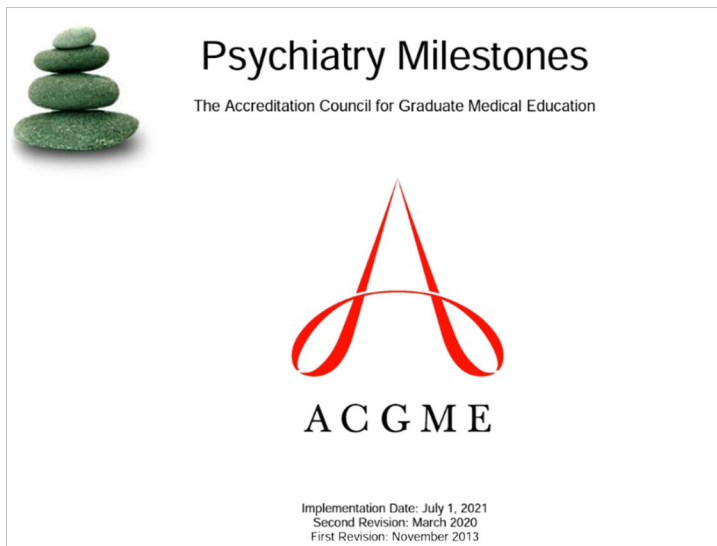


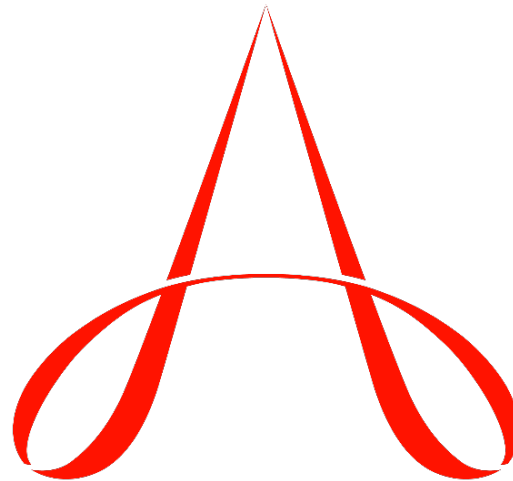
Psychiatry and Family Medicine (combined) programs must annually report on **each** set of Milestones.





Psychiatry Milestones

The Accreditation Council for Graduate Medical Education



ACGME

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

Psychiatry Milestones

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

Psychiatry Milestones Work Group

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

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

Understanding Milestone Levels and Reporting

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

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

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

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

Additional Notes

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

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

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

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

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On www.acgme.org, choose the applicable specialty under the “Specialties” menu, then select the “Milestones” link in the lower navigation bar.

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

| Systems-based Practice 2: System Navigation for Patient Centered Care | | | | |
|---|--|--|--|--|
| A: Coordinates patient care | | | | |
| B: Safely transitions care | | | | |
| C: Appropriately adapts care to meet community needs | | | | |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional teams | Coordinates care of patients in complex clinical situations effectively utilizing the roles of their interprofessional teams | Role models effective coordination of patient-centered care among different disciplines and specialties | Analyzes the process of care coordination and leads in the design and implementation of improvements |
| Identifies key elements for safe and effective transitions of care and handoffs | Performs safe and effective transitions of care/handoffs in routine clinical situations | Performs safe and effective transitions of care/handoffs in complex clinical situations | Role models and serves as a patient advocate for safe and effective transitions of care/handoffs within and across healthcare delivery systems including outpatient settings | Improves quality of transitions of care within and across healthcare delivery systems to optimize patient outcomes |
| Demonstrates knowledge of population and community health needs and disparities | Identifies specific population and community health needs and inequities for their local population | Uses local resources effectively to meet the needs of a patient population and community | Participates in changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with health care inequities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| | | | | Not Yet Completed Level 1 <input type="checkbox"/> |

