The Internal Medicine Subspecialty

Milestones Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Internal Medicine



In Collaboration with



February 2014

**Milestone Reporting**

This document presents milestones designed for programs to use in semi-annual review of fellow 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 subspecialty 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 fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

The Subspecialty 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, identify those that best describe a fellow’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 fellow 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 subspecialty medicine is as follows:

**Not Yet Assessed:** This option should be used only when a fellow has not yet had a learning experience in the sub-competency.

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

**Column 2:** Describes behaviors of an early learner.

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

**Ready for Unsupervised Practice:** Describes behaviors of a fellow 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 fellow may display these milestones at any point during fellowship.

**Aspirational:** Describes behaviors of a fellow 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 fellows will demonstrate these milestones behaviors.

For each ACGME competency domain, programs will also be asked to provide a summative evaluation of each fellow’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 fellowship program director (see the FAQ “Can a fellow graduate if he or she does not reach every milestone?” in the Frequently Asked Questions document posted on the NAS section of the ACGME website for further discussion of this issue). 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.

**Listed below are the societies and members who have participated in the development of the Internal Medicine Subspecialty Reporting Milestones.**

**Chairs: Scott Gitlin, MD and John Flaherty, MD**

Accreditation Council of Graduate Medical Education: James Arrighi, MD; Susan Swing, PhD; Jerry Vasilias, PhD

Alliance for Academic Internal Medicine: D. Craig Brater, MD; Margaret Breida; Kelly Caverzagie, MD; Gregory C. Kane, MD; Consuelo Nelson

Grier; Polly Parsons, MD; Bergitta Smith

American Academy of Hospice and Palliative Care Medicine: Laura Morrison, MD; Steven Radwany, MD; Timothy Quill, MD

American Academy of Sleep Medicine: Vishesh Kapur, MD; Becky Roberts; Michael Silber, MB ChB

American Association for the Study of Liver Diseases: Adrian Di Bisceglie, MD; Oren Fix, MD; Ayman Koteish, MD

American Association of Clinical Endocrinologists: Pasquale Palumbo, MD; Dace Trence, MD

American Board of Internal Medicine: Lee Berkowitz, MD; Eric Holmboe, MD; Sarah Hood; William Iobst, MD; Sharon Levin, MD; Sandra

Yaich

American College of Cardiology: Jill Foster; Marcia Jackson, PhD; Jeff Kuvin, MD; Eric Williams, MD

American College of Chest Physicians: Doreen Addrizzo-Harris, MD; John Buckley, MD; Paul Markowski, CAE; Curtis Sessler, MD; Kenneth

Torrington, MD

American College of Gastroenterology: Seth Richter, MD; Ronald Szyjkowski, MD

American College of Physicians: Patrick Alguire, MD; Molly Cooke, MD

American College of Rheumatology: Marcy Bolster, MD; Calvin Brown, MD

American Gastroenterological Association: Tamara Jones; Lori Marks, PhD; Darrell Pardi, MD; Suzanne Rose, MD; Brijen Shah, MD

American Geriatrics Society: Jan Busby-Whitehead, MD; Lisa Granville, MD; Rosanne Leipzig, MD

American Society of Clinical Oncology: Frances Collichio, MD; Marilyn Raymond, MD; Jamie Von Roenn, MD

American Society of Gastrointestinal Endoscopy: Diane Alberson; Walter Coyle, MD; Robert Sedlack, MD

American Society of Hematology: Linda Burns, MD; Charles Clayton; Karen Kayoumi; Elaine Muchmore, MD

American Society of Nephrology: Nancy Adams, MD; Raymond Harris, MD; Tod Ibrahim; Ryan Russell

American Society of Nuclear Cardiology: Brian Abbott, MD; James Arrighi, MD

American Thoracic Society: Henry Fessler, MD

Association of Program Directors in Endocrinology, Diabetes and Metabolism: Ashok Balasubramanyan, MD; Ann Danoff, MD; Geetha

