

# **Family Medicine Milestones**

The Accreditation Council for Graduate Medical Education



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

### **Family Medicine Milestones**

#### Work Group

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American Association of Colleges of Osteopathic Medicine Association of American Medical Colleges American Board of Family Medicine American College of Osteopathic Family Physicians Association of Family Medicine Residency Directors Assembly of Osteopathic Graduate Medical Educators Committee on Osteopathic Recognition and Development Review Committee for Family Medicine

## **Understanding Milestone Levels and Reporting**

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

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

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

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

#### **Additional Notes**

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

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

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

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

Additional resources are available in the <u>Milestones</u> section of the ACGME website. Follow the links under "What We Do" at <u>www.acgme.org</u>.

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

Systems-based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project	Designs,, implements, and assesses quality improvement initiatives at the institutional or community level
Comments:				
Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.			between levels inc	

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

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

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

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

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

Medical Knowledge 1: De	monstrates Medical Knowl	edge of Sufficient Breadth	and Depth to Practice Fai	mily Medicine
Level 1	Level 2	Level 3	Level 4	Level 5
Describes the pathophysiology and treatments of patients with common conditions	Applies knowledge of pathophysiology with intellectual curiosity for treatment of patients with common conditions	Demonstrates knowledge of complex pathophysiology and the comprehensive management of patients across the lifespan	Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan	Expands the knowledge base of family medicine through dissemination of original research
Describes how behaviors impact patient health	Identifies behavioral strategies to improve health	Engages in learning behavioral strategies to address patient care needs	Demonstrates comprehensive knowledge of behavioral strategies and resources to address patient's needs	
Comments: Not Yet Completed Level 1				

Level 1	Level 2	Level 3	Level 4	Level 5
Incorporates key elements of a patient story into an accurate depiction of their presentation	Develops an analytic, prioritized differential diagnosis for common presentations	Develops a prioritized differential diagnosis for complex presentations	Synthesizes information to reach high probability diagnoses with continuous re-appraisal to minimize clinical	Engages in deliberate practice and coaches others to minimize clinical reasoning errors
Describes common causes of clinical reasoning error	Identifies types of clinical reasoning errors within patient care, with guidance	Demonstrates a structured approach to personally identify clinical reasoning errors	reasoning errors	
Interprets results of common diagnostic testing	Interprets complex diagnostic information	Synthesizes complex diagnostic information accurately to reach high probability diagnoses	Anticipates and accounts for errors and biases when interpreting diagnostic tests	Pursues knowledge of new and emerging diagnostic tests

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project	Designs, implements, and assesses quality improvement initiatives at the institutional or community level

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

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

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

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

Level 1	Level 2	Level 3	Level 4	Level 5	
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) in order to inform goals	Intermittently seeks additional performance data with adaptability and humility	Consistently seeks performance data with adaptability and humility	Leads performance review processes	
Identifies the factors which contribute to gap(s) between expectations and actual performance	Self-reflects and analyzes factors which contribute to gap(s) between expectations and actual performance	Self-reflects, analyzes, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice	
Acknowledges there are always opportunities for self-improvement	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it	Facilitates the design and implementing learning plans for others	

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

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

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

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

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

Level 1	Level 2	Level 3	Level 4	Level 5
Accurately and timely records information in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Uses patient record to communicate updated and concise information in an organized format	Demonstrates efficiency in documenting patient encounters and updating record	Optimizes and improves functionality of the electronic medical record within their system
Learns institutional policy and safeguards patient personal health information	Appropriately uses documentation shortcuts; records required data in formats and timeframes specified by institutional policy	Appropriately selects direct (e.g., telephone, in- person) and indirect (e.g., progress notes, text messages) forms of communication based on context and policy	Manages the volume and extent of written and verbal communication that are required for practice	Guides departmental or institutional communication around policies and procedures
Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage)	Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions for system improvement while acknowledging system limitations	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders (residency institution, health care system, field)