Internal Medicine Milestones and Preventive Medicine (combined) programs must annually report on **each** set of Milestones.



The Preventive Medicine Milestone Project:
Public Health and General Preventive Medicine

A Joint Initiative of

The Accreditation Council for Graduate Medical Education
and

The American Board of Preventive Medicine





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Internal Medicine Milestones

The Accreditation Council for Graduate Medical Education



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Internal Medicine Milestones

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident 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.

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Alliance for Academic Internal Medicine
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Review Committee for Internal Medicine
Society of Hospital Medicine
Society of General Internal Medicine

Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of resident performance, and then report to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME Competencies organized in a developmental framework. The narrative descriptions are targets for resident performance throughout their educational program.

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident in the specialty or subspecialty. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each subcompetency.

These levels *do not* correspond with post-graduate year of education. Depending on previous experience, a junior resident may achieve higher levels early in his/her educational program just as a senior resident may be at a lower level later in his/her educational program. There is no predetermined timing for a resident to attain any particular level. Residents may also regress in achievement of their milestones. This may happen for many reasons, such as over scoring in a previous review, a disjointed experience in a particular procedure, or a significant act by the resident.

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

Additional Notes

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert resident whose achievements in a subcompetency are greater than the expectation. Milestones are primarily designed for formative, developmental purposes to support continuous quality improvement for individual learners, education programs, and the specialty. The ACGME and its partners will continue to evaluate and perform research on the Milestones to assess their impact and value.

Examples are provided for some milestones within this document. Please note: the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to ACGME supervision guidelines as described in the Program Requirements, as well as to institutional and program policies. For example, a resident who performs a procedure independently must, at a minimum, be supervised through oversight.

A Supplemental Guide is also available to provide the intent of each subcompetency, examples for each level, assessment methods or tools, and other available resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee, and is not meant to demonstrate any required element or outcome.

Additional resources are available in the <u>Milestones</u> section of the ACGME website. Follow the links under "What We Do" at <u>www.acgme.org</u>.

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

Systems-based Practice 1: Patient Safety and Quality Improvement					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates 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 (simulated or actual)	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 skills required to identify, develop, implement, and analyze a quality improvement project	Designs,, implements, and assesses quality improvement initiatives at the institutional or community level	
Comments: Not Yet Completed Level 1					
Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.			between levels ind		

Patient Care 1: History					
Level 1	Level 2	Level 3	Level 4	Level 5	
Elicits and reports a comprehensive history for common patient presentations, with guidance	Elicits and concisely reports a hypothesis-driven patient history for common patient presentations	Elicits and concisely reports a hypothesis-driven patient history for complex patient presentations	Efficiently elicits and concisely reports a patient history, incorporating pertinent psychosocial and other determinants of health	Efficiently and effectively tailors the history taking, including relevant historical subtleties, based on patient, family, and system needs	
Seeks data from secondary sources, with guidance	Independently obtains data from secondary sources	Reconciles current data with secondary sources	Uses history and secondary data to guide the need for further diagnostic testing	Models effective use of history to guide the need for further diagnostic testing	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Level 1	Level 2	Level 3	Level 4	Level 5
Performs a general physical examination while attending to patient comfort and safety	Performs a hypothesis- driven physical examination for a common patient presentation	Performs a hypothesis- driven physical examination for a complex patient presentation	Uses advanced maneuvers to elicit subtle findings	Models effective evidence-based physical examination technique
Identifies common abnormal findings	Interprets common abnormal findings	Identifies and interprets uncommon and complex abnormal findings	Integrates subtle physical examination findings to guide diagnosis and management	Teaches the predictive values of the examination findings to guide diagnosis and management

