

# **Pain Medicine Milestones**

The Accreditation Council for Graduate Medical Education



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### Pain 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.

### **Pain Medicine Milestones Work Group**

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American Board of Anesthesiology American Board of Physical Medicine and Rehabilitation American Board of Psychiatry and Neurology

Review Committee for Anesthesiology

Review Committee for Neurology

Review Committee for Physical Medicine and Rehabilitation

### **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 the educational program just as a senior fellow may be at a lower level later in the 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 v).

#### **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 subcompetency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow's performance on the milestones for each subcompetency will be indicated by selecting the level of milestones that best describes that fellow'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<br>knowledge of common<br>patient safety events and<br>institutional reporting<br>system | Identifies and reports<br>patient safety events    | Participates in analysis<br>of patient safety events<br>(simulated or actual)  | Offers strategies<br>(simulated or actual) to<br>prevent patient safety<br>events                                       | Actively engages and<br>leads teams and<br>processes to prevent<br>patient safety events                              |
| Demonstrates<br>knowledge of basic<br>quality improvement<br>methodologies and<br>metrics             | Describes local quality<br>improvement initiatives | Participates in local<br>quality improvement<br>initiatives  | Demonstrates the skills<br>required to identify,<br>develop, implement, and<br>analyze a quality<br>improvement project | Creates, implements,<br>and assesses quality<br>improvement initiatives<br>at the institutional or<br>community level |
| Comments:   |  |  | Not Yet   | Completed Level 1   |
| middle of a lev<br>milestones in t  | hat level and in lower<br>en substantially         | Selecting a response boy<br>between levels indicates<br>in lower levels have beer<br>demonstrated as well as<br>milestones in the higher | that milestones<br>substantially<br><b>some</b>   |   |

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| _evel 1                                    | Level 2   | Level 3   | Level 4   | Level 5   |
|--|---|---|---|---|
| Acquires accurate<br>nedical histories     | Acquires accurate and relevant pain histories   | Acquires accurate and<br>relevant pain histories in<br>the context of a patient<br>with complex medical<br>conditions | Efficiently acquires<br>accurate and relevant<br>pain history in the<br>context of a patient with<br>complex medical<br>conditions                    | Acts as a role model and<br>teaches the effective use<br>of history taking,<br>biopsychosocial, and<br>physical examination<br>skills to efficiently identify<br>and treat multiple |
| Performs accurate<br>physical exams        | Performs relevant pain-<br>based physical exams   | Performs accurate and<br>relevant physical exams<br>that are targeted to the<br>patient's problems                    | Performs hypothesis-<br>driven physical exams<br>that identify subtle or<br>unusual physical exam<br>findings in patients with<br>uncommon conditions | complex pain conditions   |
| Develops limited<br>differential diagnoses | Uses and synthesizes<br>collected data, including<br>patient-reported<br>outcomes, to define a<br>patient's central clinical<br>problem(s) and generate<br>a prioritized differential<br>diagnosis and problem list | Efficiently uses the<br>biopsychosocial data to<br>inform the differential<br>diagnosis                               | Efficiently uses all<br>sources of secondary<br>data to inform<br>differential diagnosis  |   |
|  |   |   |   |   |

Patient Care 1: Gathers and Synthesizes Essential and Accurate Information to Define Each Patient's Clinical Problem(s)

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Patient Care 2: Gathers and Synthesizes Essential and Accurate Information to Define Each Patient's Clinical Problem(s) (Psychiatric and Pain Comorbidities)

| Level 1   | Level 2   | Level 3  | Level 4  | Level 5  |
|---|---|--|--|--|
| Acquires accurate<br>psychiatric histories and<br>conducts mental status<br>examinations when<br>relevant | Consistently acquires<br>accurate psychiatric<br>histories and conducts<br>mental status<br>examinations when<br>relevant | Consistently and<br>efficiently acquires<br>accurate psychiatric<br>histories and conducts<br>mental status<br>examinations when<br>relevant; screens for<br>common psychiatric<br>comorbidities | Consistently uses<br>screening to narrow the<br>differential diagnosis for<br>a patient with<br>psychiatric<br>comorbidities | Acts as a role model and<br>teaches the effective use<br>of history taking and<br>conducting a mental<br>status examination when<br>relevant |
| Identifies common<br>psychiatric diagnoses  | Screens patients for<br>common psychiatric<br>comorbidities   | Consistently screens for<br>adverse childhood events,<br>trauma, substance use<br>disorders (SUDs), and<br>safety  | Consistently follows<br>trends in functional<br>assessment of a patient<br>with common<br>psychiatric<br>comorbidities       | Acts as a role model and<br>teaches how to screen for<br>adverse childhood events,<br>trauma, SUDs, and safety                               |
|   |   |  |  |  |
| Comments:   |   |  |  | completed Level 1  |

