

FORMS

FORMS

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EMERGENCY MEDICINE MILESTONES

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| PATIENT CARE | | | | | |
| PC-1: Emergency Stabilization | <ul style="list-style-type: none"> • Detects when a patient's vital signs are abnormal • Assesses a patient's ABCs and performs basic interventions | <ul style="list-style-type: none"> • Identifies a patient who is unstable and requires immediate intervention • Addresses the unstable vital signs and initiates advanced resuscitation procedures and protocols | <ul style="list-style-type: none"> • Identifies a patient with occult presentation that is at risk for instability or deterioration • Reassesses the patient's status after implementing a stabilizing intervention | <ul style="list-style-type: none"> • Ascertains, in a timely fashion, when further clinical intervention for a patient is futile • Integrates hospital support services into the management of critically-ill or -injured patients | <ul style="list-style-type: none"> • Manages patients with rare or complex presentations requiring emergency stabilization |
| PC-2: Performance of a Focused History and Physical Exam | <ul style="list-style-type: none"> • Elicits and communicates a reliable comprehensive patient history and performs a physical exam | <ul style="list-style-type: none"> • Elicits and communicates a focused patient history and performs a focused physical exam that effectively address the patient's chief complaint and urgent issues | <ul style="list-style-type: none"> • Prioritizes essential components of a patient history and physical exam, given a limited or dynamic circumstance | <ul style="list-style-type: none"> • Using all potential sources of data, gathers those that are necessary for the beneficial management of patients | <ul style="list-style-type: none"> • Models the effective use of a patient history and physical exam to minimize the need for further diagnostic testing |
| PC-3: Diagnostic Studies | <ul style="list-style-type: none"> • Determines the need for diagnostic studies • Demonstrates understanding of diagnostic testing principles | <ul style="list-style-type: none"> • Selects appropriate diagnostic studies and reviews the risks, benefits, and contraindications of them • Interprets results of diagnostic testing (e.g., electrocardiogram (EKG), diagnostic radiology, point-of-care ultrasound) | <ul style="list-style-type: none"> • Given a limited or dynamic circumstance, prioritizes the diagnostic studies that are essential • Orders and performs diagnostic testing, considering the pre-test probability of disease and the likelihood of test results altering management | <ul style="list-style-type: none"> • Practices cost-effective ordering of diagnostic studies • Considers the factors that impact post-test probability | <ul style="list-style-type: none"> • Proposes alternatives when barriers exist to specific diagnostic studies • In the context of the patient presentation, discriminates between subtle and/or conflicting diagnostic results |
| PC-4: Diagnosis | <ul style="list-style-type: none"> • Constructs a list of potential diagnoses based on the patient's chief complaint and initial assessment | <ul style="list-style-type: none"> • Provides a prioritized differential diagnosis | <ul style="list-style-type: none"> • Provides a diagnosis for common medical conditions and demonstrates the ability to modify a diagnosis based on a patient's clinical course and additional data | <ul style="list-style-type: none"> • Provides a diagnosis for patients with multiple comorbidities or uncommon medical conditions, recognizing errors in clinical reasoning | <ul style="list-style-type: none"> • Serves as a role model and educator to other learners for deriving diagnoses and recognizing errors in clinical reasoning |
| PC-8: General Approach to Procedures | <ul style="list-style-type: none"> • Identifies indications for a procedure and pertinent anatomy and physiology • Performs basic therapeutic procedures (e.g., suturing, splinting) | <ul style="list-style-type: none"> • Assesses indications, risks, benefits, and alternatives and obtains informed consent in low-to moderate-risk situations • Performs and interprets basic procedures, with assistance • Recognizes common complications | <ul style="list-style-type: none"> • Assesses indications, risks, and benefits and weighs alternatives in high-risk situations • Performs and interprets advanced procedures, with guidance • Manages common complications | <ul style="list-style-type: none"> • Acts to mitigate modifiable risk factors in high-risk situations • Independently performs and interprets advanced procedures • Independently recognizes and manages complex and uncommon complications | <ul style="list-style-type: none"> • Teaches advanced procedures and independently performs rare, time-sensitive procedures • Performs procedural peer review |
| MEDICAL KNOWLEDGE | | | | | |
| MK-1: Scientific Knowledge | <ul style="list-style-type: none"> • Demonstrates scientific knowledge of common presentations and conditions | <ul style="list-style-type: none"> • Demonstrates scientific knowledge of complex presentations and conditions | <ul style="list-style-type: none"> • Integrates scientific knowledge of comorbid conditions for complex presentations | <ul style="list-style-type: none"> • Integrates scientific knowledge of uncommon, atypical, or complex comorbid conditions for complex presentations | <ul style="list-style-type: none"> • Pursues and integrates new and emerging knowledge |
| MK-2: Treatment and Clinical Reasoning | <ul style="list-style-type: none"> • Demonstrates knowledge of treatment of common conditions • Identifies types of clinical reasoning errors within patient care, with substantial guidance | <ul style="list-style-type: none"> • Demonstrates knowledge of treatment of patients with complex conditions • Identifies types of clinical reasoning errors within patient care | <ul style="list-style-type: none"> • Demonstrates knowledge of the impact of patient factors on treatment • Applies clinical reasoning principles to retrospectively identify cognitive errors | <ul style="list-style-type: none"> • Demonstrates comprehensive knowledge of the varying patterns of disease presentation and alternative and adjuvant treatments of patients • Continually re-appraises one's clinical reasoning to prospectively minimize cognitive errors and manage uncertainty | <ul style="list-style-type: none"> • Contributes to the body of knowledge on the varying patterns of disease presentation, and alternative and adjuvant treatments of patients • Coaches others to recognize and avoid cognitive errors |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety | <ul style="list-style-type: none"> • Demonstrates knowledge of common patient safety events • Demonstrates knowledge of how to report patient safety events | <ul style="list-style-type: none"> • Identifies system factors that lead to patient safety events • Reports patient safety events through institutional reporting systems (simulated or actual) | <ul style="list-style-type: none"> • Participates in analysis of patient safety events (simulated or actual) • Participates in disclosure of patient safety events to patients and families (simulated or actual) | <ul style="list-style-type: none"> • Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) • Discloses patient safety events to patients and families (simulated or actual) | <ul style="list-style-type: none"> • Actively engages teams and processes to modify systems to prevent patient safety events • Acts as a role model and/or mentor for others in the disclosing of patient safety events |
| SBP-2: Quality Improvement | <ul style="list-style-type: none"> • Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> • Describes local quality improvement initiatives (e.g., emergency department throughput, testing turnaround times) | <ul style="list-style-type: none"> • Participates in local quality improvement initiatives | <ul style="list-style-type: none"> • Demonstrates the skills required for identifying, developing, implementing, and analyzing a quality improvement project | <ul style="list-style-type: none"> • Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| SBP-2: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> • Demonstrates knowledge of care coordination • Identifies key elements for safe and effective transitions of care and hand-offs • Demonstrates knowledge of population and community health needs and disparities | <ul style="list-style-type: none"> • In routine clinical situations, effectively coordinates patient care integrating the roles of interprofessional teams • In routine clinical situations, enables safe and effective transitions of care/hand-offs • Identifies specific population and community health needs and inequities for their local population | <ul style="list-style-type: none"> • In complex clinical situations, effectively coordinates patient care by integrating the roles of the interprofessional teams • In complex clinical situations, enables safe and effective transitions of care/hand-offs • Effectively uses local resources to meet the needs of a patient population and community | <ul style="list-style-type: none"> • Serves as a role model, effectively coordinates patient-centered care among different disciplines and specialties • Serves as a role model, advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings • Participates in changing and adapting practice to provide for the needs of specific populations | <ul style="list-style-type: none"> • Analyzes the process of care coordination and leads in the design and implementation of improvements • Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes • Leads innovations and advocates for populations and communities with health care inequities |
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> • Demonstrates how to access and use available evidence | <ul style="list-style-type: none"> • Articulates the clinical questions that are necessary to guide evidence-based care | <ul style="list-style-type: none"> • Locates and applies the best available evidence, integrating it with patient preference, to the care of complex patients | <ul style="list-style-type: none"> • Critically appraises and applies evidence even in the face of uncertainty and of conflicting evidence to guide care that is tailored to the individual patient | <ul style="list-style-type: none"> • Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines |
| PBLI-2: Reflective Practice and Commitment to Personal Growth | <ul style="list-style-type: none"> • Demonstrates an openness to performance data (feedback and other input) | <ul style="list-style-type: none"> • Demonstrates an openness to performance data and uses it to develop personal and professional goals • Identifies the factors that contribute to the gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Seeks and accepts performance data for developing personal and professional goals • Analyzes and reflects upon the factors that contribute to gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Using performance data, continually improves and measures the effectiveness of one's personal and professional goals • Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Acts as a role model for the development of personal and professional goals • Coaches others on reflective practice |
| PROFESSIONALISM | | | | | |
| PROF-1. Professional Behavior and Ethical Principles | <ul style="list-style-type: none"> • Demonstrates professional behavior in routine situations and in how to report professionalism lapses • Demonstrates knowledge of the ethical principles underlying patient care | <ul style="list-style-type: none"> • Identifies and describes potential triggers and takes responsibility for professionalism lapses • Analyzes straightforward situations using ethical principles | <ul style="list-style-type: none"> • Exhibits professional behavior in complex and/or stressful situations • Analyzes complex situations using ethical principles, and recognizes the need to seek help in managing and resolving them | <ul style="list-style-type: none"> • Sets apart those situations that might trigger professionalism lapses and intervenes to prevent them in oneself and others • Uses appropriate resources for managing and resolving ethical dilemmas | <ul style="list-style-type: none"> • Coaches others when their behavior fails to meet professional expectations • Identifies and addresses system-level factors that either induce or exacerbate ethical problems or impede their resolution |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|--|--|---|---|
| PROF-2: Accountability/Conscientiousness | <ul style="list-style-type: none"> • In routine situations, performs tasks and responsibilities with appropriate attention to detail • Responds promptly to requests and reminders to complete tasks and responsibilities | <ul style="list-style-type: none"> • In routine situations, performs tasks and responsibilities in a timely manner with appropriate attention to detail • Takes responsibility for failure to complete tasks and responsibilities | <ul style="list-style-type: none"> • In complex or stressful situations, performs tasks and responsibilities in a timely manner with appropriate attention to detail • Recognizes situations that might impact one's own ability to complete tasks and responsibilities in a timely manner, and describes strategies for ensuring timely task completion in the future | <ul style="list-style-type: none"> • Recognizes situations that might impact others' ability to complete tasks and responsibilities • Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | <ul style="list-style-type: none"> • Takes ownership of system outcomes |
| PROF-3: Self-Awareness and Well-Being | <ul style="list-style-type: none"> • Recognizes, with assistance, the status of one's personal and professional well-being | <ul style="list-style-type: none"> • Independently recognizes the status of one's personal and professional well-being and engages in help-seeking behaviors | <ul style="list-style-type: none"> • With assistance, proposes a plan to optimize personal and professional well-being | <ul style="list-style-type: none"> • Independently develops a plan to optimize one's personal and professional well-being | <ul style="list-style-type: none"> • Coaches others when their emotional responses or level of knowledge/skills fail to meet professional expectations |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> • Uses language and non-verbal behavior to reflect respect and establish rapport while accurately communicating one's own role within the health care system • Identifies common barriers to effective communication (e.g., language, disability) • With insight gained through an assessment of patient/family expectations coupled with an understanding of their health status and treatment options, adjusts one's communication strategies | <ul style="list-style-type: none"> • Establishes a therapeutic relationship in straightforward encounters with patients using active listening and clear language • Identifies complex barriers to effective communication (e.g., health literacy, cultural, technology) • Organizes and initiates communication with a patient/family by clarifying expectations and verifying one's understanding of the clinical situation | <ul style="list-style-type: none"> • Establishes a therapeutic relationship in challenging patient encounters • When prompted, reflects on one's personal biases, while attempting to minimize communication barriers • With guidance, sensitively and compassionately delivers medical information to patients, elicits patient/family values, learns their goals and preferences, and acknowledges uncertainty and conflict | <ul style="list-style-type: none"> • Easily establishes therapeutic relationships with patients, regardless of the complexity of cases • Independently recognizes personal biases of patients, while attempting to proactively minimize communication barriers • Independently uses shared decision making with a patient/family to align their values, goals, and preferences with potential treatment options and ultimately to achieve a personalized care plan | <ul style="list-style-type: none"> • Acts as a mentor to others in situational awareness and critical self-reflection with the aim of consistently developing positive therapeutic relationships and minimizing communication barriers • Acts as a role model to exemplify shared decision making in patient/family communication that embodies various degrees of uncertainty/conflict |
| ICS-2: Interprofessional and Team Communication | <ul style="list-style-type: none"> • Respectfully requests a consultation • Uses language that reflects the values all members of the health care team • Receives feedback in a respectful manner | <ul style="list-style-type: none"> • Clearly and concisely requests a consultation or other resources for patient care • Communicates information effectively with all health care team members • Solicits feedback on performance as a member of the health care team | <ul style="list-style-type: none"> • Integrates recommendations made by various members of the health care team to optimize patient care • Engages in active listening to adapt to the communication styles of the team • Communicates concerns and provides feedback to peers and learners | <ul style="list-style-type: none"> • Acts as a role model for flexible communication strategies, i.e., those strategies that value input from all health care team members and that resolve conflict when needed • Uses effective communication to lead or manage health care teams • Communicates feedback and constructive criticism to superiors | <ul style="list-style-type: none"> • Acts as a role model for communication skills necessary to lead or manage health care teams • In complex situations, facilitates regular health care team-based feedback |
| ICS-3: Communication within Health Care Systems | <ul style="list-style-type: none"> • Accurately documents information in the patient's record and safeguards the patient's personal information • Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage) | <ul style="list-style-type: none"> • Demonstrates organized diagnostic and therapeutic reasoning through the patient record in a timely manner • Respectfully communicates concerns about the system | <ul style="list-style-type: none"> • Concisely reports diagnostic and therapeutic reasoning in the patient record • Uses appropriate channels to offer clear and constructive suggestions for improving the system | <ul style="list-style-type: none"> • Communicates clearly, concisely, and contemporaneously in an organized written form, including anticipatory guidance • Initiates difficult conversations with appropriate stakeholders to improve the system | <ul style="list-style-type: none"> • Models feedback to improve others' written communication • Facilitates dialogue regarding systems issues among larger community stakeholders (e.g., institution, the health care system, and/or the field) |

