

Reproductive Endocrinology and Infertility Milestones

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2022 Second Revision: April 2022 First Revision: September 2016

©2022 Accreditation Council for Graduate Medical Education (ACGME)

Reproductive Endocrinology and Infertility Milestones

The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the fellow in key dimensions of the elements of physician competence 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.

©2022 Accreditation Council for Graduate Medical Education (ACGME)

Reproductive Endocrinology and Infertility Milestones

Work Group

Jonah Bardos, MD, MBE William Catherino, MD, PhD Joshua Combs, MD LaTasha B. Craig, MD Laura Edgar, EdD, CAE Gary N. Frishman, MD Patricia T. Jimenez, MD Meghan C. H. Ozcan, MD Rebecca Pierson, MD Randal Robinson, MD, MBA Rhiana Saunders, MD Richard Scott, MD Michael Thomas, MD

The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Board of Obstetrics and Gynecology

Review Committee for Obstetrics and Gynecology

Society for Reproductive Endocrinology and Infertility

©2022 Accreditation Council for Graduate Medical Education (ACGME)

Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of fellow 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/fellow 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 fellow 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 fellow may achieve higher levels early in his/her educational program just as a senior fellow 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. Fellows 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 fellow.

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

©2022 Accreditation Council for Graduate Medical Education (ACGME)

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 fellow 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.

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 fellow 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>.

©2022 Accreditation Council for Graduate Medical Education (ACGME)

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

| Patient Care 3: Surgery for Reproductive Disorders | | | | | | |
|---|--|------------------------------|---|---|-----------------------|---|
| Level 1 | Level 2 | Leve | əl 3 | Level 4 | Leve | əl 5 |
| Identifies patient specific diagnostic and operative procedures available for common reproductive disorders | Selects appropriate diagnostic and operative procedures, both minimally invasive (hysteroscopy, laparoscopy, robotic- assisted) and open (laparotomy) approaches and assists for common reproductive and developmental disorders | basi proc mini oper | pendently performs c operative edures, with both mally invasive and n approaches, onstrating proficiency | Independently and skillfully performs complex operative procedures, demonstrating proficiency with both minimally invasive and open approaches | man repr | orms surgical agement of complex oductive disorders reconstructive ery |
| Discusses surgical complications | Identifies patient specific risk factors for surgical complications and selects strategies to minimize risk | man for ir | ognizes and develops agement strategies ntra- and post- rative complications | Comprehensively manages intra- and post-operative surgical complications | an ir tech surg | elops and implement novative surgical nique or safer ical approach for oductive disorders |
| | | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | | |
| Selecting a resp | onse box in the | | Selecting a resp | onse box on the line | in | |
| middle of a level | • | | | ndicates that milestor | | |
| | at level and in lower | | | ave been substantiall | У | |
| levels have beer demonstrated. | n substantially | | demonstrated as | | | |
| demonstrated. | | | milestones in the | e nigher level(s). | | |

©2022 Accreditation Council for Graduate Medical Education (ACGME)

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|--|--|---|
| Elicits basic medical, obstetric, gynecologic, surgical, family, and social history | Elicits a comprehensive history, incorporating a directed history that identifies potential etiologies of infertility | Develops an evidence- based treatment plan based on a patient's specific history and diagnosis (e.g., age, financial resources, presence of male factor) | Provides subspecialty evaluation and treatment for complex infertility in collaboration with other members of the health care team (e.g., male factor, pituitary disorders) | Evaluates the cost effectiveness of diagnostic testing and management options |
| Performs a basic physical and pelvic examination as indicated for the female partner | Independently performs and interprets imaging (e.g., hysterosalpingogram [HSG], ultrasound) in the evaluation of infertility | Integrates diagnostic, laboratory and imaging studies to identify potential etiologies of infertility, including male factor | Uses infertility outcomes to improve individual and group practice patterns | Develops novel strategies for data evaluation to improve patient care and patient outcomes |
| Discusses factors that may affect treatment- related outcomes and complications | Identifies patient-specific factors that may affect treatment-related outcomes and complications | Treats patient-specific factors that may affect treatment-related outcomes and complications | Incorporates cultural and gender preferences into collaborative advanced treatment planning | Uses infertility research to improve national and global practice patterns, develop novel techniques, and improve access to care |
| | | | | |