Patient Care 3: Clinical Reasoning					
Level 1	Level 2	Level 3	Level 4	Level 5	
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from all sources to develop a basic differential diagnosis for common patient presentations	Develops a thorough and prioritized differential diagnosis for common patient presentations	Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings	Coaches others to develop prioritized differential diagnoses in complex patient presentations	
Identifies clinical reasoning errors within patient care, with guidance		Retrospectively applies clinical reasoning principles to identify errors	Continually re-appraises one's own clinical reasoning to improve patient care in real time	Models how to recognize errors and reflect upon one's own clinical reasoning	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Level 1	Level 2	Level 3	Level 4	Level 5
Formulates management plans for common conditions, with guidance	Develops and implements management plans for common conditions, recognizing acuity, and modifies based on the clinical course	Develops and implements value-based (high value) management plans for patients with multisystem disease and comorbid conditions; modifies based on the clinical course	Uses shared decision making to develop and implement value-based (high value) comprehensive management plans for patients with comorbid and multisystem disease, including those patients requiring critical care	Develops and implements comprehensive management plans for patients with rare or ambiguous presentations or unusual comorbid conditions
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health, with guidance	Independently develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Independently develops and implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health	Develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Develops and implements value-based (high-value) comprehensive plans to maintain and promote health	
Formulates management plans for a common chronic condition, with guidance Develops and implements management plans for common chronic conditions		Develops and implements management plans for multiple chronic conditions	Develops and implements value-based (high value) comprehensive management plans for multiple chronic conditions, incorporating pertinent psychosocial and other determinants of health	Creates and leads a comprehensive patient-centered management plan for the patient with highly complex chronic conditions, integrating recommendations from multiple disciplines
Formulates management plans for acute common conditions, with guidance Develops and implements management plans for common acute conditions		Develops and implements an initial management plan for patients with urgent or emergent conditions in the setting of chronic comorbidities	Develops and implements value-based (high value) management plans for patients with acute conditions	Develops and implements management plans for patients with subtle presentations, including rare or ambiguous conditions

Patient Care 6: Digital Health					
Level 1	Level 2	Level 3	Level 4	Level 5	
Uses electronic health record (EHR) for routine patient care activities	Expands use of EHR to include and reconcile secondary data sources in patient care activities	Effectively uses EHR capabilities in managing acute and chronic care of patients	Uses EHR to facilitate achievement of quality targets for patient panels	Leads improvements to the EHR	
Identifies the required components for a telehealth visit	Performs assigned telehealth visits using approved technology	Identifies clinical situations that can be managed through a telehealth visit	Integrates telehealth effectively into clinical practice for the management of acute and chronic illness	Develops and innovates new ways to use emerging technologies to augment telehealth visits	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Patient Care

Yes	No	Conditional on Improveme	nt

Medical Knowledge 1: Applied Foundational Sciences					
Level 1	Level 2	Level 3	Level 4	Level 5	
Explains the scientific knowledge (e.g., physiology, social sciences, mechanism of disease) for normal function and common medical conditions	Explains the scientific knowledge for complex medical conditions	Integrates scientific knowledge to address comorbid conditions within the context of multisystem disease	Integrates scientific knowledge to address uncommon, atypical, or complex comorbid conditions within the context of multisystem disease	Demonstrates a nuanced understanding of the scientific knowledge related to uncommon, atypical, or complex conditions	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Medical Knowledge 2: Therapeutic Knowledge					
Level 1	Level 2	Level 3	Level 4	Level 5	
Explains the scientific basis for common therapies	Explains the indications, contraindications, risks, and benefits of common therapies	Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis	Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options	Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

risks, and benefits for common diagnostic risks, and benefits for complex diagnostic diagnostic	cteristics of various te ostic strategies in ts with common stees	est characteristics of various diagnostic	Demonstrates a nuanced understanding of emerging diagnostic test and procedures
	3.5	conditions or multisystem disease	
common diagnostic tests diagnostic data diagnostic	ostic data accurately acch high-probability w	Anticipates and accounts for limitations when interpreting diagnostic data	

Medical Knowledge

Yes	No	Conditional of	on I	mprovement

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Contributes to the analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Leads 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)	Models 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)	Contributes to local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses sustainable quality improvement initiatives at the institutional or community level

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients by effectively engaging interprofessional teams in routine clinical situations	Coordinates care of patients by effectively engaging interprofessional teams in complex clinical situations	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 hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Models and advocates for safe and effective transitions of care/hand-offs 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 the 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

