

Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

The internal medicine milestones are arranged in columns of progressive stages of competence that do not correspond with post-graduate year of education. For each reporting period, programs will need to review the milestones and identify those milestones that best describe a resident's current performance and ultimately select a box that best represents the summary performance for that sub-competency (See the figure on page v.). Selecting a response box in the middle of a column implies that the resident has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for internal medicine is as follows:

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a resident's performance.

Column 2: Describes behaviors of an early learner.

Column 3: Describes behaviors of a resident who is advancing and demonstrating improvement in performance related to milestones.

Ready for Unsupervised Practice: Describes behaviors of a resident who substantially demonstrates the milestones identified for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the resident may display these milestones at any point during residency.

Aspirational: Describes behaviors of a resident who has advanced beyond those milestones that describe unsupervised practice. These milestones reflect the competence of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional residents will demonstrate these milestones behaviors.

For each ACGME competency domain, programs will also be asked to provide a summative evaluation of each resident's learning trajectory.

Additional Notes

The “Ready for Unsupervised Practice” milestones are designed as the graduation *target* but *do not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (See the following NAS FAQ for educational milestones on the ACGME’s NAS microsite for further discussion of this issue: “Can a resident graduate if he or she does not reach every milestone?”). Study of milestone performance data will be required before the ACGME and its partners will be able to determine whether the “Ready for Unsupervised Practice” milestones and all other milestones are in the appropriate stage within the developmental framework, and whether milestone data are of sufficient quality to be used for high stakes decisions.

Answers to Frequently Asked Questions about the Next Accreditation System (NAS) and milestones are available on the ACGME’s NAS microsite: <http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf>.

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the column of milestones that best describes that resident's performance

or

- selecting the "Critical Deficiencies" response box

| 11. Transitions patients effectively within and across health delivery systems. (SBP4) | | | | |
|--|---|--|--|---|
| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
| Disregards need for communication at time of transition | Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems | Recognizes the importance of communication during times of transition | Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems | Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes |
| Does not respond to requests of caregivers in other delivery systems | | Communication with future caregivers is present but with lapses in pertinent or timely information | Proactively communicates with past and future care givers to ensure continuity of care | Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs |
| Written and verbal care plans during times of transition are incomplete or absent | | | | |
| Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission) | | | | Role models and teaches effective transitions of care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |

Selecting a response box in the middle of a column implies milestones in that column as well as those in previous columns have been substantially demonstrated.

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

SUBSPECIALTY MILESTONES - ACGME Report Worksheet

| 1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1) | | | | |
|---|--|---|---|--|
| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
| Does not or is inconsistently able to collect accurate historical data | Consistently acquires accurate and relevant histories from patients Consistently performs accurate and appropriately thorough physical exams Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses | Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion | Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis | Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing |
| Does not perform or use an appropriately thorough physical exam or misses key physical exam findings | | Performs accurate physical exams that are targeted to the patient's complaints | Identifies subtle or unusual physical exam findings | |
| Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data | | Uses and synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list | Efficiently utilizes all sources of secondary data to inform differential diagnosis | |
| Fails to recognize patient's central clinical problems | | | Effectively uses history and physical examination skills to minimize the need for further diagnostic testing | |
| Fails to recognize potentially life threatening problems | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |

2. Develops and achieves comprehensive management plan for each patient. (PC2)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|--|---|---|--|---|
| <p>Care plans are consistently inappropriate or inaccurate</p> <p>Does not react to situations that require urgent or emergent care</p> <p>Does not seek additional guidance when needed</p> | <p>Inconsistently develops an appropriate care plan</p> <p>Inconsistently seeks additional guidance when needed</p> | <p>Consistently develops appropriate care plan</p> <p>Recognizes situations requiring urgent or emergent care</p> <p>Seeks additional guidance and/or consultation as appropriate</p> | <p>Appropriately modifies care plans based on patient's clinical course, additional data, patient preferences, and cost effectiveness principles</p> <p>Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty</p> <p>Manages complex acute and chronic diseases</p> | <p>Role models and teaches complex and patient-centered care</p> <p>Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. Manages patients with progressive responsibility and independence. (PC3)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|--|---|---|
| <p>Cannot advance beyond the need for direct supervision in the delivery of patient care</p> <p>Cannot manage patients who require urgent or emergent care</p> <p>Does not assume responsibility for patient management decisions</p> | <p>Requires direct supervision to ensure patient safety and quality care</p> <p>Requires direct supervision to manage complaints or common chronic diseases in all appropriate clinical settings</p> <p>Inconsistently provides preventive care in all appropriate clinical settings</p> <p>Requires direct supervision to manage patients with straightforward diagnoses in the all appropriate clinical settings</p> <p>Unable to manage complex inpatients or patients requiring intensive care</p> | <p>Requires indirect supervision to ensure patient safety and quality care</p> <p>Provides appropriate preventive care and chronic disease management in all appropriate clinical settings</p> <p>Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings</p> <p>Under supervision, provides appropriate care in the intensive care unit</p> <p>Initiates management plans for urgent or emergent care</p> <p>Cannot independently supervise care provided by junior members of the physician-led team</p> | <p>Independently manages patients across applicable inpatient, outpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes</p> <p>Seeks additional guidance and/or consultation as appropriate</p> <p>Appropriately manages situations requiring urgent or emergent care</p> <p>Effectively supervises the management decisions of the team in all appropriate clinical settings</p> | <p>Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings</p> |

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Comments:

4. Skill in performing procedures. (PC4)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|--|---|--|---|--|
| <p>Attempts to perform procedures without sufficient technical skill or supervision</p> <p>Unwilling to perform procedures when qualified and necessary for patient care</p> | <p>Possesses insufficient technical skill for safe completion of common procedures with appropriate supervision</p> <p>Inattentive to patient safety and comfort when performing procedures</p> | <p>Possesses basic technical skill for the completion of some common procedures with appropriate supervision</p> <p>Inconsistently maximizes patient safety and comfort when performing procedures</p> <p>Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of all procedures</p> | <p>Consistently demonstrates technical skill to successfully and safely perform all procedures required for certification</p> <p>Maximizes patient comfort when performing procedures</p> <p>Consistently recognizes appropriate patients, indications, and associated risks in the performance of all procedures</p> | <p>Seeks expertise to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice</p> <p>Teaches and supervises the performance of procedures by junior members of the team</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> | | | | |

| 5. Requests and provides consultative care. (PC5) | | | | |
|--|---|---|---|---|
| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
| <p>Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services</p> <p>Unwilling to utilize consultant services when appropriate for patient care</p> | <p>Inconsistently manages patients as a consultant to other physicians/health care teams</p> <p>Inconsistently applies risk assessment principles to patients while acting as a consultant</p> <p>Inconsistently formulates a clinical question for a consultant to address</p> | <p>Provides consultation services for patients with clinical problems requiring basic risk assessment</p> <p>Asks meaningful clinical questions that guide the input of consultants</p> | <p>Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</p> <p>Appropriately weighs recommendations from other consultants in order to effectively manage patient care</p> <p>Integrates consultation recommendations to account for complex clinical problems requiring extensive risk assessment</p> | <p>Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment</p> <p>Models management of discordant recommendations from multiple consultants</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |

Patient Care

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient and equitable care.**

_____ Yes _____ No _____ Marginal

6. Clinical knowledge (MK1)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|--|--|---|--|---|
| Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care | Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care | Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care | Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care | Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

