# The Regional Anesthesiology and Acute Pain Medicine Milestone Project

A Joint Initiative of

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The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGMEaccredited 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 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.

### **Regional Anesthesiology and Acute Pain Medicine Milestones**

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#### **Milestone Reporting**

This document presents Milestones designed for programs to use in semi-annual review of fellow performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

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

Level 1: The fellow demonstrates milestones expected of an incoming fellow.

- Level 2: The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.
- Level 3: The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.
- Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.
- Level 5: The fellow has advanced beyond performance targets set for fellowship and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.

#### **Additional Notes**

Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, 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. This Guide provides the intent of each subcompetency, examples for each level, assessment methods or tools, and other resources that are available. This Guide, like examples contained within the Milestones, was designed to assist the program director and Clinical Competency Committee and is not meant to demonstrate any required element or outcome.

Answers to Frequently Asked Questions about the Milestones are available on the <u>Resources page</u> of the Milestones section of the ACGME website: <u>http://www.acgme.org/Portals/0/MilestonesFAQ.pdf</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.

| Patient Care 3 — Technical/Procedural Skills  |  |  |   |   |
|---|--|--|---|---|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5   |
| Performs routine nerve<br>blocks with direct<br>supervision   | Performs complex<br>nerve blocks with direct<br>supervision                                  | Performs routine nerve<br>blocks with oversight        | Performs complex<br>nerve blocks with<br>oversight  | Recognized as an<br>expert resource in<br>performing peripheral<br>nerve blocks                             |
| Performs routine<br>neuraxial blocks with<br>direct supervision   | Performs neuraxial<br>blocks for patients with<br>complex anatomy with<br>direct supervision | Performs routine<br>neuraxial blocks with<br>oversight | Performs neuraxial<br>blocks for patients with<br>complex anatomy with<br>oversight   | Recognized as an<br>expert resource in<br>performing neuraxial<br>blocks                                    |
| Applies knowledge of<br>ultrasonography to<br>acquire images of basic<br>anatomy  | Applies knowledge of<br>ultrasonography to<br>optimize images of<br>basic anatomy            | Uses ultrasound to<br>identify complex<br>anatomy      | Uses ultrasound to<br>identify complex<br>anatomy and alter<br>patient management<br>appropriately  | Recognized as an<br>expert institutional<br>resource for using<br>ultrasound to identify<br>complex anatomy |
|   |  |  |   |   |
| Comments:   |  |  | Not Yet Ac  | hieved Level 1  |
|   |  |  |   |   |
| Selecting a response box in the<br>middle of a level implies that<br>milestones in that level and in lower<br>levels have been substantially<br>demonstrated. |  | betwee<br>in lowe<br>demor                             | ing a response box on the<br>en levels indicates that mi<br>er levels have been subst<br>astrated as well as <b>some</b><br>ones in the higher level(s) | ilestones<br>antially   |

| Level 1   | Level 2   | Level 3   | Level 4   | Level 5  |
|---|---|---|---|--|
| Formulates and                                    | Formulates and  | Formulates and  | Formulates and  | Formulates and   |
| implements regional                               | implements regional   | implements regional   | implements regional   | implements regional  |
| anesthetic plans for                              | anesthetic plans for  | anesthetic plans for  | anesthetic plans for  | anesthetic plans for   |
| healthy patients                                  | patients with moderately  | patients with moderately  | patients with highly  | patients with rare co-                                       |
| undergoing routine                                | complex co-morbidities  | complex co-morbidities  | complex co-morbidities  | morbidities (e.g.,   |
| procedures  | (e.g., obstructive sleep<br>apnea) undergoing<br>routine procedures | (e.g., obstructive sleep<br>apnea) undergoing major<br>procedures | (e.g., severe pulmonary<br>disease and congestive<br>heart failure)<br>undergoing major<br>procedures | inherited genetic<br>disease) undergoing<br>major procedures |
| Identifies common peri-<br>operative, neurologic, | Identifies and manages common peri-operative,                       | Identifies and manages<br>less common peri-                       | Identifies and manages peri-operative,  | Identifies and manages rare peri-operative,                  |
| pharmacologic,                                    | neurologic,   | operative, neurologic,  | neurologic,   | neurologic,  |
| infectious, and                                   | pharmacologic, infectious,  | pharmacologic, infectious,  | pharmacologic,  | pharmacologic,   |
| hemorrhagic                                       | and hemorrhagic   | and hemorrhagic   | infectious, and   | infectious, and  |
| complications                                     | complications, with direct  | complications, with direct  | hemorrhagic   | hemorrhagic  |
|   | supervision   | supervision   | complications, with<br>oversight  | complications  |
|   |   |   |   |  |