INTERNAL MEDICINE MILESTONES

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--------------------------------------|---|---|---|--|--|
| PATIENT CARE | | | | | |
| PC-1: History | <ul style="list-style-type: none"> Elicits and reports a comprehensive history for common patient presentations, with guidance Seeks data from secondary sources, with guidance | <ul style="list-style-type: none"> Elicits and concisely reports a hypothesis-driven patient history for common patient presentations Independently obtains data from secondary sources | <ul style="list-style-type: none"> Elicits and concisely reports a hypothesis-driven patient history for complex patient presentations Reconciles current data with secondary sources | <ul style="list-style-type: none"> Efficiently elicits and concisely reports a patient history, incorporating pertinent psychosocial and other determinants of health Uses history and secondary data to guide the need for further diagnostic testing | <ul style="list-style-type: none"> Efficiently and effectively tailors the history taking, including relevant historical subtleties, based on patient, family, and system needs Models effective use of history to guide the need for further diagnostic testing |
| PC-2: Physical Exam | <ul style="list-style-type: none"> Performs a general physical examination while attending to patient comfort and safety Identifies common abnormal findings | <ul style="list-style-type: none"> Performs a hypothesis-driven physical examination for a common patient presentation Interprets common abnormal findings | <ul style="list-style-type: none"> Performs a hypothesis-driven physical examination for a complex patient presentation Identifies and interprets uncommon and complex abnormal findings | <ul style="list-style-type: none"> Uses advanced maneuvers to elicit subtle findings Integrates subtle physical examination findings to guide diagnosis and management | <ul style="list-style-type: none"> Models effective evidence-based physical examination technique Teaches the predictive values of the examination findings to guide diagnosis and management |
| PC-3: Clinical Reasoning | <ul style="list-style-type: none"> Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression | <ul style="list-style-type: none"> Integrates information from all sources to develop a basic differential diagnosis for common patient presentations Identifies clinical reasoning errors within patient care, with guidance | <ul style="list-style-type: none"> Identifies clinical reasoning errors within patient care, with guidance Retrospectively applies clinical reasoning principles to identify errors | <ul style="list-style-type: none"> Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings Continually re-appraises one's own clinical reasoning to improve patient care in real time | <ul style="list-style-type: none"> Coaches others to develop prioritized differential diagnoses in complex patient presentations Models how to recognize errors and reflect upon one's own clinical reasoning |
| PC-4: Patient Management - Inpatient | <ul style="list-style-type: none"> Formulates management plans for common conditions, with guidance Identifies opportunities to maintain and promote health | <ul style="list-style-type: none"> Develops and implements management plans for common conditions, recognizing acuity, and modifies based on the clinical course Develops and implements management plans to maintain and promote health, with guidance | <ul style="list-style-type: none"> Develops and implements value-based (high value) management plans for patients with multisystem disease and comorbid conditions; modifies based on the clinical course Independently develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health | <ul style="list-style-type: none"> 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 Independently develops and implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health | <ul style="list-style-type: none"> Develops and implements comprehensive management plans for patients with rare or ambiguous presentations or unusual comorbid conditions |
| PC-6: Digital Health | <ul style="list-style-type: none"> Uses electronic health record (EHR) for routine patient care activities Identifies the required components for a telehealth visit | <ul style="list-style-type: none"> Expands use of EHR to include and reconcile secondary data sources in patient care activities Performs assigned telehealth visits using approved technology | <ul style="list-style-type: none"> Effectively uses EHR capabilities in managing acute and chronic care of patients Identifies clinical situations that can be managed through a telehealth visit | <ul style="list-style-type: none"> Uses EHR to facilitate achievement of quality targets for patient panels Integrates telehealth effectively into clinical practice for the management of acute and chronic illness | <ul style="list-style-type: none"> Leads improvements to the EHR Develops and innovates new ways to use emerging technologies to augment telehealth visits |
| MEDICAL KNOWLEDGE | | | | | |
| MK-1: Applied Foundational Sciences | <ul style="list-style-type: none"> Explains the scientific knowledge (e.g., physiology, social sciences, mechanism of disease) for normal function and common medical conditions | <ul style="list-style-type: none"> Explains the scientific knowledge for complex medical conditions | <ul style="list-style-type: none"> Integrates scientific knowledge to address comorbid conditions within the context of multisystem disease | <ul style="list-style-type: none"> Integrates scientific knowledge to address uncommon, atypical, or complex comorbid conditions within the context of multisystem disease | <ul style="list-style-type: none"> Demonstrates a nuanced understanding of the scientific knowledge related to uncommon, atypical, or complex conditions |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| MK-2: Therapeutic Knowledge | <ul style="list-style-type: none"> Explains the scientific basis for common therapies | <ul style="list-style-type: none"> Explains the indications, contraindications, risks, and benefits of common therapies | <ul style="list-style-type: none"> Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis | <ul style="list-style-type: none"> Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options | <ul style="list-style-type: none"> Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options |
| MK-3: Knowledge of Diagnostic Testing | <ul style="list-style-type: none"> Explains the rationale, risks, and benefits for common diagnostic testing Interprets results of common diagnostic tests | <ul style="list-style-type: none"> Explains the rationale, risks, and benefits for complex diagnostic testing Interprets complex diagnostic data | <ul style="list-style-type: none"> Integrates value and test characteristics of various diagnostic strategies in patients with common diseases Integrates complex diagnostic data accurately to reach high-probability diagnoses | <ul style="list-style-type: none"> Integrates value and test characteristics of various diagnostic strategies in patients with comorbid conditions or multisystem disease Anticipates and accounts for limitations when interpreting diagnostic data | <ul style="list-style-type: none"> Demonstrates a nuanced understanding of emerging diagnostic tests and procedures |
| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety and Quality Improvement | <ul style="list-style-type: none"> Demonstrates knowledge of common patient safety events Demonstrates knowledge of how to report patient safety events Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> Identifies system factors that lead to patient safety events Reports patient safety events through institutional reporting systems (actual or simulated) Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation) | <ul style="list-style-type: none"> Contributes to the analysis of patient safety events (simulated or actual) Participates in disclosure of patient safety events to patients and families (simulated or actual) Contributes to local quality improvement initiatives | <ul style="list-style-type: none"> Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) Discloses patient safety events to patients and families (simulated or actual) Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | <ul style="list-style-type: none"> Leads teams and processes to modify systems to prevent patient safety events Models the disclosure of patient safety events Creates, implements, and assesses sustainable quality improvement initiatives at the institutional or community level |
| SBP-2: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> Demonstrates knowledge of care coordination Identifies key elements for safe and effective transitions of care and hand-offs Demonstrates knowledge of population and community health needs and disparities | <ul style="list-style-type: none"> Coordinates care of patients by effectively engaging interprofessional teams in routine clinical situations Performs safe and effective transitions of care/hand-offs in routine clinical situations Identifies specific population and community health needs and inequities for the local population | <ul style="list-style-type: none"> Coordinates care of patients by effectively engaging interprofessional teams in complex clinical situations Performs safe and effective transitions of care/hand-offs in complex clinical situations Uses local resources effectively to meet the needs of a patient population and community | <ul style="list-style-type: none"> Models effective coordination of patient-centered care among different disciplines and specialties Models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings Participates in changing and adapting practice to provide for the needs of specific populations | <ul style="list-style-type: none"> Analyzes the process of care coordination and leads in the design and implementation of improvements Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes Leads innovations and advocates for populations and communities with health care inequities |
| SBP-3: Physician Role in Health Care Systems | <ul style="list-style-type: none"> Identifies key components of the health care system Describes basic health payment systems | <ul style="list-style-type: none"> Describes how components of a complex health care system are interrelated, and how this impacts patient care Delivers care with consideration of each patient's payment model | <ul style="list-style-type: none"> Discusses how individual practice affects the regional and national health care system Engages with patients in shared decision making, informed by each patient's payment models | <ul style="list-style-type: none"> Manages various components of the complex health care system to provide efficient and effective patient care Advocates for patient care needs with consideration of the limitations of each patient's payment model | <ul style="list-style-type: none"> Advocates for or leads systems change that enhances high-value, efficient, and effective patient care Actively engaged in influencing health policy through advocacy activities at the local, regional, or national level |
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> Demonstrates how to access, categorize, and analyze clinical evidence, with guidance | <ul style="list-style-type: none"> Articulates clinical questions and elicits patient preferences and values to guide evidence-based care | <ul style="list-style-type: none"> Critically appraises and applies the best available evidence, integrated with patient preference, to the care of complex patients | <ul style="list-style-type: none"> Applies evidence, even in the face of uncertainty and conflicting evidence, to guide care, tailored to the individual patient | <ul style="list-style-type: none"> Coaches others to critically appraise and apply evidence to patient care |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| PBLI-2: Reflective Practice and Commitment to Personal Growth | <ul style="list-style-type: none"> • Accepts responsibility for personal and professional development by establishing goals • Identifies the factors that contribute to gap(s) between ideal and actual performance, with guidance | <ul style="list-style-type: none"> • Demonstrates openness to performance data (feedback and other input) to inform goals • Analyzes and reflects on the factors which contribute to gap(s) between ideal and actual performance, with guidance • Actively seeks opportunities to improve | <ul style="list-style-type: none"> • Seeks performance data episodically, with adaptability, and humility • Institutes behavioral change(s) to narrow the gap(s) between ideal and actual performance • Designs and implements an individualized learning plan, with prompting | <ul style="list-style-type: none"> • Using performance data consistently with adaptability, and humility • Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between ideal and actual performance • Independently creates and implements an individualized learning plan | <ul style="list-style-type: none"> • Models consistently seeking performance data with adaptability and humility • Coaches others on reflective practice • Uses performance data to measure the effectiveness of the individualized learning plan and when necessary, improves it |
| PROFESSIONALISM | | | | | |
| PROF-1: Professional Behavior | <ul style="list-style-type: none"> • Demonstrates professional behavior in routine situations | <ul style="list-style-type: none"> • Identifies potential triggers for professionalism lapses and accepts responsibility for one's own professionalism lapses | <ul style="list-style-type: none"> • Demonstrates a pattern of professional behavior in complex or stressful situations | <ul style="list-style-type: none"> • Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others | <ul style="list-style-type: none"> • Coaches others when their behavior fails to meet professional expectations |
| PROF-2: Ethical Principles | <ul style="list-style-type: none"> • Demonstrates knowledge of basic ethical principles | <ul style="list-style-type: none"> • Applies basic principles to address straightforward ethical situations | <ul style="list-style-type: none"> • Applies basic principles to address straightforward ethical situations | <ul style="list-style-type: none"> • Analyzes complex situations and engages with appropriate resources for managing and addressing ethical dilemmas as needed | <ul style="list-style-type: none"> • Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| PROF-3: Accountability/Conscientiousness | <ul style="list-style-type: none"> • Performs administrative tasks and patient care responsibilities, with prompting | <ul style="list-style-type: none"> • Performs administrative tasks and patient care responsibilities in a timely manner in routine situations | <ul style="list-style-type: none"> • Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations | <ul style="list-style-type: none"> • Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | <ul style="list-style-type: none"> • Creates strategies to enhance other's ability to efficiently complete administrative tasks and patient care responsibilities |
| PROF-4: Knowledge of Systemic and Individual Factors of Well-Being | <ul style="list-style-type: none"> • Recognizes the importance of getting help when needed to address personal and professional well-being | <ul style="list-style-type: none"> • Lists resources to support personal and professional well-being • Recognizes that institutional factors affect well-being | <ul style="list-style-type: none"> • With prompting, reflects on how personal and professional well-being may impact one's clinical practice • Describes institutional factors that affect well-being | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Participates in institutional changes to promote personal and professional well-being |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> • Uses language and non-verbal behavior to demonstrate respect and establish rapport | <ul style="list-style-type: none"> • Establishes and maintains a therapeutic relationship using effective communication behaviors in straightforward encounters • Identifies common barriers to effective communication | <ul style="list-style-type: none"> • Establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters • Identifies complex barriers to effective communication, including personal bias | <ul style="list-style-type: none"> • Establishes and maintains therapeutic relationships using shared decision making, regardless of complexity • Mitigates communication barriers | <ul style="list-style-type: none"> • Coaches others in developing and maintaining therapeutic relationships and mitigating communication barriers • Models the mitigation of communication bar |
| ICS-2: Interprofessional and Team Communication | <ul style="list-style-type: none"> • Respectfully requests and responds to a consultation • Uses verbal and non-verbal communication that values all members of the interprofessional team | <ul style="list-style-type: none"> • Clearly and concisely requests and responds to a consultation • Communicates information, including basic feedback with all interprofessional team members | <ul style="list-style-type: none"> • Checks own and others' understanding of recommendations when providing or receiving consultation • Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Facilitates conflict resolution between and amongst consultants when disagreement exists • Models flexible communication strategies that facilitate excellence in interprofessional teamwork |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| ICS-3: Communication within Health Care Systems | <ul style="list-style-type: none"> • Accurately documents comprehensive and current information • Communicates using formats specified by institutional policy to safeguard patient personal health information | <ul style="list-style-type: none"> • Documents clinical encounter, including reasoning, through organized notes • Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance | <ul style="list-style-type: none"> • Documents clinical encounter through concise and thorough notes • Documents clinical encounter through concise and thorough notes | <ul style="list-style-type: none"> • Documents clinical encounter clearly, concisely, timely, and in an organized form, including anticipatory guidance • Models effective written and verbal communication | <ul style="list-style-type: none"> • Guides departmental or institutional communication policies and procedures |

