

# The Internal Medicine Milestone Project

*A Joint Initiative of*

The Accreditation Council for Graduate Medical Education  
and

The American Board of Internal Medicine



American Board  
of Internal Medicine®

# The Internal Medicine Milestone Project

The Milestones are designed only for use in evaluation of resident physicians 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 resident physician 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.

## Internal Medicine Milestone Group

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## Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

The internal medicine milestones are arranged in columns of progressive stages of competence that do not correspond with post-graduate year of education. For each reporting period, programs will need to review the milestones and identify those milestones that best describe a resident's current performance and ultimately select a box that best represents the summary performance for that sub-competency (See the figure on page v.). Selecting a response box in the middle of a column implies that the resident has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for internal medicine is as follows:

**Critical Deficiencies:** These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a resident's performance.

**Column 2:** Describes behaviors of an early learner.

**Column 3:** Describes behaviors of a resident who is advancing and demonstrating improvement in performance related to milestones.

**Ready for Unsupervised Practice:** Describes behaviors of a resident who substantially demonstrates the milestones identified for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the resident may display these milestones at any point during residency.

**Aspirational:** Describes behaviors of a resident who has advanced beyond those milestones that describe unsupervised practice. These milestones reflect the competence of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional residents will demonstrate these milestones behaviors.

For each ACGME competency domain, programs will also be asked to provide a summative evaluation of each resident's learning trajectory.

## **Additional Notes**

The “Ready for Unsupervised Practice” milestones are designed as the graduation *target* but *do not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (See the following NAS FAQ for educational milestones on the ACGME’s NAS microsite for further discussion of this issue: “Can a resident graduate if he or she does not reach every milestone?”). Study of milestone performance data will be required before the ACGME and its partners will be able to determine whether the “Ready for Unsupervised Practice” milestones and all other milestones are in the appropriate stage within the developmental framework, and whether milestone data are of sufficient quality to be used for high stakes decisions.

*Answers to Frequently Asked Questions about the Next Accreditation System (NAS) and milestones are available on the ACGME’s NAS microsite: <http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf>.*

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the column of milestones that best describes that resident's performance
- or
- selecting the "Critical Deficiencies" response box

11. Transitions patients effectively within and across health delivery systems. (SBP4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards need for communication at time of transition  Does not respond to requests of caregivers in other delivery systems	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems  Written and verbal care plans during times of transition are incomplete or absent  Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission)	Recognizes the importance of communication during times of transition  Communication with future caregivers is present but with lapses in pertinent or timely information	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems  Proactively communicates with past and future care givers to ensure continuity of care	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes  Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs  Role models and teaches effective transitions of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Selecting a response box in the middle of a column implies milestones in that column as well as those in previous columns have been substantially demonstrated.

Selecting a response box on the line in between columns indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher columns(s).

**INTERNAL MEDICINE MILESTONES**

**ACGME Report Worksheet**

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)									
Critical Deficiencies					Ready for unsupervised practice			Aspirational	
Does not collect accurate historical data	Inconsistently able to acquire accurate historical information in an organized fashion	Consistently acquires accurate and relevant histories from patients			Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion			Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis	
Does not use physical exam to confirm history	Does not perform an appropriately thorough physical exam or misses key physical exam findings	Seeks and obtains data from secondary sources when needed			Performs accurate physical exams that are targeted to the patient's complaints			Identifies subtle or unusual physical exam findings	
Relies exclusively on documentation of others to generate own database or differential diagnosis	Does not seek or is overly reliant on secondary data	Consistently performs accurate and appropriately thorough physical exams			Synthesizes data to generate a prioritized differential diagnosis and problem list			Efficiently utilizes all sources of secondary data to inform differential diagnosis	
Fails to recognize patient's central clinical problems	Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Uses collected data to define a patient's central clinical problem(s)			Effectively uses history and physical examination skills to minimize the need for further diagnostic testing			Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing	
Fails to recognize potentially life threatening problems									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

2. Develops and achieves comprehensive management plan for each patient. (PC2)												
Critical Deficiencies					Ready for unsupervised practice			Aspirational				
Care plans are consistently inappropriate or inaccurate  Does not react to situations that require urgent or emergent care  Does not seek additional guidance when needed		Inconsistently develops an appropriate care plan  Inconsistently seeks additional guidance when needed			Consistently develops appropriate care plan  Recognizes situations requiring urgent or emergent care  Seeks additional guidance and/or consultation as appropriate			Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences  Recognizes disease presentations that deviate from common patterns and require complex decision- making  Manages complex acute and chronic diseases			Role models and teaches complex and patient-centered care  Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Comments:												