| Patient Care 2: Acute P   | ain Management  |  |  |  |
|---|---|--|--|--|
| Level 1   | Level 2   | Level 3  | Level 4  | Level 5  |
| Formulates and<br>implements multimodal<br>acute pain<br>management plans for<br>healthy patients<br>undergoing routine<br>procedures | Formulates and<br>implements multimodal<br>acute pain management<br>plans for patients with<br>moderately complex co-<br>morbidities (e.g., chronic<br>pain, opioid tolerance,<br>opioid sensitive)<br>undergoing routine<br>procedures | Formulates and<br>implements multimodal<br>acute pain management<br>plans for patients with<br>moderately complex co-<br>morbidities undergoing<br>major procedures                        | Formulates and<br>implements multimodal<br>acute pain management<br>plans for patients with<br>highly complex co-<br>morbidities (e.g., patient<br>with substance abuse,<br>opioid dependence)<br>undergoing major<br>procedures | Is recognized as an<br>expert resource for<br>multimodal acute peri-<br>operative pain<br>management |
| Performs a<br>comprehensive<br>evaluation and<br>assessment of patients<br>with acute non-surgical<br>pain                            | Formulates a plan to<br>manage patients with<br>acute non-surgical pain   | Implements a plan to<br>manage patients with<br>acute non-surgical pain,<br>with direct supervision  | Implements a plan to<br>manage patients with<br>acute non-surgical pain,<br>with oversight   | Is recognized as an expert resource for acute non-surgical pain management                           |
| Identifies common side<br>effects associated with<br>acute pain<br>interventions<br>(procedural and non-<br>procedural)               | Identifies and manages<br>common side effects<br>associated with acute<br>pain interventions (e.g.,<br>opioid-induced nausea,<br>nerve block-associated<br>motor weakness), with<br>direct supervision                                  | Identifies and manages<br>less common<br>complications associated<br>with acute pain<br>interventions (e.g., failed<br>block, epidural<br>hematoma or abscess),<br>with direct supervision | Identifies and manages<br>complications associated<br>with acute pain<br>interventions, with<br>oversight  | Identifies and manages<br>rare complications<br>associated with acute<br>pain interventions          |
|   |   |  |  |  |
| Comments:   |   |  | Not Yet Ach  | nieved Level 1   |

| Level 1  | Level 2   | Level 3   | Level 4  | Level 5  |
|--|---|---|--|--|
| Performs routine nerve<br>blocks, with direct<br>supervision                     | Performs complex nerve<br>blocks, with direct<br>supervision                                  | Performs routine nerve blocks, with oversight           | Performs complex nerve blocks, with oversight  | Is recognized as an<br>expert resource in<br>performing peripheral<br>nerve blocks                             |
| Performs routine<br>neuraxial blocks, with<br>direct supervision                 | Performs neuraxial blocks<br>for patients with complex<br>anatomy, with direct<br>supervision | Performs routine<br>neuraxial blocks, with<br>oversight | Performs neuraxial<br>blocks for patients with<br>complex anatomy, with<br>oversight               | Is recognized as an<br>expert resource in<br>performing neuraxial<br>blocks                                    |
| Applies knowledge of<br>ultrasonography to<br>acquire images of basic<br>anatomy | Applies knowledge of<br>ultrasonography to<br>optimize images of basic<br>anatomy             | Uses ultrasound to identify complex anatomy             | Uses ultrasound to<br>identify complex anatomy<br>and alter patient<br>management<br>appropriately | Is recognized as an<br>expert institutional<br>resource for using<br>ultrasound to identify<br>complex anatomy |
|  |   |   |  |  |

