Developmental Milestones for Internal Medicine Residency Training

1. Patient Care

ACGME Competency	Developmental Milestones Informing ACGME Competencies	Approximate Time Frame Trainee Should Achieve Stage	Assessment Methods/Tools
Clinical skills and reasoning Manages patients using clinical skills of interviewing and physical examination Demonstrates competence in the performance of procedures mandated by the ABIM Appropriately uses laboratory and imaging techniques	 Historical Data Gathering Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, pharmacy) Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient Role model gathering subtle and reliable information from the patient for junior members of the healthcare team 	6 months 9 months 18 months 30 months	Standardized patient Direct Observation Simulation
	 Performing a physical exam Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions. Identify pertinent abnormalities using common maneuvers Accurately track important changes in the physical examination over time in the outpatient and inpatient settings Demonstrate and teach how to elicit important physical findings for junior members of the healthcare team Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable 	6 months 12 months 24 months 30 months	Standardized patient Direct Observation Simulation
	Clinical Reasoning 1. Synthesize all available data, including interview,	12 months	Simulation

	 physical examination, and preliminary laboratory data, to define each patient's central clinical problem Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common inpatient and ambulatory conditions Modify differential diagnosis and care plan based upon clinical course and data as appropriate Recognize disease presentations that deviate from common patterns and that require complex decision making 	24 months 36 months	Chart stimulated recall Multisource feedback Direct Observation
	Invasive procedures 1. Appropriately perform invasive procedures and provide post-procedure management for common procedures	18 months	Simulation Direct observation
Delivery of patient- centered clinical care Manage patients with progressive responsibility Manage patients across the spectrum of clinical diseases seen in the practice	results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids	12 months 18 months	Chart stimulated recall Standardized tests
care units, the ambulatory setting and the emergency setting • Manage un-	emergent medical care including life threatening conditions 2. Recognize when to seek additional guidance 3. Provide appropriate preventive care and teach patient regarding self-care 4. With supervision, manage patients with common clinical disorders seen in the practice of inpatient and ambulatory general internal medicine 5. With minimal supervision, manage patients with	6 months 12 months	Simulation Chart stimulated recall Multisource feedback Direct Observation Chart Audit
differentiated acutely and severely ill patients Manage patients in the prevention,	common and complex clinical disorders seen in the practice of inpatient and ambulatory general internal medicine 6. Initiate management and stabilize patients with emergent medical conditions		

counseling, detection,	Patient Management	36 months	Simulation
diagnosis and	1. Recognize situations with a need for urgent or		
treatment of gender-	emergent medical care including life threatening		Chart stimulated recall
specific diseases	conditions		Multisource feedback
	2. Recognize when to seek additional guidance		Direct Observation
consultant to other	3. Provide appropriate preventive care and teach patient		Chart Audit
physicians	regarding self-care		Chart Addit
	4. With supervision, manage patients with common		
	clinical disorders seen in the practice of inpatient and		
	ambulatory general internal medicine		
	5. With minimal supervision, manage patients with		
	common and complex clinical disorders seen in the		
	practice of inpatient and ambulatory general internal medicine		
	6. Initiate management and stabilize patients with	•	
	emergent medical conditions		
	 Manage patients with conditions that require intensive 		
	care		
	Independently manage patients with a broad		
	spectrum of clinical disorders seen in the practice of		
	general internal medicine		
	9. Manage complex or rare medical conditions		
	10. Customize care in the context of the patient's		
	preferences and overall health		
	Consultative care		Simulation
	1. Provide specific, responsive consultation to other	24 months	Chart stimulated recall
	services		
	2. Provide internal medicine consultation for patients	36 months	Multisource feedback
	with more complex clinical problems requiring		Direct Observation
	detailed risk assessment		Chart Audit
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2. Medical Knowledge