7. Knowledge of diagnostic testing and procedures. (MK2)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|---|--|---|
| Lacks foundational knowledge to apply diagnostic testing and procedures to patient care | <p>Inconsistently interprets basic diagnostic tests accurately</p> <p>Does not understand the concepts of pre-test probability and test performance characteristics</p> <p>Minimally understands the rationale and risks associated with common procedures</p> | <p>Consistently interprets basic diagnostic tests accurately</p> <p>Needs assistance to understand the concepts of pre-test probability and test performance characteristics</p> <p>Fully understands the rationale and risks associated with common procedures</p> | <p>Interprets complex diagnostic tests accurately while accounting for limitations and biases</p> <p>Understands the concepts of pre-test probability and test performance characteristics</p> <p>Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures</p> | <p>Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures</p> <p>Pursues knowledge of new and emerging diagnostic tests and procedures</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

8. Scholarship. (MK3)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|--|--|---|--|--|
| <p>Foundation Unaware or uninterested in scientific inquiry or scholarly productivity.</p> | <p>Interested in scholarly activity but does not initiate or follow through.</p> | <p>Identifies areas worthy of scholarly investigation and formulates a plan under supervision of a mentor.</p> | <p>Formulates ideas worthy of scholarly investigation.</p> | <p>Independently formulates novel and important ideas worthy of scholarly investigation.</p> |
| <p>Investigation Unwilling to perform scholarly investigation in the specialty.</p> | <p>Performs a literature search using relevant scholarly sources to identify pertinent articles.</p> | <p>Critically reads scientific literature and identifies major methodological flaws and inconsistencies within or between publications.</p> | <p>Collaborates with other investigators to design and complete a project related to clinical practice, quality improvement, patient safety, education or research.</p> | <p>Leads a scholarly project advancing clinical practice, quality improvement, patient safety, education or research.</p> |
| <p>Analysis Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education or research.</p> | <p>Aware of basic statistical concepts but has incomplete understanding of their application; inconsistently identifies methodological flaws.</p> | <p>Understands and is able to apply basic statistical concepts and can identify potential analytic approaches to data or problem assessment.</p> | <p>Critiques specialized scientific literature effectively. Dissects a problem into its many component parts, and identifies strategies for solving. Uses the particular tools of the field effectively.</p> | <p>Critiques specialized scientific literature at a level consistent with participation in peer review. Employs optimal statistical techniques. Teaches analytic methods in chosen field to peers and others.</p> |
| <p>Dissemination Unable or unwilling to effectively communicate and/or disseminate knowledge</p> | <p>Communicates rudimentary details of scientific work, including their own scholarly work; Needs to improve ability to present in small groups.</p> | <p>Effectively presents at journal club, quality improvement meeting, clinical conferences, and/or able to effectively describe and discuss their own scholarly work.</p> | <p>Presents scholarly activity at local and/or regional meetings; submits an abstract summarizing scholarly work to regional/state/national meetings. Publishes non peer-reviewed manuscript(s) (reviews, book chapters).</p> | <p>Effectively presents scholarly work at national and international meetings. Publishes peer-reviewed manuscript(s) containing scholarly work (clinical practice, quality improvement, patient safety, education or research).</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Medical Knowledge

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely**, efficient and **equitable care**.

_____ Yes _____ No _____ Marginal

9. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (SBP1)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|---|--|--|---|
| <p>Refuses to recognize the contributions of other interprofessional team members</p> <p>Frustrates team members with inefficiency and errors</p> <p>Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders)</p> | <p>Identifies roles of other team members but does not recognize how/when to utilize them as resources</p> <p>Participates in team discussions when required but does not actively seek input from other team members</p> | <p>Understands the roles and responsibilities of all team members but uses them ineffectively</p> <p>Actively engages in team meetings and collaborative decision-making</p> | <p>Understands the roles and responsibilities of and effectively partners with, all members of the team</p> <p>Efficiently coordinates activities of other team members to optimize care</p> | <p>Develops trains and inspires the team regarding unexpected events or new patient management strategies.</p> <p>Viewed by other team members as a leader in the delivery of high quality care</p> |