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the health care system	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the regional and national health care system	Manages various components of the complex health care system to provide efficient and effective patient care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care
Describes basic health payment systems	Delivers care with consideration of each patient's payment model	Engages with patients in shared decision making, informed by each patient's payment models	Advocates for patient care needs with consideration of the limitations of each patient's payment model	Actively engaged in influencing health policy through advocacy activities at the local, regional, or national level

Systems-Based Practice

Yes	No	Conditional on Improvemer	٦t

Practice-Based Learning	and Improvement 1: Evide	ence-Based and Informed P	Practice	Level 5
Demonstrates how to access, categorize, and analyze clinical evidence, with guidance	Articulates clinical questions and elicits patient preferences and values to guide evidence-based care	Critically appraises and applies the best available evidence, integrated with patient preference, to the care of complex patients	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 to patient care
Comments:				
Comments.			Not Yet C	ompleted Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) to inform goals	Seeks performance data episodically, with adaptability, and humility	Seeks performance data consistently with adaptability, and humility	Models consistently seeking performance data with adaptability and humility
Identifies the factors that contribute to gap(s) between ideal and actual performance, with guidance	Analyzes and reflects on the factors which contribute to gap(s) between ideal and actual performance, with guidance	Institutes behavioral change(s) to narrow the gap(s) between ideal and actual performance	Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between ideal and actual performance	Coaches others on reflective practice
	Actively seeks opportunities to improve	Designs and implements an individualized learning plan, with prompting	Independently creates and implements an individualized learning plan	Uses performance data to measure the effectiveness of the individualized learning plan and when necessary improves it

Practice-Based Learning and Improvement

Yes	No	Conditional	on I	mprovement

Professionalism 1: Professional Behavior				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates professional behavior in routine situations	Identifies potential triggers for professionalism lapses and accepts responsibility for one's own professionalism lapses	Demonstrates a pattern of professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others	Coaches others when their behavior fails to meet professional expectations
Comments:			Not Yet C	ompleted Level 1

Professionalism 2: Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of basic ethical principles	Applies basic principles to address straightforward ethical situations	Analyzes complex situations using ethical principles and identifies the need to seek help in addressing complex ethical situations	Analyzes complex situations and engages with appropriate resources for managing and addressing ethical dilemmas as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Comments:			Not Yet C	ompleted Level 1

Professionalism 3: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs administrative tasks and patient care responsibilities, with prompting	Performs administrative tasks and patient care responsibilities in a timely manner in routine situations	Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met	Creates strategies to enhance other's ability to efficiently complete administrative tasks and patient care responsibilities
Comments:			Not Yet C	ompleted Level 1

Professionalism 4: Know	ledge of Systemic and Indi	ividual Factors of Well-Bei	ng*	
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of getting help when needed to address personal and professional well-being	Lists resources to support personal and professional well-being Recognizes that institutional factors affect well-being	With prompting, reflects on how personal and professional well-being may impact one's clinical practice Describes institutional factors that affect well-being	Reflects on actions in real time to proactively respond to the inherent emotional challenges of physician work Suggests potential solutions to institutional factors that affect well-being	Participates in institutional changes to promote personal and professional well-being
Comments:			Not Yet Co	ompleted Level 1

Professionalism

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training
program. The resident 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

^{*}This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and non- verbal behavior to demonstrate respect and establish rapport	Establishes and maintains a therapeutic relationship using effective communication behaviors in straightforward encounters	Establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters	Establishes and maintains therapeutic relationships using shared decision making, regardless of complexity	Coaches others in developing and maintaining therapeutic relationships and mitigating communication barriers
	Identifies common barriers to effective communication	Identifies complex barriers to effective communication, including personal bias	Mitigates communication barriers	Models the mitigation of communication barriers

Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests and responds to a consultation	Clearly and concisely requests and responds to a consultation	Checks own and others' understanding of recommendations when providing or receiving consultation	Coordinates recommendations from different consultants to optimize patient care Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team	Facilitates conflict resolution between and amongst consultants when disagreement exists Models flexible communication strategies that facilitate excellence in interprofessional teamwork
Uses verbal and non- verbal communication that values all members of the interprofessional team	Communicates information, including basic feedback with all interprofessional team members	Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback		