NEUROLOGY MILESTONES

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|---|--|---|---|
| PATIENT CARE | | | | | |
| PC-1: History | <ul style="list-style-type: none"> Obtains a basic neurologic history | <ul style="list-style-type: none"> Obtains a complete and relevant neurologic history | <ul style="list-style-type: none"> Obtains an organized neurologic history, including collateral information as appropriate | <ul style="list-style-type: none"> Efficiently obtains an organized hypothesis-driven neurologic history | <ul style="list-style-type: none"> Serves as a role model in obtaining a hypothesis-driven neurologic history |
| PC-2: Neurologic Exam | <ul style="list-style-type: none"> Performs some components of a neurologic exam | <ul style="list-style-type: none"> Performs a standard neurologic exam accurately | <ul style="list-style-type: none"> Performs a relevant neurologic exam incorporating additional appropriate maneuvers | <ul style="list-style-type: none"> Performs a hypothesis-driven neurologic exam | <ul style="list-style-type: none"> Serves as a role model for performing a hypothesis-driven, complete, relevant, and organized neurologic exam |
| PC-3: Formulation | <ul style="list-style-type: none"> Summarizes history and exam findings | <ul style="list-style-type: none"> Generates a broad differential diagnosis based on history, exam, and localization | <ul style="list-style-type: none"> Synthesizes relevant information to focus and prioritize diagnostic possibilities | <ul style="list-style-type: none"> Continuously reconsiders diagnosis in response to changes in clinical circumstances and available data | <ul style="list-style-type: none"> Serves as a role model for clinical reasoning by demonstrating sophisticated formulation in complex presentations |
| PC-4: Diagnosis and Management of Neurologic Disorders in the Outpatient Setting | <ul style="list-style-type: none"> Identifies typical presentations of commonly encountered neurologic conditions | <ul style="list-style-type: none"> Diagnoses commonly encountered neurologic conditions Develops an initial treatment plan for commonly encountered neurologic disorders | <ul style="list-style-type: none"> Identifies atypical presentations of commonly encountered neurologic conditions Individualizes management and follow-up plan for commonly encountered neurologic disorders, considering risks, benefits, and non-pharmacologic strategies | <ul style="list-style-type: none"> Diagnoses uncommon neurologic conditions Adapts management plan based upon patient response and complications of therapy; identifies when to change acuity of care | <ul style="list-style-type: none"> Identifies atypical presentations of uncommon neurologic conditions Longitudinally manages uncommon neurologic conditions |
| PC-5: Diagnosis and Management of Neurologic Disorders in the Inpatient Setting | <ul style="list-style-type: none"> Identifies typical presentations of commonly encountered neurologic conditions | <ul style="list-style-type: none"> Diagnoses commonly encountered neurologic conditions Develops an initial treatment plan for commonly encountered neurologic disorders | <ul style="list-style-type: none"> Identifies atypical presentations of commonly encountered neurologic conditions Individualizes management plan, ensuring the appropriate level of care throughout hospitalization and upon discharge | <ul style="list-style-type: none"> Diagnoses uncommon neurologic conditions Adapts management plan based upon treatment response, disease progression, and complications of therapy | <ul style="list-style-type: none"> Identifies atypical presentations of uncommon neurologic conditions Leads the management of patients with complex and uncommon neurologic conditions |
| PC-6: Diagnosis and Management of Neurologic Emergencies | <ul style="list-style-type: none"> Describes the typical presentation of neurologic emergencies Seeks assistance and conveys pertinent details during a neurologic emergency | <ul style="list-style-type: none"> Recognizes when a patient's presentation is a neurologic emergency Initiates management for a neurologic emergency | <ul style="list-style-type: none"> Diagnoses neurologic emergencies, using appropriate diagnostic testing Manages patients with common neurologic emergencies | <ul style="list-style-type: none"> Re-appraises diagnostic considerations based on treatment response, disease progression, and complications of therapy Manages complex neurologic emergencies | <ul style="list-style-type: none"> Serves as a role model for management of neurologic emergencies |
| PC-8: Interpretation of Neuroimaging | <ul style="list-style-type: none"> Identifies basic neuroanatomy on brain and vascular anatomy of the head and neck magnetic resonance (MR) and computed tomography (CT) | <ul style="list-style-type: none"> Identifies major abnormalities of the brain and cerebrovascular system on MR and CT Identifies basic anatomy of the spine and spinal cord on MR and CT | <ul style="list-style-type: none"> Interprets typical abnormalities of the brain and cerebrovascular system on MR and CT Identifies abnormalities of the spine and spinal cord on MR and CT | <ul style="list-style-type: none"> Interprets subtle abnormalities of brain and cerebrovascular system on MR and CT Interprets MR and CT of the spine | <ul style="list-style-type: none"> Interprets advanced neuroimaging |
| PC-9: Electroencephalogram (EEG) | <ul style="list-style-type: none"> Identifies patients for whom EEG is appropriate | <ul style="list-style-type: none"> Recognizes normal EEG features, including common artifacts, in children and adults | <ul style="list-style-type: none"> Recognizes patterns of status epilepticus, normal EEG variants, and common abnormalities in children and adults | <ul style="list-style-type: none"> Interprets common EEG abnormalities and patterns that could represent status epilepticus | <ul style="list-style-type: none"> Interprets uncommon EEG abnormalities and creates a report |
| PC-10: Nerve Conduction Study/Electromyogram (NCS/EMG) | <ul style="list-style-type: none"> Identifies patients for whom NCS/EMG is appropriate | <ul style="list-style-type: none"> Identifies NCS/EMG findings for common disorders | <ul style="list-style-type: none"> Correlates NCS/EMG results to patient presentation, including identification of potential study limitations | <ul style="list-style-type: none"> Formulates basic NCS/EMG plan and interprets data for common clinical presentations | <ul style="list-style-type: none"> Performs, interprets, and creates a report for NCS/EMG |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| PC-11: Lumbar Puncture | <ul style="list-style-type: none"> Lists the indications, contraindications, and complications for lumbar puncture | <ul style="list-style-type: none"> Performs lumbar puncture under direct supervision | <ul style="list-style-type: none"> Performs lumbar puncture without direct supervision and manages complications | <ul style="list-style-type: none"> Performs lumbar puncture on patients with challenging anatomy | <ul style="list-style-type: none"> Performs lumbar puncture using image guidance |
| MEDICAL KNOWLEDGE | | | | | |
| MK-1: Localization | <ul style="list-style-type: none"> Recognizes the role of localization in neurologic diagnosis | <ul style="list-style-type: none"> Localizes lesions to general regions of the nervous system | <ul style="list-style-type: none"> Localizes lesions to specific regions of the nervous system | <ul style="list-style-type: none"> Localizes lesions to discrete structures of the nervous system | <ul style="list-style-type: none"> Consistently demonstrates sophisticated and detailed knowledge of neuroanatomy in localizing lesions |
| MK-2: Diagnostic Investigation | <ul style="list-style-type: none"> Discusses a general diagnostic approach appropriate to clinical presentation | <ul style="list-style-type: none"> Lists indications, contraindications, risks, and benefits of diagnostic testing | <ul style="list-style-type: none"> Prioritizes and interprets diagnostic tests appropriate to clinical urgency and complexity | <ul style="list-style-type: none"> Uses complex diagnostic approaches in uncommon situations | <ul style="list-style-type: none"> Demonstrates sophisticated knowledge of diagnostic testing and controversies |
| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety | <ul style="list-style-type: none"> Demonstrates knowledge of common patient safety events Demonstrates knowledge of how to report patient safety events | <ul style="list-style-type: none"> Identifies system factors that lead to patient safety events Reports patient safety events through institutional reporting systems | <ul style="list-style-type: none"> Participates in analysis of patient safety events Participates in disclosure of patient safety events to patients and patients' families | <ul style="list-style-type: none"> Conducts analysis of patient safety events and offers error prevention strategies Discloses patient safety events to patients and patients' families | <ul style="list-style-type: none"> Actively engages teams and processes to modify systems to prevent patient safety events Role models or mentors others in the disclosure of patient safety events |
| SBP-2: Quality Improvement | <ul style="list-style-type: none"> Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation) | <ul style="list-style-type: none"> Participates in local quality improvement initiatives | <ul style="list-style-type: none"> Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | <ul style="list-style-type: none"> Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| SBP-3: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> Demonstrates knowledge of care coordination Performs safe and effective transitions of care/hand-offs in routine clinical situations Demonstrates knowledge of population and community health needs and disparities | <ul style="list-style-type: none"> Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members Performs safe and effective transitions of care/hand-offs in complex clinical situations Identifies specific population and community health needs and inequities for the local population and community | <ul style="list-style-type: none"> Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members Supervises transitions of care by other team members Effectively uses local resources to meet the needs of a patient population and community | <ul style="list-style-type: none"> Role models effective coordination of patient-centered care among different disciplines and specialties Role models safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings Adapts practice to provide for the needs of specific populations | <ul style="list-style-type: none"> Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes Leads innovations in adapting practice and systems for populations and communities with health care disparities |
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> Demonstrates how to access and use available evidence, and to incorporate patient preferences and values to care for a routine patient | <ul style="list-style-type: none"> Articulates clinical questions and elicits patient preferences and values to guide evidence-based care | <ul style="list-style-type: none"> Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients | <ul style="list-style-type: none"> Critically appraises and applies evidence, even in the face of uncertainty, and interprets conflicting evidence to guide care, tailored to the individual patient | <ul style="list-style-type: none"> Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines |
| PBLI-2: Reflective Practice and Commitment to Personal Growth | <ul style="list-style-type: none"> Accepts responsibility for personal and professional development by establishing goals Identifies the factors that contribute to gap(s) between ideal and actual performance Actively seeks opportunities to improve | <ul style="list-style-type: none"> Demonstrates openness to performance data (feedback and other input) to inform goals Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance Designs and implements a learning plan, with prompting | <ul style="list-style-type: none"> Seeks performance data sporadically, with adaptability and humility Institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance Independently creates and implements a learning plan | <ul style="list-style-type: none"> Seeks performance data consistently Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance Uses performance data to measure the effectiveness of the learning plan, and, when necessary, improves it | <ul style="list-style-type: none"> Role models seeking performance data, with adaptability and humility Coaches others on reflective practice Facilitates the design and implementation of learning plans for others |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| PROFESSIONALISM | | | | | |
| PROF-1: Professional Behavior and Ethical Principles | <ul style="list-style-type: none"> Identifies and describes potential triggers for professionalism lapses and how to report Demonstrates knowledge of ethical principles related to patient care | <ul style="list-style-type: none"> Demonstrates insight into professional behavior in routine situations and takes responsibility Analyzes straightforward situations using ethical principles | <ul style="list-style-type: none"> Demonstrates professional behavior in complex or stressful situations Analyzes complex situations using ethical principles | <ul style="list-style-type: none"> Intervenes to prevent professionalism lapses in oneself and others Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed | <ul style="list-style-type: none"> Coaches others when their behavior fails to meet professional expectations Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| PROF-2: Accountability/Conscientiousness | <ul style="list-style-type: none"> Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future Responds promptly to requests or reminders to complete tasks and responsibilities | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | <ul style="list-style-type: none"> Recognizes situations in which one's own behavior may impact others' ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Develops or implements strategies to improve system-wide problems to improve ability for oneself and others to complete tasks and responsibilities in a timely fashion |
| PROF-3: Well-Being | <ul style="list-style-type: none"> Recognizes sense of personal and professional well-being, with assistance | <ul style="list-style-type: none"> Independently recognizes status of personal and professional well-being | <ul style="list-style-type: none"> With assistance, proposes a plan to optimize personal and professional well-being | <ul style="list-style-type: none"> Independently develops a plan to optimize personal and professional well-being | <ul style="list-style-type: none"> Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> Uses language and non-verbal behavior to demonstrate respect and establish rapport Identifies the need to individualize communication strategies based on the patient's/patient's family's expectations and understanding | <ul style="list-style-type: none"> Establishes a therapeutic relationship in straightforward encounters using active listening and clear language Communicates compassionately with the patient/patient's family to clarify expectations and verify understanding of the clinical situation | <ul style="list-style-type: none"> Establishes a therapeutic relationship in challenging patient encounters Communicates medical information in the context of the patient's/patient's family's values, uncertainty and conflict | <ul style="list-style-type: none"> Easily establishes therapeutic relationships, with attention to the patient's/patient's family's concerns and context, regardless of complexity Uses shared decision making to align the patient's/patient's family's values, goals, and preferences with treatment options | <ul style="list-style-type: none"> Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships Role models shared decision making in the context of the patient's/patient's family's values, uncertainty and conflict |
| ICS-3: Interprofessional and Team Communication | <ul style="list-style-type: none"> Respectfully requests a consultation Recognizes the role of a neurology consultant Uses language that values all members of the health care team | <ul style="list-style-type: none"> Confirms understanding of consultant recommendations Respectfully accepts a consultation request Communicates information effectively with all health care team members | <ul style="list-style-type: none"> Clearly and concisely formulates a consultation request Clearly and concisely responds to a consultation request Uses active listening to adapt communication style to fit team needs | <ul style="list-style-type: none"> Coordinates recommendations from different members of the health care team to optimize patient care Solicits and communicates feedback to other members of the health care team | <ul style="list-style-type: none"> Role models and facilitates flexible communication strategies that value input from all health care team members, resolving conflict when needed |
| ICS-4: Communication within Health Care Systems | <ul style="list-style-type: none"> Documents accurate and up-to-date patient information Communicates in a way that safeguards patient information | <ul style="list-style-type: none"> Demonstrates diagnostic reasoning through organized and timely notes Communicates through appropriate channels as required by institutional policy | <ul style="list-style-type: none"> Communicates the diagnostic and therapeutic reasoning Selects optimal mode of communication based on clinical context | <ul style="list-style-type: none"> Demonstrates concise, organized written and verbal communication, including anticipatory guidance | <ul style="list-style-type: none"> Guides departmental or institutional communication policies and procedures |

OPHTHALMOLOGY MILESTONES

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|---|--|--|--|
| PATIENT CARE | | | | | |
| PC-1: Data Acquisition – Basic Ophthalmology Exam and Testing | <ul style="list-style-type: none"> Acquires relevant problem-focused history, including outside medical record Performs and documents a comprehensive ophthalmic examination; distinguishes between normal and abnormal findings | <ul style="list-style-type: none"> Performs problem-focused exam with appropriate techniques (e.g., gonioscopy and scleral depression), consistently identifies common abnormalities on examination; may identify subtle findings Orders, performs, and interprets basic testing (e.g., visual field testing, Optical Coherence Tomography, B-scan) | <ul style="list-style-type: none"> Identifies subtle or uncommon examination findings of common disorders and typical or common findings of rarer disorders Interprets unusual findings on routine testing, identifies artifacts; recognizes indications for advanced diagnostic tests and imaging procedures (e.g., specular microscopy, electroretinography) | <ul style="list-style-type: none"> Orders and interprets advanced diagnostic tests and imaging procedures according to evidence-based medicine (i.e., when and when not to order testing) | <ul style="list-style-type: none"> Demonstrates expertise in advanced diagnostic tests and imaging |
| PC-3: Office-Based Procedures | <ul style="list-style-type: none"> Describes essential components of care related to office-based procedures (e.g., informed consent, indications and contraindications, anesthesia, sterile procedures prep) | <ul style="list-style-type: none"> Administers anesthesia and performs procedure, with direct supervision Recognizes and manages intra- and post-operative complications, with direct supervision | <ul style="list-style-type: none"> Administers anesthesia and performs procedure, with indirect supervision Manages intra- and post-operative complications, with indirect supervision | <ul style="list-style-type: none"> Administers anesthesia and performs procedure, with oversight Manages intra- and post-operative complications, with oversight | <ul style="list-style-type: none"> Incorporates recent advancements in technologies or techniques |
| PC-4: Cataract Surgery – Technical Skill | <ul style="list-style-type: none"> Identifies visually significant cataract Demonstrates ability to scrub, prep and drape patient for surgery; performs basic suturing skills | <ul style="list-style-type: none"> Assesses patients for routine cataract surgery Performs elements of cataract surgery in the hands-on surgical skills laboratory and in the operating room (OR) Manages common post-operative complications (e.g., post-op pain, high intraocular pressure) | <ul style="list-style-type: none"> Assesses patients for complex cataract surgery Performs routine cataract surgery in the OR Manages common intra- and post-operative complications (e.g., posterior capsule rupture, wound leak) | <ul style="list-style-type: none"> Assesses patients who are candidates for refractive intraocular lenses to correct astigmatism and/or provide near correction Performs cataract surgery requiring complex technical maneuvers (e.g., pupil expander, capsular tension ring) Manages complex intra- and post-operative complications (e.g., endophthalmitis) | <ul style="list-style-type: none"> Assesses patients for intraocular lenses complications requiring a more complex intervention Performs lens surgery for patients with complications requiring a more complex intervention (e.g., sutured intraocular lenses) Manages rare and complex intra- and post-operative complications (e.g., aqueous misdirection, suprachoroidal hemorrhage) |
| MEDICAL KNOWLEDGE | | | | | |
| MK-1: Pathophysiology | <ul style="list-style-type: none"> Articulates knowledge of pathophysiology and clinical findings for ophthalmic conditions routinely managed by non-ophthalmologists | <ul style="list-style-type: none"> Demonstrates basic knowledge of pathophysiology and clinical findings for common ophthalmic conditions routinely managed by ophthalmologists | <ul style="list-style-type: none"> Demonstrates advanced knowledge of pathophysiology and clinical findings for commonly encountered ophthalmic conditions; demonstrates basic knowledge of pathophysiology and clinical findings for uncommon conditions | <ul style="list-style-type: none"> Demonstrates advanced knowledge of pathophysiology and clinical findings for uncommon ophthalmic conditions | <ul style="list-style-type: none"> Contributes new knowledge for pathophysiology and clinical findings for ophthalmic conditions (e.g., publication, curriculum development) |
| MK-2: Differential Diagnosis | <ul style="list-style-type: none"> Identifies resources to generate a focused differential Generates a basic differential diagnosis based on patient symptoms and history | <ul style="list-style-type: none"> Generates comprehensive differential diagnosis based on patient symptoms and history; documents and presents differential in oral presentation clearly and concisely Describes diagnostic tests to aid in the differential diagnosis | <ul style="list-style-type: none"> Generates refined differential based on patient symptoms, history and examination findings, distinguishing between common and uncommon conditions Selects additional diagnostic testing to distinguish between conditions on the differential | <ul style="list-style-type: none"> Generates probabilistic differential diagnosis in patients with multiple ocular and medical comorbidities; modifies likely differential with new information from additional testing Articulates the rationale for ordering diagnostic testing in hierarchical fashion based upon probabilistic differential | <ul style="list-style-type: none"> Recognizes, self-reflects, and shares experiences to educate others on factors that contributed to missed diagnosis or faulty clinical reasoning (e.g., publication, curriculum development) |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| MK-3: Therapeutic Interventions | <ul style="list-style-type: none"> • Describes basic concepts of ophthalmic pathophysiology and pharmacology • Describes basic ophthalmic anatomy and categories of procedural interventions | <ul style="list-style-type: none"> • Explains relevant pathophysiology and lists indications and contraindications for planned medical therapy • Explains indications, contraindications, and relevant steps required for procedural intervention (e.g., anesthesia, technique, instruments) | <ul style="list-style-type: none"> • Identifies and describes side effects of medical therapies and ways to minimize potential complications • Identifies and describes causes of complications and alternatives for routine procedural interventions | <ul style="list-style-type: none"> • Describes and articulates the rationale for using emerging alternative medical therapies • Describes and articulates the rationale for using novel alternative procedural interventions | <ul style="list-style-type: none"> • Participates in the development and dissemination of novel therapies or interventions |
| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety and Quality Improvement | <ul style="list-style-type: none"> • Demonstrates knowledge of common patient safety events • Demonstrates knowledge of how to report patient safety events • Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> • Identifies system factors that lead to patient safety events • Reports patient safety events through institutional reporting systems (simulated or actual) • Describes local quality improvement initiatives (e.g., eye protection for high risk activities, diabetic eye screening) | <ul style="list-style-type: none"> • Participates in analysis of patient safety events (simulated or actual) • Participates in disclosure of patient safety events to patients and families (simulated or actual) • Participates in local quality improvement initiatives | <ul style="list-style-type: none"> • Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) • Discloses patient safety events to patients and families (simulated or actual) • Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | <ul style="list-style-type: none"> • Actively engages teams and processes to modify systems to prevent patient safety events • Role models or mentors others in the disclosure of patient safety events • Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| SBP-2: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> • Demonstrates knowledge of care coordination • Identifies key elements for safe and effective transitions of care and hand-offs • Demonstrates knowledge of the role of the physician in addressing community health needs and disparities | <ul style="list-style-type: none"> • Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams • Performs safe and effective transitions of care/hand-offs in routine clinical situations • Demonstrates knowledge of local population and community health needs and disparities | <ul style="list-style-type: none"> • Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams • Performs safe and effective transitions of care/hand-offs in complex clinical situations • Identifies specific local health needs and disparities related to ophthalmic care | <ul style="list-style-type: none"> • Teaches effective coordination of patient-centered care among different disciplines and specialties to junior members of the team • Advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems • Uses local resources effectively to meet the needs of a patient population and community | <ul style="list-style-type: none"> • Analyzes the process of care coordination and leads in the design and implementation of improvements • Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes • Participates in changing and adapting practice to provide for the needs of specific populations |
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> • Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient | <ul style="list-style-type: none"> • Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care | <ul style="list-style-type: none"> • Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients | <ul style="list-style-type: none"> • Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient | <ul style="list-style-type: none"> • Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of patient care guidelines |
| PBLI-2: Reflective Practice and Commitment to Personal Growth | <ul style="list-style-type: none"> • Accepts responsibility for personal and professional development by establishing goals; actively seeks opportunities to improve • Identifies the factors which contribute to gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Demonstrates openness to performance data (feedback and other input) in order to inform goals; designs and implements a learning plan, with guidance • Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Seeks performance data and accepts it with responsibility and equipoise; demonstrates implementation of a learning plan • Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it • Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Facilitates the design and implementing learning plans for others • Coaches others on reflective practice |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|--|---|--|--|
| PROFESSIONALISM | | | | | |
| PROF-1: Professional Behavior and Ethical Principles | <ul style="list-style-type: none"> Identifies and describes potential triggers for professionalism lapses Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics | <ul style="list-style-type: none"> Demonstrates insight into professional behavior in routine situations Takes responsibility for own professionalism lapses Analyzes straightforward situations using ethical principles | <ul style="list-style-type: none"> Demonstrates professional behavior in complex or stressful situations Recognizes need to seek help in managing and resolving complex ethical situations Analyzes complex situations using ethical principles | <ul style="list-style-type: none"> Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation) | <ul style="list-style-type: none"> Coaches others when their behavior fails to meet professional expectations Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| PROF-2: Accountability/Conscientiousness | <ul style="list-style-type: none"> Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future Responds promptly to requests or reminders to complete tasks and responsibilities | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with attention to detail in routine situations Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with attention to detail in complex or stressful situations Recognizes detrimental consequences when tasks and responsibilities are not completed in a timely manner (e.g., team members, compliance) | <ul style="list-style-type: none"> Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | <ul style="list-style-type: none"> Takes ownership of system outcomes, attempts to implement changes at a systems level in order to advance the goals of professional accountability |
| PROF-3: Self-Awareness and Help-Seeking | <ul style="list-style-type: none"> Recognizes status of personal and professional well-being, with assistance Recognizes limits in the knowledge/skills of self and/or team, with assistance | <ul style="list-style-type: none"> Independently recognizes status of personal and professional well-being Independently recognizes limits in the knowledge/skills of self and/or team; demonstrates appropriate help-seeking behaviors for self or others | <ul style="list-style-type: none"> With assistance, proposes a plan to optimize personal and professional well-being With assistance, proposes a plan to improve knowledge/skills of self and/or team | <ul style="list-style-type: none"> Independently develops a plan to optimize personal and professional well-being Independently develops a plan to improve the knowledge/skills of self and/or team | <ul style="list-style-type: none"> Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> Uses language and nonverbal behavior to demonstrate respect and establish rapport Identifies barriers to effective communication (e.g., health literacy, language, disability, cultural) while accurately communicating own role within the health care system | <ul style="list-style-type: none"> Establishes a therapeutic relationship in straightforward encounters using active listening and clear language Addresses barriers to effective communication | <ul style="list-style-type: none"> Establishes a therapeutic relationship in challenging patient encounters (e.g., breaking bad news) When prompted, reflects on personal biases while attempting to minimize communication barriers | <ul style="list-style-type: none"> Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity Role models self-awareness to minimize communication barriers | <ul style="list-style-type: none"> Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships |
| ICS-2: Interprofessional and Team Communication | <ul style="list-style-type: none"> Uses language that values all members of the health care team Accepts feedback on performance from all members of the health care team (e.g., nurses, staff members, peers) | <ul style="list-style-type: none"> Communicates information effectively and uses active listening with all health care team members Solicits feedback on performance as a member of the health care team | <ul style="list-style-type: none"> Communicates concerns to the team and learners Provides feedback and constructive criticism to peers and learners | <ul style="list-style-type: none"> Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed Provides feedback and constructive criticism to superiors | <ul style="list-style-type: none"> Facilitates regular healthcare team-based feedback in complex situations |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| ICS-3: Communication within Health Care Systems | <ul style="list-style-type: none"> • Accurately records information in the medical record • Aware of the role of communication in patient safety and privacy; safeguards patient personal health information • Aware of responsibility to report system deficiencies | <ul style="list-style-type: none"> • Demonstrates organized diagnostic and therapeutic reasoning through notes in the medical record • Appropriately selects forms of communication (e.g., telephone versus text) to promote patient safety and privacy • Identifies appropriate channels to communicate system deficiencies | <ul style="list-style-type: none"> • Communicates clearly and concisely, including anticipatory guidance, in the medical record • Avoids creating or propagating errors in the medical record through accurate use of documentation tools • Uses appropriate channels to communicate system deficiencies | <ul style="list-style-type: none"> • Provides feedback to improve others' written communication • Provides feedback and constructive criticism regarding compliance with patient privacy and safety • Offers clear and constructive suggestions to address system deficiencies | <ul style="list-style-type: none"> • Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field) • Guides departmental or institutional communication around policies and procedures |

