Patient Safety*. Last reviewed July 1, |

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| | 2023. https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/ipass.html |

| **Systems-Based Practice 3: Physician Leadership Role in Health Care System**<br>**Overall Intent:** To understand the physician's role in the complex health care system and how to optimize the system to improve patient care and the health system's performance | |
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| **Milestones** | **Examples** |
| **Level 1** *Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)*<br><br>*Describes responsibility as a physician leader to advocate for effective care across payment models* | ● Describes differences between skilled nursing facility, acute rehab facility, and long-term acute care hospital<br><br>● Uses case studies to illustrate how care coordination, preventive services, and cost-effective treatment strategies align with both fee-for-service and value-based reimbursement structures |
| **Level 2** *Describes how components of a complex health care system are inter-related, and how this impacts patient care*<br><br>*Describes how patients' payment models can affect clinical management* | ● Summarizes how access to home services is affected by the local payer mix<br>● Creates a systems map illustrating how departments such as billing, pharmacy, IT, and clinical operations interact to influence patient outcomes<br><br>● Describes what home services are available in the local area<br>● Leads a case-based discussion comparing the clinical management of a patient with diabetes under fee-for-service, capitated, and value-based payment models; highlights differences in care planning, resource utilization, and documentation requirements, and discusses how payment incentives shape provider behavior and patient access |
| **Level 3** *Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)*<br><br>*Assesses local opportunities to support shared decision-making to provide effective care across payment models* | ● Presents a case at a departmental meeting showing how timely discharge planning and early mobilization reduced a patient's length of stay by two days<br>● Uses hospital metrics to demonstrate how coordinating early physical therapy contributes to system-wide efficiency and cost savings<br><br>● Conducts a needs assessment in a primary care clinic to evaluate how shared decision-making tools are used for patients with chronic conditions<br>● Identifies gaps in utilization across different insurance types and proposes integrating decision aids into the EHR to support value-based care and improve patient engagement |
| **Level 4** *Manages various components of the complex health care system to provide efficient and effective patient care and transition of care*<br><br>*Advocates for patient care needs with consideration of the limitations of each patient's payment model* | ● Designs program for pharmacist review of complex medication regimens at time of hospital discharge<br><br>● Assesses the mental health coverage gaps for patients, advocates for access to community-based behavioral health services, and presents the case to the hospital's financial assistance committee to secure supplemental support |

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| **Level 5** *Advocates for or leads systems change that enhances high value, efficient and effective patient care and transition of care*<br><br>*Participates in health policy advocacy activities* | ● Presents to hospital leadership, outlining the impact of insurance coverage gaps on access to specialty care for underinsured patients; uses patient case examples to highlight delays in diagnostics and treatment, and proposes partnerships with community clinics and charity care programs to bridge coverage limitations<br><br>● Collaborates with legislative arm of a professional organization to advocate for improved patient care |
| Assessment Models or Tools | ● Direct observation<br>● Discussion of outcomes during semi-annual reviews<br>● Multi-source feedback |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Agency for Healthcare Research and Quality. "Shared Decision-Making." *CAHPS® Quality Improvement Guide: Strategies for Improving Communication*. https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6i-shared-decisionmaking.html.<br>● American Board of Internal Medicine (ABIM) Foundation, American College of Physicians (ACP) Foundation, European Federation of Internal Medicine. 2002. *Medical Professionalism in the New Millennium: A Physician Charter*. https://abimfoundation.org/what-we-do/physician-charter.<br>● American Medical Association Journal of Ethics. 2022. *Physician Leadership and Advocacy in Team-Based Care*. https://journalofethics.ama-assn.org/article/physician-leadership-and-advocacy-team-based-care/2022-09. |

| **Systems-Based Practice 4: Business of Health Care**<br>**Overall Intent:** To apply core health care business principles to make informed decisions, communicate effectively with administrative stakeholders, and lead initiatives that improve quality, efficiency, and sustainability of patient care | |
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| **Milestones** | **Examples** |
| **Level 1** *Describes/identifies basic financial and operational structures within health care organizations* | ● Attends and summarizes a hospital operations meeting where topics include staffing models, departmental budgets, and service line performance<br>● Creates a visual map of the organization's financial and operational structure, highlighting how clinical departments interface with finance, HR, and administration |
| *Describes basic health payment systems, including and practice models* | ● Develops a comparative chart outlining key features of fee-for-service, capitation, bundled payments, and value-based care models<br>● Presents the chart during a seminar, using patient scenarios to illustrate how each model influences clinical decision-making and resource allocation |
| *Describes key components of a financial report* | ● Reviews a sample departmental financial report with a mentor, identifying key components such as revenue, expenses, margin, and payer mix<br>● Prepares a brief presentation explaining the need for and importance of different financial statements in the organization |
| **Level 2** *Identifies key components of health care finance and operations and their impact on patient care delivery* | ● Participates in a hospital finance workshop where attendees review cost centers, revenue streams, and operational budgets |
| *Describes implications of payment and practice models on local health care system* | ● Conducts a comparative analysis of how fee-for-service vs. value-based payment models affect referral patterns, care coordination, and resource utilization in a local health system |
| *Interprets financial reports and can provide a summary of key findings* | ● Reviews a quarterly financial report from a hospital department, identifying trends in revenue, expenses, and payer mix |
| **Level 3** *Analyzes financial and operational challenges and proposes solutions to improve health care delivery efficiency* | ● Evaluates staffing patterns in a hospitalist service and identifies inefficiencies related to shift overlap and patient load distribution<br>● Proposes a revised scheduling model that balances workload, reduces overtime costs, and improves patient throughput, supported by operational data and stakeholder feedback |
| *Identifies opportunities for optimization of value and resource allocation within existing payment models* | ● Analyzes utilization patterns of specialty consults in a value-based care clinic; identifies opportunities to implement e-consults for low-complexity cases, reducing unnecessary in-person visits and improving access while maintaining quality |

