

Geriatric Medicine

Milestones for the Middle East



May 2017

The Geriatric Medicine Milestones for the Middle East

The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGME-I-accredited 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 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.

Milestones Reporting

This document presents milestones designed for programs to use in semi-annual review of fellow performance and reporting to the ACGME-I. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME-I competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a learner moves from entry into their program through graduation.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged in numbered levels. Tracking from "Critical Deficiencies"/"Level 1" to "Aspirational"/"Level 5" is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with time in the educational program. Dependent upon previous education and experience, fellows may enter a program at varying points in the Milestones.

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).

Critical Deficiencies/Level 1: These learner behaviors are not within the spectrum of developing competence. Instead, they indicate significant deficiencies in a resident's performance.

Column 2/Level 2: Describes behaviors of an early learner.

Column 3/Level 3: Describes behaviors of a fellow who is advancing and demonstrating improvement in performance related to the Milestones.

Ready for Unsupervised Practice/Level 4: Describes behaviors of a fellow 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 fellow may display these milestones at any point during the educational program.

Aspirational/Level 5: Describes behaviors of a fellow 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 fellows will demonstrate these behaviors.

Additional Notes

The “Ready for Unsupervised Practice” Milestones are designed as the graduation *target* and *do not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the program director. Study of Milestones performance data will be required before the ACGME-I and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data overall are of sufficient quality to be used for high-stakes decisions.

Answers to Frequently Asked Questions about Milestones are posted on the ACGME-I website.

The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME-I Report Worksheet. For each reporting period, a learner’s performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that learner’s performance in relation to those milestones.

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (actual or simulated)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

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

Patient Care 1: Perform a Comprehensive Geriatric Assessment for Each Patient				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Does not or is inconsistently able to collect accurate historical data	Consistently acquires accurate and relevant histories	Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis	Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings	Consistently performs accurate and appropriately thorough physical exams	Performs accurate physical exams that are targeted to the patient's problems	Identifies subtle or unusual physical exam findings	
Relies exclusively on documentation of others to generate own database or differential diagnosis, or is overly reliant on secondary data	Inconsistently recognizes patient's central clinical problem or develops limited differential diagnoses	Uses and synthesizes collected data to define a patient's central clinical problem(s) 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			Effectively uses 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"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Patient Care 2: Demonstrates Skill in Ordering Appropriately and Interpreting Diagnostic Tests and Investigation Results				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Does not recognize patients for whom diagnostic tests and/or investigation results are not warranted or are unsafe	Possesses insufficient skill to appropriately order and interpret diagnostic tests and/or investigation results with appropriate supervision	Inconsistently recognizes appropriate patients, indications, and associated risks in the utilization of diagnostic tests and/or investigation results	Consistently recognizes appropriate patients, indications, limitations, and associated risks in utilization of diagnostic tests and/or investigation results	Demonstrates skill to independently order and interpret complex diagnostic tests and/or investigation results
Attempts to perform or interpret diagnostic tests and/or investigation results without sufficient skill or supervision	Is inattentive to patient safety and comfort when ordering non-invasive procedures and/or testing procedures	Inconsistently integrates diagnostic tests and/or investigation results with clinical features in the evaluation and management of patients	Integrates diagnostic tests and/or investigation results with clinical findings in the evaluation and management of patients	Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application
Does not recognize the need to discuss investigation indications, processes, or potential risks with patients	Applies the ethical principles of informed consent	Can appropriately order and interpret selected diagnostic tests and/or investigation results of procedures with minimal supervision	Recognizes procedures and/or testing results that indicate high-risk state or adverse prognosis	
	Recognizes need to obtain informed consent for diagnostic test but ineffectively obtains it	Inconsistently recognizes high-risk findings and artifacts/normal variants	Recognizes artifacts and normal variants	
	Understands and communicates ethical principles of informed consent	Obtains and documents informed consent	Consistently orders and interprets diagnostic tests and/or investigation results in a safe and effective manner	

			<p>Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers)</p> <p>Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures and/or tests</p>								
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Patient Care 3: Develops and Achieves Comprehensive Management Plan for Each Patient				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Care plans are consistently inappropriate or inaccurate	Inconsistently develops appropriate care plans	Consistently develops appropriate care plan, including advance care planning and care options	Appropriately modifies care plans based on patient's clinical course, additional data, patient preferences, and cost effectiveness principles	Role-models and teaches complex and patient-centered care
Does not react to situations that require urgent or emergency care	Inconsistently seeks additional guidance when needed	Recognizes situations requiring urgent or emergency care	Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty	Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles
Does not seek additional guidance when needed	Is somewhat able to establish extent of care and different care options	Recognizes patient's rehabilitation potential and is thus able to provide different care options and right site of care	Manages complex acute and chronic conditions	
Is not able to establish advance care planning or extent of care and care options		Seeks additional guidance and/or consultation as appropriate	Establishes advance care planning and right site of care effectively	
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Comments:				Not Yet Assessable <input type="checkbox"/>