Level 1	Level 2	Level 3	Level 4	Level 5
Accurately documents comprehensive and current information	Documents clinical encounter, including reasoning, through organized notes	Documents clinical encounter through concise and thorough notes	Documents clinical encounter clearly, concisely, timely, and in an organized form, including anticipatory guidance	Guides departmental or institutional communication policies and procedures
Communicates using formats specified by institutional policy to safeguard patient personal health information	Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance	Appropriately selects direct and indirect forms of communication based on context	Models effective written and verbal communication	

Interpersonal and Communication Skills

Yes	No	Conditional on Improvemen	١t

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.

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The Preventive Medicine Milestone Project: Public Health and General Preventive Medicine

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 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.

Preventive Medicine Milestones

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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 organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation. 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.

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

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

- **Level 1:** The resident demonstrates milestones expected of an incoming resident.
- **Level 2:** The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.
- **Level 3:** The resident continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for residency.
- **Level 4:** The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.
- **Level 5:** The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Additional Notes

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

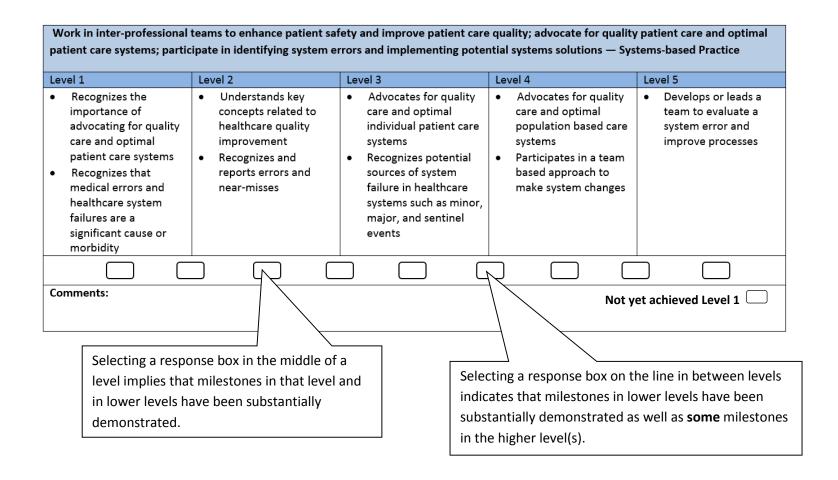
Some milestone descriptions include statements about performing independently. These activities must occur in conformity to ACGME supervision guidelines, as well as institutional and program policies. For example, a resident who performs a procedure independently must, at a minimum, be supervised through oversight.

To aid in scoring the milestones, a listing of assessment tools by competency is available on the milestone page under the heading "Educational Materials". These assessment tools are not required.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page: http://www.acqme.org/acqmeweb/Portals/0/MilestonesFAQ.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 level of milestones that best describes that resident's performance in relation to the milestones or,
- for Patient Care and Medical Knowledge milestones, selecting the option that says the resident has "Not yet rotated" or.
- for Interpersonal and Communication Skills, Practice-based Learning and Improvement, Professionalism, and Systems-based Practice milestones, selecting the option that says the resident has "Not yet achieved Level 1"



Emergency Preparedness and Response: Apply skills in Emergency Preparedness and Response — Patient Care 1					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates basic skills in emergency medical care	 Demonstrates knowledge of triage concepts Demonstrates basic knowledge of emergency preparedness programs 	Demonstrates and applies understanding of emergency preparedness programs	Demonstrates the ability to develop and evaluate the medical portion of an emergency plan	Provides leadership in developing, implementing, and evaluating emergency preparedness programs	
Comments:				Not yet rotated	
Community Health: Monito	r, diagnose, and investigate o	rommunity health nrohlems -	— Patient Care 2		
Community ricatin. Work	i, diagnose, and investigate t	onimanity nearth problems	rationt care 2		
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies common health issues in a community	Identifies basic health status measures to assess/investigate a community's health	Selects and describes appropriate health status measures to assess a community's health	Monitors and interprets single health status indicator of the community	Monitors and interprets multiple and/or complex health status indicators of the community	
Comments:				Not yet rotated	