ACGME Competency	ACGME Competencies	Approximate Time Frame Trainee Should Achieve Stage	Assessment Methods/Tools
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Core Knowledge of	Knowledge of core content	0 4	Direct Observation
General Internal	1 1 7 37	6 months	Chart audit
Medicine and its	science for common medical conditions	40 (1	
Subspecialties	Demonstrate sufficient knowledge to diagnose and	12 months	Chart stimulated recall
 Demonstrates a 	treat common conditions that require hospitalization		Standardized tests
level of expertise in	Demonstrate sufficient knowledge to evaluate	18 months	
the knowledge of	common ambulatory conditions		
those areas	Demonstrate sufficient knowledge to diagnose and		
appropriate for an	treat undifferentiated and emergent conditions		
internal medicine	Demonstrate sufficient knowledge to provide		
specialist	preventive care		
Demonstrates	6. Demonstrate sufficient knowledge to identify and treat	24 months	
sufficient	medical conditions that require intensive care		
knowledge to treat	7. Demonstrate sufficient knowledge to evaluate	36 months	
medical conditions	complex or rare medical conditions and multiple		
commonly	coexistent conditions		
managed by	8. Understand the relevant pathophysiology and basic		
internists, provide	science for uncommon or complex medical conditions		
basic preventive	9. Demonstrate sufficient knowledge of socio-behavioral	7	
care and recognize	sciences including but not limited to health care		
and provide initial	economics, medical ethics, and medical education		
management of			
emergency medical			
problems.			
Common modalities	Diagnostic tests		Chart stimulated recall
utilized in the practice of	1. Understand indications for and basic interpretation of	12 months	
Internal Medicine	common diagnostic testing, including but not limited		Standardized tests
Demonstrates	to routine blood chemistries, hematologic studies,		
sufficient knowledge	coagulation tests, arterial blood gases, ECG, chest		
to interpret basic	radiographs, pulmonary function tests, urinalysis and		
clinical tests and	other body fluids		
images, use common	2. Understand indications for and has basic skills in	18 months	
pharmacotherapy	interpreting more advanced diagnostic tests		
and appropriately use			
and perform	characteristics		
diagnostic and			
therapeutic			
procedures.			

3. Practice-based Learning and Improvement

ACGME Competency	Developmental Milestones Informing ACGME Competencies	Approximate Time Frame Trainee Should Achieve Stage	Assessment Methods/Tools
Learning and Improving via Audit of Performance Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement	 Improve the quality of care for a panel of patients Appreciate the responsibility to assess and improve care collectively for a panel of patients Perform or review audit of a panel of patients using standardized, disease-specific, and evidence-based criteria Reflect on audit compared with local or national benchmarks and explore possible explanations for deficiencies, including doctor-related, system-related, and patient related factors Identify areas in resident's own practice and local system that can be changed to improve affect of the processes and outcomes of care Engage in a quality improvement intervention 	12 months 36 months	Several elements of quality improvement project Standardized tests
Learning and improvement via	Ask answerable questions for emerging information needs		Evidence-based medicine evaluation instruments
answering clinical questions from patient scenarios Locate, appraise, and	 Identify learning needs (clinical questions) as they emerge in patient care activities Classify and precisely articulate clinical questions Develop a system to track, pursue, and reflect on 	12 months 24 months	ABIM Point of Care Learning Module EBM Mini-CEX
assimilate evidence from scientific studies	clinical questions		Chart stimulated recall
related to their patients' health problems; Use information technology to optimize learning	Acquires the best evidence 1. Access medical information resources to answer clinical questions and library resources to support decision making 2. Effectively and efficiently search NLM database for original clinical research articles 3. Effectively and efficiently search evidence-based summary medical information resources 4. Appraise the quality of medical information resources and select among them based on the characteristics of the clinical question	12 months 24 months 36 months	Evidence-based medicine evaluation instruments ABIM Point of Care Learning Module EBM Mini-CEX Chart stimulated recall

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	Appraises the evidence for validity and usefulness 1. With assistance, appraise study design, conduct, and	12 months	Evidence-based medicine evaluation instruments
	statistical analysis in clinical research papers 2. With assistance, appraise clinical guideline		ABIM Point of Care
	recommendations for bias		Learning Module
	With assistance, appraise study design, conduct, and statistical analysis in clinical research papers	36 months	EBM Mini-CEX
	4. Independently, appraise clinical guideline		Chart stimulated recall
	recommendations for bias and cost-benefit		
	considerations		
	Applies the evidence to decision-making for		Evidence-based medicine
	individual patients		evaluation instruments
	Determine if clinical evidence can be generalized to	12 months	ABIM Point of Care
	an individual patient		Learning Module
	2. Customize clinical evidence for an individual patient	36 months	EBM Mini-CEX
	Communicate risks and benefits of alternatives to patients		_
	4. Integrate clinical evidence, clinical context, and		Chart stimulated recall
	patient preferences into decision-making		
Learning and	Improves via feedback		Multisource feedback
improving via	Respond welcomingly and productively to feedback	12 months	
feedback and self-	from all members of the health care team including		Self evaluation forms with
assessment*	faculty, peer residents, students, nurses, allied health		action plans
Identify strengths,	workers, patients and their advocates		
deficiencies, and	Actively seek feedback from all members of the		
limits in one's	health care team		
knowledge and	Calibrate self-assessment with feedback and other	24 months	
expertise;	external data		
Set learning and	4. Reflect on feedback in developing plans for		
improvement goals; Identify and perform	improvement Improves via self-assessment		
appropriate learning	Maintain awareness of the situation in the moment,	24 months	Multisource feedback
activities	and respond to meet situational needs	2 4 1110111115	Reflective practice surveys
Incorporate	Reflect (in action) when surprised, applies new	36 months	
formative evaluation	insights to future clinical scenarios, and reflects (on		
feedback into daily	action) back on the process		
practice;	Participates in the education of all members of the		OSCE with standardized
 Participate in the 	health care team		learners
education of	Actively participate in teaching conferences	12 months	
patients, families,	2		Direct observation