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

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

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

| Patient Care 2: Psychiatric Formulation and Differential Diagnosis A: Organizes and summarizes findings and generates differential diagnosis B: Identifies contributing factors and contextual features and creates a formulation C: Uses the emotional responses of clinician and patient as diagnostic information | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation Recognizes that clinicians have emotional responses to patients | Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient's presentation Recognizes that clinicians' emotional responses have diagnostic value | Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of patient presentations Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, and developmental/life cycle factors Begins to use the clinician's emotional responses to the patient to aid formulation | Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings Develops formulations based on multiple conceptual models Integrates clinician's and patient's emotional responses into the diagnosis and formulation | Serves as a role model in the development of accurate and complete differential diagnoses and formulations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Patient Care 3: Treatment Planning and Management A: Creates treatment plan B: Monitors and revises treatment when indicated C: Incorporates the use of community resources | | | | |
|--|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies potential biopsychosocial treatment options | Engages the patient in the selection of evidence-based biopsychosocial treatment, recognizing that comorbid conditions and side effects impact treatment | Applies an understanding of psychiatric, neurologic, and medical comorbidities in the management of common presentations | Devises individualized treatment plan for complex presentations; integrates multiple modalities and providers in a comprehensive approach | Supervises treatment planning of other learners and multidisciplinary providers |
| Recognizes that acuity affects level of care and treatment monitoring | Selects the most appropriate level of care based on acuity and monitors treatment adherence and response | Selects the most appropriate interventions, treatments, and adjustments in treatment in common presentations based on consideration of patient factors and acuity | Selects the most appropriate interventions, treatments, and adjustments in treatment in complex presentations based on consideration of patient factors and acuity | |
| Gives examples of community resources | Coordinates care with community resources | Incorporates support and advocacy groups in treatment planning | Locates and connects patients to community resources in complex and difficult situations | Participates in the creation or administration of community-based programs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

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

| Patient Care 5: Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) A: Understands the mechanisms of action, indications, and evidence base for somatic therapies and appropriately applies them to patient care B: Educates patients about somatic therapies including access to accurate psychoeducational resources C: Appropriately monitors patient's response to treatment | | | | |
|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms</p> <p>Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments</p> <p>Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety</p> | <p>Appropriately prescribes commonly used somatic therapies and understands their mechanism of action</p> <p>Appropriately uses educational and other resources to support the patient and optimize understanding and adherence</p> <p>Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies</p> | <p>Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies</p> <p>Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families</p> <p>Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy</p> | <p>Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases</p> <p>Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base</p> <p>Manages adverse effects and safety concerns in complex or treatment refractory cases</p> | <p>Manages complex combinations of somatic therapies and considers novel approaches</p> <p>Leads the development of novel patient educational processes or materials</p> <p>Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="float: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

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

| Medical Knowledge 1: Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) A: Knowledge of human development B: Knowledge of pathological and environmental influences on development | | | | |
|---|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Conceptualizes development as occurring in stages throughout the life cycle Recognizes major deviations from typical development | Describes the basic stages of typical biological, sociocultural, sexual, and cognitive development throughout the life cycle Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that contribute to a shift towards an atypical developmental trajectory | Explains developmental tasks and transitions throughout the life cycle, using multiple conceptual models Describes the influence of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology | Articulates an integrated understanding of typical development Describes how acquiring and losing specific capacities can influence the expression of psychopathology | Incorporates new knowledge into own understanding of typical and atypical development |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| | | | | Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> |

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

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

| Medical Knowledge 4: Psychotherapy A: Fundamentals B: Practice and indications C: Evidence base | | | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies psychotherapy as an effective modality of treatment | Describes the common elements across psychotherapeutic modalities | Identifies the central theoretical principles across the three core psychotherapeutic modalities: supportive, psychodynamic, cognitive-behavioral | Explains the theoretical mechanisms of therapeutic change in each of the three core modalities | Incorporates new theoretical developments into knowledge base |
| Describes the basic framework of a psychotherapeutic experience | Lists the basic indications and benefits of using psychotherapy | Identifies the techniques of the three core individual psychotherapies | Compares the selection criteria and potential risks, and benefits of the three core individual psychotherapies | Demonstrates sufficient evidence-based knowledge of core individual therapies to teach others |
| Lists the three core psychotherapy modalities | Describes the evidence for one core psychotherapy modality | Summarizes the evidence base for the three core individual psychotherapies | Analyzes the evidence base for combining psychotherapy and pharmacotherapy | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> |