| Patient Care 2: Ovulation Induction (OI) and Assisted Reproductive Technologies (ART) | | | | |
|---|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies basic treatment options utilizing ovulation induction agents (e.g., oral medications) | Formulates ovulation induction treatment plan and effectively communicates the mechanism of action and side effects of ovulation- inducing agents | Develops and manages an appropriate treatment plan for patients undergoing OI and ART, including adjuncts based on indications (e.g., age, ovulatory status, male factor) | Manages complex cycles, including dose adjustment, cycle counseling, and complications | Develops and disseminates an evidence-based approach to innovative and complex treatment plans for fertility treatment |
| Performs basic gynecologic ultrasounds | Performs basic ultrasound monitoring in patients undergoing OI and ART | Proficiently performs procedures associated with OI and ART (e.g., intrauterine insemination (IUI), oocyte retrieval, embryo transfer) | Proficiently performs difficult IUIs and embryo transfers | Develops and implements novel procedural interventions to enhance fertility and implantation |
| Identifies broad indications and counsels patients about treatment options | Discusses therapies involved in the management of assisted reproduction | Counsels patients to maximize outcomes while minimizing complications from treatment (e.g., number of embryos to transfer for patients undergoing ART) | Counsels patients about the outcomes of treatment and discusses other options for treatment and future family planning | Develops patient educational tools implemented at a national level |
| | | | | |
| Comments: Not Yet Completed Level 1 | | | | |

| Patient Care 3: Surgery for Reproductive Disorders | | | | | |
|---|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Identifies patient-specific diagnostic and operative procedures available for common reproductive disorders | Selects appropriate diagnostic and operative procedures, both minimally invasive (hysteroscopy, laparoscopy, robotic- assisted) and open (laparotomy) approaches, and assists for common reproductive and developmental disorders | Independently performs basic operative procedures, with both minimally invasive and open approaches, demonstrating proficiency | Independently and skillfully performs complex operative procedures, demonstrating proficiency with both minimally invasive and open approaches | Performs surgical management of complex reproductive disorders and reconstructive surgery | |
| Discusses surgical complications | Identifies patient-specific risk factors for surgical complications and selects strategies to minimize risk | Recognizes and develops management strategies for intra- and post- operative complications | Comprehensively manages intra- and post-operative surgical complications | Develops and implements an innovative surgical technique or safer surgical approach for reproductive disorders | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|--|--|---|
| Demonstrates knowledge of basic imaging modalities used to evaluate patients (e.g., abdominal and vaginal ultrasound) | Demonstrates knowledge of advanced imaging modalities used to evaluate patients (e.g., magnetic resonance imaging [MRI], sonohysterogram, HSG) | Applies knowledge of imaging modalities and diagnostic techniques to understand reproductive disorders | Integrates knowledge of imaging modalities and diagnostic techniques to diagnose disorders across the lifespan | Develops and investigates innovative and evidence-based diagnostic techniques to develop treatment plans for patients with reproductive disorders |
| Demonstrates knowledge of basic diagnostic techniques used to evaluate patients (e.g., laboratory studies, endometrial biopsy, Tanner staging) | Demonstrates knowledge of advanced diagnostic techniques used to evaluate patients (e.g., hormonal studies, bone age, tumor markers) | Develops treatment plans by applying comprehensive knowledge of reproductive disorders, including provocative tests of the reproductive endocrine axis (e.g., cosyntropin stimulation) | Develops comprehensive treatment plans, working with the multidisciplinary team, to optimize patient outcomes for patients with reproductive disorders | Develops and implements educational tools for diagnostic techniques for reproductive disorders at a national level |

| Medical Knowledge 2: Genetic Principles of Parent | | | | |
|---|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of basic genetic principles, recognizes heritable disorders associated with specific patient populations, and takes a basic genetic family history | Applies knowledge of basic genetics to patient counseling (e.g., meiotic and mitotic errors, FMR1, Turner syndrome, advanced maternal age) | Applies knowledge of reproductive genetic principles to provide counselling, optimize patient outcomes, and recognize non-reproductive manifestations of genetic and epigenetic syndromes (e.g., common gynecologic cancer syndromes, Triploidy, inversions, balanced translocations autosomal versus Robertsonian and uniparental disomy [UPD]) | Applies knowledge of advanced reproductive genetics to interpret and provide comprehensive counselling and treatment planning to optimize outcomes for patients, partners, and families (including basic risk counseling) | Develops and implements innovative concepts and theories regarding genetic principles and testing |
| Demonstrates knowledge of basic genetic screening and diagnostic tests (genotyping versus sequencing) | Selects appropriate genetic testing for patients with reproductive disorders, infertility, and pregnancy loss | Demonstrates knowledge of advanced genetic testing, including preimplantation genetic testing and diagnosis and appropriate use (e.g., whole exome sequencing [WES], whole genome sequencing [WGS], sequencing panels, microarray, karyotype) | Demonstrates knowledge of technology and techniques for advanced genetic testing of genomic samples from the parent or products of conception | Develops and implements new genetic screening protocols |
| | | | | |
| Comments: | | | Not Yet Complet Not Yet Assessa | |