| _evel 1   | Level 2  | Level 3   | Level 4  | Level 5  |
|---|--|---|--|--|
| Demonstrates basic<br>knowledge of anatomy<br>relevant to common<br>regional anesthesia<br>procedures             | Demonstrates advanced<br>knowledge of applied<br>anatomy relevant to<br>regional anesthesia<br>procedures  | Demonstrates functional<br>application of anatomic<br>knowledge (e.g.,<br>microanatomy and<br>common anatomic<br>variations relevant to<br>complex regional<br>anesthesia procedures) | Demonstrates functional<br>application of advanced<br>anatomic knowledge<br>(e.g., recognition of<br>aberrant anatomy,<br>complex degenerative<br>and post-surgical or<br>traumatic changes) | Is recognized as an<br>expert resource in<br>applied anatomy |
| Demonstrates basic<br>knowledge of nerve<br>unction and physiologic<br>mplications of acute<br>pain management    | Demonstrates advanced<br>knowledge of nerve<br>function and physiology,<br>including common<br>patient-related factors<br>relevant to assessment<br>and functional application | Demonstrates functional<br>application of advanced<br>physiologic knowledge in<br>the care of patients with<br>complex comorbid<br>disease(s)   | Demonstrates functional<br>application of advanced<br>physiology, including<br>recognition of rare<br>physiologic responses<br>and effects on organ<br>systems                               | Is recognized as an expert resource in applied physiology    |
| Demonstrates basic<br>knowledge of local<br>anesthetic, adjuvant,<br>opioid, and<br>anticoagulant<br>oharmacology | Demonstrates advanced<br>knowledge of local<br>anesthetic, adjuvant,<br>opioid, non-opioid<br>analgesic, and<br>anticoagulant<br>pharmacology                                  | Demonstrates advanced<br>knowledge of<br>pharmacology, including<br>drug choice, dosing, side<br>effects, and potential drug-<br>drug interactions                                    | Demonstrates advanced<br>knowledge of<br>pharmacology in patients<br>with complex comorbid<br>diseases and/or inherited<br>disorders of metabolism   | Is recognized as an expert resource in applied pharmacology  |

| stimulation)  |   |  |   |   |
|---|---|--|---|---|
| Level 1   | Level 2   | Level 3  | Level 4   | Level 5   |
| Demonstrates<br>knowledge of the<br>technical approaches,<br>indications, and<br>contraindications for<br>common neuraxial and<br>peripheral nerve blocks | Demonstrates and<br>applies knowledge to<br>advanced neuraxial and<br>peripheral nerve blocks   | Demonstrates knowledge<br>of a range of procedural<br>alternatives (e.g.,<br>approach, technique,<br>equipment, or drugs) for<br>individual blocks   | Demonstrates and<br>applies a knowledge of<br>procedural alternatives to<br>choose individual blocks<br>and formulate a patient-<br>specific plan   | Generates new<br>knowledge related to<br>procedures and<br>techniques related to<br>acute pain<br>management and<br>regional anesthesia                       |
| Demonstrates a<br>fundamental<br>understanding of<br>ultrasound localization<br>techniques  | Integrates knowledge of<br>peripheral nerve<br>stimulation techniques<br>with ultrasound<br>guidance, recognizing<br>appropriate motor<br>response for basic<br>peripheral nerve blocks | Integrates knowledge of<br>peripheral nerve<br>stimulation techniques with<br>ultrasound guidance,<br>recognizing appropriate<br>motor response for<br>advanced peripheral nerve<br>blocks | Integrates knowledge of<br>alternative approaches to<br>nerve and plexus<br>localization (e.g.,<br>paresthesia,<br>perivascular, fascial<br>plane, loss of resistance<br>[LOR], field blocks) | Applies knowledge of<br>the full range of nerve<br>localization techniques<br>and the limitations<br>associated with<br>individual and<br>combined techniques |
|   |   |  |   |   |
| Comments:   |   |  | Not Yet Achie   | eved Level 1  |