Inform and Educate: Inform and educate populations about health threats and risks — Patient Care 3				
Level 1	Level 2	Level 3	Level 4	Level 5
Conveys basic health information to individuals or small groups	Identifies proper communication techniques related to health threats and risks	Prepares and delivers a basic health hazard/risk presentation	Conveys complex health information to educate a community or group and responds to queries about risk	 Conveys sensitive/high- stakes health information to educate a community or group through a variety of media platforms
Comments:				Not yet rotated
Policies and Plans: Develop	policies and plans to support	individual and community h	ealth efforts — Patient Care 4	1
Level 1	Level 2	Level 3	Level 4	Level 5
Diagnoses disease and develops an	Links individuals to needed personal	Applies primary,	Applies primary,	Contributes to the
individualized treatment plan	health services including appropriate referrals and follow- ups	secondary, and tertiary preventive approaches to disease prevention and health promotion for individuals or communities, with minimal supervision	secondary, and tertiary preventive approaches to disease prevention and health promotion for the individuals and community	development and/or implementation of a policy to improve community health efforts
	health services including appropriate referrals and follow-	tertiary preventive approaches to disease prevention and health promotion for individuals or communities, with	tertiary preventive approaches to disease prevention and health promotion for the individuals and	development and/or implementation of a policy to improve community health

Evaluating Health Services: Evaluate Population-based health services — Patient Care 5				
Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes distinctions between population and individual health services 	 Describes basic measures of effect (e.g., risk ratio) Describes basic measures of quality (e.g., benchmarking) Lists populations known to be underserved (e.g., low income) 	 Assesses evidence for effectiveness of a population-based health service Uses scientific literature to identify a target population for a given population-based health service Uses scientific literature to identify barriers to delivery of population-based health service 	 Uses program goals and/or established performance criteria to evaluate a population-based health service Uses evaluation findings to recommend strategic or operational improvements Uses data to identify barriers to population-based health services 	Develops program goals and/or performance criteria to evaluate a population-based health service
Comments: Not yet rotated				

Descriptive Epidemiology: Able to characterize the health of a community — Patient Care 6				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and recognizes basic measures of disease frequency (incidence, prevalence, mortality) and risk (risk ratios, odds ratios)	 Knows methods for calculating basic measures of disease frequency and risk 	For a defined population, uses data to calculate measures of disease frequency and one or more risk factors for a specified disease or condition	Uses data to characterize the health of a local population, compares it with that of other populations, identifies localities or groups with poorer health, and identifies and assesses the importance of different risk factors, for at least one disease or condition	Uses data to fully characterize the health of a population, compares it with that of other populations, identifies localities or groups with poorer health, and identifies and assesses the importance of different risk factors, for a range of diseases and conditions
Comments: Not yet rotated				

Analytic Epidemiology: Able to design and conduct an epidemiologic study — Patient Care 7 Level 1 Level 2 Level 3 Level 4 Level 5				
Distinguishes between experimental and observational studies	Explains what is meant by validity, bias, confounding, and effect modification; describes commonly used study designs (e.g., randomized controlled trail [RCT], cohort; casecontrol, cross-sectional); distinguishes between association and causation; lists criteria for causal inference	Critically reviews and interprets epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases	Able to design and conduct a basic epidemiological study (defines aims; selects appropriate study designs; collects, analyzes, and interprets data; identifies limitations; summarizes and discusses findings)	Independently designs and conducts a complex epidemiological study that addresses confounding and effect modification analytically, suitable for peerreviewed publication
Comments: Not yet rotated				