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| *Interprets financial reports and provides a summary of the financial health of the system* | • Reviews the monthly financial performance report for a hospital department, focusing on budget variance, labor costs, and supply expenses; prepares a summary that includes key financial indicators, trends, and recommendations for improving cost management and operational efficiency |
| **Level 4** *Implements and evaluates financial and operational improvements to enhance patient care quality and organizational performance*<br><br>*Analyzes the value implication variations of a clinical process*<br><br>*Participates in analysis of annual budget process for the hospital system* | • Leads a project to reduce overtime costs in the emergency department by redesigning shift schedules and improving patient triage workflows<br>• Tracks key performance indicators and presents a post-implementation evaluation to hospital leadership<br><br>• Compares admission versus observation unit protocols for managing low-risk chest pain in the emergency department<br>• Analyzes differences in cost, length of stay, patient outcomes, and reimbursement and presents findings to clinical leadership to support adoption of the more cost-effective, high-value pathway<br><br>• Joins the finance team during the annual budget cycle to review departmental budget proposals; analyzes trends in spending, revenue projections, and strategic priorities |
| **Level 5** *Leads system-wide initiatives that result in measurable improvements in financial performance, operational efficiency, and patient outcomes*<br><br>*Implements a project to improve value based on current or projected financial models*<br><br>*Creates budget for a specific service line* | • Leads a hospital-wide initiative to reduce unnecessary inpatient lab testing<br>• Collaborates with clinical departments, IT, and finance to implement clinical decision support tools and provider education<br>• Tracks and reports reductions in lab costs, improved provider compliance, and stable patient outcomes over a six-month period<br><br>• Designs and implements a telehealth follow-up program for post-surgical patients under a bundled payment model<br>• Uses projected cost savings and patient satisfaction data to justify the program<br><br>• Develops a comprehensive budget proposal for expanding behavioral health services within a primary care clinic; includes projected staffing costs, facility upgrades, reimbursement estimates, and return on investment (ROI) analysis, and presents the budget to senior leadership |
| Assessment Models or Tools | • Direct observation<br>• Discussion of outcomes during semi-annual reviews<br>• Multi-source feedback |
| Curriculum Mapping | • Intentionally blank for programs to populate |

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| Notes or Resources | ● American Board of Internal Medicine (ABIM) Foundation, American College of Physicians (ACP) Foundation, European Federation of Internal Medicine. 2002. *Medical Professionalism in the New Millennium: A Physician Charter*. https://abimfoundation.org/what-we-do/physician-charter.<br>● Agency for Healthcare Research and Quality. "Shared Decision-Making." *CAHPS® Quality Improvement Guide: Strategies for Improving Communication.* https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6i-shared-decisionmaking.html.<br>● American Medical Association Journal of Ethics. "Physician Leadership and Advocacy in Team-Based Care." September 2022. https://journalofethics.ama-assn.org/article/physician-leadership-and-advocacy-team-based-care/2022-09. |

| **Systems-Based Practice 5: Health Care Policy, Law, and Advocacy**<br>**Overall Intent:** To understand and apply key health care laws, regulations, and policy processes, and to advocate effectively for patients, communities, and health systems | |
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| **Milestones** | **Examples** |
| **Level 1** *Describes key health care policies and laws (e.g.,* Health Insurance Portability and Accountability Act (*HIPAA),* Occupational Safety and Health Administration (*OSHA), EMTALA)*<br><br>*Describes various accreditation bodies (*Centers for Medicare & Medicaid Services (*CMS),* Department of Health and Human Services (*HHS), Joint Commission,* Liaison Committee on Medical Education (*LCME), ACGME)*<br><br>*Describes mechanisms for partnership between communities and health care systems* | ● Create a summary for clinical teams that outlines key responsibilities under HIPAA, OSHA, and EMTALA<br>● Use recent case examples to illustrate how breaches or violations can impact patient safety, legal liability, and institutional reputation<br><br>● Creates a reference guide comparing governmental and accrediting organizations such as CMS, HHS, Joint Commission, LCME, and the ACGME, and includes each body's purpose, scope, accreditation process, and impact on clinical operations and reimbursement<br><br>● Identifies shared priorities between local health departments, community organizations, and hospital leadership and outlines potential partnership opportunities |
| **Level 2** *Describes local regulatory and compliance structures overseeing the health care system*<br><br>*Identifies how local processes map to underlying regulatory requirements*<br><br>*Identifies community partners within the local health care system* | ● Attends a briefing with the county compliance office and summarizes the county's compliance program, including its policies, training protocols, and internal monitoring systems<br><br>● Conducts a process mapping exercise for outpatient rehabilitation services and compares local workflows and processes to federal and state licensing standards<br><br>● Identifies key local community partners and interviews representatives from two organizations to understand their roles in addressing health equity, chronic disease prevention, and care coordination |
| **Level 3** *Reviews a local policy for authorship, historical context, and organizational decision-making in its implementation*<br><br>*Analyzes an aspect of a regulatory finding or standard* | ● Reviews the hospital's internal policy on telehealth implementation. Identifies its authorship, the historical context, and the organizational decision-making process and presents a policy analysis to the fellowship group<br><br>● Assesses a Joint Commission finding related to medication reconciliation and analyzes its implications for clinical workflow, documentation practices, and compliance and proposes a corrective action plan |