Gopalakrishnan, MD

Association of Pulmonary and Critical Care Medicine Program Directors: Craig Piquette, MD; David Schulman, MD

Association of Specialty Professors: John Flaherty, MD; Mark Geraci, MD; Scott Gitlin, MD; Don Rockey, MD; Joshua Safer, MD

Infectious Diseases Society of America: Wendy Armstrong, MD; Daniel Havlichek, Jr, MD

Society of Cardiac Angiography and Interventions: Tarek Helmy, MD; Daniel Kolansky, MD

Society of Critical Care Medicine: Stephen Pastores, MD; Antoinette Spevetz, MD

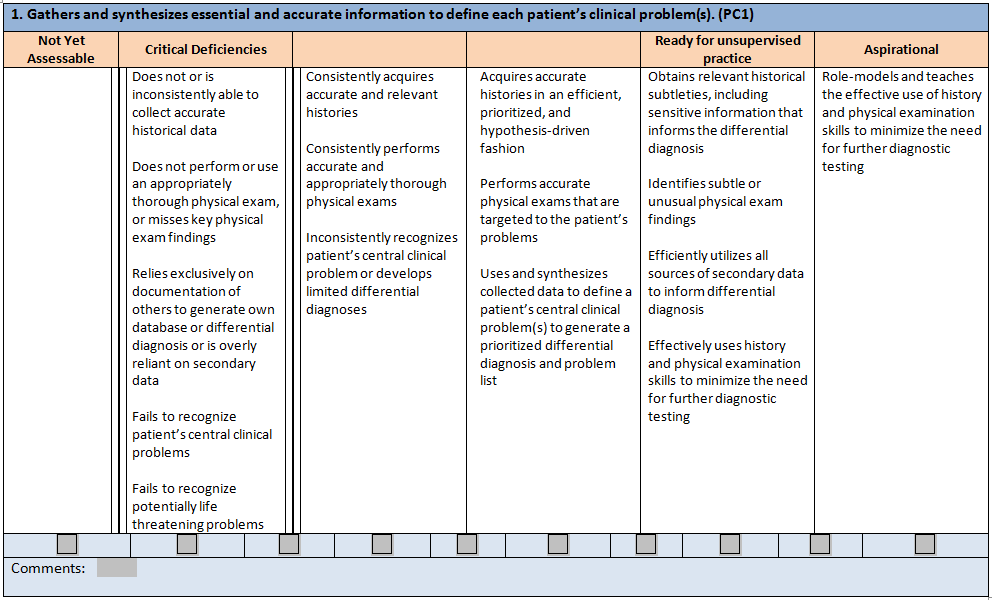
The Endocrine Society: Beverly Biller, MD; Ailene Cantelmi

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 fellow’s performance on the milestones for each sub-competency will be indicated by:

* selecting the column of milestones that best describes that fellow’s performance

or,

* selecting the “Critical Deficiencies” response box



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. The fellow is in transition to the next level of development.