3. Manages patients with progressive responsibility and independence. (PC3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care	Requires direct supervision to ensure patient safety and quality care	Requires indirect supervision to ensure patient safety and quality care	Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes	Manages unusual, rare, or complex disorders
Cannot manage patients who require urgent or emergent care	Inconsistently manages simple ambulatory complaints or common chronic diseases	Provides appropriate preventive care and chronic disease management in the ambulatory setting	Seeks additional guidance and/or consultation as appropriate	
Does not assume responsibility for patient management decisions	Inconsistently provides preventive care in the ambulatory setting	Provides comprehensive care for single or multiple diagnoses in the inpatient setting	Appropriately manages situations requiring urgent or emergent care	
	Inconsistently manages patients with straightforward diagnoses in the inpatient setting	Under supervision, provides appropriate care in the intensive care unit	Effectively supervises the management decisions of the team	
	Unable to manage complex inpatients or patients requiring intensive care	Initiates management plans for urgent or emergent care		
		Cannot independently supervise care provided by junior members of the physician-led team		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

4. Skill in performing procedures. (PC4)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Attempts to perform procedures without sufficient technical skill or supervision  Unwilling to perform procedures when qualified and necessary for patient care		Possesses insufficient technical skill for safe completion of common procedures			Possesses basic technical skill for the completion of some common procedures			Possesses technical skill and has successfully performed all procedures required for certification		
								Maximizes patient comfort and safety when performing procedures  Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice  Teaches and supervises the performance of procedures by junior members of the team		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

5. Requests and provides consultative care. (PC5)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services</p> <p>Unwilling to utilize consultant services when appropriate for patient care</p>	<p>Inconsistently manages patients as a consultant to other physicians/health care teams</p> <p>Inconsistently applies risk assessment principles to patients while acting as a consultant</p> <p>Inconsistently formulates a clinical question for a consultant to address</p>	<p>Provides consultation services for patients with clinical problems requiring basic risk assessment</p> <p>Asks meaningful clinical questions that guide the input of consultants</p>	<p>Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</p> <p>Appropriately weighs recommendations from consultants in order to effectively manage patient care</p>	<p>Switches between the role of consultant and primary physician with ease</p> <p>Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment</p> <p>Manages discordant recommendations from multiple consultants</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**Patient Care**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Conditional on Improvement

6. Clinical knowledge (MK1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care	Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

7. Knowledge of diagnostic testing and procedures. (MK2)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care	<p>Inconsistently interprets basic diagnostic tests accurately</p> <p>Does not understand the concepts of pre-test probability and test performance characteristics</p> <p>Minimally understands the rationale and risks associated with common procedures</p>	<p>Consistently interprets basic diagnostic tests accurately</p> <p>Needs assistance to understand the concepts of pre-test probability and test performance characteristics</p> <p>Fully understands the rationale and risks associated with common procedures</p>	<p>Interprets complex diagnostic tests accurately</p> <p>Understands the concepts of pre-test probability and test performance characteristics</p> <p>Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures</p>	<p>Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures</p> <p>Pursues knowledge of new and emerging diagnostic tests and procedures</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**Medical Knowledge**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Conditional on Improvement

8. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (SBP1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Refuses to recognize the contributions of other interprofessional team members</p> <p>Frustrates team members with inefficiency and errors</p>	<p>Identifies roles of other team members but does not recognize how/when to utilize them as resources</p> <p>Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders)</p>	<p>Understands the roles and responsibilities of all team members but uses them ineffectively</p> <p>Participates in team discussions when required but does not actively seek input from other team members</p>	<p>Understands the roles and responsibilities of and effectively partners with, all members of the team</p> <p>Actively engages in team meetings and collaborative decision-making</p>	<p>Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient</p> <p>Efficiently coordinates activities of other team members to optimize care</p> <p>Viewed by other team members as a leader in the delivery of high quality care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