|   | oration with the Patient, De<br>eration of Available Pharm<br>ive Approaches                         | -  | -   | nent Plan for Each   |
|---|--|--|---|--|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5  |
| Develops a plan for<br>straightforward cases,<br>with assistance  | Independently develops a<br>plan for a straightforward<br>case and implements it,<br>with assistance | Develops a plan for a<br>complex case and<br>implements it, with<br>minimal assistance | Independently<br>develops, implements,<br>and monitors a<br>comprehensive<br>treatment plan                             | Effectively manages<br>unusual, rare, or complex<br>disorders in all<br>appropriate clinical<br>settings |
| Consistently recognizes<br>situations that require<br>consultations or help<br>from an attending<br>physician | Obtains appropriate<br>consultations with specific<br>questions for the<br>consultant                | Incorporates consultation results into a treatment plan                                | Applies learning from<br>consultants to similar<br>patient care scenarios   | Acts as role model and teaches complex patient-<br>centered care   |
| Manages straightforward<br>cases, with direct<br>supervision  | Manages complex cases,<br>with direct supervision  | Manages cases with indirect supervision  | Independently manages<br>patients across<br>applicable inpatient,<br>outpatient, and<br>ambulatory clinical<br>settings | Actively advances novel pain therapies   |
|   |  |  |   |  |
| Comments:   |  |  | Not Yet Co<br>Not Yet As  | ompleted Level 1   |

| Patient Care 4: Patient C   | ounseling for Testing and I  | Procedures   |   |  |
|---|--|--|---|--|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5  |
| Discusses the<br>indications,<br>contraindications, and<br>potential risks of<br>diagnostic testing and<br>straightforward<br>procedures and obtains<br>and documents informed<br>consent | Discusses the indications,<br>contraindications, and<br>potential risks of invasive<br>diagnostic testing and<br>complex procedures and<br>obtains and documents<br>informed consent | Discusses the indications,<br>contraindications,<br>potential risks, and<br>controversies of<br>procedures for patients<br>with common<br>comorbidities and obtains<br>and documents informed<br>consent | Discusses the<br>indications,<br>contraindications,<br>potential risks, and<br>controversies<br>procedures for patients<br>with complex<br>comorbidities and<br>obtains and documents<br>informed consent | Quantifies evidence for<br>risk-benefit analysis while<br>obtaining informed<br>consent for invasive<br>diagnostic testing,<br>complex procedures, or<br>therapies |
|   |  |  |   |  |
| Comments:   |  |  | Not Yet Co<br>Not Yet As  | ompleted Level 1   |

| Patient Care 5: Demonst  | rates Skill in Performing In   | terventions   |   |  |  |
|--|--|---|---|--|--|
| Level 1  | Level 2  | Level 3   | Level 4   | Level 5  |  |
| Performs straightforward<br>interventions, ensuring<br>patient safety and<br>comfort, with supervision   | Independently performs<br>straightforward<br>interventions, ensuring<br>patient safety and comfort   | Performs complex<br>interventions, ensuring<br>patient safety and<br>comfort,<br>with supervision         | Independently performs<br>complex interventions,<br>ensuring patient safety<br>and comfort            | Independently performs<br>complex interventions for<br>a patient with complex<br>comorbidities, ensuring<br>patient safety and comfort |  |
| Recognizes and<br>manages complications<br>in patients with common<br>comorbidities, with<br>supervision | Independently recognizes<br>and manages<br>complications in patients<br>with common<br>comorbidities | Recognizes and manages<br>complications in patients<br>with complex<br>comorbidities, with<br>supervision | Independently<br>recognizes and<br>manages complications<br>in patients with complex<br>comorbidities | Demonstrates expertise<br>to teach and supervise<br>others in the performance<br>of invasive procedures                                |  |
|  |  |   |   |  |  |
| Comments:  | Comments: Not Yet Completed Level 1  |   |   |  |  |