| Systems-Based Practice 1: Patient Safety and Quality Improvement A: Analyzes patient safety events B: Appropriately discloses patient safety events C: Participates in quality improvement | | | | |
|---|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Participates in analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Actively engages teams and processes to improve systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events through institutional reporting systems (simulated or actual) | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Discloses patient safety events to patients and families (simulated or actual) | Role models or mentors others in the disclosure of patient safety events |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates) | Participates in local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Systems-Based Practice 2: System Navigation for Patient-Centered Care A: Coordinates patient care B: Safely transitions care C: Population and community health needs | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination Identifies key elements for safe and effective transitions of care and hand-offs Demonstrates knowledge of population and community health needs | Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams Performs safe and effective transitions of care/hand-offs in routine clinical situations Identifies specific population and community health needs for their local population | Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams Performs safe and effective transitions of care/hand-offs in complex clinical situations Uses local resources effectively to meet the needs of a patient population and community | Role models effective coordination of patient-centered care among different disciplines and specialties Role models and serves as a patient advocate for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings Participates in changing and adapting practice to provide for the needs of specific populations | Analyzes the process of care coordination and leads in the design and implementation of improvements Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes Leads innovations and advocates for populations and communities with health care needs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> </div> | | | | |

| Systems-Based Practice 3: Physician Role in Health Care Systems A: Understanding and working within the health care system B: Health care financing and advocacy C: Transition to practice | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies key components of the complex health care system | Describes how components of a complex health care system are interrelated, and how this impacts patient care | Discusses how individual practice affects the broader system | Manages various components of the complex health care system to provide high-value, efficient, and effective patient care and transition of care | Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care |
| Describes practice models and basic mental health payment systems | Identifies barriers to care in different health care systems | Engages with patients in shared decision making and advocates for appropriate care and parity | Advocates for patient care needs including mobilizing community resources | Participates in advocacy activities for access to care in mental health and reimbursement |
| Identifies basic knowledge domains for effective transition to residency | Demonstrates use of information technology and documentation required for medical practice | Describes core administrative knowledge needed for transition to practice | Analyzes individual practice patterns and professional requirements in preparation for practice | Educates others to prepare them for transition to practice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | |
|--|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates how to access and summarize available evidence for routine conditions | Articulates clinical questions and initiates literature searches to provide evidence-based care | Locates and applies the best available evidence to the care of patients applying a hierarchy of evidence | Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient | Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth | | | | |
|---|---|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors which contribute to gap(s) between one's expected and actual performance</p> <p>Actively seeks opportunities to improve</p> | <p>Demonstrates openness to performance data (feedback and other input) in order to inform goals</p> <p>Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance</p> <p>Designs and implements a learning plan, with prompting</p> | <p>Seeks performance data episodically, with openness and humility</p> <p>Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance</p> <p>Independently creates and implements a learning plan</p> | <p>Intentionally seeks performance data consistently with openness and humility</p> <p>Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected and actual performance</p> <p>Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it</p> | <p>Role models consistently seeking performance data with openness and humility</p> <p>Coaches others on reflective practice</p> <p>Facilitates the design and implementation of learning plans for others</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

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

| Professionalism 2: Accountability/Conscientiousness | | | | |
|---|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future</p> <p>Introduces self as patient's resident physician</p> | <p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care</p> | <p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations</p> <p>Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider</p> | <p>Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving</p> <p>Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care</p> | <p>Takes ownership of system outcomes</p> <p>Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Professionalism 3: Well-Being | | | | |
|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes the importance of addressing personal and professional well-being | Lists available resources for personal and professional well-being Describes institutional resources designed to promote well-being | With assistance, proposes a plan to promote personal and professional well-being Recognizes which institutional factors affect well-being | Independently develops a plan to promote personal and professional well-being Describes institutional factors that positively and/or negatively affect well-being | Creates institutional level interventions that promote colleagues' well-being Describes institutional programs designed to examine systemic contributors to burnout |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

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

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

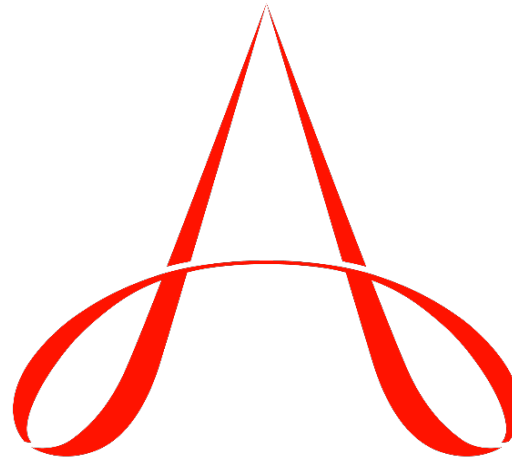
| Interpersonal and Communication Skills 2: Interprofessional and Team Communication | | | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Uses language that values all members of the health care team</p> | <p>Communicates information effectively with all health care team members</p> | <p>Uses active listening to adapt communication style to fit team needs</p> | <p>Coordinates recommendations from different members of the health care team to optimize patient care</p> | <p>Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed</p> |
| <p>Recognizes the need for ongoing feedback with the health care team</p> | <p>Solicits feedback on performance as a member of the health care team</p> | <p>Communicates concerns and provides feedback to peers and learners</p> | <p>Respectfully communicates feedback and constructive criticism to superiors</p> | <p>Facilitates regular health care team-based feedback in complex situations</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> |