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| *Participates in a community/health care system partnership* | ● Participates in a collaborative initiative between the hospital and a local nonprofit focused on improving access to prenatal care and contributes to outreach strategy; helps evaluate the program's impact |
| **Level 4** *Creates or revises policies within the local health care system and ensures implementation and compliance*<br><br>*Participates in on-going preparation for regulatory survey*<br><br>*Leads existing project between community and health care system* | ● Leads the revision of a hospital's policy on patient consent for telehealth services<br>● Collaborates with legal, compliance, and clinical teams to ensure alignment with federal and state regulations<br>● Develops training materials and monitors implementation through periodic audits and feedback from frontline staff<br><br>● Joins the hospital's accreditation readiness team to prepare for an upcoming Joint Commission survey<br>● Conducts environment-of-care rounds, reviews documentation for compliance with standards, and assists departments in closing identified gaps<br><br>● Serves as the lead for a collaborative initiative between a hospital and a local food bank to address food insecurity among discharged patients<br>● Coordinates screening protocols, referral workflows, and follow-up tracking |
| **Level 5** *Advocates for health care policies at state level or national level*<br><br>*Participates in regulatory surveys*<br><br>*Creates a new initiative for collaboration between communities and the health care system* | ● Participates in a national advocacy day organized by the American College of Physicians (ACP)<br>● Meets with state legislators to discuss proposed legislation on prior authorization reform<br>● Prepares talking points, shares clinical experiences, and contributes to a policy brief submitted to the legislative committee<br><br>● Joins the hospital's compliance team during a Joint Commission survey<br>● Assists with document preparation, escorts surveyors during site visits, and responds to real-time inquiries about clinical workflows<br>● Debriefs with leadership afterward to identify lessons learned and areas for improvement<br><br>● Launches a community-based hypertension management program in partnership with local pharmacies and faith-based organizations<br>● Designs the initiative to include blood pressure screenings, health education, and referral pathways to primary care and tracks engagement and clinical outcomes to evaluate impact |
| Assessment Models or Tools | ● Direct observation<br>● Discussion of outcomes during semi-annual reviews<br>● Multi-source feedback |
| Curriculum Mapping | ● Intentionally blank for programs to populate |

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| Notes or Resources | ● Resource(s) will be provided in final draft |

| **Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice**<br>**Overall Intent:** To incorporate evidence and patient values into clinical practice | |
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| **Milestones** | **Examples** |
| **Level 1** *Demonstrates how to access and use available evidence, and incorporate stakeholder preferences and values in routine administrative or operational decisions* | • Identifies evidence-based guidelines for osteoporosis screening at US Preventive Services Task Force website<br>• Actively participates in journal club |
| **Level 2** *Articulates relevant organizational or policy questions and elicits stakeholder preferences and values to guide evidence-informed decision-making* | • For a proposed health system lipid management initiative, discusses an evidence-informed question, reviews relevant guidelines and local performance data, and elicits patient and frontline stakeholder perspectives to inform the recommendation |
| **Level 3** *Locates and applies the best available evidence, integrated with stakeholder input and organizational data, to address complex challenges in policy, operations, or strategic planning* | • Explains the rationale for implementing a new clinic scheduling model by using data on wait times, no-show rates, and clinician workload, addressing staff concerns while linking the change to organizational goals for access, efficiency, and team well-being |
| **Level 4** *Critically appraises and applies evidence, even in the face of uncertainty or conflicting data, to guide decisions that balance organizational priorities, ethical considerations, and fairness* | • Leads medical staff to embrace evidence-based guidelines by critically appraising the literature and local data, transparently addressing uncertainty and competing priorities, and applying the evidence to guide fair, ethical, and sustainable practice change |
| **Level 5** *Coaches others in critically appraising and applying evidence to complex leadership challenges; contributes to the development of evidence-informed policies, guidelines, or strategic frameworks that promote fairness and sustainability* | • Leads peers and committee members to apply evidence and local data when revising a clinical or operational protocol, supporting adoption through clear appraisal, discussion of tradeoffs, and alignment with organizational goals |
| Assessment Models or Tools | ● Chart stimulated recall<br>● Direct observation<br>● Evaluation of a presentation<br>● Journal club and case-based discussion<br>● Multisource feedback<br>● Oral or written examination<br>● Portfolio |

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| | ● Simulation |
| Curriculum Mapping | • Intentionally blank for programs to populate |
| Notes or Resources | ● Agency for Healthcare Research and Quality. "Guidelines and Measures." https://www.ahrq.gov/gam/index.html.<br>● Centre for Evidence Based Medicine. www.cebm.net.<br>● Guyatt, Gordon, Drummond Rennie. 2002. *Users Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice*. Chicago, IL: AMA Press.<br>● Local Institutional Review Board (IRB) guidelines<br>● National Institutes of Health. "Write Application." https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm. Last updated November 2025.<br>● Society for Medical Decision Making. https://smdm.org/.<br>● US National Library of Medicine. "PubMed® Online Training." https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html.<br>● American College of Physicians. *Online Interactive High Value Care Cases*. https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians/online-interactive-high-value-care-cases |

| **Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth**<br>**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); and develop clear objectives and goals for improvement in a learning plan | |
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| **Milestones** | **Examples** |
| **Level 1** *Accepts responsibility for personal and professional development by establishing leadership and growth goals*<br><br>*Identifies factors contributing to gaps between expected and actual performance in leadership or administrative tasks*<br><br>*Actively seeks opportunities to improve leadership competencies and emotional intelligence* | ● Sets a personal practice goal of documenting use of the fishbone diagrams for quality improvement<br><br>● Identifies gaps in knowledge of root cause analysis<br><br>● Asks for feedback from patient care and HIT team members |
| **Level 2** *Demonstrates openness to feedback and performance data (e.g., evaluations, team input, project outcomes) to inform development goals*<br><br>*Analyzes and reflects on factors contributing to performance gaps in leadership or management contexts*<br><br>*Designs and implements a learning plan with guidance, incorporating feedback, self-awareness, and leadership development needs* | ● Integrates feedback to adjust the documentation of the fishbone diagrams for quality improvement program (new PDSA [plan, do, study, act] cycle)<br><br>● Assesses time management skills and impact on timely completion of root cause analysis and failure mode and effect analysis<br><br>● When prompted, develops individual education plan to improve the evaluation of quality improvement methods |
| **Level 3** *Seeks feedback episodically with humility and emotional intelligence, especially in response to leadership challenges*<br><br>*Reflects on feedback and implements behavioral changes to improve leadership effectiveness and interpersonal dynamics* | ● Determines that the decision support developed meets best practices in decision support design<br>● Uses peer-code review to identify programming issues<br><br>● Completes a comprehensive literature review prior to research project or system design |

