

# Occupational and Environmental Medicine Milestones

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: December 2020 First Revision: August 2013

# Occupational and Environmental Medicine Milestones

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

## Occupational and Environmental Medicine Milestones Work Group

Beth Baker, MD, MPH
Laura Edgar, EdD, CAE
Bart Iddins, MD, DVM
Jeffrey Levin, MD, MSPH, DrPH
Jennifer Lultschik, MD
David Rainey, MD, MPH, MEd
Rachel Thies, MD, MPH
Rasika Thondukolam, MD, MPH
Ashiq Zaman, MD, MHA

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

American Board of Preventive Medicine

**Review Committee for Preventive Medicine** 

## **Understanding Milestone Levels and Reporting**

This document presents the Milestones, which programs use in a semi-annual review of fellow 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/fellow 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 fellow 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 fellow may achieve higher levels early in his/her educational program just as a senior fellow 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. Fellows 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 fellow.

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

### **Additional Notes**

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert fellow 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.

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 fellow 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 fellow's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow's performance in relation to those milestones.

| Practice-based Learning and Improvement 1: Evidence Based and Informed Practice  |   |  |  |   |
|--|---|--|--|---|
| Level 1  | Level 2   | Level 3  | Level 4  | Level 5   |
| Demonstrates how to<br>access and use available<br>evidence, and<br>incorporate patient<br>preferences and values<br>in order to take care of a<br>routine patient | Articulates clinical<br>questions and elicits<br>patient preferences and<br>values in order to guide<br>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 participates in the development of guidelines |
|  |   |  |  |   |
| Comments:  Not Yet Completed Level 1   |   |  |  |   |
| middle of a milestones   | response box in the level implies that in that level and in lower been substantially ted.                                   | between levels<br>in lower levels<br>demonstrated  | sponse box on the line in s indicates that milestones have been substantially as well as <b>some</b> the higher level(s).                            |   |

All rights reserved except the copyright owners grant third parties the right to use the Occupational and Environmental Medicine Milestones on a non-exclusive basis for educational purposes.

| Patient Care 1: History and Physical Examination        |  |  |  |  |
|---|--|--|--|--|
| Level 1   | Level 2  | Level 3  | Level 4  | Level 5  |
| Obtains an accurate history                             | Obtains and reports an accurate and organized history, including occupational and environmental history                | Consistently obtains and reports a comprehensive and accurate history, including occupational and environmental factors, and seeks appropriate data from secondary sources | Consistently obtains<br>and concisely reports a<br>focused history,<br>including occupational<br>and environmental<br>factors, with pertinent<br>details | Consistently serves as a role model and educator in obtaining and presenting a focused history, including occupational and environmental factors, with pertinent details |
| Performs a basic physical exam accurately               | Performs an accurate and organized physical exam, and identifies appropriate physical findings for the chief complaint | Consistently performs an accurate and thorough physical examination, and reports relevant findings in support of likely clinical diagnosis                                 | Consistently identifies subtle physical findings; is proficient with advanced maneuvers  | Consistently serves as a role model and educator in the performance of an advanced physical exam   |
|   |  |  |  |  |
| Comments:  Not Yet Completed Level 1 Not Yet Assessable |  |  |  |  |

| Patient Care 2: Clinical Assessment and Management                                |   |   |  |  |
|---|---|---|--|--|
| Level 1   | Level 2   | Level 3   | Level 4  | Level 5  |
| Integrates patient-<br>specific information to<br>generate a working<br>diagnosis | Provides a prioritized differential diagnosis using supporting rationale and/or exposure assessment | Consistently provides an accurate diagnosis for common occupational and environmental conditions; demonstrates the ability to modify a diagnosis based on a patient's clinical course and additional data | Consistently provides an accurate diagnosis for patients with complex occupational and environmental conditions, recognizing sources of diagnostic error | Consistently serves as a role model and educator for deriving accurate diagnoses, recognizing sources of diagnostic error, and integrating relevant literature |
| Determines indicated tests and initiates a management plan                        | Orders indicated tests, and initiates a management plan, suggesting work restrictions               | Interprets indicated tests<br>and develops a<br>management plan;<br>determines work<br>restrictions   | Consistently modifies the management plan based on the patient's clinical course and considers applicable regulatory guidelines                          | Implements testing and management plans, integrating patient preferences, evidence-based guidelines, and cost  |
| Comments:  Not Yet Completed Level 1  Not Yet Assessable                          |   |   |  |  |