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

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| **1. Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s). (PC1)** | | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Does not or is inconsistently able to collect accurate historical data  Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings  Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data  Fails to recognize patient’s central clinical problems  Fails to recognize potentially life threatening problems | | | Consistently acquires accurate and relevant histories  Consistently performs accurate and appropriately thorough physical exams  Inconsistently recognizes patient’s central clinical problem or develops limited differential diagnoses | | | Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion  Performs accurate physical exams that are targeted to the patient’s problems  Uses and synthesizes collected data to define a patient’s central clinical problem(s) to generate a prioritized differential diagnosis and problem list | | | Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis  Identifies subtle or unusual physical exam findings  Efficiently utilizes all sources of secondary data to inform differential diagnosis  Effectively uses history and physical examination skills to minimize the need for further diagnostic testing | | | Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing | |
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| **2. Develops and achieves comprehensive management plan for each patient. (PC2)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Care plans are consistently inappropriate or inaccurate  Does not react to situations that require urgent or emergency care  Does not seek additional guidance when needed | | Inconsistently develops an appropriate care plan  Inconsistently seeks additional guidance when needed | | | Consistently develops appropriate care plan  Recognizes situations requiring urgent or emergency care  Seeks additional guidance and/or consultation as appropriate | | | Appropriately modifies care plans based on patient’s clinical course, additional data, patient preferences, and cost-effectiveness principles  Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty  Manages complex acute and chronic conditions | | | Role-models and teaches complex and patient-centered care  Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost-effectiveness principles | |
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| **3. Manages patients with progressive responsibility and independence. (PC3)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions | | Requires direct supervision to ensure patient safety and quality care  Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings  Inconsistently provides preventive care in all appropriate clinical settings  Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings  Unable to manage complex inpatients or patients requiring intensive care  Cannot independently supervise care provided by other members of the physician-led team | | | Requires indirect supervision to ensure patient safety and quality care  Provides appropriate preventive care and chronic disease management in all appropriate clinical settings  Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings  Under supervision, provides appropriate care in the intensive care unit  Initiates management plans for urgent or emergency care | | | Independently manages patients across applicable inpatient, outpatient, and ambulatory clinical settings who have a broad spectrum of clinical disorders, including undifferentiated syndromes  Seeks additional guidance and/or consultation as appropriate  Appropriately manages situations requiring urgent or emergency care  Effectively supervises the management decisions of the team in all appropriate clinical settings | | | Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings | |
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| **4a. Demonstrates skill in performing and interpreting invasive procedures. (PC4a)** | | | | | | | | | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | | |  | | | |  | | | | | | **Ready for unsupervised practice** | | | | | **Aspirational** | | |
|  | Attempts to perform invasive procedures without sufficient technical skill or supervision  Fails to recognize cases in which invasive procedures are unwarranted or unsafe  Does not recognize the need to discuss procedure indications, processes, or potential risks with patients  Fails to engage the patient in the informed consent process, and/or does not effectively describe risks and benefits of procedures | | | Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision  Inattentive to patient safety and comfort when performing invasive procedures  Applies the ethical principles of informed consent  Recognizes the need to obtain informed consent for procedures, but ineffectively obtains it  Understands and communicates ethical principles of informed consent | | | | Possesses basic technical skill for the completion and interpretation of some common invasive procedures with appropriate supervision  Inconsistently manages patient safety and comfort when performing invasive procedures  Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures  Obtains and documents informed consent | | | | | | Consistently demonstrates technical skill to successfully and safely perform and interpret invasive procedures  Maximizes patient comfort and safety when performing invasive procedures  Consistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures  Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers)  Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures or therapies | | | | | Demonstrates skill to independently perform and interpret complex invasive procedures that are anticipated for future practice  Demonstrates expertise to teach and supervise others in the performance of invasive procedures  Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application | | |
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| Comments:   * Not Applicable | | | | | | | | | | | | | | | | | | | | | |
| **4b. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing. (PC4b)** | | | | | | | | | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | | | |  | | | | | **Ready for unsupervised practice** | | | | | | **Aspirational** | | |
|  | Does not recognize patients for whom non-invasive procedures and/or testing is not warranted or is unsafe  Attempts to perform or interpret non-invasive procedures and/or testing without sufficient skill or supervision  Does not recognize the need to discuss procedure indications, processes, or potential risks with patients    Fails to engage the patient in the informed consent process and/or does not effectively describe risks and benefits of procedures | | Possesses insufficient skill to safely perform and interpret non-invasive procedures and/or testing with appropriate supervision  Inattentive to patient safety and comfort when performing non-invasive procedures and/or testing procedures  Applies the ethical principles of informed consent  Recognizes need to obtain informed consent for procedures but ineffectively obtains it  Understands and communicates ethical principles of informed consent | | | | | Inconsistently recognizes appropriate patients, indications, and associated risks in the utilization of non-invasive procedures and/or testing  Inconsistently integrates procedures and/or testing results with clinical features in the evaluation and management of patients  Can safely perform and interpret selected non-invasive procedures and/or testing procedures with minimal supervision  Inconsistently recognizes high-risk findings and artifacts/normal variants  Obtains and documents informed consent | | | | | Consistently recognizes appropriate patients, indications, limitations, and associated risks in utilization of non-invasive procedures and/or testing  Integrates procedures and/or testing results with clinical findings in the evaluation and management of patients  Recognizes procedures and/or testing results that indicate high-risk state or adverse prognosis  Recognizes artifacts and normal variants  Consistently performs and interprets non-invasive procedures and/or testing in a safe and effective manner  Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers)  Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures and/or tests | | | | | | Demonstrates skill to independently perform and interpret complex non-invasive procedures and/or testing  Demonstrates expertise to teach and supervise others in the performance of advanced non-invasive procedures and/or testing  Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application | | |
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| Comments:   * Not Applicable | | | | | | | | | | | | | | | | | | | | | |