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| *Independently creates and executes a learning plan aligned with leadership development goals and organizational needs* | • Using web-based resources, creates a personal curriculum to improve evaluation of quality improvement methods |
| **Level 4** *Consistently and intentionally seeks feedback across diverse leadership contexts with adaptability and humility*<br><br>*Challenges assumptions and considers alternative approaches to improve leadership performance and team outcomes*<br><br>*Uses performance data to evaluate and refine learning plans, linking personal growth to team and organizational outcomes; facilitates reflective practices within teams* | • Completes and uses peer-code review to identify ongoing programming issues<br><br>• At completion of quality improvement project, debriefs with the team members to optimize future collaboration in future quality improvement work<br><br>• Performs an audit on the design of quality improvement projects |
| **Level 5** *Role models reflective practice and emotional intelligence in leadership and administrative settings*<br><br>*Coaches others in reflective practice and personal development, fostering a culture of continuous learning*<br><br>*Facilitates learning plans and reflective processes for individuals and teams that align personal development with strategic organizational goals* | • Serves as a code peer-reviewer<br><br>• Develops educational module for collaboration with other team members<br><br>• Assists first-year fellows in developing their individualized learning plans |
| Assessment Models or Tools | • Direct observation<br>• Multisource feedback<br>• Review of learning plan |
| Curriculum Mapping | • Intentionally blank for programs to populate |
| Notes or Resources | • Hojat, Mohammadreza, J. Jon Veloski, and Joseph S. Gonnella JS. 2009. “Measurement and Correlates of Physicians’ Lifelong Learning.” *Acad Med* 84(8):1066-74. |

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| | DOI: 10.1097/ACM.0b013e3181acf25f.<br>Note: Contains a validated questionnaire about physician lifelong learning.<br>● Kannry, Joseph, Patricia Sengstack, Thankam Paul Thyvalikakath, et al. 2016. "The Chief Clinical Informatics Officer (CCIO): AMIA Task Force Report on CCIO Knowledge, Education, and Skillset Requirements." *Appl Clin Inform* 7(1):143-76. doi: 10.4338/ACI-2015-12-R-0174. PMID: 27081413; PMCID: PMC4817341.<br>● 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." *Acad Med* 88(10)1558-63. DOI: 10.1097/ACM.0b013e3182a352e6. |

| **Professionalism 1: Professional Behavior and Ethical Principles for a Health Care Leader**<br>**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 | |
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| **Milestones** | **Examples** |
| **Level 1** *Identifies and describes potential triggers for professionalism lapses*<br><br>*Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers*<br><br>*Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision-making, advance directives, confidentiality, error disclosure, stewardship of limited resources, business ethics, research ethics, and related topics* | ● Understands that being tired can cause a lapse in professionalism in self and others<br>● Makes a personal inventory of individual triggers for lapses in professionalism discipline<br><br>● Understands that being late to project meetings has an adverse effect on patient care and professional relationships<br><br>● Articulates how the principle of "do no harm" applies to a patient for whom decision support recommends unnecessary treatment<br>● Understands the risks of copying and pasting information |
| **Level 2** *Demonstrates insight into professional behavior and cultural sensitivity in routine situations*<br><br>*Takes responsibility for own professionalism lapses*<br><br>*Analyzes straightforward situations using ethical principles* | ● Respectfully approaches a colleague who is late to a meeting about the importance of being on time<br>● Schedules meetings during acceptable hours for intended team<br><br>● Notifies the appropriate supervisor when a colleague is routinely late<br>● Acts with humility when a personal behavioral lapse arises<br><br>● Identifies and applies ethical principles to machine learning and AI<br>● Explores and identifies errors resulting from copying and pasting information |
| **Level 3** *Demonstrates professional behavior and cultural sensitivity in complex or stressful situations*<br><br>*Recognizes the need to seek help in managing and resolving complex ethical situations* | ● Appropriately responds to a distraught team member following an unsuccessful implementation or upgrade<br>● Participates in or role-plays a crucial conversation regarding a culturally insensitive behavioral event<br><br>● After noticing a colleague's inappropriate social media post, reviews policies related to posting of content and seeks guidance<br>● Is aware of the ethical challenges of machine learning models derived from incomplete data |

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| *Analyzes complex situations using ethical principles* | ● Follows up on injury to patients due to malfunctioning CDS in an ethical and comprehensive manner, including notifying patients, setting harm mitigation in motion, identifying the root cause, and addressing of the underlying problem |
| **Level 4** *Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others*<br><br>*Demonstrates knowledge of accountability pathways for professional lapses in others*<br><br>*Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)* | ● Actively considers the perspectives of multidisciplinary team members<br>● Models respect for users and promotes the same from colleagues during unanticipated down time<br><br>● Recognizes and uses ethics consults, literature, risk-management/legal counsel to resolve ethical dilemmas<br><br>● Proposes ways to mitigate errors resulting from copying and pasting information |
| **Level 5** *Coaches others when their behavior fails to meet professional expectations*<br><br>*Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution* | ● Coaches others when their behavior fails to meet professional expectations, and creates a performance improvement plan to prevent recurrence<br><br>● Identifies bias in pain prescribing, analyzes prescribing data, and leads system-wide guideline standardization and bias training |
| Assessment Models or Tools | ● Direct observation<br>● Global evaluation<br>● Multisource feedback<br>● Oral or written self-reflection<br>● Simulation |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● American Medical Association. “American Medical Association Code of Ethics.” https://www.ama-assn.org/delivering-care/ama-code-medical-ethics.<br>● Bynny, Richard L., Douglas S. Paauw, Maxine Papadakis, and Sheryl Pfeil. 2017. *Medical Professionalism Best Practices: Professionalism in the Modern Era*. ISBN: 978-1-5323-6516-4.<br>● Domen, Ronald E., Kristen Johnson, Richard Michael Conran, et al. 2017. “Professionalism in Pathology: A Case-Based Approach as a Potential Education Tool.” *Arch Pathol Lab Med* 141:215-219. doi: 10.5858/arpa.2016-0217-CP.<br>● Levinson, Wendy, Shiphra Ginsburg, Frederic W. Hafferty, and Catherine R. Lucey. 2014. *Understanding Medical Professionalism*. 1st ed. McGraw-Hill Education. |