| Patient Care 3: Worker Health, Well-Being, and Performance Optimization  |  |   |   |  |
|--|--|---|---|--|
| Level 1  | Level 2  | Level 3   | Level 4   | Level 5  |
| Discusses how individual and organizational factors in the workplace can influence health, well-being, and performance | Identifies individual and organizational factors in the workplace which influence the health, well-being, and performance of workers | Describes the use and limitations of health risk assessment and screening for well populations, and the applications of screening, assessment, and early intervention for targeted high-risk groups | Monitors and surveys at least one workforce, and interprets monitoring and surveillance data to enhance the health, well-being, and performance of workers (simulation or actual) | Designs, implements, and evaluates worksite health promotion programs independently, incorporating authoritative guidelines and evidence |
|  |  |   |   |  |
| Comments:  Not Yet Completed Level 1  Not Yet Assessable   |  |   |   |  |

| Patient Care 4: Fitness for Work (Workers' Compensation, Employment and Certification Exams, Fitness for Duty, Return to Work) |  |  |   |   |
|--|--|--|---|---|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5   |
| Identifies types of work restrictions  | Suggests work restrictions or return to work plan in the context of a management plan for patients | Provides work activity prescriptions in the context of a management plan for patients, interacting with care teams | Consistently provides work activity prescriptions in complex patient management situations, interacting with care teams | Serves as a role model<br>for providing work activity<br>prescriptions in complex<br>patient management<br>situations |
| Identifies elements of an examination to determine fitness for different types of work   | Conducts examinations determining fitness for work in a variety of industries                      | Performs fitness for<br>duty/work examinations<br>with knowledge of<br>regulations and guidelines                  | Consistently performs complicated fitness for duty/work examinations with knowledge of regulations and guidelines       | Serves as a role model<br>for performing<br>complicated fitness for<br>duty/work examinations                         |
|  | Identifies the elements of work fitness and disability determination                               | Performs medical evaluations using the principles of work fitness and disability determination                     | Participates in a disability determination or impairment assessment   | Performs a disability determination or impairment assessment and causation analysis                                   |
|  |  |  |   |   |
| Comments:  Not Yet Completed Level 1  Not Yet Assessable   |  |  |   |   |

| Patient Care 5: Toxicology   |   |   |   |  |
|--|---|---|---|--|
| Level 1  | Level 2   | Level 3   | Level 4   | Level 5  |
| Demonstrates knowledge of basic pathophysiology, pharmacology, and metabolism of drugs and toxicants | Evaluates patients using knowledge of basic toxicological principles, including routes of exposure and metabolic pathways | Evaluates and recommends care for patients whose health may be affected by occupational or environmental toxic exposures, including interpretation of laboratory and/or environmental monitoring test results | Assesses clinical, worksite, and environmental data, recommends treatment of acute or chronic occupational or environmental toxic exposures, and work restrictions or exposure control measures | Performs complex causation analysis of patients with symptoms or conditions and/or conducts screening and surveillance for populations that may be related to occupational or environmental toxic exposures, and effectively communicates risk |
|  |   |   |   |  |
| Comments:  |   |   | Not Yet C<br>Not Yet A  | ompleted Level 1   |

| Patient Care 6: Surveillance   |  |  |   |   |
|--|--|--|---|---|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5   |
| Demonstrates working knowledge of basic principles underlying screening and surveillance | Performs a medical surveillance examination following prescribed regulations and guidelines; communicates results as indicated | Independently identifies which tests and actions are recommended or mandated for a specific worker | Prepares a valid aggregate analysis and summary of actual medical surveillance examinations for a specific focus, such as lead-exposed workers, lipid screening, hearing conservation (actual or simulated) | Develops a comprehensive program plan for a workplace, including test selections, follow-up plans, and comparison of cost effectiveness of alternative strategies |
|  |  |  |   |   |
| Comments:  Not Yet Completed Level 1  Not Yet Assessable                                 |  |  |   |   |