Patient Care 4: Provide Consultative Care to Different Departments and in Different Settings				
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 integrates recommendations from other consultants in order to effectively manage patient care</p>	<p>Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment</p> <p>Models management of discordant recommendations from multiple consultants</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Patient Care 5: Manages Patients with Progressive Responsibility and Independence				
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 applicable inpatient, outpatient, and ambulatory clinical settings, who have a broad spectrum of clinical disorders, including undifferentiated syndromes	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings
Cannot manage patients who require urgent or emergency care	Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings	Provides appropriate preventive care and chronic disease management in all appropriate clinical settings	Seeks additional guidance and/or consultation as appropriate	
Does not assume responsibility for patient management decisions	Inconsistently provides preventive care in all appropriate clinical settings	Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings	Appropriately manages situations requiring urgent or emergency care	
	Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings	Under supervision, provides appropriate care in the Intensive Care Unit	Effectively supervises the management decisions of the team in all appropriate clinical settings	
	Unable to manage complex inpatients or patients requiring intensive care	Initiates management plans for urgent or emergency care		
	Cannot independently supervise care provided by other members of the physician-led team			
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Comments:				Not Yet Assessable <input type="checkbox"/>

Medical Knowledge 1: Possesses Clinical Knowledge				
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:				Not Yet Assessable <input type="checkbox"/>

Medical Knowledge 2: Knowledge of Diagnostic Testing and Procedures				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Lacks foundational knowledge to apply diagnostic testing and procedures to patient care	Inconsistently interprets basic diagnostic tests accurately	Consistently interprets basic diagnostic tests accurately	Interprets complex diagnostic tests accurately while accounting for limitations and biases	Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures
	Does not understand the concepts of pre-test probability and test performance characteristics	Needs assistance to understand the concepts of pre-test probability and test performance characteristics	Knows the indications for, and limitations of, diagnostic testing and procedures	Pursues knowledge of new and emerging diagnostic tests and procedures
	Minimally understands the rationale and risks associated with common procedures	Fully understands the rationale and risks associated with common procedures	Understands the concepts of pre-test probability and test performance characteristics Teaches the rationale and risks associated with common procedures and anticipates potential complications of procedures	
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Comments:				Not Yet Assessable <input type="checkbox"/>

Medical Knowledge 3: Scholarship and Evidence-Based Medicine				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
<p>Foundation Unaware of or uninterested in scientific inquiry or scholarly productivity</p> <p>Investigation Unwilling to perform scholarly investigation in the specialty</p> <p>Analysis Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research</p>	Interested in scholarly activity, but does not initiate or follow through	Identifies areas worthy of scholarly investigation and formulates a plan under supervision of a mentor	Formulates ideas worthy of scholarly investigation	Independently formulates novel and important ideas worthy of scholarly investigation
	Performs a literature search using relevant scholarly sources to identify pertinent articles	Critically reads scientific literature and identifies major methodological flaws and inconsistencies within or between publications	Collaborates with other investigators to design and complete a project related to clinical practice, quality improvement, patient safety, education, or research	Leads a scholarly project advancing clinical practice, quality improvement, patient safety, education, or research
	Aware of basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodological flaws	Understands and is able to apply basic statistical concepts, and can identify potential analytic methods for data or problem assessment	Critiques specialized scientific literature effectively	Obtains independent research funding
	Communicates rudimentary details of scientific work, including his or her own scholarly work; needs to improve ability to present in small groups	Effectively presents at journal club, quality improvement meetings, clinical conferences, and/or is able to effectively describe and discuss his or her own scholarly work or research	Dissects a problem into its many component parts and identifies strategies for solving	Critiques specialized scientific literature at a level consistent with participation in peer review

			<p>Uses analytical methods of the field effectively</p> <p>Presents scholarly activity at local or regional meetings and/or submits an abstract summarizing scholarly work to regional/state/national meetings, and/or publishes non-peer-reviewed manuscript(s) (e.g., reviews, book chapters)</p>	<p>Employs optimal statistical techniques</p> <p>Teaches analytic methods in chosen field to peers and others</p> <p>Effectively presents scholarly work at national and international meetings</p> <p>Publishes peer-reviewed manuscript(s) containing scholarly work (i.e., clinical practice, quality improvement, patient safety, education, or research)</p>							
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<p>Comments:</p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>											