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| **5. Requests and provides consultative care. (PC5)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care | | Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant  Inconsistently formulates a clinical question for a consultant to address | | | Provides consultation services for patients with clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants | | | Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment  Appropriately integrates recommendations from other consultants in order to effectively manage patient care | | | Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment  Models management of discordant recommendations from multiple consultants | |
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| Comments: | | | | | | | | | | | | | |

**Patient Care**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or 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.

\_\_\_\_\_ Meeting Milestones     \_\_\_\_\_ Not Meeting Milestones \_\_\_\_\_ Meeting Some, But Not All Milestones

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| **6. Possesses Clinical knowledge (MK1)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **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 | |
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| **7. Knowledge of diagnostic testing and procedures. (MK2)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Lacks foundational knowledge to apply diagnostic testing and procedures to patient care | | Inconsistently interprets basic diagnostic tests accurately  Does not understand the concepts of pre-test probability and test performance characteristics  Minimally understands the rationale and risks associated with common procedures | | | Consistently interprets basic diagnostic tests accurately  Needs assistance to understand the concepts of pre-test probability and test performance characteristics  Fully understands the rationale and risks associated with common procedures | | | Interprets complex diagnostic tests accurately while accounting for limitations and biases  Knows the indications for, and limitations of, diagnostic testing and procedures  Understands the concepts of pre-test probability and test performance characteristics  Teaches the rationale and risks associated with common procedures and anticipates potential complications of procedures | | | Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures  Pursues knowledge of new and emerging diagnostic tests and procedures | |
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| **8. Scholarship. (MK3)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | **Foundation**  Unaware of or uninterested in scientific inquiry or scholarly productivity  **Investigation**  Unwilling to perform scholarly investigation in the specialty  **Analysis**  Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research  **Dissemination**  Unable or unwilling to effectively communicate and/or disseminate knowledge | | Interested in scholarly activity, but does not initiate or follow through  Performs a literature search using relevant scholarly sources to identify pertinent articles  Aware of basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodological flaws  Communicates rudimentary details of scientific work, including his or her own scholarly work; needs to improve ability to present in small groups | | | Identifies areas worthy of scholarly investigation and formulates a plan under supervision of a mentor  Critically reads scientific literature and identifies major methodological flaws and inconsistencies within or between publications  Understands and is able to apply basic statistical concepts, and can identify potential analytic methods for data or problem assessment  Effectively presents at journal club, quality improvement meetings, clinical conferences, and/or is able to effectively describe and discuss his or her own scholarly work or research | | | Formulates ideas worthy of scholarly investigation  Collaborates with other investigators to design and complete a project related to clinical practice, quality improvement, patient safety, education, or research  Critiques specialized scientific literature effectively  Dissects a problem into its many component parts and identifies strategies for solving  Uses analytical methods of the field effectively  Presents scholarly activity at local or regional meetings, and/or submits an abstract summarizing scholarly work to regional/state/ national meetings, and/or publishes non-peer-reviewed manuscript(s) (reviews, book chapters) | | | Independently formulates novel and important ideas worthy of scholarly investigation  Leads a scholarly project advancing clinical practice, quality improvement, patient safety, education, or research  Obtains independent research funding  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  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) | |
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| Comments: | | | | | | | | | | | | | |

**Medical Knowledge**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or 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.