| Interpersonal and Communication Skills 3: Communication within Health Care Systems | | | | |
|--|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Accurately records information in the patient record | Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record | Concisely reports diagnostic and therapeutic reasoning in the patient record | Communicates clearly and concisely, in an organized written form, including anticipatory guidance | Contributes to departmental or organizational initiatives to improve communication systems |
| Safeguards patient personal health information | Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication | Appropriately selects forms of communication based on context | Achieves written or verbal communication that serves as an example for others to follow | |
| Communicates about administrative issues through appropriate channels, as required by institutional policy | Respectfully communicates concerns about the system | Uses appropriate channels to offer clear and constructive suggestions to improve the system | Initiates difficult conversations with appropriate stakeholders to improve the system | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | Not Yet Completed Level 1 <input type="checkbox"/> |



Family Medicine Milestones

The Accreditation Council for Graduate Medical Education



ACGME

Second Revision: October 2019

First Revision: October 2015

Family Medicine Milestones

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

Family Medicine Milestones

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

American Association of Colleges of Osteopathic Medicine

Association of American Medical Colleges

American Board of Family Medicine

American College of Osteopathic Family Physicians

Association of Family Medicine Residency Directors

Assembly of Osteopathic Graduate Medical Educators

Committee on Osteopathic Recognition and Development

Review Committee for Family Medicine

Understanding Milestone Levels and Reporting

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

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

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

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

Additional Notes

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

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

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

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

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On www.acgme.org, choose the applicable specialty under the “Specialties” menu, then select the “Milestones” link in the lower navigation bar.

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

| Systems-based Practice 1: Patient Safety and Quality Improvement | | | | |
|--|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Participates in analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Actively engages teams and processes to modify systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events through institutional reporting systems (simulated or actual) | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Discloses patient safety events to patients and families (simulated or actual) | Role models or mentors others in the disclosure of patient safety events |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation) | Participates in local quality improvement initiatives | Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project | Designs, implements, and assesses quality improvement initiatives at the institutional or community level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Not Yet Completed Level 1 <input type="checkbox"/> | | | | |

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

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

| Patient Care 1: Care of the Acutely Ill Patient | | | | |
|--|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Generates differential diagnosis for acute presentations | Prioritizes the differential diagnosis for acute presentations | Promptly recognizes urgent and emergent situations and coordinates appropriate diagnostic strategies | Mobilizes the multidisciplinary team to manage care for simultaneous patient visits | Efficiently manages and coordinates the care of multiple patients with a range of severity, including life-threatening conditions |
| Recognizes role of clinical protocols and guidelines in acute situations | Develops management plans for patients with common acute conditions | Implements management plans for patients with complex acute conditions, including stabilizing acutely ill patients | Independently coordinates care for acutely ill patients with complex comorbidities | Directs the use of resources to manage a complex patient care environment or situation |
| Recognizes that acute conditions have an impact beyond the immediate disease process | Identifies the interplay between psychosocial factors and acute illness | Incorporates psychosocial factors into management plans of acute illness for patients and caregivers | Modifies management plans for acute illness based on complex psychosocial factors and patient preferences | Implements strategies to address the psychosocial impacts of acute illness on populations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| | | | | Not Yet Completed Level 1 <input type="checkbox"/> |
| | | | | Not Yet Assessable <input type="checkbox"/> |