students, residents	2. Integrate teaching, feedback, and evaluation with	24 months	Peer evaluations
and other health professionals.	supervision of interns' and students' patient care 3. Take a leadership role in the education of all	36 months	
	members of the health care team.		

4. Interpersonal and Communication Skills

ACGME Competency	ACGME Competencies	Approximate Time Frame Trainee Should Achieve Stage	Assessment Methods/Tools
Patients and Family ■ Communicate effectively with patients, families, and the public, as appropriate, across a	 Communicate effectively Provide timely and comprehensive verbal and written communication to patients/advocates Effectively use verbal and non-verbal skills to create rapport with patients/families Use communication skills to build a therapeutic 	12 months	Multisource feedback Direct observation Mentored self-reflection
broad range of socioeconomic and cultural backgrounds	relationship 4. Engage patients/advocates in shared decision-making for uncomplicated diagnostic and therapeutic scenarios	24 months	
	 Utilize patient-centered education strategies Engage patients/advocates in shared decision-making for difficult, ambiguous or controversial scenarios Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation Role model effective communication skills in challenging situations 	36 months	

	 Intercultural sensitivity Effectively use an interpreter to engage patients in the clinical setting including patient education Demonstrate sensitivity to differences in patients including but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs Actively seek to understand patient differences and views and reflects this in respectful communication and shared decision-making with the patient and the healthcare team 	6 months 12 months 30 months	Multisource feedback Direct Observation Mentored self-reflection
Physicians and other healthcare professionals Communicate effectively with physicians, other	Transitions of care 1. Effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care 2. Role model and teach effective communication with next caregivers during transitions of care	12 months 24 months	Multisource feedback Direct Observation
health professionals, and health related agencies Work effectively as a member or leader of a health care team or other professional	 Interprofessional team Deliver appropriate, succinct, hypothesis-driven oral presentations Effectively communicate plan of care to all members of the health care team 	6 months 12 months 30 months	Multisource feedback
group Act in a consultative role to other physicians and health professionals	referring team in an effective manner	6 months 12 months 36 months	Multisource feedback Chart audit
Medical Records Maintain comprehensive, timely, and legible medical records	 Health records Provide legible, accurate, complete, and timely written communication that is congruent with medical standards Ensure succinct, relevant, and patient-specific written communication 		Chart audit

5. Professionalism

ACGME Competency	Developmental Milestones Informing ACGME Competencies	Approximate Time Frame Trainee Should Achieve Stage	Assessment Methods/Tools
Physicianship	Adhere to basic ethical principles 1. Document and report clinical information truthfully 2. Follow formal policies 3. Accept personal errors and honestly acknowledge them 4. Uphold ethical expectations of research and scholarly activity Demonstrate compassion and respect to patients	1 month 6 months 36 months	Multisource feedback
supersedes self- interest Accountability to patients, society and the profession	 Demonstrate empathy and compassion to all patients Demonstrate a commitment to relieve pain and suffering Provide support (physical, psychological, social and spiritual) for dying patients and their families Provide leadership for a team that respects patient dignity and autonomy 	3 months 24 months	Multisource feedback
	Provide timely, constructive feedback to colleagues Communicate constructive feedback to other members of the health care team Recognize, respond to and report impairment in colleagues or substandard care via peer review process	12 months 18 months	Multisource feedback Mentored self-reflection Direct observation
	 Maintain accessibility 1. Respond promptly and appropriately to clinical responsibilities including but not limited to calls and pages 2. Carry out timely interactions with colleagues, patients and their designated caregivers 	1 month 6 months	Multisource feedback
	Recognize conflicts of interest 1. Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients	6 months	Multisource feedback Mentored self-reflection