\_\_\_\_\_ Meeting Milestones     \_\_\_\_\_ Not Meeting Milestones \_\_\_\_\_ Meeting Some, But Not All Milestones

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| **9. Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBP1)** | | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Refuses to recognize the contributions of other interprofessional team members  Frustrates team members with inefficiency and errors  Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders) | | Identifies roles of other team members, but does not recognize how/when to utilize them as resources  Participates in team discussions when required, but does not actively seek input from other team members | | | | Understands the roles and responsibilities of all team members, but uses them ineffectively  Actively engages in team meetings and collaborative decision-making | | | Understands the roles and responsibilities of, and effectively partners with, all members of the team  Efficiently coordinates activities of other team members to optimize care | | | Develops, trains, and inspires the team regarding unexpected events or new patient management strategies  Viewed by other team members as a leader in the delivery of high-quality care | |
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| **10.** **Recognizes system error and advocates for system improvement. (SBP2)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Ignores a risk for error within the system that may affect the care of a patient  Ignores feedback and is unwilling to change behavior in order to reduce the risk for error | | Does not recognize the potential for system error  Makes decisions that could lead to errors that are otherwise corrected by the system or supervision  Resistant to feedback about decisions that may lead to error or otherwise cause harm | | | Recognizes the potential for error within the system  Identifies obvious or critical causes of error and notifies supervisor accordingly  Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk  Willing to receive feedback about decisions that may lead to error or otherwise cause harm | | | Identifies systemic causes of medical error and navigates them to provide safe patient care  Advocates for safe patient care and optimal patient care systems  Activates formal system resources to investigate and mitigate real or potential medical error  Reflects upon and learns from own critical incidents that may lead to medical error | | | Advocates for system leadership to formally engage in quality assurance and quality improvement activities  Viewed as a leader in identifying and advocating for the prevention of medical error  Teaches others regarding the importance of recognizing and mitigating system error | |
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| **11. Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care. (SBP3)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care | | 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, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions | | | Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost-effective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests) | | | Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests | | | Teaches patients and health care team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care | |
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| **12. Transitions patients effectively within and across health delivery systems. (SBP4)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **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  Provides incomplete written and verbal care plans during times of transition  Provides inefficient transitions of care that lead to unnecessary expense or risk to a patient (e.g., duplication of tests, readmission) | | | Recognizes the importance of communication during times of transition  Communicates with future caregivers, but demonstrates lapses in provision of pertinent or timely information | | | Appropriately utilizes available resources to coordinate care and manage conflicts to ensure safe and effective patient care within and across delivery systems  Actively communicates with past and future caregivers 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 | |
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| Comments: | | | | | | | | | | | | | |

**Systems-based Practice**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or 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.

\_\_\_\_\_ Meeting Milestones     \_\_\_\_\_ Not Meeting Milestones \_\_\_\_\_ Meeting Some, But Not All Milestones

