The Geriatric Medicine Milestones Project

A Joint Initiative of

January 2015

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 Assessable: 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 “Do you need to achieve a level of ‘ready for unsupervised practice’ in each competency to receive credit for each year?” 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 Subspecialty Reporting Milestones being used for Geriatric Medicine. We thank the Alliance for Academic Internal Medicine (AAIM) for their support of this effort.

Chairs: Scott Gitlin, MD and John Flaherty, MD

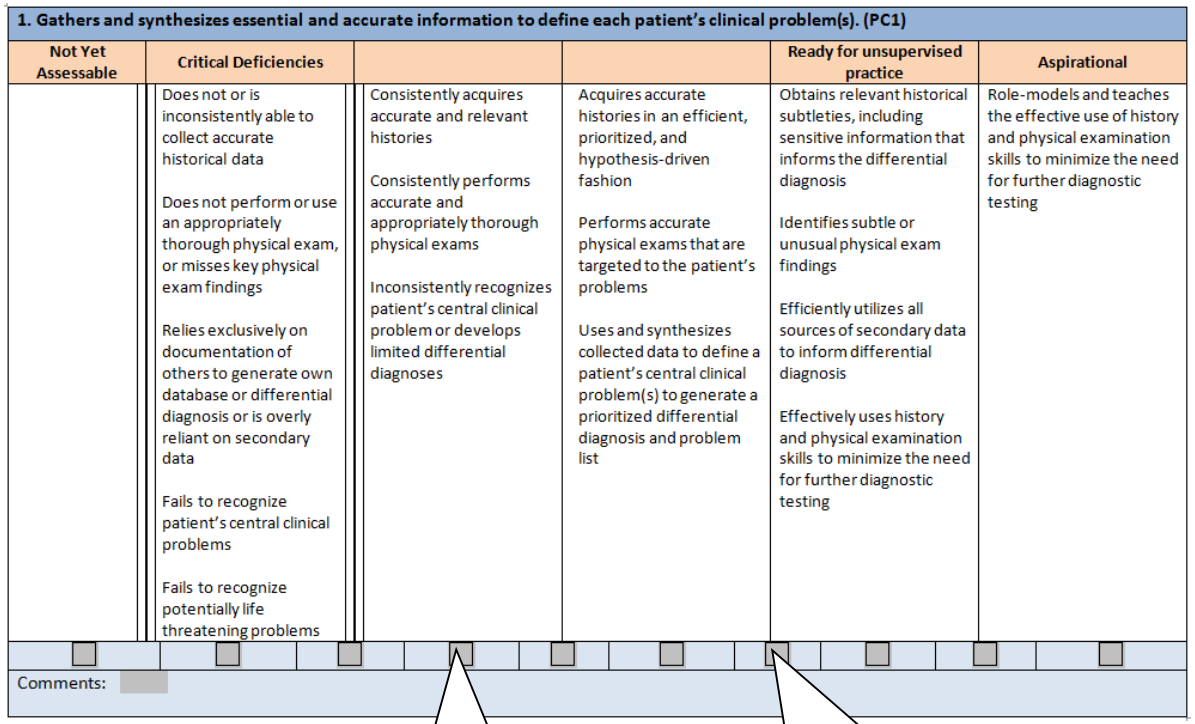
Accreditation Council of Graduate Medical Education: James Arrighi, MD; Susan Swing, PhD; Jerry Vasilias, PhD
Alliance for Academic Internal Medicine: D. Craig Brater, MD; Margaret Breida; Kelly Caverzagie, MD; Gregory C. Kane, MD; Consuelo Nelson Grier; Polly Parsons, MD; Bergitta Smith
American Academy 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



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
☐	☐	☐	☐	☐	☐
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. 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).

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

4. 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)	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

						Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures and/or tests				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:										

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
☐	☐	☐	☐	☐	☐
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.

_____ Yes _____ No _____ Conditional on Improvement

***Only required for Internal Medicine based programs**

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

8. Scholarship. (MK3)					
Not Yet Assessable	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
	Foundation Unaware of or uninterested in scientific inquiry or scholarly productivity	Interested in scholarly activity, but does not initiate or follow through	Identifies areas worthy of scholarly investigation and formulates a plan under supervision of a mentor	Formulates ideas worthy of scholarly investigation	Independently formulates novel and important ideas worthy of scholarly investigation
	Investigation Unwilling to perform scholarly investigation in the specialty	Performs a literature search using relevant scholarly sources to identify pertinent articles	Critically reads scientific literature and identifies major methodological flaws and inconsistencies within or between publications	Collaborates with other investigators to design and complete a project related to clinical practice, quality improvement, patient safety, education, or research	Leads a scholarly project advancing clinical practice, quality improvement, patient safety, education, or research Obtains independent research funding
	Analysis Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research	Aware of basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodological flaws	Understands and is able to apply basic statistical concepts, and can identify potential analytic methods for data or problem assessment	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	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
	Dissemination Unable or unwilling to effectively communicate and/or disseminate knowledge	Communicates rudimentary details of scientific work, including his or her own scholarly work; needs to improve ability to present in small	Effectively presents at journal club, quality improvement meetings, clinical conferences, and/or is able to	Presents scholarly activity at local or regional meetings, and/or submits an abstract summarizing scholarly work to	Effectively presents scholarly work at national and international meetings

			groups	effectively describe and discuss his or her own scholarly work or research	regional/state/ national meetings, and/or publishes non-peer-reviewed manuscript(s) (reviews, book chapters)	Publishes peer-reviewed manuscript(s) containing scholarly work (clinical practice, quality improvement, patient safety, education, or research)					
☐		☐		☐		☐		☐		☐		☐		☐		☐		☐		☐		☐	
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.

_____ Yes _____ No _____ Conditional on Improvement

***Only required for Internal Medicine based programs**

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
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.

_____ Yes _____ No _____ Conditional on Improvement

***Only required for Internal Medicine based programs**

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐

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.

_____ Yes _____ No _____ Conditional on Improvement ***Only required for Internal Medicine based programs**

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
☐	☐	☐	☐	☐	☐
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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
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.

_____ Yes _____ No _____ Conditional on Improvement ***Only required for Internal Medicine based programs**

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐	☐	☐	☐	☐
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.

_____ Yes _____ No _____ Conditional on Improvement

***Only required for Internal Medicine based programs**

Overall Clinical Competence

This rating represents the assessment of the fellow's development of overall clinical competence during this year of training:

___ Superior: Far exceeds the expected level of development for this year of training

___ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training

___ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.

___ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.

***Only required for Internal Medicine based programs**