| Patient Care 6: Provides   | Consultative Care  |  |  |  |
|--|--|--|--|--|
| Level 1  | Level 2  | Level 3  | Level 4  | Level 5  |
| Respectfully receives<br>and provides a timely<br>response to consultation<br>requests         | Clarifies the consultative<br>question after gathering<br>data about a patient with<br>a basic pain condition,<br>with supervision | Communicates the<br>redefined problem with<br>the referring team when a<br>recommendation differs<br>from the original<br>consultation question,<br>with supervision | Independently<br>communicates the<br>redefined problem with<br>the referring team when<br>a recommendation<br>differs from the original<br>consultation question | Is identified as a role<br>model for consultative<br>care across the spectrum<br>of disease complexity and<br>social determinants of<br>health |
| Recognizes the need for<br>timely consultation<br>based on disease acuity,<br>with supervision | Independently recognizes<br>the need for timely<br>consultation based on<br>disease acuity   | Prioritizes management<br>steps  | Recognizes the<br>economic impact and<br>role of medical team<br>dynamics when making<br>recommendations to the<br>referring team                                | Leads the<br>multidisciplinary team to<br>evaluate and integrate<br>divergent<br>recommendations to<br>formulate a unified plan                |
|  |  |  |  |  |
| Comments:  |  |  | Not Yet Co<br>Not Yet As   | ompleted Level 1   |

| Medical Knowledge 1: Possesses Clinical Knowledge   |   |  |   |   |
|---|---|--|---|---|
| Level 1   | Level 2   | Level 3  | Level 4   | Level 5   |
| Possesses basic<br>knowledge of the<br>anatomy, physiology, and<br>pharmacology of pain for<br>common pain conditions | Possesses knowledge of<br>the anatomy, physiology,<br>and pharmacology of pain<br>for common pain<br>conditions | Possesses knowledge of<br>the anatomy, physiology,<br>biopsychosocial factors,<br>and pharmacology of pain<br>for comprehensive pain<br>care | Possesses knowledge<br>of the anatomy,<br>physiology,<br>biopsychosocial factors,<br>and pharmacology of<br>pain for comprehensive<br>pain care of complex<br>cases | Possesses knowledge of<br>the anatomy, physiology,<br>biopsychosocial factors,<br>and pharmacology of pain<br>for comprehensive pain<br>care of rare or<br>diagnostically ambiguous<br>pain cases |
| Possesses basic<br>knowledge of pain<br>assessment and<br>treatment modalities for<br>common pain conditions          | Possesses knowledge of<br>pain assessment and<br>treatment modalities for<br>common pain conditions             | Possesses knowledge of<br>pain assessment and<br>treatment modalities for<br>comprehensive pain care   | Possesses knowledge<br>of pain assessment and<br>treatment modalities for<br>comprehensive pain<br>care of complex cases  | Possesses knowledge of<br>pain assessment and<br>treatment modalities for<br>comprehensive pain care<br>of rare or diagnostically<br>ambiguous pain cases   |
| Possesses basic<br>knowledge of common<br>interventional strategies<br>to treat pain                                  | Possesses knowledge of<br>common interventional<br>strategies to treat pain                                     | Possesses knowledge of<br>interventional strategies<br>to treat pain, including<br>knowledge of non-<br>standard cases                       | Possesses knowledge<br>of less commonly used<br>interventional strategies<br>to treat pain  | Possesses knowledge to<br>develop and postulate<br>new interventional targets<br>and methods to treat pain  |
|   |   |  |   |   |
| Comments:   |   |  | Not Yet Co<br>Not Yet As  | ompleted Level 1  |