OTOLARYNGOLOGY - HEAD AND NECK SURGERY (ENT) MILESTONES

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------------------------------------|---|--|--|---|---|
| PATIENT CARE | | | | | |
| PC-1: Airway Emergency and Management | <ul style="list-style-type: none"> Identifies potential airway emergencies as part of an evaluation team Escalates care of emergency airway (e.g., alerts airway team) | <ul style="list-style-type: none"> Performs airway assessment and focused history and physical Describes the airway management algorithm from least to most invasive | <ul style="list-style-type: none"> Assists in straightforward airway emergency procedures Initiates the airway management algorithm from least to most invasive | <ul style="list-style-type: none"> Performs straightforward airway emergency procedures Implements airway management plan | <ul style="list-style-type: none"> Performs complex airway emergency procedures Develops anticipatory airway management plan |
| PC-2: Facial Trauma | <ul style="list-style-type: none"> Performs a history and physical examination in patients with a facial trauma Assists with routine perioperative care for facial trauma patients Recognizes common complications | <ul style="list-style-type: none"> Formulates a diagnostic and treatment plan for a patient with facial trauma Provides routine perioperative care for facial trauma patients Initiates work-up of common complications | <ul style="list-style-type: none"> Explains the risks and benefits of treatment plans for facial trauma Assists with routine surgical management for facial trauma Manages common complications and recognizes uncommon/infrequent complications | <ul style="list-style-type: none"> Describes typical treatment plan Performs routine surgical management for facial trauma, assists with complex facial trauma Manages uncommon/infrequent complications | <ul style="list-style-type: none"> Adapts standard treatment plans and techniques to specific circumstances Performs operative management of common facial trauma Serves as a peer resource for managing uncommon/infrequent complications |
| PC-3: Head and Neck Neoplasm | <ul style="list-style-type: none"> Performs a history and physical examination in patients with head and neck neoplasm Assists with routine perioperative care for patients with head and neck neoplasm Recognizes common complications | <ul style="list-style-type: none"> Formulates a diagnostic plan for a patient with head and neck neoplasm Provides routine perioperative care for patients with head and neck neoplasm Initiates work-up of common complications | <ul style="list-style-type: none"> Explains the risks and benefits of treatment plans for head and neck neoplasm Assists with routine surgical management for head and neck neoplasm Manages common complications and recognizes uncommon/infrequent complications | <ul style="list-style-type: none"> Describes typical treatment plan Performs routine surgical management for head and neck disease, assists with complex head and neck neoplasm Manages uncommon/infrequent complications | <ul style="list-style-type: none"> Adapts standard treatment plans and techniques to special circumstances Performs operative management of complex head and neck neoplasm Serves as a peer resource for managing uncommon/infrequent complications |
| PC-4: Otologic Disease | <ul style="list-style-type: none"> Performs a history and physical examination in patients with ear disease and/or hearing loss Assists with set-up, performs placement of ventilation tubes, and opens and closes postauricular incisions Interprets routine audiograms | <ul style="list-style-type: none"> Formulates a diagnostic plan for a patient with ear disease and/or hearing loss Elevates tympanomeatal flap, performs cortical mastoidectomy Identifies surgical and disease-relevant anatomy on a computerized tomography (CT) scan | <ul style="list-style-type: none"> Orders routine diagnostic studies for ear disease and/or hearing loss Begins to perform middle ear dissection Identifies normal and disease-relevant anatomy on a magnetic resonance imaging (MRI) | <ul style="list-style-type: none"> Explains the risks, benefits, and alternatives of medical and surgical interventions for ear disease and/or hearing loss Dissects middle ear structures, performs a facial recess approach, and performs an ossicular reconstruction and cholesteatoma dissection Interprets specialized audiometric and vestibular testing | <ul style="list-style-type: none"> Adapts standard treatment plans and interventions to special circumstances Skeletorizes facial nerve, sigmoid sinus, and dura, and begins to perform lateral temporal bone resection Leads an otology patient care conference |
| PC-5: Rhinologic Disease | <ul style="list-style-type: none"> Performs a history and physical examination in a patient with rhinologic disease Assists with routine perioperative care for patients with rhinologic disease Recognizes common complications associated with rhinologic disease | <ul style="list-style-type: none"> Formulates a diagnostic and treatment plan for a patient with rhinologic disease Provides routine perioperative care for patients with rhinologic disease Initiates work-up of common complications associated with rhinologic disease | <ul style="list-style-type: none"> Explains the risks and benefits of treatment plans for rhinologic disease Assists with routine surgical management for patients with rhinologic disease Manages common complications and recognizes uncommon/infrequent complications associated with rhinologic disease | <ul style="list-style-type: none"> Identifies when typical treatment plans should be modified Performs routine surgical management and assists with complex surgical management for patients with rhinologic disease Manages uncommon/infrequent complications associated with rhinologic disease | <ul style="list-style-type: none"> Adapts standard treatment plans and techniques to special circumstances Performs complex surgical management for patients with rhinologic disease Serves as a peer resource for managing uncommon/infrequent complications associated with rhinologic disease |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| PC-6: Laryngologic Disease | <ul style="list-style-type: none"> • Performs a history and physical examination in a patient with laryngologic disease • Assists with routine perioperative care for patients with laryngologic disease • Recognizes common complications associated with laryngologic disease | <ul style="list-style-type: none"> • Formulates a diagnostic and treatment plan for a patient with laryngologic disease • Provides routine perioperative care for patients with laryngologic disease, including both direct and indirect laryngoscopy • Initiates work-up of common complications associated with laryngologic disease | <ul style="list-style-type: none"> • Explains the risks and benefits of treatment plans for laryngologic disease • Assists with routine surgical management for patients with laryngologic disease, including direct laryngoscopy, microlaryngeal techniques, and vocal fold injections • Manages common complications and recognizes uncommon/infrequent complications associated with laryngologic disease | <ul style="list-style-type: none"> • Identifies when typical treatment plans should be modified • Performs routine surgical management and assists with complex surgical management for patients with laryngologic disease • Manages uncommon/infrequent complications associated with laryngologic c disease | <ul style="list-style-type: none"> • Adapts standard treatment plans and techniques to special circumstances • Performs complex surgical management for patients with laryngologic disease, including laryngotracheal reconstruction and arytenoid procedures • Serves as a peer resource for managing uncommon/infrequent complications associated with laryngologic disease |
| PC-8: Facial Plastic and Reconstructive Surgery | <ul style="list-style-type: none"> • Performs a history and physical examination in patients with aesthetic/functional concerns • Assists with routine perioperative care for patients receiving head and neck aesthetic/functional surgery • Recognizes common complications | <ul style="list-style-type: none"> • Formulates a diagnostic and treatment plan for a patient with aesthetic/functional concerns • Provides routine perioperative care for patients receiving head and neck aesthetic/functional surgery • Initiates work-up of common complications | <ul style="list-style-type: none"> • Explains the risks and benefits of treatment plans for aesthetic/functional surgery • Assists with routine surgical management for head and neck aesthetic/functional surgery • Manages common complications and recognizes uncommon/infrequent complications | <ul style="list-style-type: none"> • Identifies best treatment plan to address patient concerns • Performs routine surgical management for patients requiring head and neck aesthetic/functional surgery • Manages uncommon/infrequent complications | <ul style="list-style-type: none"> • Adapts standard treatment plans and techniques to special circumstances • Performs operative management of complex head and neck aesthetic/functional surgery • Serves as a peer resource for managing uncommon/infrequent complications |
| PC-9: Sleep | <ul style="list-style-type: none"> • Performs a history and physical examination in a patient with sleep concerns • Assists with routine perioperative care for sleep surgery patients • Recognizes common complications of sleep surgery and sleep disorders | <ul style="list-style-type: none"> • Formulates a diagnostic and treatment plan for a patient with sleep concerns • Provides routine perioperative care for sleep surgery patients • Initiates work-up of common complications associated with sleep surgery and sleep disorders | <ul style="list-style-type: none"> • Explains the risks and benefits of treatment plans for sleep disorders • Assists with routine surgical management of sleep disorders • Manages common complications and recognizes uncommon/infrequent complications associated with sleep surgery and sleep disorders | <ul style="list-style-type: none"> • Identifies when standard sleep interventions should be modified • Performs common surgical management of sleep disorders • Manages uncommon/infrequent complications associated with sleep surgery and sleep disorders | <ul style="list-style-type: none"> • Adapts standard treatment plans for sleep disorders to individual circumstances • Performs complex surgical management of sleep disorders • Serves as a peer resource for managing uncommon/infrequent complications |
| MEDICAL KNOWLEDGE | | | | | |
| MK-1: Anatomy | <ul style="list-style-type: none"> • Identifies normal anatomy during common operations • Articulates the steps of common operations | <ul style="list-style-type: none"> • Identifies variations in anatomy during common operations • Articulates the implications of varying anatomy on the steps of common operations | <ul style="list-style-type: none"> • Identifies normal anatomy during complex operations • Articulates the steps of complex operations | <ul style="list-style-type: none"> • Identifies variations in anatomy during complex operations • Articulates the implications of varying anatomy on the steps of complex operations | <ul style="list-style-type: none"> • Leads anatomy instruction for students and co-residents • Teaches complex variations of anatomy and implications for surgical approaches |
| MK-2: Allergy | <ul style="list-style-type: none"> • Demonstrates knowledge of allergic hypersensitivity and resulting clinical manifestations • Explains common clinical manifestations of hypersensitivity and allergic disease • Describes the potential severity of severe allergic responses | <ul style="list-style-type: none"> • Discusses pathophysiology of immunoglobulin E (IgE) – mediated hypersensitivity and roles of exposure and sensitization • Explains common complications and comorbid conditions associated with allergic disease • Demonstrates knowledge of risk factors associated with systemic reaction to allergen exposure | <ul style="list-style-type: none"> • Demonstrates knowledge of interventions, including avoidance, pharmacotherapy, and antigen-specific immunotherapy • Articulates a treatment plan for clinical manifestations of allergic rhinitis • Describes the early signs of anaphylaxis and/or systemic reaction | <ul style="list-style-type: none"> • Interprets data from allergy in-vitro or skin testing • Determines appropriateness of antigen-specific immunotherapy • Describes the basic intervention and treatment of anaphylaxis | <ul style="list-style-type: none"> • Reliably resolves discrepancies between testing results and clinical findings • Synthesizes data to modify testing strategies and treatment for difficult/high-risk patients • Describes advanced treatment of anaphylaxis |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
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| MK-3: Pathophysiology | <ul style="list-style-type: none"> • Demonstrates knowledge of normal physiology, pathophysiology, and clinical findings for otolaryngologic conditions routinely managed by non-otolaryngologists | <ul style="list-style-type: none"> • Demonstrates basic knowledge of pathophysiology and clinical findings for common otolaryngologic conditions | <ul style="list-style-type: none"> • Demonstrates advanced knowledge of pathophysiology and clinical findings for common otolaryngologic conditions | <ul style="list-style-type: none"> • Demonstrates knowledge of pathophysiology and clinical findings for uncommon otolaryngologic conditions | <ul style="list-style-type: none"> • Contributes new knowledge for pathophysiology and clinical findings for otolaryngologic conditions (e.g., publication, curriculum development) |
| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety and Quality Improvement | <ul style="list-style-type: none"> • Demonstrates knowledge of common patient safety events • Demonstrates knowledge of how to report patient safety events • Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> • Identifies system factors that lead to patient safety events • Reports patient safety events through institutional reporting systems (simulated or actual) • Describes local quality improvement initiatives | <ul style="list-style-type: none"> • Participates in analysis of patient safety events (simulated or actual) • Participates in disclosure of patient safety events to patients and families (simulated or actual) • Participates in local quality improvement initiatives | <ul style="list-style-type: none"> • Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) • Discloses patient safety events to patients and families (simulated or actual) • Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | <ul style="list-style-type: none"> • Actively engages teams and processes to modify systems to prevent patient safety events • Role models or mentors others in the disclosure of patient safety events • Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| SBP-2: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> • Demonstrates knowledge of care coordination • Identifies key elements for safe and effective transitions of care and hand-offs • Demonstrates knowledge of population and community health needs and disparities | <ul style="list-style-type: none"> • Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams • Performs safe and effective transitions of care/hand-offs in routine clinical situations • Identifies specific population and community health needs and inequities for their local population | <ul style="list-style-type: none"> • Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams • Performs safe and effective transitions of care/hand-offs in complex clinical situations • Uses local resources effectively to meet the needs of a patient population and community | <ul style="list-style-type: none"> • Role models effective coordination of patient-centered care among different disciplines and specialties • Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings • Participates in changing and adapting practice to provide for the needs of specific populations | <ul style="list-style-type: none"> • Analyzes the process of care coordination and leads in the design and implementation of improvements • Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes • Leads innovations and advocates for populations and communities with health care inequities |
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> • Demonstrates how to access and use available evidence, and incorporate patient preferences and values to take care of a routine patient | <ul style="list-style-type: none"> • Articulates clinical questions and elicits patient preferences and values to guide evidence-based care | <ul style="list-style-type: none"> • Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients | <ul style="list-style-type: none"> • Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care to the individual patient | <ul style="list-style-type: none"> • Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines |
| PBLI-2: Reflective Practice and Commitment to Personal Growth | <ul style="list-style-type: none"> • Accepts responsibility for personal and professional development by establishing goals • Identifies the factors which contribute to gap(s) between expectations and actual performance • Actively seeks opportunities to improve | <ul style="list-style-type: none"> • Demonstrates openness to performance data (feedback and other input) to inform goals • Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance • Designs and implements a learning plan, with prompting | <ul style="list-style-type: none"> • Seeks performance data episodically, with adaptability • Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance • Independently creates and implements a learning plan | <ul style="list-style-type: none"> • Intentionally seeks performance data consistently with adaptability • Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance • Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it | <ul style="list-style-type: none"> • Role models consistently seeking performance data with adaptability • Coaches others on reflective practice • Facilitates the design and implementing learning plans for others |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|---|---|--|---|
| PROFESSIONALISM | | | | | |
| PROF-1: Professional Behavior and Ethical Principles | <ul style="list-style-type: none"> Identifies and describes potential triggers for professionalism lapses Demonstrates knowledge of the ethical principles underlying patient care, including informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics | <ul style="list-style-type: none"> Demonstrates insight into professional behavior in routine situations and how to appropriately report professionalism lapses Analyzes straightforward situations using ethical principles | <ul style="list-style-type: none"> Demonstrates professional behavior in complex or stressful situations Analyzes complex situations using ethical principles and recognizes need to seek help in managing and resolving complex ethical situations | <ul style="list-style-type: none"> Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed | <ul style="list-style-type: none"> Coaches others when their behavior fails to meet professional expectations Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| PROF-2: Accountability/Conscientiousness | <ul style="list-style-type: none"> Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely tasks completion in the future Responds promptly to requests or reminders to complete tasks and responsibilities | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | <ul style="list-style-type: none"> Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Leads system outcomes |
| PROF-3: Knowledge of Systemic and Individual Factors of Well-Being | <ul style="list-style-type: none"> Recognizes the importance of getting help when needed to address personal and professional well-being | <ul style="list-style-type: none"> List resources to support personal and professional well-being Recognizes that institutional factors affect well-being | <ul style="list-style-type: none"> With prompting, reflects on how personal and professional well-being may impact one's clinical practice Describes institutional factors that affect well-being | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Participates in institutional changes to promote personal and professional well-being |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> Uses language and nonverbal behavior to demonstrate respect and establish rapport Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options | <ul style="list-style-type: none"> Establishes a therapeutic relationship in straightforward encounters using active listening and clear language Identifies complex barriers to effective communication (e.g., health literacy, cultural) Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation | <ul style="list-style-type: none"> Establishes a therapeutic relationship in challenging patient encounters When prompted, reflects on personal biases while attempting to minimize communication barriers With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals, and preferences, and acknowledges uncertainty and conflict | <ul style="list-style-type: none"> Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity Independently recognizes personal biases while attempting to proactively minimize communication barriers Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan | <ul style="list-style-type: none"> Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships Role models self-awareness while identifying a contextual approach to minimize communication barriers Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict |
| ICS-2: Interprofessional and Team Communication | <ul style="list-style-type: none"> Respectfully requests/receives a consultation Uses language that values all members of the health care team | <ul style="list-style-type: none"> Clearly and concisely requests/responds to a consultation Communicates information effectively with all health care team members Respectfully receives feedback on performance as a member of the health care team | <ul style="list-style-type: none"> Receives follow-up and feedback on the outcome of the consultation Uses active listening to adapt communication style to fit team needs Solicits feedback on performance as a member of the health care team | <ul style="list-style-type: none"> Coordinates recommendations from different members of the health care team to optimize patient care Communicates feedback and constructive criticism to superiors Communicates concerns and provides feedback to peers and learners | <ul style="list-style-type: none"> Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed Facilitates health care team-based feedback in complex situations Facilitates teaching of team-based communication and feedback |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|---|--|--|---|
| ICS-3: Communication within Health Care Systems | <ul style="list-style-type: none"> • Accurately records information in the patient record, including appropriate use of documentation templates | <ul style="list-style-type: none"> • Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record • Documents required data in formats specified by institutional policy | <ul style="list-style-type: none"> • Concisely reports diagnostic and therapeutic reasoning in the patient record • Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context | <ul style="list-style-type: none"> • Communicates clearly, concisely, timely, and in an organized written form, including anticipatory guidance • Achieves written or verbal communication (e.g., patient notes, email) that serves as an example for others to follow | <ul style="list-style-type: none"> • Models feedback to improve others' written communication • Guides departmental or institutional communication around policies and procedures |