Medical Knowledge 2: Procedures and Techniques (includes indications and contraindications, ultrasound, and nerve stimulation)

| Medical Knowledge 3: A   | ssessment of Acute Pain   |   |   |   |  |
|--|---|---|---|---|--|
| Level 1  | Level 2   | Level 3   | Level 4   | Level 5   |  |
| Performs targeted<br>history and physical<br>examination for routine<br>surgical and non-<br>surgical patients with<br>acute pain, including the<br>use of common pain<br>scales, detailed<br>medication history, and<br>motor and sensory<br>exam, with direct<br>supervision | Performs targeted history<br>and physical examination<br>for routine surgical and<br>non-surgical patients with<br>acute pain, with oversight | With direct supervision,<br>performs targeted history<br>and physical examination<br>for surgical and non-<br>surgical patients with<br>complex co-morbidities,<br>preexisting psychosocial<br>risk factors, chronic pain,<br>and/or extremes of age,<br>who are experiencing<br>acute pain | With oversight, performs<br>targeted history and<br>physical examination for<br>surgical and non-surgical<br>patients with complex co-<br>morbidities, preexisting<br>psychosocial risk factors,<br>chronic pain, and/or<br>extremes of age, who are<br>experiencing acute pain | Is recognized as an<br>expert resource for the<br>assessment of, and<br>consultative services<br>for, acute pain in<br>surgical and non-<br>surgical patients |  |
|  |   |   |   |   |  |
| Comments:  |   |   | Not Yet Achiev  | ed Level 1  |  |

| Level 1   | Level 2  | Level 3  | Level 4   | Level 5   |
|---|--|--|---|---|
| Demonstrates<br>knowledge of common<br>patient safety events                              | Identifies system factors<br>that lead to patient<br>safety events   | Participates in analysis<br>of patient safety events<br>(simulated or actual)                                  | Conducts analysis of<br>patient safety events and<br>offers error prevention<br>strategies (simulated or<br>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 (actual or<br>simulated)                              | Participates in<br>disclosure of patient<br>safety events to patients<br>and families (simulated<br>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<br>knowledge of basic<br>quality improvement<br>methodologies and<br>metrics | Describes local quality<br>improvement initiatives<br>(e.g., community<br>vaccination rate,<br>infection rate, smoking<br>cessation) | 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, and<br>assesses quality<br>improvement initiatives at<br>the institutional or<br>community level |
|   |  |  |   |   |

| -  | 2: System Navigation for  |   | 1  |  |
|--|---|---|--|--|
| Level 1  | Level 2   | Level 3   | Level 4  | Level 5  |
| Demonstrates<br>knowledge of care<br>coordination  | Coordinates care of<br>patients in routine<br>clinical situations,<br>effectively utilizing the<br>roles of the<br>interprofessional team | Coordinates care of<br>patients in complex<br>clinical situations,<br>effectively utilizing the<br>roles of the<br>interprofessional team | Role models effective<br>coordination of patient-<br>centered care among<br>different disciplines and<br>specialties   | Analyzes the process of<br>care coordination and leads<br>the design and<br>implementation of<br>improvements                  |
| Identifies key elements<br>for safe and effective<br>transitions of care and<br>handoffs | Performs safe and<br>effective transitions of<br>care/handoffs in routine<br>clinical situations  | Performs safe and<br>effective transitions of<br>care/handoffs in<br>complex clinical<br>situations                                       | Role models and<br>advocates for safe and<br>effective transitions of<br>care/handoffs within and<br>across health care<br>delivery systems,<br>including outpatient<br>settings | Improves quality of<br>transitions of care within<br>and across healthcare<br>delivery systems to<br>optimize patient outcomes |
| Demonstrates<br>knowledge of population<br>and community health<br>needs and disparities | Identifies specific<br>population and<br>community health needs<br>and inequities for the<br>local population                             | Uses local resources<br>effectively to meet the<br>needs of a patient<br>population and<br>community                                      | Participates in changing<br>and adapting practice to<br>provide for the needs of<br>specific populations   | Leads innovations and<br>advocates for populations<br>and communities with<br>health care inequities                           |
|  |   |   |  |  |
| Comments:  |   |   | Not Ye   | et Achieved Level 1  |