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| **13. Monitors practice with a goal for improvement. (PBLI1)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Unwilling to self-reflect upon one’s practice or performance  Not concerned with opportunities for learning and self-improvement | | Unable to self-reflect upon practice or performance  Misses opportunities for learning and self-improvement | | | Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections  Inconsistently acts upon opportunities for learning and self-improvement | | | Regularly self-reflects upon one’s practice or performance, and consistently acts upon those reflections to improve practice  Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement | | | Regularly seeks external validation regarding self-reflection to maximize practice improvement  Actively and independently engages in self-improvement efforts and reflects upon the experience | |
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| **14. Learns and improves via performance audit. (PBLI2)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Disregards own clinical performance data  Demonstrates no inclination to participate in or even consider the results of quality- improvement efforts  Not familiar with the principles, techniques, or importance of quality improvement | | Limited ability to analyze own clinical performance data  Nominally engaged in opportunities to achieve focused education and performance improvement | | | Analyzes own clinical performance gaps and identifies opportunities for improvement  Participates in opportunities to achieve focused education and performance improvement  Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients | | | Analyzes own clinical performance data and actively works to improve performance  Actively engages in opportunities to achieve focused education and performance improvement  Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients | | | Actively monitors clinical performance through various data sources  Able to lead projects aimed at education and performance improvement  Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients | |
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| **15. Learns and improves via feedback. (PBLI3)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Never solicits feedback  Actively resists feedback from others | | Rarely seeks and does not incorporate feedback  Responds to unsolicited feedback in a defensive fashion  Temporarily or superficially adjusts performance based on feedback | | | Solicits feedback only from supervisors and inconsistently incorporates feedback  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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| **16. Learns and improves at the point of care. (PBLI4)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary | | Rarely reconsiders an approach to a problem, asks for help, or seeks new information  Can translate medical information needs into well-formed clinical questions with assistance  Unfamiliar with strengths and weaknesses of the medical literature  Has limited awareness of, or ability to use, information technology or decision support tools and guidelines  Accepts the findings of clinical research studies without critical appraisal | | | Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information  Can translate medical information needs into well-formed clinical questions independently  Aware of the strengths and weaknesses of medical information resources, but utilizes information technology without sophistication  With assistance, appraises clinical research reports based on accepted criteria | | | Routinely reconsiders an approach to a problem, asks for help, or seeks new information  Routinely translates new medical information needs into well-formed clinical questions  Guided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelines  Independently appraises clinical research reports based on accepted criteria | | | Role-models how to appraise clinical research reports based on accepted criteria  Has a systematic approach to track and pursue emerging clinical questions | |
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| Comments: | | | | | | | | | | | | | |

**Practice-Based Learning and Improvement**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or 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.

\_\_\_\_\_ Meeting Milestones     \_\_\_\_\_ Not Meeting Milestones \_\_\_\_\_ Meeting Some, But Not All Milestones