or outbreaks occur e Identifies most common methods for preventing individual disease spread c	Understands common environmental, health, and behavioral risk factors associated with	 Recognizes sentinel event; uses surveillance, hospital, vital statistics, 	Implements a plan to investigate and collects	Designs a strategy to investigate a cluster or
c ir p a a • L d tr (c s s • Ic n d p	clusters or outbreaks occurring (e.g., congregate settings, mmuno-compromised oppulations, and drug abuse) Understands aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase) dentifies most common methods for preventing disease spread in copulations (e.g., quarantine, isolation)	or other data to establish the existence of a cluster or outbreak • Establishes a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases • Understands approaches for mitigating and responding to a cluster or outbreak	data to describe a cluster or outbreak Characterizes and interprets data collected from a cluster or outbreak investigation Applies a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects)	outbreak of a novel disease or atypical disease presentation • Leads a team to investigate and manages an outbreak, including supervision of staff, assignment of roles, program design, monitoring of effectiveness, etc.

Surveillance Systems: Design and operate a surveillance system — Patient Care 9				
Level 1	Level 2	Level 3	Level 4	Level 5
 Aware of the need to report selected diseases to public health authorities Aware of the need for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes) 	 Identifies commonly used surveillance data sources (e.g., Behavioral Risk Factor Suvelleince System [BRFSS], vital statistics, hospital discharge data) and the conditions typically monitored using such systems Recognizes difference between active and passive surveillance 	 Thoroughly describes the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.) Develops a list of challenges in designing and maintaining a surveillance system 	 Analyzes surveillance data to identify appropriate targets for individual, community, and/or systems interventions Evaluates one or more aspects of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance) 	Independently designs and operates a new surveillance system
Comments:				Not yet rotated

Clinical Preventive Services (CPS): Analyze evidence regarding the performance of proposed clinical preventive services for individuals and					
populations — Patient Care 10					
Level 1	Level 2	Level 3	Level 4	Level 5	
Locates and appraises evidence from a scientific study related to a patient's health problem	Leads a discussion with peers of the strengths and weaknesses of an individual study relevant to CPS	Participates in the examination of evidence to address a proposed clinical preventive service	Participates in the development or analysis of a guideline to address a proposed clinical preventive service	Systematically examines scientific evidence and develops an evidence- based guideline to address a proposed clinical preventive service	
Comments: Not yet rotated					

Conditions of Public Health Significance: Implement appropriate clinical care for individuals with conditions of public health significance —				
Patient Care 11				
Level 1	Level 2	Level 3	Level 4	Level 5
 Obtains history and basic physical Prescribes indicated medications 	 Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan Identifies diseases and conditions that require a public health response 	 Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision Participates in an appropriate public health intervention for a disease or condition that requires a public health response 	 Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance Initiates an appropriate public health intervention for a disease or condition that requires a public health response 	Accurately diagnoses and effectively treats complex conditions and unusual presentations of diseases/conditions of public health significance
Comments:	Comments: Not yet rotated			

Preventive Services: Select and provide appropriate evidence-based clinical preventive services — Patient Care 12				
Level 1	Level 2	Level 3	Level 4	Level 5
Prescribes immunizations and chemoprophylaxis	Identifies major risk factors of individual patients that would benefit from clinical preventive services (CPS); understands the recommendations of the U.S. Preventive Services Task Force (USPSTF)	Assesses relevant risks for disease and injury in individual patients and uses patient information, scientific evidence, USPSTF guidelines, and clinical judgment to select appropriate CPS for individual patients	Comprehensively assesses risks for diseases and injuries, and appropriately applies USPSTF and other evidence-based guidelines regarding screening, counseling, preventive medications, and immunization to individual patients	Comprehensively assesses risks for diseases and injuries, and appropriately applies USPSTF and other evidence-based guidelines regarding clinical preventive services in individual patients with complex health or social conditions (e.g., hospitalized, homeless, or nursing home patients)
Comments: Not yet rotated				