| -  | e 3: Physician Role in Heal  |   |  |  |
|--|--|---|--|--|
| Level 1<br>Identifies components of<br>the complex health care<br>system   | Level 2<br>Describes the physician's<br>role and how the<br>interrelated components<br>of complex health care<br>system impact patient<br>care | Level 3<br>Analyzes how personal<br>practice affects the<br>system (e.g., length of<br>stay, readmission rates,<br>clinical efficiency)   | Level 4<br>Manages the<br>interrelated components<br>of the complex health<br>care system for efficient<br>and effective patient<br>care   | Level 5<br>Advocates for or leads<br>change to enhance systems<br>for high-value, efficient, and<br>effective patient care |
| Describes basic health<br>payment systems,<br>including government,<br>private, public, and<br>uninsured care and<br>different practice<br>models            | Delivers care informed<br>by patient-specific<br>payment model   | Utilizes shared decision<br>making in patient care<br>taking into consideration<br>payment models   | Advocates for patient<br>care, understanding the<br>limitations of patient-<br>specific payment<br>models (e.g.,<br>community resources,<br>patient assistance<br>resources)         | Participates in advocacy<br>activities for health policy to<br>better align payment<br>systems with high-value<br>care     |
| Applies resources for<br>daily practice (e.g.,<br>information technology,<br>documentation<br>compliance, billing and<br>coding), with direct<br>supervision | Applies knowledge of<br>information technology,<br>documentation<br>compliance, billing, and<br>coding to daily practice,<br>with oversight    | Demonstrates basic<br>knowledge of contract<br>negotiations,<br>malpractice insurance,<br>government regulation,<br>compliance, Medicare<br>Access and CHIP<br>Reauthorization Act<br>(MACRA), and Multi-<br>directional Impact<br>Protection Program<br>(MIPS) | Applies knowledge of<br>contract negotiations,<br>malpractice insurance,<br>government regulation,<br>compliance, MACRA,<br>and MIPS to the<br>transition to<br>independent practice |  |
|  |  |   |  |  |
| Comments:  |  |   | Not  | Yet Achieved Level 1   |

| Practice-based Learning   | g and Improvement 1: Evic  | lence-Based and Informe   | ed Practice  |  |
|---|--|---|--|--|
| Level 1   | Level 2  | Level 3   | Level 4  | Level 5  |
| Accesses available<br>evidence for care of a<br>routine patient | Accesses available<br>evidence for care of a<br>complex patient (e.g., co-<br>existing cardiac or<br>cerebral vascular<br>disease) | Applies knowledge of<br>available evidence for<br>care of patients (e.g.,<br>balancing competing<br>risks anti-coagulated<br>cardiac patients and<br>risks for bleeding<br>complications) | Critically appraises the<br>evidentiary basis for<br>patient care and<br>identifies gaps in<br>existing evidence | Serves as a local expert for<br>implementation of evidence-<br>based practice and clinical<br>guidelines |
|   |  |   |  |  |
| Comments:   |  |   | Not  | Yet Achieved Level 1   |
|   |  |   |  |  |