RADIOLOGY MILESTONES

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|--|--|---|---|
| PATIENT CARE | | | | | |
| PC-1: Reporting | <ul style="list-style-type: none"> Generates reports with appropriate elements for coding Describes lexicons and structured reporting | <ul style="list-style-type: none"> Efficiently generates clear and concise reports which do not require substantive correction Uses lexicons and structured reporting that do not require substantive correction | <ul style="list-style-type: none"> Efficiently generates clear and concise reports which rarely require correction Uses lexicons and structured reporting which rarely require correction | <ul style="list-style-type: none"> Generates tailored reports meeting the needs of the care provider Proficiently uses lexicons and structured reporting to provide accurate and timely reports which do not require correction | <ul style="list-style-type: none"> Generates tailored reports meeting subspecialty needs |
| PC-2: Clinical Consultation | <ul style="list-style-type: none"> Uses electronic health records (EHRs) to obtain relevant clinical information | <ul style="list-style-type: none"> For emergent and routine radiology consultations, delineates the clinical question, obtains appropriate clinical information, and uses evidence-based imaging guidelines, recommends next steps, with assistance | <ul style="list-style-type: none"> For complex radiology consultations, delineates the clinical question, obtains appropriate clinical information, and uses evidence-based imaging guidelines, recommends next steps, with assistance | <ul style="list-style-type: none"> Manages radiology consultations independently, taking into consideration cost effectiveness and risk benefit analysis | <ul style="list-style-type: none"> Provides comprehensive radiology consultations at the expected level of a subspecialist |
| PC-3: Image Interpretation | <ul style="list-style-type: none"> Identifies primary image findings | <ul style="list-style-type: none"> Identifies secondary and critical imaging findings and formulates differential diagnoses | <ul style="list-style-type: none"> Prioritizes differential diagnoses and recommends management options | <ul style="list-style-type: none"> Provides a single diagnosis with integration of current guidelines to recommend management, when appropriate | <ul style="list-style-type: none"> Demonstrates expertise and efficiency at a level expected of a subspecialist |
| PC-4: Competence in Procedures | <ul style="list-style-type: none"> Discusses the indications for and assists with procedures Discusses potential procedural complications | <ul style="list-style-type: none"> Performs procedures, with direct supervision Recognizes complications of procedures and enlists help | <ul style="list-style-type: none"> Competently performs procedures, with indirect supervision Manages complications of procedures, with supervision | <ul style="list-style-type: none"> Proficiently and independently performs procedures as expected of a general radiologist Anticipates and independently manages complications of procedures performed by a general radiologist | <ul style="list-style-type: none"> Proficiently and independently performs procedures expected of a subspecialist Proficiently and independently manages complications of procedures performed by a subspecialist |
| MEDICAL KNOWLEDGE | | | | | |
| MK-1: Diagnostic Knowledge | <ul style="list-style-type: none"> Demonstrates knowledge of imaging anatomy Demonstrates knowledge of pathophysiology of disease processes Demonstrates knowledge of cellular and molecular systems | <ul style="list-style-type: none"> Applies knowledge of anatomy to make common imaging diagnoses Applies knowledge of pathophysiology to make common imaging diagnoses Applies knowledge of cellular and molecular systems to make common imaging diagnoses | <ul style="list-style-type: none"> Applies knowledge of anatomy to make uncommon imaging diagnoses Applies knowledge of pathophysiology to make uncommon imaging diagnoses Applies knowledge of cellular and molecular systems to make uncommon imaging diagnoses | <ul style="list-style-type: none"> Proficiently integrates knowledge of anatomic and molecular imaging with pathophysiology to formulate a diagnosis | <ul style="list-style-type: none"> Proficiently integrates knowledge of anatomic and molecular imaging with pathophysiology to formulate a diagnosis at the expected level of a subspecialist |
| MK-2: Physics | <ul style="list-style-type: none"> Discusses the basic physics for diagnostic radiology | <ul style="list-style-type: none"> Demonstrates knowledge of basic medical physics and radiobiology in diagnostic radiology | <ul style="list-style-type: none"> Applies knowledge of basic medical physics and radiobiology to imaging | <ul style="list-style-type: none"> Applies physical principles to optimize image quality, including dose reduction strategies | <ul style="list-style-type: none"> Teaches physical principles to optimize image quality to other specialties |
| MK-3: Protocol Selection and Contrast Agent Selection/Dosing | <ul style="list-style-type: none"> Discusses the protocols and contrast agent/dose for imaging | <ul style="list-style-type: none"> Selects appropriate protocols and contrast agent/dose for emergent and routine imaging | <ul style="list-style-type: none"> Selects appropriate protocols and contrast agent/dose for emergent and routine imaging | <ul style="list-style-type: none"> Modifies protocols and contrast agent/dose as determined by clinical circumstances | <ul style="list-style-type: none"> Develops imaging protocols |
| MK-4: Imaging Technology and Image Acquisition | <ul style="list-style-type: none"> Discusses imaging technology and image acquisition | <ul style="list-style-type: none"> Demonstrates knowledge of basic image acquisition and image processing, and recognizes common imaging artifacts and technical problems | <ul style="list-style-type: none"> Demonstrates knowledge of instrument quality control and image reconstruction and troubleshoots for artifact reduction | <ul style="list-style-type: none"> Proficiently optimizes image acquisition and processing in collaboration with the technology/imaging team | <ul style="list-style-type: none"> Presents or publishes research on imaging technology |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|--|---|---|---|
| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety | <ul style="list-style-type: none"> • Demonstrates knowledge of common patient safety events • Demonstrates knowledge of how to report patient safety events | <ul style="list-style-type: none"> • Identifies system factors that lead to patient safety events • Reports patient safety events through institutional reporting systems (simulated or actual) | <ul style="list-style-type: none"> • Participates in analysis of patient safety events (simulated or actual) • Participates in disclosure of patient safety events to patients and patients' families (simulated or actual) | <ul style="list-style-type: none"> • Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) • Discloses patient safety events to patients and families (simulated or actual) | <ul style="list-style-type: none"> • Actively engages teams and processes to modify systems to prevent patient safety events • Role models or mentors others in the disclosure of patient safety events |
| SBP-2: Quality Improvement | <ul style="list-style-type: none"> • Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> • Describes local quality improvement initiatives | <ul style="list-style-type: none"> • Participates in local quality improvement initiatives | <ul style="list-style-type: none"> • Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | <ul style="list-style-type: none"> • Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| SBP-3: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> • Demonstrates knowledge of care coordination in radiology imaging/procedures • Identifies key elements for safe and effective transitions of care and hand-offs • Demonstrates knowledge of population and community health needs and disparities | <ul style="list-style-type: none"> • Coordinates care of patients in routine radiology imaging/procedures effectively using the roles of interprofessional teams • Performs safe and effective transitions of care/hand-offs in routine clinical situations • Identifies specific population and community health needs and inequities for the local population | <ul style="list-style-type: none"> • Coordinates care of patients in complex radiology imaging/procedures effectively using the roles of interprofessional teams • Performs safe and effective transitions of care/hand-offs in complex clinical situations • Identifies local resources available to meet the needs of a patient population and community | <ul style="list-style-type: none"> • Role models effective coordination of patient-centered care among different disciplines and specialties • Role models safe and effective transitions of care/hand-offs • Participates in adapting the practice to provide for the needs of specific populations (actual or simulated) | <ul style="list-style-type: none"> • Analyzes the process of care coordination and leads in the design and implementation of improvements • Improves quality of transitions of care to optimize patient outcomes • Leads innovations and advocates for populations and communities with health care inequities |
| SBP-5: Contrast Agent Safety | <ul style="list-style-type: none"> • Demonstrates knowledge of contrast reactions | <ul style="list-style-type: none"> • Recognizes contrast reactions (simulated or actual) | <ul style="list-style-type: none"> • Manages contrast reactions, with supervision (simulated or actual) | <ul style="list-style-type: none"> • Independently manages contrast reactions (simulated or actual) | <ul style="list-style-type: none"> • Leads educational experience in simulation laboratory for contrast reaction |
| SBP-6: Radiation Safety | <ul style="list-style-type: none"> • Demonstrates knowledge of the mechanisms of radiation injury and the ALARA ("as low as reasonably achievable") concept | <ul style="list-style-type: none"> • Accesses resources to determine exam-specific average radiation dose information | <ul style="list-style-type: none"> • Communicates the relative risk of exam-specific radiation exposure to patients and practitioners | <ul style="list-style-type: none"> • Applies principles of ALARA in daily practice | <ul style="list-style-type: none"> • Creates, implements, and assesses radiation safety initiatives at the institutional level |
| SBP-7: Magnetic Resonance (MR) Safety | <ul style="list-style-type: none"> • Demonstrates knowledge of the risks of magnetic resonance imaging (MRI), including safety zones and pre-MR screening | <ul style="list-style-type: none"> • Accesses resources to determine the safety of implanted devices and retained foreign bodies | <ul style="list-style-type: none"> • Communicates MR safety, including implants and retained foreign bodies, to patients and practitioners | <ul style="list-style-type: none"> • Applies principles of MR safety to daily practice | <ul style="list-style-type: none"> • Creates, implements, and assesses MR safety initiatives at the institutional level |
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> • Demonstrates how to access and use available evidence to determine the best imaging examination for a routine patient/diagnosis | <ul style="list-style-type: none"> • Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based imaging | <ul style="list-style-type: none"> • Locates and applies the best available evidence, integrated with patient preferences and values, to the care of complex patients | <ul style="list-style-type: none"> • Critically appraises conflicting evidence to guide care, tailored to the individual patient | <ul style="list-style-type: none"> • Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines |
| PBLI-2: Reflective Practice and Commitment to Personal Growth | <ul style="list-style-type: none"> • Accepts responsibility for personal and professional development by establishing goals • Identifies the factors which contribute to gap(s) between expectations and actual performance • Actively seeks opportunities to improve | <ul style="list-style-type: none"> • Receptive to performance data and feedback in order to adjust goals • Analyzes and reflects on factors which contribute to gap(s) between expectations and actual performance • Designs and implements a learning plan, with prompting | <ul style="list-style-type: none"> • Episodically seeks performance data and feedback, with humility and adaptability • Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance • Designs and implements a learning plan independently | <ul style="list-style-type: none"> • Consistently seeks performance data and feedback with humility and adaptability • Analyzes effectiveness of behavioral changes where appropriate and considers alternatives in narrowing the gap(s) between expectations and actual performance • Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it | <ul style="list-style-type: none"> • Coaches other learners to consistently seek performance data and feedback • Coaches others on reflective practice • Facilitates the design and implements learning plans for others |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|---|--|--|--|
| PROFESSIONALISM | | | | | |
| PROF-1: Professional Behavior and Ethical Principles | <ul style="list-style-type: none"> • Demonstrates knowledge of expectations for professional behavior and describes how to appropriately report professional lapses • Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, and stewardship of limited resources | <ul style="list-style-type: none"> • Demonstrates insight into professional behavior in routine situations and takes responsibility for own professionalism lapses • Analyzes straightforward situations using ethical principles | <ul style="list-style-type: none"> • Demonstrates professional behavior in complex or stressful situations • Recognizes need to seek help in managing and resolving complex ethical situations | <ul style="list-style-type: none"> • Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others • Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation) | <ul style="list-style-type: none"> • Coaches others when their behavior fails to meet professional expectations • Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| PROF-2: Accountability/Conscientiousness | <ul style="list-style-type: none"> • Responds promptly to requests or reminders to complete tasks and responsibilities | <ul style="list-style-type: none"> • Performs tasks and responsibilities in a timely manner to ensure that the needs of patients, teams, and systems are met in routine situations | <ul style="list-style-type: none"> • Performs tasks and responsibilities in a timely manner to ensure that the needs of patients, teams, and systems are met in complex or stressful situations | <ul style="list-style-type: none"> • Recognizes and raises awareness of situations that may impact others' ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> • Takes ownership of system outcomes |
| PROF-3: Self-Awareness and Help Seeking | <ul style="list-style-type: none"> • Recognizes status of personal and professional well-being, with assistance, and is aware of available resources • Recognizes limits in the knowledge/skills of self or team, with assistance | <ul style="list-style-type: none"> • Independently recognizes status of personal and professional well-being using available resources when appropriate • Independently recognizes limits in the knowledge/skills of self or team and demonstrates appropriate help-seeking behaviors | <ul style="list-style-type: none"> • With assistance, proposes a plan to optimize personal and professional well-being • With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team | <ul style="list-style-type: none"> • Independently develops a plan to optimize personal and professional well-being • Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team | <ul style="list-style-type: none"> • Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> • Accurately communicates own role within the health care system • Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options | <ul style="list-style-type: none"> • Identifies barriers to effective communication (e.g., language, health literacy, cultural) • Organizes and initiates communication with patient/family by clarifying expectations and verifying understanding of the clinical situation | <ul style="list-style-type: none"> • Identifies biases that hinder effective communication • With guidance, sensitively and compassionately delivers medical information, elicits patient goals and preferences, and acknowledges uncertainty and conflict | <ul style="list-style-type: none"> • Actively minimizes communication barriers • Independently, uses shared decision making to align patient goals, and preferences with treatment options to make a personalized care plan | <ul style="list-style-type: none"> • Coaches other learners to minimize communication barriers • Coaches other learners in shared decision making |
| ICS-2: Interprofessional and Team Communication | <ul style="list-style-type: none"> • Respectfully receives a consultation request • Demonstrates knowledge of the institutional and national communication guidelines | <ul style="list-style-type: none"> • Clearly and concisely responds to a consultation request • Communicates emergent findings according to institutional or national guidelines | <ul style="list-style-type: none"> • Checks understanding of recommendations when providing consultation • Communicates non-emergent findings where failure to act may adversely affect patient outcome | <ul style="list-style-type: none"> • Coordinates recommendations from different members of the health care team to optimize patient care • Communicates findings and management options (as appropriate) which are tailored to the referring provider | <ul style="list-style-type: none"> • Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed • Coaches other learners in tailored communications to referring providers |
| ICS-3: Communication within Health Care Systems | <ul style="list-style-type: none"> • Demonstrates knowledge of institutional communications policies | <ul style="list-style-type: none"> • Communicates appropriately as required by institutional policy | <ul style="list-style-type: none"> • Communicates systems concerns in a respectful manner | <ul style="list-style-type: none"> • Communicates clear and constructive suggestions to improve systems | <ul style="list-style-type: none"> • Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field) |