| Medical Knowledge 1: Hazard Recognition and Management                                     |  |   |  |   |
|--|--|---|--|---|
| Level 1  | Level 2  | Level 3   | Level 4  | Level 5   |
| Discusses how occupational and environmental risk factors contribute to injury and illness | Demonstrates knowledge<br>of core principles of<br>industrial hygiene,<br>ergonomics, occupational<br>safety, risk assessment<br>and communication, and<br>hazard controls | Participates in activities or consultations that include application of the principles of industrial hygiene, ergonomics, occupational safety, risk assessment, and hazard control to patients, populations, and/or employer/employee organizations | Applies core principles of risk assessment and hierarchy of controls to reduce risks from industrial hygiene, ergonomic, and safety hazards to patients, populations, and/or employee/employer organizations, and communicates risks | Interprets, analyzes, and applies the principles of industrial hygiene, ergonomics, occupational safety, risk assessment, hazard control in complex occupational or community environments and communicates risks effectively |
|  |  |   |  |   |
| Comments:  |  |   |  | ompleted Level 1  |

| Medical Knowledge 2: Biostatistics and Epidemiology  |   |  |  |  |  |
|--|---|--|--|--|--|
| Level 1  | Level 2   | Level 3  | Level 4  | Level 5  |  |
| Discusses common<br>statistical concepts (e.g.,<br>measures of central<br>tendency, p-values,<br>confidence intervals) | Demonstrates knowledge of biostatistical and epidemiological principles | Interprets scientific literature using biostatistical and epidemiological principles | Applies biostatistical and epidemiological principles to research or clinical practice | Role models the application of biostatistical and epidemiological principles to research and clinical practice |  |
|  |   |  |  |  |  |
| Comments:  |   |  | Not Yet C<br>Not Yet A   | ompleted Level 1   |  |

| Medical Knowledge 3: Regulatory   |  |   |  |   |
|---|--|---|--|---|
| Level 1   | Level 2  | Level 3   | Level 4  | Level 5   |
| Identifies relevant occupational and environmental regulatory agencies  | Lists the regulatory requirements for a specific industry                              | Applies knowledge of pertinent regulatory standards, to an individual worker  | Applies knowledge of regulatory requirements to develop or modify a workplace policy (actual or simulated) | Participates in developing or modifying a regulatory requirement or guideline                                     |
| Identifies occupational or<br>environmental<br>regulations/guidelines<br>regarding exposure in a<br>specific industry or<br>geographic area | Identifies the recommended/mandated exposure limits for a specific substance or hazard | Reviews exposure<br>monitoring results for an<br>individual and prepares<br>written reports for<br>employers, workers, or<br>government | Interprets and applies exposure monitoring results to work setting or clinical cases                       | Prepares a written exposure monitoring and reporting system plan for a specific workplace or other defined entity |
|   |  |   |  |   |
| Comments:  Not Yet Completed Level 1  Not Yet Assessable  |  |   |  |   |

| Systems-Based Practice 1: Patient Safety and Quality Improvement              |   |  |   |   |
|---|---|--|---|---|
| Level 1   | Level 2   | Level 3  | Level 4   | Level 5   |
| Demonstrates<br>knowledge of common<br>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<br>knowledge of how to<br>report patient safety<br>events        | Reports patient safety<br>events through<br>institutional reporting<br>systems (simulated or<br>actual)               | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Discloses patient safety<br>events to patients and<br>families (simulated or<br>actual)                     | Role models or mentors<br>others in the disclosure of<br>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 the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| Comments:   |   |  | Not Yet C   | ompleted Level 1  |

| Systems-Based Practice 2: System Navigation for Patient-Centered Care                     |  |  |  |   |
|---|--|--|--|---|
| Level 1   | Level 2  | Level 3  | Level 4  | Level 5   |
| Demonstrates<br>knowledge of care<br>coordination   | Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams | Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams | Role models effective<br>coordination of patient-<br>centered care among<br>different disciplines and<br>specialties | Analyzes the process of care coordination and leads in the design and implementation of improvements                |
| Identifies key elements<br>for safe and effective<br>transitions of care and<br>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                                       | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
|   |  |  |  |   |
| Comments:  Not Yet Completed Level 1  |  |  |  |   |