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| Level 1   | Level 2  | Level 3  | Level 4  | Level 5   |
|---|--|--|--|---|
| Accepts responsibility<br>for personal and<br>professional<br>development and<br>demonstrates openness<br>to performance data | Seeks performance data<br>episodically, with<br>adaptability and humility,<br>and formulates a<br>learning plan        | Consistently seeks<br>performance data and<br>implements a learning<br>plan  | Uses performance data<br>to measure the<br>effectiveness of the<br>learning plan and when<br>necessary, improves it                  | Role models consistently<br>seeking performance data<br>with adaptability and<br>humility |
| Identifies the factors that<br>contribute to gap(s)<br>between expectations<br>and actual performance                         | Analyzes and reflects on<br>the factors that<br>contribute to gap(s)<br>between expectations<br>and actual performance | Analyzes, reflects on,<br>and institutes behavioral<br>change(s) to narrow the<br>gap(s) between<br>expectations and actual<br>performance | Challenges assumptions<br>and considers<br>alternatives in narrowing<br>the gap(s) between<br>expectations and actual<br>performance | Analyzes and reflects on how one's own behavior and practice impacts others               |
|   |  |  |  |   |

Version 1

| Professionalism 1: Professional Behavior and Ethical Principles  |   |   |  |   |
|--|---|---|--|---|
| Level 1  | Level 2   | Level 3   | Level 4  | Level 5   |
| Identifies and describes<br>potential triggers for<br>lapses in<br>professionalism and<br>understands how to<br>appropriately report<br>them   | Demonstrates insight<br>and takes responsibility<br>for professional<br>behavior in routine<br>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 self<br>and others   | Coaches others when their<br>behavior fails to meet<br>professional expectations  |
| Demonstrates<br>knowledge of the ethical<br>principles underlying<br>informed consent,<br>surrogate decision<br>making, advance<br>directives,<br>confidentiality, and error<br>disclosure | Analyzes<br>straightforward<br>situations using ethical<br>principles                                     | Analyzes complex<br>situations using ethical<br>principles and recognizes<br>the need to seek help in<br>managing and resolving<br>them | Recognizes and utilizes<br>appropriate resources<br>for managing and<br>resolving ethical<br>dilemmas as needed<br>(e.g., ethics<br>consultations, literature<br>review, risk<br>management/legal<br>consultation, and<br>stewardship of limited<br>resources) | Identifies and seeks to<br>address system-level<br>factors that induce or<br>exacerbate ethical<br>problems or impede their<br>resolution |
|  |   |   |  |   |
| Comments:  |   |   | Not  | Yet Achieved Level 1  |