RHEUMATOLOGY MILESTONES

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|--|---|---|--|
| PATIENT CARE | | | | | |
| PC-1: Gathers an Essential and Accurate Patient History | <ul style="list-style-type: none"> Acquires a basic rheumatic history Reviews available medical records | <ul style="list-style-type: none"> Integrates a rheumatic history with a comprehensive medical history, including functional aspects Identifies relevant findings in the medical record | <ul style="list-style-type: none"> Acquires a tailored comprehensive rheumatic history, including historical subtleties and psychosocial aspects Independently requests additional information to supplement available medical records | <ul style="list-style-type: none"> Integrates the current patient history with the complete medical record, supplemental information, and disease activity measures | <ul style="list-style-type: none"> Identified as a role model in interpreting subtleties and resolving ambiguities in the patient history |
| PC-2: Physical Examination | <ul style="list-style-type: none"> Identifies the elements of a comprehensive physical examination Identifies the elements of a musculoskeletal examination | <ul style="list-style-type: none"> Performs all elements of a comprehensive physical examination Performs all elements of a musculoskeletal examination | <ul style="list-style-type: none"> Performs a tailored comprehensive physical examination including advanced techniques, when applicable Performs a tailored comprehensive musculoskeletal examination including advanced techniques, when applicable | <ul style="list-style-type: none"> Performs a tailored comprehensive physical examination that elicits subtle findings Performs a tailored comprehensive musculoskeletal examination that elicits subtle findings | <ul style="list-style-type: none"> Identified as a role model for performing and interpreting a comprehensive, accurate physical and musculoskeletal examination |
| PC-3: Comprehensive Management Plan Development | <ul style="list-style-type: none"> With supervision, formulates a differential diagnosis for a patient Demonstrates an awareness of disease activity measures With supervision, develops a management plan | <ul style="list-style-type: none"> Independently formulates a broad differential diagnosis for typical disease presentations Identifies applicable disease activity measures Independently develops a management plan for a patient with common disease presentations | <ul style="list-style-type: none"> Independently formulates a prioritized differential diagnosis for typical disease presentations Incorporates and interprets the results of disease activity measure Independently recognizes disease acuity, and with supervision, develops a prioritized management plan | <ul style="list-style-type: none"> Independently formulates a prioritized differential diagnosis with consideration of typical and atypical disease presentations Independently develops and implements a prioritized management plan with consideration of acuity and complexity of disease presentation | <ul style="list-style-type: none"> Independently formulates a prioritized differential diagnosis with consideration of newly recognized and emerging conditions Identified as an expert resource for management of a focused disease area |
| PC-4: Therapeutics, Including Immunomodulatory Agents | <ul style="list-style-type: none"> Identifies indications and adverse effects of medications used to treat patients with common rheumatic conditions | <ul style="list-style-type: none"> Prescribes and monitors medications used in patients with common rheumatic conditions Evaluates for comorbidities that may alter therapeutic recommendations | <ul style="list-style-type: none"> Prescribes, monitors, and assesses the response to pharmacotherapy used in the management of patients with common rheumatic conditions Modifies treatment plans to address comorbidities, with supervision | <ul style="list-style-type: none"> Integrates best available evidence to prescribe, monitor, and assess the response to pharmacotherapy used in the management of patients with common and complex rheumatic conditions Independently modifies treatment plans to address comorbidities | <ul style="list-style-type: none"> Develops a clinical practice pathway for management of patients with rheumatic conditions |
| PC-5: Procedures | <ul style="list-style-type: none"> Identifies indications for joint and soft tissue aspirations and injections, and discusses principles of informed consent | <ul style="list-style-type: none"> Performs common joint and soft tissue injections and aspirations with direct supervision, including independently discussing risks and benefits, obtaining informed consent, identifying anatomic landmarks, and demonstrating aseptic technique Recognizes the role of musculoskeletal ultrasound in the diagnosis and treatment of patients with rheumatic conditions | <ul style="list-style-type: none"> Performs common joint and soft tissue aspirations and injections with indirect supervision Interprets the findings of musculoskeletal ultrasound for common conditions with supervision | <ul style="list-style-type: none"> Independently performs common joint and soft tissue aspirations and injections Independently interprets the findings of musculoskeletal ultrasound for common conditions, and recognizes the role of ultrasound in non-musculoskeletal rheumatic conditions | <ul style="list-style-type: none"> Independently performs complex joint and soft tissue aspirations or injections, including unusual sites, anatomic abnormalities, or incorporating imaging guidance Independently performs and interprets point-of-care diagnostic ultrasound and uses ultrasound to guide invasive procedures |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|---|--|---|---|
| PC-6: Provides Consultative Care | <ul style="list-style-type: none"> • Respectfully receives a consultation request • With supervision, recognizes disease acuity | <ul style="list-style-type: none"> • Clearly and concisely responds to a consultation request • Independently recognizes disease acuity | <ul style="list-style-type: none"> • Verifies understanding of recommendations with the primary team when providing consultation • Recognizes disease acuity and prioritizes management steps | <ul style="list-style-type: none"> • Integrates recommendations from different members of the health care team and effectively conveys consultative assessment and rationale to all health care team members • Mobilizes resources to provide care in high-acuity situations | <ul style="list-style-type: none"> • Identified as a role model for the provision of consultative care across the spectrum of disease complexity and acuity |
| MEDICAL KNOWLEDGE | | | | | |
| MK-1: Possesses Clinical Knowledge | <ul style="list-style-type: none"> • Identifies key features of common rheumatic conditions • Demonstrates basic knowledge of anatomy, physiology, and other basic sciences | <ul style="list-style-type: none"> • Demonstrates broad knowledge of common rheumatic conditions • Demonstrates basic knowledge of anatomy, genetics, immunology, metabolism, and other basic sciences pertaining to rheumatic conditions | <ul style="list-style-type: none"> • Demonstrates knowledge of less common rheumatic conditions as well as common rheumatic conditions associated with higher complexity • Demonstrates in-depth knowledge of anatomy, genetics, immunology, metabolism, and other basic sciences pertaining to rheumatic conditions | <ul style="list-style-type: none"> • Integrates knowledge of the pathogenesis, epidemiology, clinical expression, treatments, and prognosis of a broad range of rheumatic conditions • Integrates knowledge of anatomy, genetics, immunology, metabolism, and other basic sciences pertaining to a broad range of rheumatic conditions | <ul style="list-style-type: none"> • Identified as a subject matter expert in basic and/or clinical science of rheumatic conditions |
| MK-2: Knowledge of Diagnostic Testing | <ul style="list-style-type: none"> • Explains the rationale, risks, and benefits for common diagnostic testing in patients being evaluated for rheumatic conditions | <ul style="list-style-type: none"> • Integrates value and test characteristics into diagnostic strategies in patients with uncomplicated rheumatic conditions | <ul style="list-style-type: none"> • Integrates value and test characteristics into diagnostic strategies in patients with complex rheumatic conditions | <ul style="list-style-type: none"> • Integrates and reconciles information, including non-specific and/or conflicting diagnostic test results to form a cohesive evaluation | <ul style="list-style-type: none"> • Identified as an expert in testing strategies and in the selection and interpretation of complex, new, or emerging tests |
| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety and Quality Improvement | <ul style="list-style-type: none"> • Demonstrates knowledge of common patient safety events • Demonstrates knowledge of how to report patient safety events • Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> • Identifies system factors that lead to patient safety events • Reports patient safety events through institutional reporting systems (actual or simulated) • Describes quality improvement initiatives relevant to rheumatology practice | <ul style="list-style-type: none"> • Participates in analysis of patient safety events (simulated or actual) • Participates in disclosure of patient safety events to patients and families (simulated or actual) • Participates in quality improvement initiatives relevant to rheumatology practice | <ul style="list-style-type: none"> • Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) • Discloses patient safety events to patients and families (simulated or actual) • Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | <ul style="list-style-type: none"> • Actively engages teams and processes to modify systems to prevent patient safety events • Role models or mentors others in the disclosure of patient safety events • Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| SBP-2: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> • Demonstrates knowledge of care coordination • Identifies key elements for safe and effective transitions of care and hand-offs • Demonstrates knowledge of population and community health needs and disparities | <ul style="list-style-type: none"> • Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams • Performs safe and effective transitions of care/hand-offs in routine clinical situations • Identifies specific population and community health needs and inequities for their local population | <ul style="list-style-type: none"> • Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams • Performs safe and effective transitions of care/hand-offs in complex clinical situations • Uses local resources effectively to meet the needs of a patient population and community | <ul style="list-style-type: none"> • Role models effective coordination of patient-centered care among different disciplines and specialties • Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings • Participates in changing and adapting practice to provide for the needs of specific populations | <ul style="list-style-type: none"> • Leads in the design and implementation of improvements to the care coordination process • Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes • Leads innovations and advocates for populations and communities with health care inequities |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> Formulates clinical questions and elicits patient preferences to inform care | <ul style="list-style-type: none"> Locates available evidence and incorporates patient preferences to inform patient care | <ul style="list-style-type: none"> Evaluates and applies best available evidence and incorporates patient preferences and values in order to provide care tailored to individual patients | <ul style="list-style-type: none"> Critically appraises and applies evidence, and recognizes gaps and conflicting evidence to guide care tailored to individual patients | <ul style="list-style-type: none"> Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines |
| PBLI-2: Commitment to Reflective Practice and Personal Growth | <ul style="list-style-type: none"> Establishes personal and professional goals, identifying gap(s) between goals and current performance | <ul style="list-style-type: none"> Demonstrates receptiveness to feedback, analyzing and reflecting on factors contributing to gap(s) between goals and current performance Designs and implements a learning plan, with prompting | <ul style="list-style-type: none"> Seeks feedback episodically, and institutes behavioral change(s) when necessary Independently creates and implements an individualized learning plan | <ul style="list-style-type: none"> Seeks feedback consistently, and sustains behavioral change as necessary Uses data and feedback from multiple sources to measure the effectiveness of the learning plan and when necessary, improves it | <ul style="list-style-type: none"> Role models consistently seeking performance data with adaptability and humility, and coaches others on reflective practice Facilitates the design and the implementation of learning plans for others |
| PROFESSIONALISM | | | | | |
| PROF-1: Professional Behavior | <ul style="list-style-type: none"> Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers | <ul style="list-style-type: none"> Identifies and describes triggers for professionalism lapses and takes responsibility for own professional behavior | <ul style="list-style-type: none"> Proactively recognizes situations that may trigger professionalism lapses | <ul style="list-style-type: none"> Demonstrates professional behavior in complex or stressful situations and intervenes to prevent lapses in self and others | <ul style="list-style-type: none"> Coaches others when behavior fails to meet professional expectations |
| PROF-2: Ethical Principles | <ul style="list-style-type: none"> Demonstrates knowledge of basic ethical principles | <ul style="list-style-type: none"> Applies basic principles to resolve straightforward ethical situations | <ul style="list-style-type: none"> Analyzes complex situations using ethical principles and recognizes need to seek help in resolving complex ethical situations | <ul style="list-style-type: none"> Manages and resolves complex ethical dilemmas using available resources | <ul style="list-style-type: none"> Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| PROF-2: Accountability/Conscientiousness | <ul style="list-style-type: none"> Performs tasks and responsibilities, with prompting Takes responsibility for failure to complete tasks and responsibilities | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with attention to detail in routine situations Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with attention to detail in complex or stressful situations Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Demonstrates leadership to ensure tasks and responsibilities are completed in a timely manner with attention to detail in complex or stressful situations Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | <ul style="list-style-type: none"> Creates strategies to enhance others' ability to efficiently complete tasks and responsibilities |
| PROF-3: Self-Awareness and Help-Seeking | <ul style="list-style-type: none"> Recognizes status of own and others' well-being, with assistance With assistance recognizes personal gaps in knowledge, skills, and attitudes | <ul style="list-style-type: none"> Independently recognizes status of own and others' well-being, and asks for help when needed Independently recognizes limits in personal knowledge, skills, and attitudes | <ul style="list-style-type: none"> Recognizes the impact of own and others' well-being on the patient and team, with assistance With assistance, develops a plan to improve personal knowledge, skills, and attitudes | <ul style="list-style-type: none"> Independently recognizes the impact of own and others' well-being on the patient and team, and asks for help when needed Independently implements a plan to improve personal knowledge, skills, and attitudes | <ul style="list-style-type: none"> Leads initiatives to improve wellness at the program or institutional level Coaches others when limitations in knowledge, skills, and attitudes do not meet professional expectations |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> Uses language and nonverbal behavior to demonstrate respect and establish rapport Recognizes common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system | <ul style="list-style-type: none"> Establishes a therapeutic relationship with the patient in uncomplicated clinical encounters using active listening and clear language Recognizes complex barriers to effective communication (e.g., health literacy, cultural competency) | <ul style="list-style-type: none"> Establishes a therapeutic relationship with the patient in challenging clinical encounters Adjusts communication strategies based on identified barriers, incorporating patient and caregiver expectations and goals of care | <ul style="list-style-type: none"> Consistently establishes and maintains therapeutic relationships using shared decision making Uses self-reflection to proactively minimize communication barriers | <ul style="list-style-type: none"> Serves as a role model in establishing respectful, culturally sensitive therapeutic relationships while mitigating communication barriers |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|--|---|---|--|
| ICS-2: Interprofessional and Team Communication | <ul style="list-style-type: none"> • Uses language that is respectful and values all members of the health care team • Accepts feedback from team members | <ul style="list-style-type: none"> • Communicates basic information effectively with all health care team members • Solicits feedback on performance as a member of the health care team | <ul style="list-style-type: none"> • Communicates highly complex information effectively with all health care team members • Provides feedback to peers and other learners on the team | <ul style="list-style-type: none"> • Optimizes flexible communication strategies using input from all team members to build consensus and resolve conflicts, as needed • Communicates detailed and effective feedback to any member of the health care team | <ul style="list-style-type: none"> • Demonstrates leadership in promoting open and safe communication within and between teams • Educates others in providing effective feedback |
| ICS-3: Patient-Centered Interprofessional Communication within Health Care Systems | <ul style="list-style-type: none"> • Accurately records information in the patient record • Safeguards patient personal health information in direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) communications | <ul style="list-style-type: none"> • Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record • Accurate and timely documentation with appropriate use of documentation tools | <ul style="list-style-type: none"> • Concisely reports diagnostic and therapeutic reasoning in the patient record • Appropriately selects direct and indirect forms of communication based on context | <ul style="list-style-type: none"> • Communicates clearly, concisely, timely, and in an organized written form, including anticipatory guidance • Produces written or verbal communication (e.g., patient notes, email) that could serve as an example for others to follow | <ul style="list-style-type: none"> • Participates in establishing communication tools or policies for the division, department, or institution |