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| **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)** | | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | | |
|  | Disrespectful in interactions with patients, caregivers, and members of the interprofessional team  Sacrifices patient needs in favor of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers  Does not demonstrate responsiveness to patients’ and caregivers’ needs in an appropriate fashion  Does not consider patient privacy and autonomy  Unaware of physician and colleague self-care and wellness | | Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers  Inconsistently demonstrates responsiveness to patients’ and caregivers’ needs in an appropriate fashion  Inconsistently considers  patient privacy and  autonomy  Inconsistently aware of physician and colleague self-care and wellness | | | Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situations  Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care  Emphasizes patient privacy and autonomy in all interactions  Consistently aware of physician and colleague self-care and wellness | | | Demonstrates empathy, compassion, and respect to patients and caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs of patients and caregivers  Demonstrates a responsiveness to patient needs that supersedes self-interest  Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate  Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness | | | Role-models compassion, empathy, and respect for patients and caregivers  Role-models appropriate anticipation and advocacy for patient and caregiver needs  Fosters collegiality that promotes a high-functioning interprofessional team  Teaches others regarding maintaining patient privacy and respecting patient autonomy  Role-models personal self-care practice for others and promotes programs for colleague wellness | | |
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| Comments: | | | | | | | | | | | | | | |
| **18. Accepts responsibility and follows through on tasks. (PROF2)** | | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | | |
|  | Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a physician professional | | Completes most assigned tasks in a timely manner but may need reminders or other support  Accepts professional responsibility only when assigned or mandatory | | | Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy  Completes assigned professional responsibilities without questioning or the need for reminders | | | Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner  Willingly assumes professional responsibility regardless of the situation | | | Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner  Assists others to improve their ability to prioritize many competing tasks | | |
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| **19. Responds to each patient’s unique characteristics and needs. (PROF3)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Is insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter  Is unwilling to modify care plan to account for a patient’s unique characteristics and needs | | Is sensitive to and has basic awareness of differences related to personal characteristics and needs in the patient/caregiver encounter  Requires assistance to modify care plan to account for a patient’s unique characteristics and needs | | | Seeks to fully understand each patient’s personal characteristics and needs  Modifies care plan to account for a patient’s unique characteristics and needs with partial success | | | Recognizes and accounts for the personal characteristics and needs of each patient  Appropriately modifies care plan to account for a patient’s unique characteristics and needs | | | Role-models professional interactions to navigate and negotiate differences related to a patient’s unique characteristics or needs  Role-models consistent respect for patient’s unique characteristics and needs | |
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| **20. Exhibits integrity and ethical behavior in professional conduct. (PROF4)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Dishonest in clinical interactions, documentation, research, or scholarly activity  Refuses to be accountable for personal actions  Does not adhere to basic ethical principles  Blatantly disregards formal policies or procedures  Fails to recognize conflicts of interest | | Honest in clinical interactions, documentation, research, and scholarly activity  Requires oversight for professional actions related to the subspecialty  Has a basic understanding of ethical principles, formal policies, and procedures and does not intentionally disregard them  Recognizes potential conflicts of interest | | | Honest and forthright in clinical interactions, documentation, research, and scholarly activity  Demonstrates accountability for the care of patients  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  Consistently attempts to recognize and manage conflicts of interest | | | Demonstrates integrity, honesty, and accountability to patients, society, and the profession  Actively manages challenging ethical dilemmas and conflicts of interest  Identifies and responds appropriately to lapses of professional conduct among peer group  Regularly reflects on personal professional conduct  Identifies and manages conflicts of interest | | | Assists others in adhering to ethical principles and behaviors, including integrity, honesty, and professional responsibility  Role-models integrity, honesty, accountability, and professional conduct in all aspects of professional life  Identifies and responds appropriately to lapses of professional conduct within the system in which he or she works | |
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| Comments: | | | | | | | | | | | | | |

**Professionalism**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the trainingprogram. He or 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.

\_\_\_\_\_ Meeting Milestones     \_\_\_\_\_ Not Meeting Milestones \_\_\_\_\_ Meeting Some, But Not All Milestones

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| **21. Communicates effectively with patients and caregivers. (ICS1)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Ignores patient preferences for plan of care  Makes no attempt to engage patient in shared decision-making  Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers | | Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences  Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful  Defers difficult or ambiguous conversations to others | | | Engages patients in shared decision-making in uncomplicated conversations  Requires assistance facilitating discussions in difficult or ambiguous conversations  Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds | | | Identifies and incorporates patient preference in shared decision-making in complex patient care conversations and the plan of care  Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds | | | Role-models effective communication and development of therapeutic relationships in both routine and challenging situations  Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds  Assists others with effective communication and development of therapeutic relationships | |
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| **22. Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **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 team members  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 team members 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 | |
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| **23. Appropriate utilization and completion of health records. (ICS3)** | | | | | | | | | | | | | |
| **Not Yet Assessable** | **Critical Deficiencies** | |  | | |  | | | **Ready for unsupervised practice** | | | **Aspirational** | |
|  | Provides health records that are missing significant portions of important clinical data  Does not enter medical information and test results/interpretations into health record | | Health records are disorganized and inaccurate  Inconsistently enters medical information and test results/ interpretations into health record | | | Health records are organized and accurate, but are superficial and miss key data or fail to communicate clinical reasoning  Consistently enters medical information and test results/ interpretations into health records | | | Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoning  Provides effective and prompt medical information and test results/ interpretations to physicians and patients | | | Role-models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific | |
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| Comments: | | | | | | | | | | | | | |

**Interpersonal and Communications Skills**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or 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.

\_\_\_\_\_ Meeting Milestones     \_\_\_\_\_ Not Meeting Milestones \_\_\_\_\_ Meeting Some, But Not All Milestones