	 Maintain ethical relationships with industry Recognize and manage subtler conflicts of interest 	30 months	
	Demonstrate personal accountability 1. Dress and behave appropriately 2. Maintain appropriate professional relationships with patients, families and staff	1 month	
		6 months	
	 4. Recognize and address personal, psychological, and physical limitations that may affect professional performance 5. Recognize the scope of his/her abilities and ask for 	12 months	
	supervision and assistance appropriately 6. Serve as a professional role model for more junior colleagues (e.g., medical students, interns) 7. Recognize the need to assist colleagues in the	30 months	
	provision of duties		
	Practice individual patient advocacy 1. Recognize when it is necessary to advocate for individual patient needs	6 months	Multisource Feedback Direct Observation
	 Effectively advocate for individual patient needs Comply with public health policies Recognize and take responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases) 	30 months 24 months	
 Patient-Centeredness Respect for patient privacy and autonomy Sensitivity and 	Respect the dignity, culture, beliefs, values and opinions of the patient 1. Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status	1 month	Multisource feedback
responsiveness to a diverse patient population, including	Recognize and manage conflict when patient values differ from their own	30 months	

but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual	Confidentiality Maintain patient confidentiality Educate and hold others accountable for patient confidentiality	1 month 18 months	Multisource feedback Chart audits
orientation	 Recognize and address disparities in health care Recognize that disparities exist in health care among populations and that they may impact care of the patient Embrace physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering Advocates for appropriate allocation of limited health care resources. 	36 months	

6. Systems-based Practice

ACGME Competency	Developmental Milestones Informing ACGME Competencies	Approximate Time Frame Trainee Should Achieve Stage	Assessment Methods/Tools
Works effectively with other care providers and settings Work effectively in various health care delivery settings and systems relevant to their clinical practice Coordinate patient care within the health care system relevant to their clinical specialty; Work in interprofessional teams	 Works effectively within multiple health delivery systems Understand unique roles and services provided by local health care delivery systems. Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and skilled nursing. Negotiate patient-centered care among multiple care providers. 	12 months 24 months 36 months	Faculty Evaluation Multi-source feedback Chart stimulated recall Standardized patient Direct Observation Portfolio
	 Works effectively within an interprofessional team Appreciate roles of a variety of health care providers, including, but not limited to, consultants, therapists, nurses, home care workers, pharmacists, and social workers. 	6 months	Faculty Evaluation Multi-source feedback Chart Stimulated Recall Portfolio

to enhance patient safety and improve patient care quality Work in teams and effectively transmit necessary clinical information to ensure safe and proper care of patients including the transition of care between settings	 Work effectively as a member within the interprofessional team to ensure safe patient care. Consider alternative solutions provided by other teammates Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members. 	12 months 36 months	Direct observation
Improving health care delivery Advocate for quality patient care and optimal patient care systems Participate in identifying system errors and implementing potential systems solutions Recognize and function effectively in high quality care system	 Recognizes system error and advocates for system improvement Recognize health system forces that increase the risk for error including barriers to optimal patient care Identify, reflect upon, and learn from critical incidents such as near misses and preventable medical errors Dialogue with care team members to identify risk for and prevention of medical error Understand mechanisms for analysis and correction of systems errors Demonstrate ability to understand and engage in a system level quality improvement intervention. Partner with other healthcare professionals to identify, propose improvement opportunities within the system. 	12 months 24 months 36 months	Portfolio Survey Faculty rating of residents' reflection on events
Cost-effective care for patients and populations Incorporate considerations of cost awareness and risk-benefit	Identifies forces that impact the cost of health care and advocates for cost-effective care 1. Reflect awareness of common socio-economic barriers that impact patient care. 2. Understand how cost-benefit analysis is applied to patient care (i.e. via principles of screening tests and the development of clinical guidelines)	12 months	Standardized examinations Direct observation Chart stimulated recall Portfolio

analysis in patient and/or population-based care as appropriate	patient care (i.e. via principles of screening tests and the development of clinical guidelines) 3. Identify the role of various health care stakeholders including providers, suppliers, financiers, purchasers and consumers and their varied impact on the cost of and access to health care. 4. Understand coding and reimbursement principles.	24 months
	Practices cost-effective care	
	Identify costs for common diagnostic or therapeutic tests.	6 months
	Minimize unnecessary care including tests, procedures, therapies and ambulatory or hospital encounters	
	Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-making	18 months
		36 months