| Patient Care 2: Care of Patients with Chronic Illness | | | | |
|---|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Recognizes that common conditions may be chronic (e.g., anxiety, high blood pressure)</p> <p>Formulates a basic management plan that addresses a chronic illness</p> <p>Recognizes that chronic conditions have an impact beyond the disease process</p> | <p>Identifies variability in presentation and progression of chronic conditions</p> <p>Identifies and accesses appropriate clinical guidelines to develop and implement plans for management of chronic conditions</p> <p>Identifies the impact of chronic conditions on individual patients and the others involved in their care</p> | <p>Determines the potential impact of comorbidities on disease progression</p> <p>Synthesizes a patient-centered management plan that acknowledges the relationship between comorbidities and disease progression</p> <p>Develops collaborative goals of care and engages the patient in self-management of chronic conditions</p> | <p>Balances the competing needs of patients' comorbidities</p> <p>Applies experience with patients while incorporating evidence-based medicine in the management of patients with chronic conditions</p> <p>Facilitates efforts at self-management of chronic conditions, including engagement of family and community resources</p> | <p>Leads multidisciplinary initiatives to manage patient populations with chronic conditions and comorbidities</p> <p>Initiates supplemental strategies (e.g., leads patient and family advisory councils, community health, practice innovation) to improve the care of patients with chronic conditions</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p> | | | | |

| Patient Care 3: Health Promotion and Wellness | | | | |
|--|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies screening and prevention guidelines by various organizations | Reconciles competing prevention guidelines to develop a plan for an individual patient, and considers how these guidelines apply to the patient population | Identifies barriers and alternatives to preventive health tests, with the goal of shared decision making | Incorporates screening and prevention guidelines in patient care outside of designated wellness visits | Participates in guideline development or implementation across a system of care or community |
| Identifies opportunities to maintain and promote wellness in patients | Recommends management plans to maintain and promote health | Implements plans to maintain and promote health, including addressing barriers | Implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial factors and other determinants of health | Partners with the community to promote health |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div> | | | | |

| Patient Care 4: Ongoing Care of Patients with Undifferentiated Signs, Symptoms, or Health Concerns | | | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Acknowledges the value of continuity in caring for patients with undifferentiated illness | <p>Accepts uncertainty and maintains continuity while managing patients with undifferentiated illness</p> <p>Develops a differential diagnosis for patients with undifferentiated illness</p> | <p>Facilitates patients' understanding of their expected course and events that require physician notification</p> <p>Prioritizes cost-effective diagnostic testing and consultations that will change the management of undifferentiated illness</p> | <p>Coordinates collaborative treatment plans for patients with undifferentiated illness</p> <p>Uses multidisciplinary resources to assist patients with undifferentiated illness to deliver health care more efficiently</p> | <p>Coordinates expanded initiatives to facilitate care of patients with undifferentiated illness</p> <p>Contributes to the development of medical knowledge around undifferentiated illness</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p> | | | | |

| Patient Care 5: Management of Procedural Care | | | | |
|--|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Identifies the breadth of procedures that family physicians perform</p> <p>Recognizes family physicians' role in referring patients for appropriate procedural care</p> | <p>Identifies patients for whom a procedure is indicated and who is equipped to perform it</p> <p>Counsels patients about expectations for common procedures performed by family physicians and consultants</p> | <p>Demonstrates confidence and motor skills while performing procedures, including addressing complications</p> <p>Performs independent risk and appropriateness assessment based on patient-centered priorities for procedures performed by consultants</p> | <p>Identifies and acquires the skills to independently perform procedures in the current practice environment</p> <p>Collaborates with procedural colleagues to match patients with appropriate procedures, including declining support for procedures that are not in the patient's best interest</p> | <p>Identifies procedures needed in future practice and pursues supplemental training to independently perform</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/></p> | | | | |

| Medical Knowledge 1: Demonstrates Medical Knowledge of Sufficient Breadth and Depth to Practice Family Medicine | | | | |
|--|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Describes the pathophysiology and treatments of patients with common conditions</p> <p>Describes how behaviors impact patient health</p> | <p>Applies knowledge of pathophysiology with intellectual curiosity for treatment of patients with common conditions</p> <p>Identifies behavioral strategies to improve health</p> | <p>Demonstrates knowledge of complex pathophysiology and the comprehensive management of patients across the lifespan</p> <p>Engages in learning behavioral strategies to address patient care needs</p> | <p>Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan</p> <p>Demonstrates comprehensive knowledge of behavioral strategies and resources to address patient's needs</p> | <p>Expands the knowledge base of family medicine through dissemination of original research</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p> | | | | |