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| | ● Petersen, Carolyn, Eta S. Berner, Peter J. Embi, et al. 2018. “AMIA’s Code of Professional and Ethical Conduct 2018.” *J Am Med Inform Assoc* 25(11):1579-1582. doi: 10.1093/jamia/ocy092.<br>● Tsou, Amy Y., Christoph U. Lehmann, Jeremy Michel, Ronni Solomon, Lorraine Possanza, and Tejal Gandhi. 2017. “Safe Practices for Copy and Paste in the EHR: Systematic Review, Recommendations, and Novel Model for Health IT Collaboration.” *Appl Clin Inform* 8(1):12-34. doi: 10.4338/ACI-2016-09-R-0150. PMID: 28074211; PMCID: PMC5373750. |

| **Professionalism 2: Accountability/Conscientiousness**<br>**Overall Intent:** To take responsibility for one's own actions and the impact on patients and other members of the health care team | |
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| **Milestones** | **Examples** |
| **Level 1** *Performs administrative tasks and patient care responsibilities, with prompting*<br><br>*Describes the organization's defined standards of behavior* | ● Responds promptly to reminders from supervisor to complete project reports<br>● Displays timely attendance at meetings<br>● Completes end-of-rotation evaluations<br>● Answers emails in a timely fashion<br><br>● Has read and understands the organization's code of conduct |
| **Level 2** *Performs administrative tasks and patient care responsibilities in a timely manner in routine situations*<br><br>*Practices and models standards of behavior* | ● Completes administrative tasks on their own (self-motivated to monitor), including individualized process to complete goals, such as learning plans and other documentation pertaining to educational and training experiences<br><br>● Has no chart delinquencies<br>● Clearly communicates hand-offs within team projects<br>● Arrives on time consistently<br>● Leaves camera on for virtual meetings<br>● Meets/exceeds the performance standards as set by the organization |
| **Level 3** *Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations*<br><br>*Informs and instructs others regarding standards of behavior* | ● Notifies program faculty members of multiple competing demands, appropriately triages tasks, and asks for assistance from other fellows, team members, or faculty members, as needed<br><br>● Arranges coverage for an assigned project and/or other tasks when preparing for time out of the office<br>● Teaches others about the performance standards of behaviors such as knocking on a patient's door before entering and hand hygiene compliance |
| **Level 4** *Proactively implements strategies to ensure that the needs of patients, teams, and systems are met*<br><br>*Counsels other professionals regarding lapses or deficiencies in behavior* | ● Takes responsibility for inadvertently omitting key project-related information with fellows, team members, or faculty members<br>● Triages tasks during stressful times, including adjusting communication style and media channels or requirements during surges<br>● Continuously improves meeting agendas to ensure they add value to group members and team goals<br><br>● Communicates prospectively with team members related to project-related tasks and deadlines |

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| **Level 5** *Creates strategies to enhance others' ability to efficiently complete administrative tasks and patient care responsibilities*<br><br>*Develops system policies and procedures for standards of behavior and remediation* | ● Sets up a meeting with project team members to overcome obstacles and improve performance<br>● Maintains responsibility charting (RACI) to ensure member role clarity<br><br>● Reviews code of conduct policy in order to co-facilitate or lead a root cause analysis session |
| Assessment Models or Tools | ● Direct observation<br>● Multisource feedback<br>● Global evaluations<br>● Self-evaluations and reflective tools<br>● Compliance with deadlines and timelines<br>● Simulation |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● American College of Healthcare Executives Code of Conduct<br>● American Medical Informatics Association. "Ethics: A Code of Professional Ethical Conduct for AMIA." https://amia.org/about-amia/leadership-and-governance/ethics.<br>● Code of conduct from fellow/resident institutional manual<br>● Expectations of fellowship program regarding accountability and professionalism<br>● Petersen, Carolyn, Eta S. Berner, Peter J. Embi, et al. 2018. "AMIA's Code of Professional and Ethical Conduct 2018." *J Am Med Inform Assoc* 25(11):1579-1582. doi: 10.1093/jamia/ocy092.<br>● IHI. 2017. *Leading a Culture of Safety: A Blueprint for Success*. https://www.ihi.org/sites/default/files/Leading_a_Culture_of_Safety_Blueprint.pdf<br>● Standards of Behavior documents within a fellow's organization |