| Medical Knowledge 2: Di   | agnostic Testing and Imag  | ing (e.g., electrodiagnostic   | s, radiology, laboratory)   |  |
|---|--|--|---|--|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5  |
| Discusses a general<br>diagnostic approach<br>appropriate to the clinical<br>presentation | Considers diagnostic<br>testing based on cost<br>effectiveness and<br>likelihood that results will<br>influence clinical<br>management | Prioritizes the sequence<br>and urgency of diagnostic<br>studies   | Correlates diagnostic<br>testing with the clinical<br>presentation                    |  |
| Interprets common<br>diagnostic tests, with<br>supervision                                | Consistently interprets common diagnostic tests  | Consistently interprets<br>results of complex<br>diagnostic tests<br>accurately while<br>accounting for sensitivity<br>and specificity | Anticipates and<br>accounts for subtle<br>nuances of interpreting<br>diagnostic tests | Pursues knowledge of<br>new and emerging<br>diagnostic tests |
|   |  |  |   |  |
| Comments:   |  |  | Not Yet Com   | bleted Level 1   |
|   |  |  | Not Yet Asses   | ssable   |

| Level 1   | Level 2   | Level 3   | Level 4   | Level 5   |
|---|---|---|---|---|
| Demonstrates<br>knowledge of common<br>events that impact<br>patient safety               | Identifies system factors<br>that lead to patient safety<br>events                                      | Participates in analysis of<br>patient safety events<br>(simulated or actual)                                     | Conducts analysis of<br>patient safety events<br>and offers error<br>prevention strategies<br>(simulated or actual)     | Actively engages teams<br>and processes to modify<br>systems to prevent patient<br>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<br>of patient safety events to<br>patients and their families<br>(simulated or actual) | Discloses patient safety<br>events to patients and<br>their families (simulated<br>or actual)                           | Role models or mentors<br>others in the disclosure of<br>patient safety events                                    |
| Demonstrates<br>knowledge of basic<br>quality improvement<br>methodologies and<br>metrics | Describes departmental<br>quality improvement<br>initiatives  | Participates in department<br>quality improvement<br>initiatives  | Demonstrates the skills<br>required to identify,<br>develop, implement,<br>and analyze a quality<br>improvement project | Creates, implements, and<br>assesses quality<br>improvement initiatives at<br>the institutional level or<br>above |
|   |   |   |   |   |

| 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<br>patients in routine clinical<br>situations, effectively<br>using the roles of<br>interprofessional team<br>members | Coordinates care of<br>patients in complex<br>clinical situations,<br>effectively collaborating<br>with members of the<br>interprofessional team   | Role models effective<br>coordination of patient-<br>centered care among<br>different professions<br>and specialties   | Analyzes the process of<br>care coordination and<br>leads in the design and<br>implementation of<br>improvements                |
| Identifies key elements<br>for safe and effective<br>transitions of care and<br>hand-offs | Performs safe and<br>effective transitions of<br>care/hand-offs in routine<br>clinical situations   | Performs safe and<br>effective transitions of<br>care/hand-offs in complex<br>clinical situations  | Role models and<br>advocates for safe and<br>effective transitions of<br>care/hand-offs within<br>and across health care<br>delivery systems and<br>settings | Improves quality of<br>transitions of care within<br>and across health care<br>delivery systems to<br>optimize patient outcomes |
| Demonstrates<br>knowledge of population<br>and community health<br>needs and inequities   | Identifies specific<br>population and<br>community health needs<br>and inequities for the local<br>population                             | Uses local resources<br>effectively to meet the<br>needs of a patient<br>population and<br>community while<br>minimizing health care<br>inequities | Participates in changing<br>and adapting practice to<br>provide for the needs of<br>specific populations   | Leads innovations and<br>advocacy in partnership<br>with populations and<br>communities experiencing<br>health care inequities  |
|   |   |  |  |   |
| Comments:   |   |  | Not Yet C  | ompleted Level 1  |