PGY-2/3/4 EVALUATION FORMS AND MILESTONES

Most of the questions on the faculty evaluation of the resident on each rotation and semi-annually on their overall performance are based on the ACGME milestones. The ACGME milestones were designed for the 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.

Milestones are arranged into numbered levels. Selection of a level implies that the resident substantially demonstrates the milestones in that level, as well as those in lower levels.

A general interpretation of levels for the Ophthalmology milestones:

- Level 1: The resident demonstrates milestones expected of a resident who has had some education in ophthalmology.
- Level 2: The resident is advancing and demonstrating additional milestones.
- Level 3: The resident continues to advance and is demonstrating additional milestones; the resident consistently demonstrates 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.”

--- ACGME Ophthalmology Milestone Project

Faculty Evaluation of Resident Rotation

The milestones for each rotation are listed in the goals and objectives section of the manual.

6-Month Review of Resident

Faculty Evaluation of Resident and Self Evaluation: The milestones for the semi-annual review for both the faculty evaluation of the resident and the self evaluation are as follows:

- **PATIENT CARE AND PROCEDURAL SKILLS**
 - PC-1. Data Acquisition – Basic Ophthalmology Exam and Testing
 - PC-2. Hospital-Based Consultation
 - PC-3. Office-Based Procedures
 - PC-4. Cataract Surgery – Technical Skill
 - PC-5. Extraocular Surgery (Plastics, Strabismus)
 - PC-6. Intraocular Surgery (Cornea, Retina, Glaucoma)

- MEDICAL KNOWLEDGE
 - MK-1. Pathophysiology
 - MK-2. Differential Diagnosis
 - MK-3. Therapeutic Interventions
- SYSTEMS-BASED PRACTICE
 - SBP-1. Patient Safety and Quality Improvement
 - SBP-2. System Navigation for Patient-Centered Care
 - SBP-3. Physician Role in Health Care Systems
- PRACTICE-BASED LEARNING AND IMPROVEMENT
 - PBLI-1. Evidence-Based and Informed Practice
 - PBLI-2. Reflective Practice and Commitment to Personal Growth
- PROFESSIONALISM
 - PROF-1. Professional Behavior and Ethical Principles
 - PROF 2. Accountability/Conscientiousness
 - PROF-3. Self-Awareness and Help-Seeking
- INTERPERSONAL AND COMMUNICATION SKILLS
 - ICS-1. Patient and Family-Centered Communication
 - ICS-2. Interprofessional and Team Communication
 - ICS-3. Communication within Health Care Systems

Peer Evaluation: The milestones are the same as above except the medical knowledge section has been omitted.

The milestones are listed on the following pages.

OPHTHALMOLOGY MILESTONES
Effective July 1, 2020

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|--|---|--|--|--|
| PATIENT CARE | | | | | |
| PC-1: Data Acquisition – Basic Ophthalmology Exam and Testing | <ul style="list-style-type: none"> Acquires relevant problem-focused history, including outside medical record Performs and documents a comprehensive ophthalmic examination; distinguishes between normal and abnormal findings | <ul style="list-style-type: none"> Performs problem-focused exam with appropriate techniques (e.g., gonioscopy and scleral depression), consistently identifies common abnormalities on examination; may identify subtle findings Orders, performs, and interprets basic testing (e.g., visual field testing, Optical Coherence Tomography, B-scan) | <ul style="list-style-type: none"> Identifies subtle or uncommon examination findings of common disorders and typical or common findings of rarer disorders Interprets unusual findings on routine testing, identifies artifacts; recognizes indications for advanced diagnostic tests and imaging procedures (e.g., specular microscopy, electroretinography) | <ul style="list-style-type: none"> Orders and interprets advanced diagnostic tests and imaging procedures according to evidence-based medicine (i.e., when and when not to order testing) | <ul style="list-style-type: none"> Demonstrates expertise in advanced diagnostic tests and imaging |
| PC-2: Hospital-Based Consultation | <ul style="list-style-type: none"> Acquires relevant problem-focused history, including outside medical records Performs inpatient consultation, with direct supervision | <ul style="list-style-type: none"> Triages consult requests Performs a complete examination Recognizes ophthalmic emergencies and initiates non-surgical treatment plan, with indirect supervision | <ul style="list-style-type: none"> Manages consultations (including coordination of care) requiring surgical intervention, including procedural options and timing; requests ophthalmic subspecialty advice, with indirect supervision Manages ophthalmic emergencies with non-surgical and surgical treatment, with indirect supervision | <ul style="list-style-type: none"> Manages consultations (including coordination of care) requiring surgical intervention, including procedural options and timing; requests ophthalmic subspecialty input, with oversight Manages ophthalmic emergencies with non-surgical and surgical treatment, with oversight | <ul style="list-style-type: none"> Oversees the consultation process and manages interdisciplinary systems issues affecting patient care |
| PC-3: Office-Based Procedures | <ul style="list-style-type: none"> Describes essential components of care related to office-based procedures (e.g., informed consent, indications and contraindications, anesthesia, sterile procedures prep) | <ul style="list-style-type: none"> Administers anesthesia and performs procedure, with direct supervision Recognizes and manages intra- and post-operative complications, with direct supervision | <ul style="list-style-type: none"> Administers anesthesia and performs procedure, with indirect supervision Manages intra- and post-operative complications, with indirect supervision | <ul style="list-style-type: none"> Administers anesthesia and performs procedure, with oversight Manages intra- and post-operative complications, with oversight | <ul style="list-style-type: none"> Incorporates recent advancements in technologies or techniques |
| PC-4: Cataract Surgery – Technical Skill | <ul style="list-style-type: none"> Identifies visually significant cataract Demonstrates ability to scrub, prep and drape patient for surgery; performs basic suturing skills | <ul style="list-style-type: none"> Assesses patients for routine cataract surgery Performs elements of cataract surgery in the hands-on surgical skills laboratory and in the operating room (OR) Manages common post-operative complications (e.g., post-op pain, high intraocular pressure) | <ul style="list-style-type: none"> Assesses patients for complex cataract surgery Performs routine cataract surgery in the OR Manages common intra- and post-operative complications (e.g., posterior capsule rupture, wound leak) | <ul style="list-style-type: none"> Assesses patients who are candidates for refractive intraocular lenses to correct astigmatism and/or provide near correction Performs cataract surgery requiring complex technical maneuvers (e.g., pupil expander, capsular tension ring) Manages complex intra- and post-operative complications (e.g., endophthalmitis) | <ul style="list-style-type: none"> Assesses patients for intraocular lenses complications requiring a more complex intervention Performs lens surgery for patients with complications requiring a more complex intervention (e.g., sutured intraocular lenses) Manages rare and complex intra- and post-operative complications (e.g., aqueous misdirection, suprachoroidal hemorrhage) |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|---|---|---|--|
| PC-5: Extraocular Surgery (Plastics, Strabismus) | <ul style="list-style-type: none"> • Demonstrates ability to scrub, prep and drape patient for surgery; performs basic suturing skills • Identifies common post-operative complications (e.g., post-op pain, bleeding) | <ul style="list-style-type: none"> • Identifies patients for routine extraocular surgery • Performs simple extraocular surgery (e.g., simple lid laceration repair, nasolacrimal duct probing) • Manages common post-operative complications | <ul style="list-style-type: none"> • Develops a pre-operative plan for routine extraocular surgery • Performs routine extraocular surgery (e.g., complex lid laceration repair, horizontal strabismus, ptosis) • Manages intra- and post-operative complications (e.g., bleeding, perforation) | <ul style="list-style-type: none"> • Develops a pre-operative plan for complex extraocular surgery • Performs complex extraocular surgery (e.g., vertical strabismus), with assistance • Manages complex intra- and post-operative complications (e.g., infection, retrobulbar hemorrhage) | <ul style="list-style-type: none"> • Assess patients and develops a pre-operative plan for complex/ multidisciplinary extraocular surgery (e.g., nerve sheath decompression, vessel sparing strabismus) • Performs complex extraocular surgery |
| PC-6: Intraocular Surgery (Cornea, Retina, Glaucoma) | <ul style="list-style-type: none"> • Demonstrates ability to scrub, prep and drape patient for surgery; performs basic suturing skills | <ul style="list-style-type: none"> • Assesses patients for routine intraocular surgery • Performs routine intraocular surgery in the hands-on surgical skills laboratory • Manages common post-operative complications (e.g., post-op pain, high intraocular pressure) | <ul style="list-style-type: none"> • Assesses patients for complex intraocular surgery • Assists in subspecialty intraocular surgery • Manages common intra- operative complications (e.g., flat chamber, wound leak, hyphema) | <ul style="list-style-type: none"> • Assesses patients for multispecialty intraocular surgeries • Performs routine intraocular surgery • Manages complex intra- and post-operative complications (e.g., re-bubble graft, blebitis) | <ul style="list-style-type: none"> • Assess patients requiring surgery from multiple disciplines (e.g., plastic surgery, facial trauma) • Performs complex intraocular surgery • Manages rare and complex intra- and post-operative complications (e.g., tube erosion, proliferative vitreoretinopathy) |