| **Professionalism 3: Self-Awareness and Help-Seeking**<br>**Overall Intent:** To identify, use, manage, improve, and seek help for personal and professional well-being for self and others | |
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| **Milestones** | **Examples** |
| **Level 1** *Recognizes the importance of addressing personal and professional well-being for self and others* | • Acknowledges own response to project difficulties or failures<br>• Recognizes own signs of fatigue and adjusts work/life schedule |
| **Level 2** *Describes institutional resources that are meant to promote well-being for self and others* | • Independently identifies and communicates impact of project failure and lessons learned<br>• Identifies and accesses institutional resources such as employee assistance program, leadership programs, wellness committees, reporting structures, behavioral and counseling resources, or crisis management leads |
| **Level 3** *Recognizes institutional and personal factors that impact well-being for self and others* | • With support from colleagues and faculty members, develops a reflective response to deal with personal impact of difficult team interactions and/or project failures<br>• Recognizes impacting factors including work hours, patient outcomes, clinical load over time, lack of support staff, fatigue, lack of goals and ambiguous expectations, excessive amount responsibility without authority |
| **Level 4** *Describes interactions between institutional and personal factors that impact well-being for self and others and suggests potential solutions* | • Independently identifies ways to manage personal stress<br>• Explicitly works with a mentor or coach to handle work-life stress associated with role change<br>• Recognizes how staff shortages can negatively impacting the well-being of others |
| **Level 5** *Coaches and supports colleagues to optimize well-being at the team, program, or institutional level* | • Assists in organizational efforts to address clinician well-being due to EHR burden<br>• Works with multidisciplinary team to develop a feedback framework for learners around project meetings<br>• Mentors a chief resident on work/life integration and burnout |
| Assessment Models or Tools | • Direct observation<br>• Self-assessment and personal learning plan<br>• Individual interview<br>• Group interview or discussions for team activities<br>• Institutional online training modules |
| Curriculum Mapping | • Intentionally blank for programs to populate |
| Notes or Resources | • This subcompetency is not intended to evaluate a fellow's well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being<br>• ACGME. *ACGME Well-Being Tools and Resources*. https://dl.acgme.org/pages/well-being. |

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| | ● Hicks, Patricia J., Daniel Schumacher, Susan Guralnick, Carol Carraccio, and Anne E. Burke. 2014. “Domain of Competence: Personal and Professional Development.” *Acad Pediatr* 14(2 Suppl):S80-97. DOI: 10.1016/j.acap.2013.11.017<br>● Local resources, including employee assistance programs<br>● Korn Ferry FYI (For Your Improvement) Leadership Competency Manual |

| **Interpersonal and Communication Skills 1: Patient and Family-Centered Communication**<br>**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 doctor-patient relationships; and to organize and lead communication around shared decision-making | |
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| **Milestones** | **Examples** |
| **Level 1** *Recognizes basic principles of patient/family feedback in care quality* | ● Describes how to introduce oneself, explain a role in care, and acknowledge the purpose of the patient/family meeting<br>● Identifies barriers to communication, such as language or literacy, and suggests use of translators or plain language |
| *Observes senior providers using complaint resolution processes (e.g., LEAP framework)* | ● Observes leaders using SBAR [situation, background, assessment, recommendation] to address patient family concerns |
| *Logs basic details of complaints, with supervision* | ● Attends debrief after a difficult family meeting and records comments under supervision |
| **Level 2** *Identifies trends in recurring complaints (e.g., wait times, billing)* | ● Reviews recent patient satisfaction data and identifies common themes in complaints |
| *Applies structured communication frameworks with direct supervision* | ● Practices explaining care plans to families in a simulated encounter using teach-back and open-ended questions |
| *Uses organizational policies to document complaints independently* | ● Documents family feedback directly in the patient experience tracking system<br>● Utilizes “NURSE” [naming, understanding, respecting, supporting, exploring] statements for emotion in direct patient or family conversations, with supervision |
| **Level 3** *Analyzes systemic factors linking complaints to operational gaps* | ● Leads a discussion with frontline staff regarding long wait times due to processing delays underlying care complaints |
| *Applies structured communication frameworks with indirect supervision* | ● Applies de-escalation skills in a challenging family meeting, summarizes concerns for the care team, and proposes follow-up |
| *Coordinates interdisciplinary teams to resolve disputes through communication* | ● Facilitates a multidisciplinary huddle after a negative patient experience to create an action plan for improvement<br>● Independently uses empathetic listening and shared decision-making models in family-facing roles |
| **Level 4** *Integrates feedback from multiple stakeholders, including patient/family, into quality improvement initiatives* | ● Leads a review of complaint data, synthesizes themes, and presents findings to hospital leadership as part of a quality improvement project |

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| *Serves as a resource in complaint resolution*<br><br>*Designs proactive systems like patient/family advisory councils* | ● Coaches colleagues on best practices for disclosure and apology after errors<br><br>● Oversees the implementation of a formal process for escalating complex family grievances to senior leadership<br>● Collaborates with a patient/family advisory council to review and revise written communication materials for greater accessibility |
| **Level 5** *Leads innovation in patient-centered communication best practices*<br><br>*Innovates complaint strategies and/or patient/family communication strategies (e.g., telehealth/portal-based tools)*<br><br>*Advocates for policy changes to address systemic differences across populations* | ● Designs and leads training sessions for the organization on advanced communication skills, including delivering difficult news and motivational interviewing<br><br>● Develops and pilots a real-time feedback tool for point-of-care family engagement, evaluates outcomes, and presents results at national conferences<br>● Leads a system-wide change in complaint response protocols based on trend analysis and stakeholder feedback<br><br>● Advocates for implementation of new telehealth strategies to improve access and equity in patient/family communication |
| Assessment Models or Tools | ● Direct observation: Includes participation in actual or simulated patient/family meetings<br>● Standardized patient interviews: Use case-based scenarios to rate communication behaviors<br>● Review of documented patient/family interactions and complaints<br>● Multisource feedback: From patients, families, staff, and peers<br>● Portfolio review: Collection of reflective statements or case summaries |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Laidlaw, Anita, Jo Hart. 2011. “Communication Skills: An Essential Component of Medical Curricula. Part I: Assessment of Clinical Communication: AMEE Guide No. 51.” *Med Teach*. 2011;33(1):6-8.<br>● Makoul, G. 2001. “Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement.” *Acad Med* 76:390-393.<br>● Makoul, G. 2001. “The SEGUE Framework for Teaching and Assessing Communication Skills.” *Patient Educ Couns*. 2001;45(1):23-34.<br>● Symons, A.B., A. Swanson, D. McGuigan, S. Orrange, and E.A. Akl. 2009. “A Tool for Self-Assessment of Communication Skills and Professionalism in Fellows.” *BMC Med Educ* 9:1. |