| Medical Knowledge 3: Genetic Principles of Gamete/Embryo | | | | |
|---|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of the normal processes of meiosis and mitosis | Demonstrates knowledge of the pathophysiology of meiotic and mitotic errors that lead to abnormalities (e.g., non-dysjunction, premature separation of sister chromatids) | Demonstrates knowledge of the analytical techniques used to evaluate genetic samples, as well as their limitations | Demonstrates knowledge of recurrence risks for various genetic abnormalities of the embryo and their impact on future clinical prognosis (e.g., recurrence risk for | Performs research on new techniques to diagnose genetic abnormalities or to define their role in understanding or treating clinical pathology |
| Demonstrates basic knowledge of normal epigenetic changes | Demonstrates knowledge of how mosaic and segmental errors may develop | Demonstrates knowledge of the process of embryo testing from biopsy to final results (e.g., preimplantation genetic testing for aneuploidy [PGT-A], preimplantation genetic testing for monogenic disorders [PGT-M], preimplantation genetic testing for structural chromosomal rearrangements [PGT- SR], and methylation studies) | aneuploidy, mosaicism, segmental abnormalities, de novo mutations, tri codon expansion) | |
| | | | | |
| Comments: | | | Not Yet C Not Yet A | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|--|---|---|
| Describes the embryology and anatomical relationships and function of the hypothalamus, neurovascular bundles, and target cells of the anterior and posterior pituitary | Describes the normal and abnormal physiology of hypothalamic pituitary reproductive axis, including feedback mechanisms, and hormone and receptor function | Demonstrates comprehensive knowledge of common conditions that impact endocrine homeostasis (e.g., polycystic ovary syndrome, puberty, adolescence, pregnancy, climacteric, thyroid disease) and develops a treatment plan as appropriate | Demonstrates comprehensive knowledge of complex conditions that impact endocrine homeostasis (e.g., congenital adrenal hyperplasia [CAH], panhypopituitary) and develops a treatment plan as appropriate | Applies and disseminates innovative approaches to complex and atypical endocrine disorders and implements a treatment plan based on emerging evidence |
| Demonstrates knowledge of basic testing used to assess reproductive axis | Interprets results of basic endocrine testing for evaluation of the hypothalamus, pituitary, thyroid, adrenal, and gonadal systems | Demonstrates knowledge of advanced and dynamic testing used to assess reproductive axis (e.g., adrenocorticotropin hormone stimulation) | Applies knowledge of endocrine testing to provide management options for complex endocrine disorders (e.g., Cushing syndrome) | |
| | | | | |

| Medical Knowledge 5: Andrology and Embryology | | | | | |
|---|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Discusses the basic physiology and pathophysiology of oocytes | Identifies the developmental stages and milestones of oocytes and embryos during in vitro culture | Grades embryos (American Society for Reproductive Medicine (ASRM); Gardner) at the various stages of development (pronuclear through hatched blastocyst) | Identifies abnormalities encountered in vitro at all stages from retrieved oocytes to the hatched blastocyst stages of development | Proficiently relates data on in vitro embryo development to clinical prognosis in current and future treatment cycles | |
| Discusses the basic components of a semen analysis | Identifies the developmental stages of spermatogenesis | Demonstrates knowledge of routine andrology procedures (e.g., preparation of specimens for IUI or ART, evaluation of azoospermic specimens, antibody testing) | Identifies abnormal findings encountered during andrology testing in all specimen types (ejaculates, epididymal or testicular aspirations) | Proficiently relates data from andrology testing to clinical prognosis in current and future treatment cycles | |
| Describes the basic process of in vitro fertilization | Identifies lab (andrology and in vitro) procedures, protocols, and equipment used during all stages from retrieved oocytes to the hatched blastocyst stages of development | Demonstrates knowledge of principles of andrology and in vitro culture (e.g., media composition, buffers to assure pH stability, factors that influence the stability of specimen preparation, culture system, and cryobiology) | Demonstrates knowledge of quality assurance data to determine if lab preparation, procedure, and culture conditions are acceptable | Demonstrates advanced knowledge of lab procedures, protocols, and equipment and identifies/troubleshoots problems that may arise in the laboratory | |
| | | | | | |
| Comments: | Comments: Not Yet Completed Level 1 | | | | |