Comments:

10. Recognizes system error and advocates for system improvement. (SPB2)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|--|--|--|
| <p> Ignores a risk for error within the system that may impact the care of a patient</p> <p> Ignores feedback and is unwilling to change behavior in order to reduce the risk for error</p> | <p> Does not recognize the potential for system error</p> <p> Makes decisions that could lead to error which are otherwise corrected by the system or supervision</p> <p> Resistant to feedback about decisions that may lead to error or otherwise cause harm</p> | <p> Recognizes the potential for error within the system</p> <p> Identifies obvious or critical causes of error and notifies supervisor accordingly</p> <p> Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk</p> <p> Willing to receive feedback about decisions that may lead to error or otherwise cause harm</p> | <p> Identifies systemic causes of medical error and navigates them to provide safe patient care</p> <p> Advocates for safe patient care and optimal patient care systems</p> <p> Activates formal system resources to investigate and mitigate real or potential medical error</p> <p> Reflects upon and learns from own critical incidents that may lead to medical error</p> | <p> Advocates for system leadership to formally engage in quality assurance and quality improvement activities</p> <p> Viewed as a leader in identifying and advocating for the prevention of medical error</p> <p> Teaches others regarding the importance of recognizing and mitigating system error</p> |

Comments:

11. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (SBP3)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|--|---|---|
| <p> Ignores cost issues in the provision of care</p> <p> Demonstrates no effort to overcome barriers to cost-effective care</p> | <p> Lacks awareness of external factors (e.g. socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financiers, purchasers) have on the cost of care</p> <p> Does not consider limited health care resources when ordering diagnostic or therapeutic interventions</p> | <p> Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost-effective care</p> <p> Minimizes unnecessary diagnostic and therapeutic tests</p> <p> Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g. screening tests)</p> | <p> Consistently works to address patient specific barriers to cost-effective care</p> <p> Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions)</p> <p> Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests</p> | <p> Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources</p> <p> Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care</p> |

Comments:

| 12. Transitions patients effectively within and across health delivery systems. (SBP4) | | | | | | | | | | | | |
|--|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--|
| Critical Deficiencies | | | | | Ready for unsupervised practice | | | Aspirational | | | | |
| Disregards need for communication at time of transition Does not respond to requests of caregivers in other delivery systems Written and verbal care plans during times of transition are absent | | Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems Written and verbal care plans during times of transition are incomplete Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission) | | | Recognizes the importance of communication during times of transition Communication with future caregivers is present but with lapses in pertinent or timely information | | | Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems Proactively communicates with past and future care givers to ensure continuity of care Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs | | | Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes Role models and teaches effective transitions of care | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Comments: | | | | | | | | | | | | |

Systems-based Practice

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely**, efficient and **equitable care**.

_____ Yes _____ No _____ Marginal

13. Monitors practice with a goal for improvement. (PBLI1)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|---|--|--|
| <p>Unwilling to self-reflect upon one's practice or performance</p> <p>Not concerned with opportunities for learning and self-improvement</p> | <p>Unable to self-reflect upon one's practice or performance</p> <p>Misses opportunities for learning and self-improvement</p> | <p>Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections</p> <p>Inconsistently acts upon opportunities for learning and self-improvement</p> | <p>Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice</p> <p>Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement</p> | <p>Regularly seeks external validation regarding self-reflection to maximize practice improvement</p> <p>Actively and independently engages in self-improvement efforts and reflects upon the experience</p> |

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Comments:

14. Learns and improves via performance audit. (PBLI2)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|---|--|---|--|
| <p>Disregards own clinical performance data</p> <p>Demonstrates no inclination to participate in or even consider the results of quality improvement efforts</p> <p>Not familiar with the principles, techniques or importance of quality improvement</p> | <p>Limited ability to analyze own clinical performance data</p> <p>Nominally participates in a quality improvement projects</p> | <p>Analyzes own clinical performance data and identifies opportunities for improvement</p> <p>Effectively participates in a quality improvement project</p> <p>Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</p> | <p>Analyzes own clinical performance data and actively works to improve performance</p> <p>Actively engages in quality improvement initiatives</p> <p>Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients</p> | <p>Actively monitors clinical performance through various data sources</p> <p>Is able to lead a quality improvement project</p> <p>Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> | | | | |

15. Learns and improves via feedback. (PBLI3)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|--|--|--|---|---|
| Never solicits feedback Actively resists feedback from others | Rarely seeks feedback Responds to unsolicited feedback in a defensive fashion Temporarily or superficially adjusts performance based on feedback | Solicits feedback only from supervisors Is open to unsolicited feedback Inconsistently incorporates feedback | Solicits feedback from all members of the interprofessional team and patients Welcomes unsolicited feedback Consistently incorporates feedback Able to reconcile disparate or conflicting feedback | Performance continuously reflects incorporation of solicited and unsolicited feedback Role models ability to reconcile disparate or conflicting feedback |

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Comments:

| 16. Learns and improves at the point of care. (PBLI4) | | | | |
|--|---|--|---|--|
| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
| <p>Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</p> <p>Fails to seek or apply evidence when necessary</p> | <p>Rarely reconsiders an approach to a problem, ask for help, or seek new information</p> <p>Can translate medical information needs into well-formed clinical questions with assistance</p> <p>Unfamiliar with strengths and weaknesses of the medical literature</p> <p>Has limited awareness of or ability to use information technology</p> <p>Accepts the findings of clinical research studies without critical appraisal</p> | <p>Inconsistently reconsiders an approach to a problem, ask for help, or seek new information</p> <p>Can translate medical information needs into well-formed clinical questions independently</p> <p>Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication</p> <p>With assistance, appraises clinical research reports based on accepted criteria</p> | <p>Routinely reconsiders an approach to a problem, ask for help, or seek new information</p> <p>Routinely translates new medical information needs into well-formed clinical questions</p> <p>Searches medical information resources efficiently, guided by the characteristics of clinical questions</p> <p>Independently appraises clinical research reports based on accepted criteria</p> | <p>Role models how to appraise clinical research reports based on accepted criteria</p> <p>Has a systematic approach to track and pursue emerging clinical questions</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |

Practice-Based Learning and Improvement

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient and equitable care.**

____ Yes ____ No ____ Marginal

17. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|--|---|---|
| <p>Disrespectful in interactions with patients, caregivers and members of the interprofessional team</p> <p>Sacrifices patient needs in favor of own self-interest</p> <p>Inconsistently demonstrates empathy, compassion and respect for patients and caregivers</p> <p>Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion</p> <p>Inconsistently considers patient privacy and autonomy</p> | <p>Consistently demonstrates empathy, compassion and respect for patients and caregivers</p> <p>Consistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion</p> <p>Consistently considers patient privacy and autonomy</p> | <p>Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</p> <p>Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</p> <p>Emphasizes patient privacy and autonomy in all interactions</p> | <p>Demonstrates empathy, compassion and respect to patients and caregivers in all situations</p> <p>Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers</p> <p>Demonstrates a responsiveness to patient needs that supersedes self-interest</p> <p>Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate</p> | <p>Role models compassion, empathy and respect for patients and caregivers</p> <p>Role models appropriate anticipation and advocacy for patient and caregiver needs</p> <p>Fosters collegiality that promotes a high-functioning interprofessional team</p> <p>Teaches others regarding maintaining patient privacy and respecting patient autonomy</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> | | | | |