| **Interpersonal and Communication Skills 2: Interprofessional and Team Communication**<br>**Overall Intent:** To effectively communicate with the health care team, including consultants, in both straightforward and complex situations | |
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| **Milestones** | **Examples** |
| ***Level 1*** *Demonstrates basic awareness of team roles and responsibilities (e.g., ancillary vs. clinical staff)* | ● Identifies the various professional roles within a health care team |
| *Applies emotional intelligence to interpret nonverbal cues and manage interpersonal tensions* | ● Recognizes interpersonal tensions and uses pauses before responding and attentive listening<br>● Observes conflict resolution handled by a more senior team member |
| ***Level 2*** *Communicates with interprofessional team members for buy-in and participation for a team* | ● Seeks input from nursing, pharmacy, and case management to coordinate a meeting or project |
| *Resolves minor conflicts among team members* | ● Navigates disagreement over meeting times or responsibilities within the team<br>● Takes initiative to clarify task assignments and resolve simple misunderstandings between team members |
| ***Level 3*** *Uses tools and technology to facilitate effective team communication* | ● Leads use of a project management dashboard for team updates and shared resources |
| *Resolves conflicts within teams using structured methods (e.g., mediation, root-cause analysis)* | ● Applies structured communication frameworks like ISBARR [identify, situation, background, assessment, recommendation, readback] in complex handoffs<br>● Mediates a disagreement during a team project, employing a root-cause analysis or mediation strategy to address underlying issues |
| ***Level 4*** *Employs communication techniques for varied input and to build psychological safety* | ● Facilitates meetings where all backgrounds are encouraged to share input, using round-robin or anonymous polling<br>● Encourages open discussion of errors or near-misses, demonstrating non-punitive debriefing techniques |
| *Mentors others in conflict resolution and situational leadership* | ● Coaches a junior colleague on how to manage a high-stakes disagreement between departments |
| ***Level 5*** *Adapts communication strategy and delivery to a range of interprofessional audiences* | ● Designs or leads a workshop or training on cross-disciplinary communication for the organization |

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| *Designs system-wide communication strategies that that decrease team conflict* | ● Develops or implements a communication protocol used throughout the health system for escalation of concerns, acute event communication<br>● Facilitates system-wide improvements in digital communication, reducing delays or misunderstandings across multiple departments |
| Assessment Models or Tools | ● Direct observation of data review or analytic process<br>● Portfolio review: examples of data analysis, governance recommendations, or reports authored<br>● Multisource feedback (from IT, quality, operations)<br>● Simulation: mock data governance meetings or analytic scenario<br>● Presentations to operational or C-suite audiences and feedback on slides and written material |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| Notes or Resources | ● Braddock, C.H., 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* 282:2313-2320.<br>● Dehon, E., K. Simpson, D. Fowler, and A. Jones. 2015. "Development of the Faculty 360." *MedEdPORTAL* 11:10174 http://doi.org/10.15766/mep_2374-8265.10174.<br>● François, J. 2011. "Tool to Assess the Quality of Consultation and Referral Request Letters in Family Medicine." *Can Fam Physician* 57(5), 574–575.<br>● Fay, D., M. Mazzone, L. Douglas, and B. Ambuel. 2007. "A Validated, Behavior-Based Evaluation Instrument for Family Medicine Residents." *MedEdPORTAL Publications*. doi: 10.15766/mep_2374-8265.622.<br>● Green, M., T. Parrott, and G. Cook. 2012. "Improving Your Communication Skills." *BMJ* 344:e357. doi: https://doi.org/10.1136/bmj.e357.<br>● 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.<br>● Lane, J.L., and R.P. Gottlieb. 2000. "Structured Clinical Observations: A Method to Teach Clinical Skills with Limited Time and Financial Resources." *Pediatrics* 105:973-7.<br>● Makoul G. The SEGUE Framework for Teaching and Assessing Communication Skills. *Patient Education and Counseling*. 2001;45(1):23-34.<br>● Roth, C.G., K.W. Eldin, V. Padmanabhan, and E.M. Freidman. 2018. "Twelve Tips for the Introduction of Emotional Intelligence in Medical Education." *Med Teach* 21:1-4. doi: 10.1080/0142159X.2018.1481499. |

| **Interpersonal and Communication Skills 3: Communication Within Health Care Systems**<br>**Overall Intent:** To effectively communicate using a variety of methods | |
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| **Milestones** | **Examples** |
| **Level 1** *Communicates through appropriate channels as required by institutional policy* | ● Transmits data to the state/registries with safeguards, (e.g., patient safety reports, cell phone/pager usage) data use agreements, and cyber security |
| *Recognizes common barriers to system communication* | ● Transmits patient safety reports using the hospital's designated system and discusses basics of HIPAA and secure messaging systems<br>● Provides standardized written notifications to regulatory agencies regarding reportable diseases |
| *Describes the considerations for communication with community and external groups* | ● Recognizes the need for data use agreements when sharing information with registries<br>● Identifies cyber security and privacy as major considerations in EHR and external data sharing |
| **Level 2** *Respectfully communicates concerns* | ● Uses policy-appropriate channels to escalate concerns to IT or compliance about observed data breaches or communication failures |
| *Utilizes appropriate health information exchange platforms* | ● Submits patient data securely via a recognized health information exchange |
| *Delivers scripted written health information to local groups with assistance* | ● Assists in drafting public health messages to a local community with oversight from communications and legal teams |
| **Level 3** *Uses appropriate channels to offer clear and constructive suggestions* | ● Develops draft FAQs for a patient portal rollout, ensuring compliance with accessibility and privacy requirements |
| *Demonstrates understanding of regulatory requirements (HIPAA, CMS) in system communication* | ● Sends regulatory-compliant, confidential emails to referring providers when patient records are transferred |
| *Creates information to communicate with external entities* | ● Leads the preparation of communication for a hospital-acquired infection case to be shared with public health authorities |
| **Level 4** *Initiates difficult conversations with appropriate stakeholders* | ● Forges communication protocols with public health departments during outbreaks |
| *Works with the team to optimize EHR use for team communication and care coordination* | ● Negotiates data-sharing standards with external partners |