| Medical Knowledge 2: Critical Thinking and Decision Making | | | | |
|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Incorporates key elements of a patient story into an accurate depiction of their presentation</p> <p>Describes common causes of clinical reasoning error</p> <p>Interprets results of common diagnostic testing</p> | <p>Develops an analytic, prioritized differential diagnosis for common presentations</p> <p>Identifies types of clinical reasoning errors within patient care, with guidance</p> <p>Interprets complex diagnostic information</p> | <p>Develops a prioritized differential diagnosis for complex presentations</p> <p>Demonstrates a structured approach to personally identify clinical reasoning errors</p> <p>Synthesizes complex diagnostic information accurately to reach high probability diagnoses</p> | <p>Synthesizes information to reach high probability diagnoses with continuous re-appraisal to minimize clinical reasoning errors</p> <p>Anticipates and accounts for errors and biases when interpreting diagnostic tests</p> | <p>Engages in deliberate practice and coaches others to minimize clinical reasoning errors</p> <p>Pursues knowledge of new and emerging diagnostic tests</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> <p>Not Yet Assessable <input type="checkbox"/></p> |

| Systems-Based Practice 1: Patient Safety and Quality Improvement | | | | |
|---|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Participates in analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Actively engages teams and processes to modify systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events through institutional reporting systems (simulated or actual) | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Discloses patient safety events to patients and families (simulated or actual) | Role models or mentors others in the disclosure of patient safety events |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation) | Participates in local quality improvement initiatives | Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project | Designs, implements, and assesses quality improvement initiatives at the institutional or community level |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Systems-Based Practice 2: System Navigation for Patient-Centered Care | | | | |
|---|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members | Coordinates care of patients in complex clinical situations effectively using the roles of the interprofessional team member | Role models effective coordination of patient-centered care among different disciplines and specialties | Analyses the process of care coordination and leads in the design and implementation of improvements |
| Identifies key elements for safe and effective transitions of care and hand-offs | Performs safe and effective transitions of care/hand-offs in routine clinical situations | Performs safe and effective transitions of care/hand-offs in complex clinical situations | Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| Demonstrates knowledge of population and community health needs | Identifies specific population and community health needs in their local population | Uses local resources effectively to meet the needs of a patient population and community | Participates in changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with specific health care needs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Systems-Based Practice 3: Physician Role in Health Care Systems | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)</p> <p>Describes basic health payment systems, (including government, private, public, uninsured care) and practice models</p> <p>Identifies basic knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)</p> | <p>Describes how components of a complex health care system are interrelated, and how this impacts patient care</p> <p>Delivers care with consideration of each patient’s payment model (e.g., insurance type)</p> <p>Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding)</p> | <p>Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)</p> <p>Engages with patients in shared decision making, informed by each patient’s payment models</p> <p>Describes core administrative knowledge needed for transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance)</p> | <p>Manages various components of the complex health care system to provide efficient and effective patient care and transition of care</p> <p>Advocates for patient care needs (e.g., community resources, patient assistance resources)</p> <p>Analyzes individual practice patterns and prepares for professional requirements to enter practice</p> | <p>Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care</p> <p>Participates in health policy advocacy activities</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Systems-Based Practice 4: Advocacy | | | | |
|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies that advocating for patient populations is a professional responsibility | Identifies that advocating for family medicine is a professional responsibility | Describes how stakeholders influence and are affected by health policy at the local, state, and federal level | Accesses advocacy tools and other resources needed to achieve (or prevent a deleterious) policy change | Develops a relationship with stakeholders that advances or prevents a policy change that improves individual or community health |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | |
|---|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates how to access, categorize, and analyze clinical evidence | Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care | Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients | Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient | Coaches others to critically appraise and apply evidence for complex patients; and/or collaboratively develops evidence-based decision-making tools |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth | | | | |
|--|---|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors which contribute to gap(s) between expectations and actual performance</p> <p>Acknowledges there are always opportunities for self-improvement</p> | <p>Demonstrates openness to performance data (feedback and other input) in order to inform goals</p> <p>Self-reflects and analyzes factors which contribute to gap(s) between expectations and actual performance</p> <p>Designs and implements a learning plan, with prompting</p> | <p>Intermittently seeks additional performance data with adaptability and humility</p> <p>Self-reflects, analyzes, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance</p> <p>Independently creates and implements a learning plan</p> | <p>Consistently seeks performance data with adaptability and humility</p> <p>Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance</p> <p>Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it</p> | <p>Leads performance review processes</p> <p>Coaches others on reflective practice</p> <p>Facilitates the design and implementing learning plans for others</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Professionalism 1: Professional Behavior and Ethical Principles | | | | |
|---|--|---|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes professional behavior and potential triggers for personal lapses in professionalism | Demonstrates professional behavior in routine situations | Demonstrates professional behavior in complex or stressful situations | Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others | Mentors others in professional behavior |
| Takes responsibility for personal lapses in professionalism | Describes when and how to report professionalism lapses in self and others | Recognizes need to seek help in managing and resolving complex professionalism lapses | Recognizes and uses appropriate resources for managing and resolving dilemmas as needed | Identifies and seeks to address system-level factors that induce or exacerbate ethical problems and professionalism lapses or impede their resolution |
| Demonstrates knowledge of ethical principles | Analyzes straightforward situations using ethical principles | Analyzes complex situations using ethical principles | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Professionalism 2: Accountability/Conscientiousness | | | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future</p> <p>Responds promptly to requests or reminders to complete tasks and responsibilities</p> | <p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner</p> | <p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations</p> <p>Proactively implements strategies to ensure that the needs of patients, teams, and systems are met</p> | <p>Recognizes and addresses situations that may impact others' ability to complete tasks and responsibilities in a timely manner</p> | <p>Takes ownership of system outcomes</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Professionalism 3: Self-Awareness and Help-Seeking Behaviors | | | | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes status of personal and professional well-being, with assistance | Independently recognizes status of personal and professional well-being | Proposes a plan to optimize personal and professional well-being, with guidance | Independently develops a plan to optimize personal and professional well-being | Addresses system barriers to maintain personal and professional well-being |
| Recognizes limits in the knowledge/skills of self, with assistance | Independently recognizes limits in the knowledge/skills of self and team and demonstrates appropriate help-seeking behaviors | Proposes a plan to remediate or improve limits in the knowledge/skills of self or team, with guidance | Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team | Mentors others to enhance knowledge/skills of self or team |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