| Systems-Based Practice 1: Patient Safety and Quality Improvement | | | | | |
|--|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates knowledge of common potential 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) | Designs and implements scalable process improvements to prevent patient safety events | |
| Demonstrates awareness of institutionally based patient safety reporting tools | Reports patient safety events through institutional reporting systems (simulated or actual) | Participates in disclosure of patient safety events to patients and patient families (simulated or actual) | Mentors others in disclosure of patient safety events | Designs and implements scalable process improvements for institutionally based (or beyond) patient safety event reporting tools | |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives (e.g., in vitro fertilization [IVF] outcomes, smoking cessation) | Participates in local quality improvement initiatives | Leads current local quality improvement initiatives and implements improvements through outcome analysis | Designs and implements scalable quality improvement initiatives, fosters protocol changes based on analysis and outcomes | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|--|---|
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations, effectively using the roles of interprofessional team members | Coordinates care of patients in complex clinical situations, effectively using the roles of interprofessional team members | Identifies concerns with current systems and identifies opportunities for improvement with specific recommendations | 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 and with multiple levels of the care team | Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings and at-risk populations | 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 the entire patient population and community | Participates in changing and adapting practice to transform the health education, care, and outcomes of patients vulnerable to care inequities | Leads innovations and advocates for populations and communities with health care inequities |
| | | | | |

| Systems-Based Practice 3: Physician Role in Health Care Systems | | | | |
|---|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies key components of the complex health care system (e.g., hospital, finance, personnel, technology) | Demonstrates understanding of the complex interactions within major parts of a health care system and their impact (individually and wholly) on patient care | Demonstrates understanding of the role individual care components (e.g., nursing, same-day surgery, emergency department) have on the broader health care system (e.g., length of stay, readmission rates, clinical efficiency) | Successfully manages multidisciplinary teams/plans to provide efficient and effective patient care | Identifies and leads systemic changes that enhance the efficiency and effectiveness of patient care |
| | | | | |
| Comments: Not Yet Completed Level 1 | | | | |

| Systems-Based Practice | 4: Regulatory | | | |
|--|---|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Knows that embryology laboratories must be accredited and inspected | Identifies the differences between accreditation and regulatory compliance; discusses the process for achieving accreditation and maintaining regulatory compliance | Demonstrates knowledge of the components of laboratory accreditation and regulatory compliance | Understands the elements of an internal or external laboratory inspection | Formulates a response for laboratory inspection deficiencies |
| Discusses the need for quality control and proficiency testing within embryology laboratories | Interprets Society for Assisted Reproductive Technology (SART) data and outcomes and evaluates institution outcomes and identify areas for improvement | Demonstrates knowledge of the components of a laboratory quality management plan | Reviews the quality management plan to identify areas for improvement | Creates and follows a comprehensive quality management plan |
| | | | | |
| Comments: | | | | ompleted Level 1 |

| Practice-Based Learning | and Improvement 1: Evide | nce-Based and Informed P | ractice | |
|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates how to access and use available evidence, and incorporate patient preferences and values to take care of a routine patient | Articulates clinical questions and elicits patient preferences and values to guide evidence- based care, with guidance from other health care team members | Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients, with minimal guidance | Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence to guide care tailored to the individual patient | Mentors others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|--|---|--|
| Identifies gap(s) between expectations and actual performance | Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance | Institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | Continuously reflects on remaining gaps and institutes behavioral adjustments to narrow them | Mentors others on reflective practice |
| Establishes goals for personal and professional development | Identifies opportunities for performance improvement; designs a learning plan | Integrates practice data and feedback with humility to implement a learning plan | Uses performance data to measure the effectiveness of the learning plan and adapts when necessary | Mentors others in the design and implementation of learning plans |
| | | | | |