9. Recognizes system error and advocates for system improvement. (SPB2)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p> Ignores a risk for error within the system that may impact the care of a patient</p> <p> Ignores feedback and is unwilling to change behavior in order to reduce the risk for error</p>	<p> Does not recognize the potential for system error</p> <p> Makes decisions that could lead to error which are otherwise corrected by the system or supervision</p> <p> Resistant to feedback about decisions that may lead to error or otherwise cause harm</p>	<p> Recognizes the potential for error within the system</p> <p> Identifies obvious or critical causes of error and notifies supervisor accordingly</p> <p> Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk</p> <p> Willing to receive feedback about decisions that may lead to error or otherwise cause harm</p>	<p> Identifies systemic causes of medical error and navigates them to provide safe patient care</p> <p> Advocates for safe patient care and optimal patient care systems</p> <p> Activates formal system resources to investigate and mitigate real or potential medical error</p> <p> Reflects upon and learns from own critical incidents that may lead to medical error</p>	<p> Advocates for system leadership to formally engage in quality assurance and quality improvement activities</p> <p> Viewed as a leader in identifying and advocating for the prevention of medical error</p> <p> Teaches others regarding the importance of recognizing and mitigating system error</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

10. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (SBP3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Ignores cost issues in the provision of care</p> <p>Demonstrates no effort to overcome barriers to cost-effective care</p>	<p>Lacks awareness of external factors (e.g. socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financiers, purchasers) have on the cost of care</p> <p>Does not consider limited health care resources when ordering diagnostic or therapeutic interventions</p>	<p>Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care</p> <p>Minimizes unnecessary diagnostic and therapeutic tests</p> <p>Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g. screening tests)</p>	<p>Consistently works to address patient specific barriers to cost-effective care</p> <p>Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions)</p> <p>Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests</p>	<p>Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources</p> <p>Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				



11. Transitions patients effectively within and across health delivery systems. (SBP4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
<p>Disregards need for communication at time of transition</p> <p>Does not respond to requests of caregivers in other delivery systems</p>	<p>Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems</p> <p>Written and verbal care plans during times of transition are incomplete or absent</p> <p>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission)</p>	<p>Recognizes the importance of communication during times of transition</p> <p>Communication with future caregivers is present but with lapses in pertinent or timely information</p>	<p>Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems</p> <p>Proactively communicates with past and future care givers to ensure continuity of care</p>	<p>Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes</p> <p>Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs</p> <p>Role models and teaches effective transitions of care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**Systems-based Practice**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

\_\_\_ Yes \_\_\_ No \_\_\_ Conditional on Improvement

12. Monitors practice with a goal for improvement. (PBLI1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unwilling to self-reflect upon one's practice or performance  Not concerned with opportunities for learning and self-improvement	Unable to self-reflect upon one's practice or performance  Misses opportunities for learning and self-improvement	Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections  Inconsistently acts upon opportunities for learning and self-improvement	Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice  Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement  Actively engages in self-improvement efforts and reflects upon the experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

13. Learns and improves via performance audit. (PBLI2)									
Critical Deficiencies					Ready for unsupervised practice			Aspirational	
Disregards own clinical performance data		Limited awareness of or desire to analyze own clinical performance data			Analyzes own clinical performance data and identifies opportunities for improvement			Actively monitors clinical performance through various data sources	
Demonstrates no inclination to participate in or even consider the results of quality improvement efforts		Nominally participates in a quality improvement projects			Effectively participates in a quality improvement project			Is able to lead a quality improvement project	
		Not familiar with the principles, techniques or importance of quality improvement			Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients			Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

14. Learns and improves via feedback. (PBLI3)									
Critical Deficiencies					Ready for unsupervised practice			Aspirational	
Never solicits feedback	Rarely seeks feedback	Solicits feedback only from supervisors			Solicits feedback from all members of the interprofessional team and patients			Performance continuously reflects incorporation of solicited and unsolicited feedback	
Actively resists feedback from others	Responds to unsolicited feedback in a defensive fashion	Is open to unsolicited feedback			Welcomes unsolicited feedback			Able to reconcile disparate or conflicting feedback	
	Temporarily or superficially adjusts performance based on feedback	Inconsistently incorporates feedback			Consistently incorporates feedback				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

15. Learns and improves at the point of care. (PBLI4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary	Rarely “slows down” to reconsider an approach to a problem, ask for help, or seek new information	Inconsistently “slows down” to reconsider an approach to a problem, ask for help, or seek new information	Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information	Searches medical information resources efficiently, guided by the characteristics of clinical questions
	Can translate medical information needs into well-formed clinical questions with assistance	Can translate medical information needs into well-formed clinical questions independently	Routinely translates new medical information needs into well-formed clinical questions	Role models how to appraise clinical research reports based on accepted criteria
	Unfamiliar with strengths and weaknesses of the medical literature	Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication	Utilizes information technology with sophistication	Has a systematic approach to track and pursue emerging clinical questions
	Has limited awareness of or ability to use information technology	With assistance, appraises clinical research reports, based on accepted criteria	Independently appraises clinical research reports based on accepted criteria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**Practice-Based Learning and Improvement**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Conditional on Improvement

16. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Lacks empathy and compassion for patients and caregivers	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations	Demonstrates empathy, compassion and respect to patients and caregivers in all situations	Role models compassion, empathy and respect for patients and caregivers
Disrespectful in interactions with patients, caregivers and members of the interprofessional team	Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion	Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care	Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers	Role models appropriate anticipation and advocacy for patient and caregiver needs
Sacrifices patient needs in favor of own self-interest	Inconsistently considers patient privacy and autonomy	Emphasizes patient privacy and autonomy in all interactions	Demonstrates a responsiveness to patient needs that supersedes self-interest	Fosters collegiality that promotes a high-functioning interprofessional team
Blatantly disregards respect for patient privacy and autonomy			Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate	Teaches others regarding maintaining patient privacy and respecting patient autonomy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

17. Accepts responsibility and follows through on tasks. (PROF2)										
Critical Deficiencies					Ready for unsupervised practice		Aspirational			
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a physician professional		Completes most assigned tasks in a timely manner but may need multiple reminders or other support  Accepts professional responsibility only when assigned or mandatory			Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy  Completes assigned professional responsibilities without questioning or the need for reminders		Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner  Willingness to assume professional responsibility regardless of the situation		Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner  Assists others to improve their ability to prioritize multiple, competing tasks	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

18. Responds to each patient's unique characteristics and needs. (PROF3)												
Critical Deficiencies					Ready for unsupervised practice			Aspirational				
<p>Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter</p> <p>Is unwilling to modify care plan to account for a patient's unique characteristics and needs</p>		<p>Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</p> <p>Requires assistance to modify care plan to account for a patient's unique characteristics and needs</p>			<p>Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference</p> <p>Modifies care plan to account for a patient's unique characteristics and needs with partial success</p>			<p>Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver</p> <p>Appropriately modifies care plan to account for a patient's unique characteristics and needs</p>			<p>Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs</p> <p>Role models consistent respect for patient's unique characteristics and needs</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:												



19. Exhibits integrity and ethical behavior in professional conduct. (PROF4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Dishonest in clinical interactions, documentation, research, or scholarly activity	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions	Honest and forthright in clinical interactions, documentation, research, and scholarly activity	Demonstrates integrity, honesty, and accountability to patients, society and the profession	Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility
Refuses to be accountable for personal actions	Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients	Actively manages challenging ethical dilemmas and conflicts of interest	Role models integrity, honesty, accountability and professional conduct in all aspects of professional life
Does not adhere to basic ethical principles		Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity	Identifies and responds appropriately to lapses of professional conduct among peer group	Regularly reflects on personal professional conduct
Blatantly disregards formal policies or procedures.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**Professionalism**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Conditional on Improvement

20. Communicates effectively with patients and caregivers. (ICS1)										
Critical Deficiencies					Ready for unsupervised practice			Aspirational		
Ignores patient preferences for plan of care		Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences.			Engages patients in shared decision making in uncomplicated conversations			Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations		Role models effective communication and development of therapeutic relationships in both routine and challenging situations
Makes no attempt to engage patient in shared decision-making		Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful			Requires assistance facilitating discussions in difficult or ambiguous conversations			Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds		Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds
Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers		Defers difficult or ambiguous conversations to others			Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds			Incorporates patient-specific preferences into plan of care		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:										

21. Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (ICS2)												
Critical Deficiencies					Ready for unsupervised practice			Aspirational				
Utilizes communication strategies that hamper collaboration and teamwork  Verbal and/or non-verbal behaviors disrupt effective collaboration with team members		Uses unidirectional communication that fails to utilize the wisdom of the team  Resists offers of collaborative input			Inconsistently engages in collaborative communication with appropriate members of the team  Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care			Consistently and actively engages in collaborative communication with all members of the team  Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care			Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:												

22. Appropriate utilization and completion of health records. (ICS3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Health records are absent or missing significant portions of important clinical data	Health records are disorganized and inaccurate	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning	Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning  Health records are succinct, relevant, and patient specific	Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**Interpersonal and Communications Skills**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Conditional on Improvement

### **Overall Clinical Competence**

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

- \_\_\_ Superior: Far exceeds the expected level of development for this year of training
- \_\_\_ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training
- \_\_\_ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.
- \_\_\_ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.