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

| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication | | | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| <p>Uses language and nonverbal behavior to demonstrate respect, establish rapport while communicating one's own role within the health care system</p> <p>Recognizes easily identified barriers to effective communication (e.g., language, disability)</p> <p>Identifies the need to individualize communication strategies</p> | <p>Establishes a therapeutic relationship in straightforward encounters using active listening and clear language</p> <p>Identifies complex barriers to effective communication (e.g., health literacy)</p> <p>Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding</p> | <p>Establishes a therapeutic relationship in challenging patient encounters</p> <p>When prompted, reflects on biases while attempting to minimize communication barriers</p> <p>Sensitively and compassionately delivers medical information, managing patient/family values, goals, preferences, uncertainty, and conflict</p> | <p>Maintains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity</p> <p>Independently recognizes biases while attempting to proactively minimize communication barriers</p> <p>Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan</p> | <p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Leads or develops initiatives to identify and address bias</p> <p>Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> | | | | |

| Interpersonal and Communication Skills 2: Interprofessional and Team Communication | | | | |
|---|--|--|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Respectfully requests/receives a consultation | Clearly and concisely requests/responds to a consultation | Checks understanding of consult recommendations (received or provided) | Coordinates recommendations from different members of the health care team to optimize patient care, resolving conflict when needed | Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed |
| Uses language that values all members of the health care team | Communicates information effectively with all health care team members | Communicates concerns and provides feedback to peers and learners | Communicates feedback and constructive criticism to supervising individuals | Facilitates regular health care team-based feedback in complex situations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> | | | | |

| Interpersonal and Communication Skills 3: Communication within Health Care Systems | | | | |
|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Accurately and timely records information in the patient record | Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record | Uses patient record to communicate updated and concise information in an organized format | Demonstrates efficiency in documenting patient encounters and updating record | Optimizes and improves functionality of the electronic medical record within their system |
| Learns institutional policy and safeguards patient personal health information | Appropriately uses documentation shortcuts; records required data in formats and timeframes specified by institutional policy | Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context and policy | Manages the volume and extent of written and verbal communication that are required for practice | Guides departmental or institutional communication around policies and procedures |
| Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage) | Respectfully communicates concerns about the system | Uses appropriate channels to offer clear and constructive suggestions for system improvement while acknowledging system limitations | Initiates difficult conversations with appropriate stakeholders to improve the system | Facilitates dialogue regarding systems issues among larger community stakeholders (residency institution, health care system, field) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| Not Yet Completed Level 1 <input type="checkbox"/> | | | | |