| Level 1   | Level 2  | Level 3   | Level 4  | Level 5   |
|---|--|---|--|---|
| Describes basic health<br>payment systems (e.g.,<br>government, private,<br>public, uninsured care)<br>and practice models  | Describes how<br>components of a complex<br>health care system are<br>interrelated, and how this<br>impacts delivery of pain<br>management                                 | Practices pain<br>management in the<br>context of a complex<br>health care system to<br>deliver effective care  | Navigates the various<br>components of the<br>complex health care<br>system to provide<br>efficient and effective<br>patient care and<br>transitions of care                             | Advocates for or leads<br>systems change that<br>enhances high-value,<br>efficient, and effective<br>patient care |
| Identifies basic<br>knowledge domains for<br>effective transition to<br>practice (e.g.,<br>information technology,<br>legal, billing and coding,<br>financial, personnel) | Delivers care with<br>consideration of each<br>patient's payment model<br>(e.g., insurance type)   | Engages with patients in<br>shared decision making,<br>informed by each<br>patient's payment model  | Advocates for patient<br>care needs (e.g.,<br>community resources,<br>patient assistance<br>resources) with<br>consideration of the<br>limitations of each<br>patient's payment<br>model | Participates in health policy advocacy activities   |
|   | Demonstrates use of<br>information technology<br>required for medical<br>practice (e.g., electronic<br>health record,<br>documentation required<br>for billing and coding) | Describes core<br>administrative knowledge<br>needed for transition to<br>practice (e.g., contract<br>negotiations, malpractice<br>insurance, government<br>regulation, compliance) | Analyzes individual<br>practice patterns and<br>professional<br>requirements in<br>preparation for<br>independent practice   | Educates others to<br>prepare them for<br>transition to practice  |
|   |  |   |  |   |

| 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<br>access and use available<br>evidence | Locates and applies the<br>best available evidence,<br>integrated with patients'<br>preferences, to the care<br>of straightforward patients | Locates and applies the<br>best available evidence,<br>integrated with patients'<br>preferences, to the care<br>of complex patients | Critically appraises and<br>applies evidence even<br>in the face of<br>uncertainty and<br>conflicting evidence to<br>guide care, tailored to<br>the individual patient | Coaches others to<br>critically appraise and<br>apply evidence for<br>complex patients, and/or<br>participates in the<br>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<br>personal and<br>professional<br>development by<br>establishing goals | Demonstrates openness<br>to performance data<br>(feedback and other input)<br>to form goals | Seeks performance data<br>episodically, with<br>adaptability and humility | Intentionally seeks<br>performance data<br>consistently, with<br>adaptability and humility | Role models consistently<br>seeking performance<br>data, with adaptability and<br>humility |  |
| Identifies the factors that contribute to performance gaps   | Analyzes and<br>acknowledges the factors<br>that contribute to<br>performance gaps          | Institutes behavioral<br>change(s) to improve<br>performance              | Considers alternatives to improve performance  | Models reflective practice   |  |
| Actively seeks<br>opportunities to improve<br>knowledge and skills<br>Comments:                    | Designs and implements<br>a learning plan, with<br>prompting                                | Independently creates<br>and implements a<br>learning plan                | Integrates performance<br>data to adapt the<br>learning plan                               | Facilitates the design and<br>implementation of<br>learning plans for others               |  |
|  |   |   | Not Yet C  | ompleted Level 1   |  |

| Dissemination)   |  |  | ,,  |  |
|--|--|--|---|--|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5  |
| Identifies a topic for a scholarly project and a mentor  | Develops a research<br>question for the scholarly<br>project                               | Develops a research plan<br>and timeline for<br>completion of the<br>scholarly project with<br>one's mentor  | Completes a scholarly project   | Leads or provides<br>mentorship for a scholarly<br>project   |
| Communicates and/or<br>disseminates knowledge<br>in the field of pain<br>medicine during<br>straightforward clinical<br>care | Communicates scientific<br>literature as applied to<br>more complex clinical<br>situations | Presents at journal club,<br>quality improvement<br>meetings, or clinical<br>conferences, and/or<br>effectively describes and<br>discusses one's own<br>scholarly work or research | Presents scholarly<br>project at local or<br>regional meetings,<br>and/or submits an<br>abstract summarizing<br>the scholarly work to<br>regional/state/ national<br>meetings, and/or<br>publishes non-peer-<br>reviewed manuscript(s)<br>(reviews, book<br>chapters) | Presents scholarly work<br>at national and<br>international meetings, or<br>publishes peer-reviewed<br>manuscript(s) containing<br>scholarly work (clinical<br>practice, quality<br>improvement, patient<br>safety, education, or<br>research), or obtains<br>research funding |
|  |  |  |   |  |
| Comments:  |  |  | Not Yet Com   | pleted Level 1   |