| Systems-Based Practice 3: Population Health  |   |  |   |   |  |
|--|---|--|---|---|--|
| Level 1  | Level 2   | Level 3  | Level 4   | Level 5   |  |
| Demonstrates<br>knowledge of population<br>and community health<br>needs and disparities | Identifies specific population and community health needs and inequities for their local population | Uses local resources effectively to meet the needs of a patient population and community | Participates in changing and adapting practice to provide for the needs of specific populations | Leads innovations and advocates for populations and communities with health care inequities |  |
|  |   |  |   |   |  |
| Comments:  |   |  | Not Yet C   | completed Level 1   |  |

| Systems-Based Practice  | 4: Physician Role in Health   | n Care Systems   |  |   |  |
|---|---|--|--|---|--|
| Level 1   | Level 2   | Level 3  | Level 4  | Level 5   |  |
| Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)                | Describes how components of a complex health care system are interrelated, and how this impacts patient care  | Discusses how individual practice affects the broader system   | Manages various components of the complex health care system to provide efficient and effective patient care and transition of care                              | Advocates for or leads<br>systems change that<br>enhances high-value,<br>efficient, and effective<br>patient care and transition<br>of care |  |
| Describes basic health<br>payment systems, (e.g.,<br>employer, government,<br>private, public, uninsured<br>care) and practice<br>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) with consideration of the limitations of each patient's payment model | Participates in health policy advocacy activities   |  |
| Identifies basic  | Describes core  | Demonstrates use of  |  |   |  |
| knowledge domains for<br>effective transition to<br>practice (e.g.,<br>information technology,<br>legal, billing and coding,<br>financial, personnel) | administrative knowledge<br>needed for transition to<br>practice (e.g., contract<br>negotiations, malpractice<br>insurance, government<br>regulation, compliance) | information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding) | Analyzes practice patterns and professional requirements in preparation for practice   | Educates others to prepare them for transition to practice  |  |
|   |   |  |  |   |  |
| Comments:   | Comments:  Not Yet Completed Level 1  |  |  |   |  |

©2020 Accreditation Council for Graduate Medical Education (ACGME)
All rights reserved except the copyright owners grant third parties the right to use the Occupational and Environmental Medicine Milestones on a non-exclusive basis for educational purposes.

| Practice-Based Learning  | and Improvement 1: Evide  | ence-Based and Informed P  | Practice   |   |
|--|---|--|--|---|
| Level 1  | Level 2   | Level 3  | Level 4  | Level 5   |
| Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient | Articulates clinical questions and considers 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 participates in the development of guidelines |
|  |   |  |  |   |
| Comments:  |   |  | Not Yet C  | ompleted Level 1  |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth |   |   |   |  |
|--|---|---|---|--|
| Level 1  | Level 2   | Level 3   | Level 4   | Level 5  |
| Accepts responsibility for personal and professional development by establishing goals           | Demonstrates openness<br>to performance data<br>(feedback and other<br>input) in order to inform<br>goals               | Seeks performance data episodically, with adaptability, and humility  | Intentionally seeks performance data consistently with adaptability, and humility                                     | Role models consistently seeking performance date with adaptability and humility |
| Identifies the factors which contribute to gap(s) between expectations and actual performance    | Analyzes and reflects on<br>the factors which<br>contribute to gap(s)<br>between expectations and<br>actual performance | Analyzes, reflects on, 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  |
| Actively seeks opportunities to improve  | Designs and implements a learning plan, with prompting  | Independently creates<br>and implements a<br>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                |
|  |   |   |   |  |
| Comments:  |   |   | Not Yet C   | ompleted Level 1   |

| Professionalism 1: Professional Behavior and Ethical Principles   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| Level 1   | Level 2   | Level 3   | Level 4   | Level 5   |  |  |
| Identifies and describes potential triggers for professionalism lapses  | Demonstrates insight into professional behavior in routine situations | Demonstrates professional behavior in complex or stressful situations             | Recognizes situations<br>that may trigger<br>professionalism lapses<br>and intervenes to<br>prevent lapses in self<br>and others            | Coaches others when their behavior fails to meet professional expectations  |  |  |
| Describes when and how<br>to appropriately report<br>professionalism lapses,<br>including strategies for<br>addressing common<br>barriers | Takes responsibility for own professionalism lapses                   | Recognizes need to seek help in managing and resolving complex ethical situations | Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature | Identifies and seeks to<br>address system-level<br>factors that induce or<br>exacerbate ethical<br>problems or impede their<br>resolution |  |  |
| Demonstrates<br>knowledge of the ethical<br>principles underlying<br>professional practice  | Analyzes straightforward situations using ethical principles          | Analyzes complex situations using ethical principles                              | review, risk<br>management/legal<br>consultation)   |   |  |  |
|   |   |   |   |   |  |  |
| Comments:   | Comments:  Not Yet Completed 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 situations<br>that may impact others'<br>ability to complete tasks<br>and responsibilities in a<br>timely manner | Proactively develops and implements strategies to ensure that the needs of patients, teams, and systems are met |  |
|  |   |  |   |   |  |
| Comments:  |   |  | Not Yet C   | ompleted Level 1  |  |