18. Accepts responsibility and follows through on tasks. (PROF2)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|---|---|--|
| <p>Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks</p> <p>Shuns responsibilities expected of a physician professional</p> | <p>Completes most assigned tasks in a timely manner but may need reminders or other support</p> <p>Accepts professional responsibility only when assigned or mandatory</p> | <p>Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy</p> <p>Completes assigned professional responsibilities without questioning or the need for reminders</p> | <p>Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</p> <p>Willingness to assume professional responsibility regardless of the situation</p> | <p>Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</p> <p>Assists others to improve their ability to prioritize multiple, competing tasks</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Comments:</p> | | | | |

19. Responds to each patient's unique characteristics and needs. (PROF3)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|--|---|--|---|--|
| <p>Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter</p> <p>Is unwilling to modify care plan to account for a patient's unique characteristics and needs</p> | <p>Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</p> <p>Requires assistance to modify care plan to account for a patient's unique characteristics and needs</p> | <p>Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference</p> <p>Modifies care plan to account for a patient's unique characteristics and needs with partial success</p> | <p>Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver</p> <p>Appropriately modifies care plan to account for a patient's unique characteristics and needs</p> | <p>Role models professional interactions to navigate and negotiate differences related to a patient's unique characteristics or needs</p> <p>Role models consistent respect for patient's unique characteristics and needs</p> |

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Comments:

| 20. Exhibits integrity and ethical behavior in professional conduct. (PROF4) | | | | |
|--|--|--|---|--|
| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
| Dishonest in clinical interactions, documentation, research, or scholarly activity | Honest in clinical interactions, documentation, research, and scholarly activity. | Honest and forthright in clinical interactions, documentation, research, and scholarly activity | Demonstrates integrity, honesty, and accountability to patients, society and the profession | Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility |
| Refuses to be accountable for personal actions | Requires oversight for professional actions related to the subspecialty | Demonstrates accountability for the care of patients | Actively manages challenging ethical dilemmas and conflicts of interest | Role models integrity, honesty, accountability and professional conduct in all aspects of professional life |
| Does not adhere to basic ethical principles | Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them | Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity | Identifies and responds appropriately to lapses of professional conduct among peer group | Identifies and responds appropriately to lapses of professional conduct within the system in which they work |
| Blatantly disregards formal policies or procedures. | | | Regularly reflects on personal professional conduct | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |

Professionalism

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient and equitable care.**

___ Yes ___ No ___ Marginal

21. Communicates effectively with patients and caregivers. (ICS1)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|---|--|--|---|---|
| <p> Ignores patient preferences for plan of care</p> <p> Makes no attempt to engage patient in shared decision-making</p> <p> Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers</p> | <p> Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences.</p> <p> Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful</p> <p> Defers difficult or ambiguous conversations to others</p> | <p> Engages patients in shared decision making in uncomplicated conversations</p> <p> Requires assistance facilitating discussions in difficult or ambiguous conversations</p> <p> Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds</p> | <p> Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations</p> <p> Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</p> <p> Incorporates patient-specific preferences into plan of care</p> | <p> Role models effective communication and development of therapeutic relationships in both routine and challenging situations</p> <p> Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds</p> <p> Assists others with effective communication and development of therapeutic relationships</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

22. Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (ICS2)

| Critical Deficiencies | | | Ready for unsupervised practice | Aspirational |
|--|---|--|---|---|
| Utilizes communication strategies that hamper collaboration and teamwork Verbal and/or non-verbal behaviors disrupt effective collaboration with team members | Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input | Inconsistently engages in collaborative communication with appropriate members of the team Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care | Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care | Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |

| 23. Appropriate utilization and completion of health records. (ICS3) | | | | | | | | | | |
|--|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|---|
| Critical Deficiencies | | | | | Ready for unsupervised practice | | | Aspirational | | |
| Health records are absent or missing significant portions of important clinical data | | Health records are disorganized and inaccurate | | | Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning | | | Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning Health records are succinct, relevant, and patient specific | | Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Comments: | | | | | | | | | | |

Interpersonal and Communications Skills

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely**, efficient and **equitable care**.

_____ Yes _____ No _____ Marginal