Practice-Based Learning and Improvement 3: Participates in Scholarship (Foundation, Investigation, Analysis, and Dissemination)

| Level 1   | Level 2   | Level 3  | Level 4  | Level 5   |
|---|---|--|--|---|
| Identifies potential<br>triggers for<br>professionalism lapses                    | Demonstrates insight into<br>professional behavior in<br>routine situations | Demonstrates<br>professional behavior in<br>complex or stressful<br>situations                   | Recognizes situations<br>that may trigger<br>professionalism lapses<br>and intervenes to<br>prevent lapses in<br>oneself | Coaches others when<br>their behavior fails to<br>meet professional<br>expectations |
| Describes when and how<br>to report lapses in<br>professionalism                  | Takes responsibility for<br>one's own<br>professionalism lapses             | Recognizes need to seek<br>help in managing and<br>resolving complex<br>interpersonal situations | Implements<br>recommendations to<br>resolve complex<br>interpersonal situations  |   |
| Demonstrates<br>knowledge of the ethical<br>principles underlying<br>patient care | Analyzes straightforward<br>situations using ethical<br>principles          | Analyzes complex<br>situations using ethical<br>principles                                       | Recognizes and utilizes<br>resources for managing<br>and resolving ethical<br>dilemmas                                   | Participates in committees<br>that works to promote<br>ethical behavior             |
| Comments:   |   |  |  |   |

| Level 1  | Level 2   | Level 3   | Level 4  | Level 5   |
|--|---|---|--|---|
| Responds promptly to<br>requests or reminders to<br>complete tasks | Performs tasks and responsibilities in a timely manner  | Performs tasks and<br>responsibilities in a timely<br>manner with appropriate<br>attention to detail in<br>routine situations | Prioritizes tasks and<br>responsibilities in a<br>timely manner with<br>appropriate attention to<br>detail in complex or<br>stressful situations |   |
| Takes responsibility for failure to complete tasks                 | Recognizes situations that<br>may impact one's own<br>ability to complete tasks<br>and responsibilities in a<br>timely manner | Takes responsibility for<br>tasks not completed in a<br>timely manner and<br>identifies strategies to<br>prevent recurrence   | Proactively implements<br>strategies to ensure that<br>the needs of patients,<br>teams, and systems are<br>met                                   | Designs and implements<br>an institutional systems<br>approach to ensure timely<br>task completion and<br>shared responsibility |
|  |   |   |  |   |

| Level 1   | Level 2   | Level 3   | Level 4  | Level 5   |  |
|---|---|---|--|---|--|
| Recognizes the<br>importance of addressing<br>personal and<br>professional well-being | Lists available resources<br>for addressing personal<br>and professional well-<br>being | With assistance, proposes<br>a plan to promote<br>personal and professional<br>well-being | Independently develops<br>a plan to promote<br>personal and<br>professional well-being | Serves as a well-being<br>coach and leads a well-<br>being initiative |  |
|   |   |   |  |   |  |
| Comments:   |   |   |  |   |  |
| Not Yet Completed Level 1   |   |   |  |   |  |

This subcompetency is not intended to evaluate a fellow's well-being. Rather, the intent is to ensure that each 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.