| Professionalism 3: Self-Awareness and Help-Seeking                           |  |   |   |   |  |
|--|--|---|---|---|--|
| Level 1  | Level 2  | Level 3   | Level 4   | Level 5   |  |
| Recognizes the importance of addressing personal and professional well-being | Lists available resources<br>for personal and<br>professional well-being | With assistance,<br>proposes a plan to<br>promote personal and<br>professional well-being | Implements a plan to promote personal and professional well-being                   | Creates institutional-level interventions that promote colleagues' well-being         |  |
|  | Describes institutional resources that are meant to promote well-being   | Recognizes which institutional factors affect well-being                                  | Describes institutional factors that positively and/or negatively affect well-being | Describes institutional programs designed to examine systemic contributors to burnout |  |
|  |  |   |   |   |  |
| Comments:  |  |   | Not Yet C   | ompleted Level 1  |  |

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

| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication   |  |  |   |   |
|--|--|--|---|---|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5   |
| Uses language and nonverbal behavior to demonstrate respect and establish rapport  | Establishes a therapeutic relationship in straightforward encounters using active listening and clear language   | Establishes a therapeutic relationship in challenging patient encounters   | Easily establishes 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 |
| Identifies common<br>barriers to effective<br>communication (e.g.,<br>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  | Role models self-<br>awareness while<br>identifying a contextual<br>approach to minimize<br>communication barriers              |
| Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options | Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations and verifying understanding of the clinical situation | With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences, and acknowledges 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:  |  |  | Not Yet C   | ompleted Level 1  |

| Interpersonal and Comn                            | nunication Skills 2: Interpro                              | fessional and Team Comm  | unication   |  |
|---|--|--|---|--|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5  |
| Respectfully requests a consultation              | Clearly and concisely requests a consultation              | Checks own understanding of consultant recommendations               | Coordinates recommendations from different members of the team to optimize patient care | Role models flexible<br>communication strategies<br>that value input from all<br>team members, resolving<br>conflict when needed |
| Respectfully receives a consultation request      | Clearly and concisely responds to a consultation request   | Checks understanding of recommendations when providing consultation  |   |  |
| Uses language that values all members of the team | Communicates information effectively with all team members | Uses active listening to adapt communication style to fit team needs |   |  |
|   | Solicits feedback on performance as a member of the team   | Communicates concerns and provides feedback to peers and learners    | Facilitates regular team-<br>based feedback in<br>complex situations                    | Communicates feedback and constructive criticism to superiors  |
|   |  |  |   |  |
| Comments:  Not Yet Completed Level 1              |  |  |   |  |

| Level 1  | Level 2   | Level 3   | Level 4   | Level 5  |
|--|---|---|---|--|
| Accurately records information in the patient record   | Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record | Concisely reports diagnostic and therapeutic reasoning in the patient record  | Communicates clearly, concisely, timely, and in an organized written form, including anticipatory guidance                          |  |
| Safeguards patient personal health information   | Documents required data in formats specified by institutional policy                            | Appropriately selects direct (e.g., telephone, inperson) and indirect (e.g., progress notes, text messages) forms of communication based on context | Achieves written or<br>verbal communication<br>(e.g., patient notes,<br>email) that serves as an<br>example for others to<br>follow | Guides departmental or institutional policies and procedures around communication  |
| 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 to improve the system   | Initiates difficult conversations with appropriate stakeholders to improve the system   | Facilitates dialogue<br>regarding systems issues<br>among larger community<br>stakeholders (institution,<br>health care system, or<br>field) |
|  |   |   |   |  |