Behavioral Health — Medical Knowledge 1				
Level 1	Level 2	Level 3	Level 4	Level 5
 Lists major effects of individual behavior on health Recognizes that social and behavioral factors influence population health 	 Identifies social and behavioral factors that affect health of individuals Identifies social and behavioral factors that affect health of populations 	 Identifies best practice and tools to assess risk behaviors Describes effective approaches to modify individual health behaviors Describes effective approaches to modify population health behaviors Identifies the causes of social and behavioral factors that affect health of populations 	 Integrates best practices and tools to assess risk behaviors Implements effective approaches to modify individual health behaviors Integrates best practices and tools to assess population risk behaviors Implements effective approaches to modify population health behaviors 	Develops and evaluates programs to change health behaviors of individuals
Comments: Not yet rotated				

Environmental Health — Medical Knowledge 2				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies major routes of human exposure to environmental toxicants	 Identifies common illnesses that may be caused or influenced by environmental exposures Identifies broad environmental factors that may impact the health of a community 	 Describes individual factors that impact susceptibility to adverse health effects from environmental exposures Identifies potential population health effects from exposure to chemical, physical, and biological hazards 	 Recommends methods of reducing adverse environmental health effects for individuals Identifies sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations 	 Recommends, interprets, and explains the results of individual environmental monitoring Interprets and explains population level environmental monitoring results
Comments: Not yet rotated				

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Biostatistics — Medical Knowledge 3				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)	Defines common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t- tests, chi-square tests, and others)	• Independently utilizes simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets; participates in the use of statistical software to perform statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression)	Selects appropriate methods for analyzing data; performs data analyses using more advanced statistical methods (e.g., linear and logistic regression); utilizes appropriate software for data management and statistical analyses; recognizes the need to use complex statistical analyses (e.g., survival analysis, repeated measures)	Independently analyzes large data sets using complex statistical methods
Comments: Not yet rotated				

Work and coordinate patient care effectively in various health care delivery settings and systems — Systems-based Practice 1				
Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes various individual and population-based health care/services delivery settings and systems 	Works and coordinates individual patient care in various health care delivery settings and systems	Works and coordinates population-based health services in various health care delivery settings and systems	Assess organizational performance of health care delivery system	 Interacts with other stakeholders to improve the performance of the system
Comments:			N	ot yet achieved Level 1
Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care, as appropriate — Systems-based Practice 2				
Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes the importance of cost awareness and risk- benefit analysis in patient and /or population-based care 	Identifies risks, benefits, and costs for a preventive service in an individual clinical patient	Demonstrates sound judgment relating to risks, benefits, and costs for a preventive service in an individual clinical patient	Demonstrates sound judgment relating to risks, benefits, and costs for a preventive service for a population	 Articulates and weighs the costs, benefits, and risks of a proposed population-based service
Comments: Not yet achieved Level 1				

Work in inter-professional teams to enhance patient safety and improve patient care quality; advocate for quality patient care and optimal patient care systems; participate in identifying system errors and implementing potential systems solutions — Systems-based Practice 3				
Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes the importance of advocating for quality care and optimal patient care systems Recognizes that medical errors and health care system failures are a significant cause or morbidity 	 Understands key concepts related to health care quality improvement Recognizes and reports errors and near misses 	 Advocates for quality care and optimal individual patient care systems Recognizes potential sources of system failure in healthcare systems, such as minor, major, and sentinel events 	 Advocates for quality care and optimal population-based care systems Participates in a teambased approach to make system changes 	Develops or leads a team to evaluate a system error and improve processes
Comments: Not yet achieved Level 1				

Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals and identify and perform appropriate learning activities utilizing information technology, evidence from scientific studies, and evaluation feedback; systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement — Practice-based **Learning and Improvement 1** Level 2 Level 5 Level 1 Level 3 Level 4 • Acknowledges gaps in Assesses professional Assesses performance • Creates novel ways to Incorporates feedback personal knowledge and performance in a and assessments into by incorporating assess performance. structured manner feedback and expertise, and practice improvement Creates professional • Develops learning and frequently asks for Begins to develop assessments from educational feedback. learning and improvement goals, multiple stakeholders opportunities for others Understands the improvement goals, based on feedback, with (e.g., patients, members Systematically designs importance of setting based on feedback, with minimal external of the health care team, and carries out quality third-party payors) learning and some external assistance assistance improvement project in • Uses information clinical and other health improvement goals Assimilates evidence Critically appraises from scientific studies • Identifies problems in technology to locate scientific studies related settings. health care delivery and scientific studies related to patient health into practice gaps in care to patient health problems • Participates in a quality problems improvement project Defines and constructs process and outcomes Understands the essentials of quality measures of quality improvement **Comments:** Not yet achieved Level 1