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| *Mediates between public health agencies and patient populations* | ● Advocates for upgrades to EHRs that address interoperability gaps identified through stakeholder feedback<br>● Collaborates to design a dashboard for enterprise communication about patient transfers across sites |
| **Level 5** *Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field)*<br>*Serves as institutional authority on health care system communication standards*<br>*Shapes regional/national health communication materials and strategies* | ● Chairs an inter-organizational task force aligning communication protocols between major health systems<br>● Leads hospital response teams in regional disaster communications, integrating law enforcement, emergency medical services, and public health representatives<br>● Develops institutional policies for secure communication tools used in telemedicine, subsequently adopted system-wide<br>● Advises on state or national guidance for digital health information exchange and medical data privacy |
| Assessment Models or Tools | ● Direct observation of system-level and interorganizational communication exchanges<br>● Documentation review (secure emails, public health reports, dashboards, policy drafts)<br>● Multisource feedback from internal and external partners (IT, compliance, public health)<br>● Simulation drills (e.g., communication during cyberattack or emergency surge events) |
| Curriculum Mapping | ● Intentionally blank for programs to populate |
| 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* 29(4):420-432.<br>● Starmer, Amy J., et al. 2012. "I-Pass, a Mnemonic to Standardize Verbal Handoffs." *Pediatrics* 129.2:201-204.<br>● Haig, K.M., S. Sutton, and J. Whittington. 2006. "SBAR: A shared Mental Model for Improving Communications Between Clinicians." Jt Comm J Qual Patient Saf 32(3):167-75. DOI: 10.1016/s1553-7250(06)32022-3. |

| **Interpersonal and Communication Skills 4: Using Communication Skills to Manage Organization Change**<br>**Overall Intent:** To use effective, strategic communication to lead and support organizational change by building shared understanding, addressing resistance, and aligning stakeholders around evidence-informed goals and system priorities. | |
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| **Milestones** | **Examples** |
| **Level 1** *Recognizes basic principles of organizational change in health care settings*<br><br>*Identifies common sources of resistance to change* | ● Attends a staff or leadership meeting where an upcoming policy or process change is being announced by senior leaders, noting the approach and language used<br><br>● Identifies that change often creates discomfort, and recognizes common responses such as denial, anger, or passive resistance within teams<br>● Takes notes on recurring questions, complaints, or themes that come up when changes are communicated |
| **Level 2** *Articulates rationale for specific changes using evidence-based arguments*<br><br>*Implements techniques to address resistance to change* | ● Explains the reason for transitioning to a new EHR system by sharing data on improved patient safety, charting accuracy, or peer-reviewed studies demonstrating workflow benefits<br><br>● Listens to staff concerns about new processes and responds directly with evidence, empathy, and practical examples of how the change will support their work |
| **Level 3** *Tailors communication strategies to different stakeholder groups during transitions*<br><br>*Mediates disagreements between stakeholders while maintaining change momentum* | ● Conducts a stakeholder analysis to identify key groups (e.g., clinical staff, executive leadership, frontline employees), and crafts messages tailored to each group's priorities and language<br><br>● Organizes neutral, confidential meetings between stakeholders with conflicting views to surface concerns and identify common goals |
| **Level 4** *Develops comprehensive communication plans for complex system-wide changes*<br><br>*Anticipates systemic barriers and develops preventive mitigation strategies* | ● Leads cross-departmental collaboration to design targeted communication strategies for a health system's transition to a new EHR platform, including identifying key audiences and tailoring messaging<br><br>● Ensures that communication is continuous, repetitive, and delivered through multiple channels to reinforce key messages and support understanding over time |
| **Level 5** *Designs innovative change communication frameworks for large-scale transformations*<br><br>*Teaches advanced negotiation tactics for high-stakes organizational changes* | ● Leads enterprise-wide change initiatives by designing a multi-phase communication plan that includes stakeholder impact assessments, leadership alignment, and audience-specific messaging distributed across multiple channels<br><br>● Creates a change-champion network by deploying local leaders as communication liaisons responsible for two-way communication, addressing concerns, and escalating feedback |

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| Assessment Models or Tools | ● Direct Observation<br>● Portfolio Review<br>● Multi-Source (360-Degree) Feedback<br>● Simulation and Case-Based Scenarios<br>● Self-Assessment and Reflective Practice<br>● Stakeholder/Employee Surveys<br>● Interpersonal and Communication Skills Assessment Tools<br>● Change Management Communication Frameworks |
| Curriculum Mapping | ● ● Intentionally blank for programs to populate |
| Notes or Resources | ● Kotter, J.P. 2012. *Leading Change*. Cambridge, Massachusetts; Harvard Business Review Press.<br>● Prosci. *The Prosci ADKAR® Model*. https://www.prosci.com/methodology/adkar.<br>● William Bridges Associates. *Bridges Transition Model*. https://wmbridges.com/about/what-is-transition.<br>● Rogers, Everett M. 1962. *Diffusion of Innovations*. New York: Free Press of Glencoe. |

**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/