| Professionalism 4: Patie   | nt-Centered Care/Cultural (   | Competence  |  |  |
|--|---|---|--|--|
| Level 1  | Level 2   | Level 3   | Level 4  | Level 5  |
| Recognizes the need to<br>respect the dignity of<br>patients of all<br>backgrounds | Demonstrates specific<br>elements of verbal and<br>physical communication<br>that reflect respect for<br>patients | Recognizes the impact of<br>a patient's background on<br>delivery of care | Integrates a patient's<br>background into the<br>care one provides | Serves as a role model<br>and resource for others<br>by coaching them in<br>behaviors and actions<br>that optimize the comfort,<br>dignity, and respect of<br>patients of all<br>backgrounds |
|  |   |   |  |  |
| 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 non-<br>verbal behavior to<br>demonstrate respect and<br>establish rapport | Establishes a therapeutic<br>relationship in<br>straightforward<br>encounters using active<br>listening and clear<br>language  | Establishes a therapeutic<br>relationship in challenging<br>patient encounters  | Easily establishes<br>therapeutic<br>relationships, with<br>attention to a<br>patient's/patient's<br>family's concerns and<br>context, regardless of<br>complexity                               | Mentors others in<br>developing positive<br>therapeutic relationships  |  |
| Identifies common<br>barriers to effective<br>communication (e.g.,<br>language, disability)  | Identifies complex<br>barriers to effective<br>communication (e.g.,<br>health literacy, cultural<br>differences)   | When prompted, reflects<br>on personal biases while<br>attempting to minimize<br>communication barriers   | Independently<br>recognizes personal<br>biases while proactively<br>minimizing<br>communication barriers   | Role models self-<br>awareness practice while<br>teaching a contextual<br>approach to minimize<br>communication barriers                                 |  |
| Accurately<br>communicates one's<br>own role within the<br>health care system                | Organizes and initiates<br>communication with a<br>patient/patient's family by<br>clarifying expectations<br>and verifying<br>understanding of the<br>clinical situation | With guidance, uses<br>shared decision making to<br>align a patient's/patient's<br>family's values, goals,<br>and preferences with<br>treatment options to make<br>a personalized care plan | Independently uses<br>shared decision making<br>to align a<br>patient's/patient's<br>family's values, goals,<br>and preferences with<br>treatment options to<br>make a personalized<br>care plan | Role models shared<br>decision-making in<br>patient/family<br>communication, including<br>in situations with a high<br>degree of<br>uncertainty/conflict |  |
|  |  |   |  |  |  |
| Comments:  |  |   | Not Yet C  | ompleted Level 1   |  |

| Level 1   | Level 2   | Level 3   | Level 4   | Level 5   |
|---|---|---|---|---|
| Respectfully requests or receives consultations                     | Clearly, concisely, and<br>promptly requests or<br>responds to a consultation   | Uses closed-loop<br>communication to verify<br>understanding            | Coordinates<br>recommendations from<br>different members of the<br>health care team to<br>optimize patient care | Role models flexible<br>communication strategies<br>that value input from all<br>health care team<br>members, resolving<br>conflict when needed |
| Uses language that<br>values all members of<br>the health care team | Communicates<br>information effectively<br>with all health care team<br>members | Adapts communication style to fit team needs                            | Manages<br>communication among<br>team members in<br>complex patient<br>situations                              | Coaches others in<br>managing communication<br>among team members in<br>complex patient situations  |
| Respectfully receives<br>feedback from health<br>care team members  | Solicits feedback on<br>performance as a<br>member of the health care<br>team   | Communicates concerns<br>and provides feedback to<br>peers and learners | Communicates<br>constructive feedback to<br>faculty members and<br>supervisors                                  | Facilitates regular health<br>care team-based<br>feedback in complex<br>situations  |
|   |   |   |   |   |

| Interpersonal and Communication Skills 3: Communication within Health Care Systems   |  |   |   |  |  |
|--|--|---|---|--|--|
| Level 1  | Level 2  | Level 3   | Level 4   | Level 5  |  |
| Accurately records<br>information in the patient<br>record while<br>safeguarding patients'<br>personal health<br>information                                     | Demonstrates organized<br>and complete diagnostic<br>and therapeutic reasoning<br>through notes in the<br>patient record, including<br>appropriate modifications<br>when using copy-and-<br>paste function | Communicates clearly,<br>concisely, timely, and in<br>an organized written form,<br>including anticipatory<br>recommendations   | Provides feedback to<br>improve others' written<br>communication                                    | Models feedback to<br>improve others' written<br>communication                             |  |
| Demonstrates basic<br>knowledge of<br>appropriate channels of<br>communication within<br>the institution (e.g.,<br>pager callback, timely<br>response to emails) | Communicates through<br>appropriate channels as<br>required by institutional<br>policy (e.g., patient safety<br>reports)   | Appropriately selects<br>direct (e.g., telephone, in-<br>person) and indirect (e.g.,<br>progress notes, text<br>messages) forms of<br>communication based on<br>context | Produces written or<br>verbal communication<br>that serves as an<br>example for others to<br>follow | Guides departmental or<br>institutional<br>communication around<br>policies and procedures |  |
|  |  |   |   |  |  |
| Comments:  |  |   |   |  |  |