Compassion, integrity, and respect for others, as well as sensitivity and responsiveness to diverse patient populations, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; knowledge about, respect for, and adherence to the ethical principles relevant to the practice of medicine, remembering in particular that responsiveness to patients that supersedes self-interest is an essential aspect of medical practice — Professionalism 1

Level 1	Level 2	Level 3	Level 4	Level 5
 Seeks out, learns from, and models the attitudes and behaviors of physicians who exemplify appropriate professional attitudes, values, and behaviors, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Aware of basic bioethical principles; identifies ethical issues in clinical situations 	 Exhibits appropriate attitudes, values and behaviors in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Consistently recognizes ethical issues in practice; discusses, analyzes, and manages in common clinical situations 	 Exhibits appropriate attitudes, values and behaviors in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively analyzes and manages ethical issues in difficult clinical situations 	 Balances ethical principles required for individual patient care with those needed for addressing population health Consistently and effectively analyzes and manages ethical issues in both clinical and population-based medicine 	Develops organizational policies and education to support the application of these principles in the practice of individual and population-based medicine
Comments: Not yet achieved Level 1				

Accountability to patients, society and the profession — Professionalism 2				
Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes limits of knowledge in most clinical situations Understands importance of physician accountability Aware of the basic causes of impairment in professionals such as fatigue, and substance use 	 Consistently recognizes limits of knowledge in common clinical situations and asks for assistance Demonstrates physician accountability to individual patients in clinical situations Identifies resources to address impairment of professionals 	 Appropriately engages other members of the healthcare team Demonstrates physician accountability to a patient population in clinical situations Able to recognize impairment in themselves or other members of the healthcare team 	 Consistently demonstrates the ability to identify limits of own knowledge and proactively incorporates the expertise of others from the healthcare team into clinical and population-based practice Demonstrates physician accountability to patients, society, and profession in the performance of clinical and population-based duties Able to respond appropriately to impairment in members of the healthcare team 	 Acts as a consultant for clinical and population health topics Exemplifies ethical leadership in clinical and population-based settings
Comments: Not yet achieved Level 1				

Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; communicate effectively with physicians, other health care professionals and health related agencies; work effectively as a member or leader of a health care team or other professional group; act in a consultative role to other physicians and health professionals — Interpersonal Communication and Skills 1

Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes the importance of effective communication with patients, families, and public Recognizes the importance of effective communication with the health care team Recognizes the importance of working with other members of the health care team 	 Demonstrates effective communication with patients, families, or public in common situations Demonstrates effective communication with the health care team in common situations Works effectively with the health care team in common situations 	 Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information Demonstrates effective communication with the health care team in clinical and population settings Works effectively with the health care team in clinical and population settings 	 Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities Able to communicate effectively with the health care team in stressful situations/crises Works effectively with the health care team in stressful situations/crisis 	 Creates policy for effective communication of complex health information Demonstrates effective communication outside of the local healthcare environment, such as state and federal agencies, regional health care systems Understands the importance of working with diverse stakeholders outside of the local health care environment, such as state and federal agencies, regional health care systems
Comments: Not yet achieved Level 1				

Maintain comprehensive, timely and legible medical records, including electronic health records (EHR) — Interpersonal Communication and						
Skills 2						
Level 1	Level 2	Level 3	Level 4	Level 5		
 Recognizes the importance of maintaining timely and legible records, including EHR 	 Maintains timely and legible records, including EHR 	 Maintains complete, timely, and legible records, including EHR 	Consistently maintains complete, timely, and legible records, including EHR	Develops a protocol for record maintenance		
Comments:			N	ot yet achieved Level 1		