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (actual or simulated)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
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Comments:				Not Yet Assessable <input type="checkbox"/>

Systems-Based Practice 2: System Navigation for Patient-Centered Care				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively utilizing the roles of their interprofessional teams	Role models effective coordination of patient-centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and handoffs	Performs safe and effective transitions of care/handoffs in routine clinical situations	Performs safe and effective transitions of care/handoffs in complex clinical situations	Role models and advocates for safe and effective transitions of care/handoffs within and across health care delivery systems, including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Systems-Based Practice 3: Physician Role in Health Care Systems				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Identifies components of the complex health care system	Describes the physician's role and how the interrelated components of complex health care system impact patient care	Analyzes how personal practice affects the system (e.g., length of stay, readmission rates, clinical efficiency)	Manages the interrelated components of the complex health care systems for efficient and effective patient care	Advocates for or leads change to enhance systems for high value, efficient, and effective patient care
Describes basic health payment systems, including government, private, public, and uninsured care and different practice models	Delivers care informed by patient specific payment model	Utilizes shared decision making in patient care, taking into consideration payment models	Advocates for patient care understanding the limitations of each patient's payment model (e.g., community resources, patient assistance resources)	Participates in advocacy activities for health policy to better align payment systems with high value care
		Identifies resources and effectively plans for transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)	Describes basic elements needed to transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to care for a routine patient	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) in order to inform goals	Seeks performance data episodically, with adaptability and humility	Intentionally seeks performance data consistently, with adaptability and humility	Role models consistently seeking performance data, with adaptability and humility
Identifies the factors that contribute to gap(s) between expectations and actual performance	Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	Facilitates the design and implementation of learning plans for others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Professionalism 1: Professional Behavior and Ethical Principles				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Identifies and describes potential triggers for professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Coaches others when their behavior fails to meet professional expectations
Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers	Takes responsibility for own professionalism lapses	Analyzes complex situations using ethical principles	Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics	Analyzes straightforward situations using ethical principles	Recognizes need to seek help in managing and resolving complex ethical situations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Professionalism 2: Accountability/Conscientiousness				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
<p>Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future</p> <p>Responds promptly to requests or reminders to complete tasks and responsibilities</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations</p> <p>Proactively implements strategies to ensure that the needs of patients, teams, and systems are met</p>	<p>Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner</p>	<p>Takes ownership of system outcomes</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Professionalism 3: Self-Awareness and Help-Seeking				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being	With assistance, proposes a plan to optimize personal and professional well-being	Independently develops a plan to optimize personal and professional well-being	Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations
Recognizes limits in the knowledge/skills of self or team, with assistance	Independently recognizes limits in the knowledge/skills of self or team Demonstrates appropriate help-seeking behaviors	With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team	Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Uses language and non-verbal behavior to demonstrate respect and establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters	Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system	Identifies complex barriers to effective communication (e.g., health literacy, cultural)	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Role models self-awareness practice while identifying teaching a contextual approach to minimize communication barriers
Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options	Organizes and initiates communication with patients/families by introducing stakeholders, setting the agenda, clarifying expectations, and verifying an understanding of the clinical situation	With guidance, sensitively and compassionately delivers medical information; elicits patient/family values, goals and preferences; and acknowledges uncertainty and conflict	Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication in situations with a high degree of uncertainty/conflict
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Respectfully requests a consultation	Clearly and concisely requests a consultation	Checks own understanding of consultant recommendations	Coordinates recommendations from different members of the health care team to optimize patient care	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Checks understanding of recommendations when providing consultation	Communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations
Uses language that values all members of the health care team	Communicates information effectively with all health care team members Solicits feedback on performance as a member of the health care team	Uses active listening to adapt communication style to fit team needs Communicates concerns and provides feedback to peers and learners		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>

Interpersonal and Communication Skills 3: Communication within Health Care Systems				
Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Accurately records information in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Concisely reports diagnostic and therapeutic reasoning in the patient record	Communicates clearly, concisely, in a timely manner, and in an organized written form, including anticipatory guidance	Models feedback to improve others' written communication
Safeguards patient personal health information	Demonstrates accurate, timely, and appropriate use of documentation shortcuts	Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context	Produces written or verbal communication (e.g., patient notes, e-mail, etc.) that serves as an example for others to follow	Guides departmental or institutional communication around policies and procedures
Communicates through appropriate channels as required by institutional policy (e.g. patient safety reports, cell phone/pager usage)	Documents required data in formats specified by institutional policy	Uses appropriate channels to offer clear and constructive suggestions to improve the system	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders (e.g., institution, health care system, field)
	Respectfully communicates concerns about the system			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Assessable <input type="checkbox"/>