| Practice-Based Learning | and Improvement 3: Schol | larly Activity | | |
|--|---|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies areas worthy of scholarly investigation and completes the institution's Institutional Review Board (IRB) training | Designs an ethical hypothesis-driven or hypothesis-generating scholarly thesis, under the direction of a research mentor | Presents products of scholarly activity at local, regional, or national meetings, and/or submits an abstract to regional, state, or national meetings | Completes and defends a comprehensive written scholarly thesis that demonstrates an ethical, advanced research methodology, design, and analysis | Publishes independent research that generates new medical knowledge, educational programs, or process improvement |
| | | | | |
| Comments: | | | Not Yet Co Not Yet As | ompleted Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|--|--|--|
| Demonstrates insight into professional behavior in routine situations and takes responsibility for one's own professional behavior | Identifies and describes potential triggers for professionalism lapses and how to appropriately report professionalism lapses | Demonstrates professional behavior in complex or stressful situations | Anticipates 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 |
| Demonstrates knowledge of ethical principles | Analyzes straightforward situations using ethical principles | Recognizes the need to seek help in managing and resolving complex ethical situations | Uses appropriate resources for managing and resolving ethical dilemmas and identifies system-level issues that induce or exacerbate ethical problems | Addresses system-level factors that induce or exacerbate ethical problems or impede their resolution |
| | | | | |

| Professionalism 2: Acco | untability/Conscientiousne | 255 | | |
|--|---|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations | Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations | Anticipates and proactively implements strategies for ensuring timely completion of complex tasks in the future | Recognizes situations that may impact others' ability to complete tasks and assists them in implementing strategies for timely task completion | Establishes systems for the patient care team, prioritization of tasks, and coaching of team members in task completion |
| | | | | |
| Comments: | | | Not Yet 0 | Completed Level 1 |

| Professionalism 3: Self-A | Awareness and Help-Seekir | ng | | |
|---|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes the importance of personal and professional fulfillment Recognizes the importance of health and | Demonstrates self- awareness of personal and professional fulfillment Recognizes resources available for health and | Proposes and implement a plan to optimize personal and professional fulfillment Utilizes resources for improving health and well- | Coaches other team members to optimize personal and professional fulfillment Promotes health and well-being resource use | Implements system-based resources for optimizing personal and professional fulfillment |
| well-being | well-being | being as needed | by team members as needed | |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

This subcompetency is not intended to evaluate a fellow's well-being. Rather, the intent is to ensure that each fellow 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.

©2022 Accreditation Council for Graduate Medical Education (ACGME)

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|--|---|--|
| Demonstrates respect and establishes rapport with the patient and patient's family (e.g., situational awareness of language, disability, health literacy level, cultural differences) | Establishes a therapeutic relationship in straightforward encounters | Establishes a therapeutic relationship in challenging encounters (e.g., shared decision making) | Facilitates difficult discussions specific to patient and patient family conferences, (e.g., poor prognosis, pregnancy loss, therapeutic uncertainty) | Mentors others in situational awareness and critical self-reflection |
| Communicates with patients and their families in an understandable and respectful manner | Identifies barriers to effective communication (e.g., health literacy, cultural differences) | When prompted, reflects on personal biases while attempting to minimize communication barriers | Independently recognizes personal biases while attempting to proactively minimize communication barriers | Coaches others in the facilitation of crucial conversations |
| | | | | |

| Interpersonal and Comm | unication Skills 2: Patient (| Counseling and Shared De | cision Making | |
|---|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Answers questions about the treatment plan and seeks guidance when appropriate | Counsels the patient through the decision- making process, including answering questions, for simple clinical problems | Counsels the patient through the decision- making process, including answering questions, for complex clinical problems | Counsels the patient through the decision- making process, including answering questions, for uncommon clinical problems | Develops resources for patient counseling and shared decision making |
| | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 |

| Interpersonal and Comm | unication Skills 3: Interpro | fessional and Team Comm | unication | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Understands and respects the role and function of interprofessional/ intradisciplinary team members | Solicits insights from and uses language that values all interprofessional/ intradisciplinary team members | Integrates contributions from interprofessional/ intradisciplinary team members into the care plan | Prevents and mediates conflict and distress among the interprofessional/ intradisciplinary team members | Fosters a culture of open communication and effective teamwork within the interprofessional/ intradisciplinary team |
| | | | | |
| Comments: | | | Not Yet | Completed Level 1 |

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|---|---|--|
| 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 in an efficient manner | Communicates clearly, concisely, and in an organized written form and timely manner, including anticipatory guidance | Models feedback to improve others' written communication |
| Safeguards patient personal health information | Documents required data in formats specified by institutional policy and suitable for interpretation by other clinicians and patients | Appropriately selects direct (e.g., telephone, telemedicine, patient portal, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context | Produces written or verbal communication (patient notes, email, etc.) that serves as an example for others to follow | Guides departmental or institutional communication around policies and procedures |
| Comments: | | | | |