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

Version 1

| Professionalism 3: Self-  | Awareness and Help-See   | king   |  |   |
|---|--|--|--|---|
| Level 1   | Level 2  | Level 3  | Level 4  | Level 5   |
| Recognizes status of<br>personal and<br>professional well-being,<br>with assistance | Independently<br>recognizes status of<br>personal and<br>professional well-being | With assistance,<br>proposes a plan to<br>optimize personal and<br>professional well-being                           | Independently develops<br>a plan to optimize<br>personal and<br>professional well-being                          | Coaches others when<br>emotional responses or<br>limitations in<br>knowledge/skills do not<br>meet professional<br>expectations |
| Recognizes limits in the knowledge/skills of self or team, with assistance          | Independently<br>recognizes limits in the<br>knowledge/skills of self<br>or team | With assistance,<br>proposes a plan to<br>remediate or improve<br>limits in the knowledge/<br>skills of self or team | Independently develops<br>a plan to remediate or<br>improve limits in the<br>knowledge/skills of self<br>or team | Develops or improves<br>resources for assessing<br>limits and remediating skills  |
|   | Demonstrates<br>appropriate help-<br>seeking behaviors                           |  |  |   |
|   |  |  |  |   |
| Comments:   |  |  | Not  | Yet Achieved 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<br>therapeutic relationship<br>in straightforward<br>encounters using<br>active listening and<br>clear language   | Establishes a therapeutic<br>relationship<br>in challenging patient<br>encounters   | Easily establishes<br>therapeutic relationships<br>with attention to<br>patient/family concerns<br>and context, regardless<br>of complexity                  | Mentors others in situational<br>awareness and critical self-<br>reflection to consistently<br>develop positive therapeutic<br>relationships  |
| Identifies common<br>barriers to effective<br>communication (e.g.,<br>language, disability) while<br>accurately communicating<br>own role within the health<br>care system                       | Identifies complex<br>barriers to effective<br>communication (e.g.,<br>health literacy, cultural)   | When prompted, reflects<br>on personal biases while<br>attempting to minimize<br>communication barriers   | Independently<br>recognizes personal<br>biases while attempting<br>to proactively minimize<br>communication barriers   | Role models self-<br>awareness practice while<br>identifying teaching a<br>contextual approach to<br>minimize communication<br>barriers       |
| Identifies the need to<br>adjust communication<br>strategies based on<br>assessment of<br>patient/family<br>expectations and<br>understanding of their<br>health status and<br>treatment options | Organizes and initiates<br>communication with<br>patient/family by<br>introducing<br>stakeholders, setting<br>the agenda, clarifying<br>expectations, and<br>verifying understanding<br>of the clinical situation | With guidance,<br>sensitively and<br>compassionately delivers<br>medical information;<br>elicits patient/family<br>values, goals, and<br>preferences;<br>acknowledges<br>uncertainty and conflict | Uses shared decision<br>making to align<br>patient/family values,<br>goals, and preferences<br>with treatment options<br>to make a personalized<br>care plan | Role models shared<br>decision making in<br>patient/family<br>communication, including<br>those with a high degree of<br>uncertainty/conflict |
| Comments:  |   |   |  | Yet Achieved Level 1  |
|  |   |   | NUL  |   |

| Level 1  | Level 2   | Level 3  | Level 4  | Level 5   |
|--|---|--|--|---|
| Uses language that<br>values all health care<br>team members | Communicates<br>information effectively<br>with all health care<br>team members | Uses active listening to<br>adapt communication<br>style to fit team needs | Coordinates<br>recommendations from<br>different health care<br>team members 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 |
|  | Solicits feedback on<br>performance as a<br>member of the health<br>care team   | Communicates<br>concerns and provides<br>feedback to peers and<br>learners | Communicates feedback<br>and constructive criticism<br>to superiors                                      | Facilitates regular health<br>care team-based feedback<br>in complex situations   |
|  |   |  |  |   |

| Level 1   | Level 2  | Level 3  | Level 4   | Level 5   |
|---|--|--|---|---|
| Safeguards patient<br>personal health<br>information (e.g.,<br>follows HIPAA<br>regulations)  | Uses documentation<br>shortcuts accurately,<br>and in a timely and<br>appropriate manner | Appropriately selects<br>direct (e.g., telephone,<br>in-person) and indirect<br>(e.g., progress notes,<br>text messages) forms<br>of communication<br>based on context | Uses written or verbal<br>communication (patient<br>notes, e-mail, etc.) that<br>serves as an example for<br>others to follow | Guides departmental or<br>institutional communication<br>around policies and<br>procedures  |
| Communicates through<br>appropriate channels as<br>required by institutional<br>policy (e.g., patient<br>safety reports, cell<br>phone/pager use) | Documents required<br>data in formats specified<br>by institutional policy               | Participates in<br>discussions related to<br>improving system<br>communications  | Initiates difficult<br>conversations with<br>appropriate stakeholders<br>to improve system<br>communications                  | Participates in dialogue<br>regarding health care<br>systems issues among<br>larger community<br>stakeholders (e.g.,<br>institution, practitioners,<br>graduate medical<br>education) |
|   |  |  |   |   |