MEDICAL KNOWLEDGE

| | | | | | |
|---------------------------------|--|--|--|---|--|
| MK-1: Pathophysiology | <ul style="list-style-type: none"> • Articulates knowledge of pathophysiology and clinical findings for ophthalmic conditions routinely managed by non-ophthalmologists | <ul style="list-style-type: none"> • Demonstrates basic knowledge of pathophysiology and clinical findings for common ophthalmic conditions routinely managed by ophthalmologists | <ul style="list-style-type: none"> • Demonstrates advanced knowledge of pathophysiology and clinical findings for commonly encountered ophthalmic conditions; demonstrates basic knowledge of pathophysiology and clinical findings for uncommon conditions | <ul style="list-style-type: none"> • Demonstrates advanced knowledge of pathophysiology and clinical findings for uncommon ophthalmic conditions | <ul style="list-style-type: none"> • Contributes new knowledge for pathophysiology and clinical findings for ophthalmic conditions (e.g., publication, curriculum development) |
| MK-2: Differential Diagnosis | <ul style="list-style-type: none"> • Identifies resources to generate a focused differential • Generates a basic differential diagnosis based on patient symptoms and history | <ul style="list-style-type: none"> • Generates comprehensive differential diagnosis based on patient symptoms and history; documents and presents differential in oral presentation clearly and concisely • Describes diagnostic tests to aid in the differential diagnosis | <ul style="list-style-type: none"> • Generates refined differential based on patient symptoms, history and examination findings, distinguishing between common and uncommon conditions • Selects additional diagnostic testing to distinguish between conditions on the differential | <ul style="list-style-type: none"> • Generates probabilistic differential diagnosis in patients with multiple ocular and medical comorbidities; modifies likely differential with new information from additional testing • Articulates the rationale for ordering diagnostic testing in hierarchical fashion based upon probabilistic differential | <ul style="list-style-type: none"> • Recognizes, self-reflects, and shares experiences to educate others on factors that contributed to missed diagnosis or faulty clinical reasoning (e.g., publication, curriculum development) |
| MK-3: Therapeutic Interventions | <ul style="list-style-type: none"> • Describes basic concepts of ophthalmic pathophysiology and pharmacology • Describes basic ophthalmic anatomy and categories of procedural interventions | <ul style="list-style-type: none"> • Explains relevant pathophysiology and lists indications and contraindications for planned medical therapy • Explains indications, contraindications, and relevant steps required for procedural intervention (e.g., anesthesia, technique, instruments) | <ul style="list-style-type: none"> • Identifies and describes side effects of medical therapies and ways to minimize potential complications • Identifies and describes causes of complications and alternatives for routine procedural interventions | <ul style="list-style-type: none"> • Describes and articulates the rationale for using emerging alternative medical therapies • Describes and articulates the rationale for using novel alternative procedural interventions | <ul style="list-style-type: none"> • Participates in the development and dissemination of novel therapies or interventions |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|---|---|---|--|--|
| SYSTEMS-BASED PRACTICE | | | | | |
| SBP-1: Patient Safety and Quality Improvement | <ul style="list-style-type: none"> • Demonstrates knowledge of common patient safety events • Demonstrates knowledge of how to report patient safety events • Demonstrates knowledge of basic quality improvement methodologies and metrics | <ul style="list-style-type: none"> • Identifies system factors that lead to patient safety events • Reports patient safety events through institutional reporting systems (simulated or actual) • Describes local quality improvement initiatives (e.g., eye protection for high risk activities, diabetic eye screening) | <ul style="list-style-type: none"> • Participates in analysis of patient safety events (simulated or actual) • Participates in disclosure of patient safety events to patients and families (simulated or actual) • Participates in local quality improvement initiatives | <ul style="list-style-type: none"> • Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) • Discloses patient safety events to patients and families (simulated or actual) • Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | <ul style="list-style-type: none"> • Actively engages teams and processes to modify systems to prevent patient safety events • Role models or mentors others in the disclosure of patient safety events • Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| SBP-2: System Navigation for Patient-Centered Care | <ul style="list-style-type: none"> • Demonstrates knowledge of care coordination • Identifies key elements for safe and effective transitions of care and hand-offs • Demonstrates knowledge of the role of the physician in addressing community health needs and disparities | <ul style="list-style-type: none"> • Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams • Performs safe and effective transitions of care/hand-offs in routine clinical situations • Demonstrates knowledge of local population and community health needs and disparities | <ul style="list-style-type: none"> • Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams • Performs safe and effective transitions of care/hand-offs in complex clinical situations • Identifies specific local health needs and disparities related to ophthalmic care | <ul style="list-style-type: none"> • Teaches effective coordination of patient-centered care among different disciplines and specialties to junior members of the team • Advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems • Uses local resources effectively to meet the needs of a patient population and community | <ul style="list-style-type: none"> • Analyzes the process of care coordination and leads in the design and implementation of improvements • Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes • Participates in changing and adapting practice to provide for the needs of specific populations |
| SBP-3: Physician Role in Health Care Systems | <ul style="list-style-type: none"> • Describes basic healthcare systems and access models (e.g., government, private, public, uninsured care) • Demonstrates use of electronic medical record | <ul style="list-style-type: none"> • Describes how different system types require the physician to deliver care effectively with available resources • Identifies the documentation required for billing and coding compliance | <ul style="list-style-type: none"> • Optimizes patient care given available resources • Describes knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding) | <ul style="list-style-type: none"> • Advocates for patient care needs beyond patients' available resources (e.g., community resources, patient assistance resources, telehealth) • Demonstrates administrative knowledge needed for transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance) | |

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|---|--|---|--|--|--|
| PRACTICE-BASED LEARNING AND IMPROVEMENT | | | | | |
| PBLI-1: Evidence-Based and Informed Practice | <ul style="list-style-type: none"> • Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient | <ul style="list-style-type: none"> • Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care | <ul style="list-style-type: none"> • Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients | <ul style="list-style-type: none"> • Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient | <ul style="list-style-type: none"> • Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of patient care guidelines |
| PBLI-2: Reflective Practice and Commitment to Personal Growth | <ul style="list-style-type: none"> • Accepts responsibility for personal and professional development by establishing goals; actively seeks opportunities to improve • Identifies the factors which contribute to gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Demonstrates openness to performance data (feedback and other input) in order to inform goals; designs and implements a learning plan, with guidance • Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Seeks performance data and accepts it with responsibility and equipoise; demonstrates implementation of a learning plan • Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it • Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance | <ul style="list-style-type: none"> • Facilitates the design and implementing learning plans for others • Coaches others on reflective practice |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|--|---|--|--|
| PROFESSIONALISM | | | | | |
| PROF-1: Professional Behavior and Ethical Principles | <ul style="list-style-type: none"> Identifies and describes potential triggers for professionalism lapses Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics | <ul style="list-style-type: none"> Demonstrates insight into professional behavior in routine situations Takes responsibility for own professionalism lapses Analyzes straightforward situations using ethical principles | <ul style="list-style-type: none"> Demonstrates professional behavior in complex or stressful situations Recognizes need to seek help in managing and resolving complex ethical situations Analyzes complex situations using ethical principles | <ul style="list-style-type: none"> Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation) | <ul style="list-style-type: none"> Coaches others when their behavior fails to meet professional expectations Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| PROF-2: Accountability/Conscientiousness | <ul style="list-style-type: none"> Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future Responds promptly to requests or reminders to complete tasks and responsibilities | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with attention to detail in routine situations Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner | <ul style="list-style-type: none"> Performs tasks and responsibilities in a timely manner with attention to detail in complex or stressful situations Recognizes detrimental consequences when tasks and responsibilities are not completed in a timely manner (e.g., team members, compliance) | <ul style="list-style-type: none"> Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner Proactively implements strategies to ensure that the needs of patients, teams, and systems are met | <ul style="list-style-type: none"> Takes ownership of system outcomes, attempts to implement changes at a systems level in order to advance the goals of professional accountability |
| PROF-3: Self-Awareness and Help-Seeking | <ul style="list-style-type: none"> Recognizes status of personal and professional well-being, with assistance Recognizes limits in the knowledge/skills of self and/or team, with assistance | <ul style="list-style-type: none"> Independently recognizes status of personal and professional well-being Independently recognizes limits in the knowledge/skills of self and/or team; demonstrates appropriate help-seeking behaviors for self or others | <ul style="list-style-type: none"> With assistance, proposes a plan to optimize personal and professional well-being With assistance, proposes a plan to improve knowledge/skills of self and/or team | <ul style="list-style-type: none"> Independently develops a plan to optimize personal and professional well-being Independently develops a plan to improve the knowledge/skills of self and/or team | <ul style="list-style-type: none"> Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations |

| | | | | | |
|--|---|--|--|--|---|
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | |
| ICS-1: Patient and Family-Centered Communication | <ul style="list-style-type: none"> Uses language and nonverbal behavior to demonstrate respect and establish rapport Identifies barriers to effective communication (e.g., health literacy, language, disability, cultural) while accurately communicating own role within the health care system | <ul style="list-style-type: none"> Establishes a therapeutic relationship in straightforward encounters using active listening and clear language Addresses barriers to effective communication | <ul style="list-style-type: none"> Establishes a therapeutic relationship in challenging patient encounters (e.g., breaking bad news) When prompted, reflects on personal biases while attempting to minimize communication barriers | <ul style="list-style-type: none"> Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity Role models self-awareness to minimize communication barriers | <ul style="list-style-type: none"> Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships |
| ICS-2: Interprofessional and Team Communication | <ul style="list-style-type: none"> Uses language that values all members of the health care team Accepts feedback on performance from all members of the health care team (e.g., nurses, staff members, peers) | <ul style="list-style-type: none"> Communicates information effectively and uses active listening with all health care team members Solicits feedback on performance as a member of the health care team | <ul style="list-style-type: none"> Communicates concerns to the team and learners Provides feedback and constructive criticism to peers and learners | <ul style="list-style-type: none"> Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed Provides feedback and constructive criticism to superiors | <ul style="list-style-type: none"> Facilitates regular healthcare team-based feedback in complex situations |

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|
| ICS-3: Communication within Health Care Systems | <ul style="list-style-type: none"> • Accurately records information in the medical record • Aware of the role of communication in patient safety and privacy; safeguards patient personal health information • Aware of responsibility to report system deficiencies | <ul style="list-style-type: none"> • Demonstrates organized diagnostic and therapeutic reasoning through notes in the medical record • Appropriately selects forms of communication (e.g., telephone versus text) to promote patient safety and privacy • Identifies appropriate channels to communicate system deficiencies | <ul style="list-style-type: none"> • Communicates clearly and concisely, including anticipatory guidance, in the medical record • Avoids creating or propagating errors in the medical record through accurate use of documentation tools • Uses appropriate channels to communicate system deficiencies | <ul style="list-style-type: none"> • Provides feedback to improve others' written communication • Provides feedback and constructive criticism regarding compliance with patient privacy and safety • Offers clear and constructive suggestions to address system deficiencies | <ul style="list-style-type: none"> • Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field) • Guides departmental or institutional communication around policies and procedures |

Department of Ophthalmology
MENTORING PLAN (SELF-ASSESSMENT/SELF-REFLECTANCE)

Resident: _____

PGY- _____

Period: _____

Research

- Please briefly describe your current or planned research efforts and your estimated time to completion of these projects.

- Please list any manuscript(s) that you are intending to submit to a peer-reviewed journal(s).

Teaching

- Experiences where you taught other health professionals, trainees or students (if there were specific courses or presentations, enter in the Portfolio section on New Innovations)

Professional Service

- Have you planned any activities for the benefit of the residency?

- Are you serving on any committee or have you participated in any department, institution, or membership organizations?

- In what volunteer or public service activities have you participated in during this period?

Please list three of your attributes or activities that you feel demonstrate your commitment to being an ophthalmologist and physician.

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

What awards or honors have you received during the last six months?

Please list some unexpected rewards or triumphs that you have had in the last six months.

What have you found particularly difficult in the last six months?

Identify your strengths.

| |
|--|
| |
|--|

Identify your weaknesses.

| |
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| |
|--|

Did you achieve your improvement and learning goals you set for the current six months? If not, why?

| |
|--|
| |
|--|

What are three important goals that you have for the remainder of this academic year?

| |
|----|
| 1. |
| 2. |
| 3. |

What plans have you made for your career?

| |
|--|
| |
|--|

We have met and discussed this self-assessment.

Resident

Faculty Advisor

Date

The resident and program director have meet and discussed this personally.

Resident Signature_____

Date_____

Program Director Signature_____

Date_____

NOTES

**Department of Ophthalmology
Patient Survey**

1. Did the resident introduce himself/herself?
2. Overall, how satisfied are you with how well the resident listened carefully to what you had to say?
 - Extremely satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Extremely dissatisfied
3. Overall, how would you rate the resident's explanation of what was done for you (tests, diagnosis, treatment)?
 - Excellent
 - Good
 - Average
 - Poor
 - Terrible
4. Overall, how would you rate the resident's personal manner (courtesy, respect, sensitivity, friendliness)?
 - Extremely professional
 - Somewhat professional
 - Neither professional nor unprofessional
 - Somewhat unprofessional
 - Extremely unprofessional
5. Overall, how satisfied are you with the healthcare received from this resident?
 - Extremely satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Extremely dissatisfied
6. Overall, the resident respected me and had a personal interest in the outcome of my problem.
 - Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
7. We welcome any additional feedback, good or bad, about your interaction with the resident.
8. This survey was completed by:
 - Patient
 - Family Member (on behalf of patient)

Resident Annual Program Review Evaluation

Please circle the number corresponding to the degree to which you agree with the following statements.

(1 = Strong disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree)

Please respond based on a **cumulative response from all of your experiences thus far** and not individual experiences.

Postgraduate Year: _____

| | Strongly disagree | | | Strongly agree | |
|---|-------------------|---|---|----------------|---|
| 1. I see a wide range of clinical problems representative of ophthalmology. | 1 | 2 | 3 | 4 | 5 |
| 2. My training provides ample opportunities for learning. | 1 | 2 | 3 | 4 | 5 |
| 3. I am given appropriate patient care responsibilities. | 1 | 2 | 3 | 4 | 5 |
| 4. The number of patients I am asked to carry is appropriate. | 1 | 2 | 3 | 4 | 5 |
| 5. The number of patients I am asked to carry is excessive. | 1 | 2 | 3 | 4 | 5 |
| 6. The clinical teaching is excellent. | 1 | 2 | 3 | 4 | 5 |
| 7. Faculty members are available and helpful. | 1 | 2 | 3 | 4 | 5 |
| 8. Other residents are available and helpful. | 1 | 2 | 3 | 4 | 5 |
| 9. I receive adequate feedback on my performance. | 1 | 2 | 3 | 4 | 5 |
| 10. The didactic sessions are valuable. | 1 | 2 | 3 | 4 | 5 |
| 11. I have learned a lot about ophthalmological assessment and diagnosis. | 1 | 2 | 3 | 4 | 5 |
| 12. I have learned to feel comfortable with ophthalmologic patients. | 1 | 2 | 3 | 4 | 5 |
| 13. I am satisfied with the overall quality of supervision. | 1 | 2 | 3 | 4 | 5 |
| 14. Faculty members show respect for residents. | 1 | 2 | 3 | 4 | 5 |
| 15. The program is responsive to feedback from residents. | 1 | 2 | 3 | 4 | 5 |
| 16. Education has greater priority over service. | 1 | 2 | 3 | 4 | 5 |
| 17. The morale of the residents is high. | 1 | 2 | 3 | 4 | 5 |
| 18. The morale of the faculty is high. | 1 | 2 | 3 | 4 | 5 |
| 19. Overall, I am very satisfied with the training I have received. | 1 | 2 | 3 | 4 | 5 |

Would you prefer the residency to have more or less of the following:

Caseload volume ☐ More ☐ Less ☐ Adequate

Supervision ☐ More ☐ Less ☐ Adequate

Caseload mix ☐ More ☐ Less ☐ Adequate

Classroom teaching ☐ More ☐ Less ☐ Adequate

Recommendations

Would you recommend the residency program to someone else? ☐ Yes ☐ No

Which three things would you change about your training and in what way?

1. _____

2. _____

3. _____

Which three things would you remove from the training and why?

1. _____

2. _____

3. _____

Please add any additional comments regarding your training in the program.

Resident Evaluation of Full-Time Clinical Faculty
January 1, 20__ through June 30, 20__

Faculty Name:

1. The overall quality of this instructor's teaching was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

2. Instructor's stimulation to learn was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

3. Respect this instructor showed me (comment if less than satisfactory):

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

4. Availability of attending when I needed him/her:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

5. When needed, assistance provided by attending was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

6. The general ophthalmology information provided was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

7. The subspecialty information provided by attending was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

8. The attending's quality of participation in rounds was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

9. Please estimate the total number of hours attending spent with you:

- | | |
|-----------------------|-------------------|
| 0. Unable to evaluate | 3. 5-10 |
| 1. 0-1 | 4. 10-15 |
| 2. 1-5 | 5. >15 hours/week |

Comments

10. The quality of the lectures given by the attending was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

11. The quality of the instruction in the operating room was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

12. Quality and availability of consultative instruction while on calls was:

- | | |
|-----------------------|----------------------|
| 0. Unable to evaluate | 3. Satisfactory |
| 1. Unacceptable | 4. Very Satisfactory |
| 2. Marginal | 5. Outstanding |

Comments

Resident 6-Month Evaluation of Program
July 1, 20__ through December 31, 20__

1. My experience at BUMC-South for the past six months has been:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | Unacceptable |
| <input type="checkbox"/> | Marginal |
| <input type="checkbox"/> | Satisfactory |
| <input type="checkbox"/> | Very Satisfactory |
| <input type="checkbox"/> | Outstanding |

Comments

2. At BUMC-South, a teaching physician examines the patient with me about:

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | <25% |
| <input type="checkbox"/> | 25-50% |
| <input type="checkbox"/> | 51-70% |
| <input type="checkbox"/> | 71-80% |
| <input type="checkbox"/> | 81-100% of the time |

Comments

3. The facilities at the VA are adequate:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | Strongly Disagree |
| <input type="checkbox"/> | Somewhat Disagree |
| <input type="checkbox"/> | Neutral |
| <input type="checkbox"/> | Somewhat Agree |
| <input type="checkbox"/> | Strongly Agree |

Comments

4. My experience at the VA for the past six months has been:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | Unacceptable |
| <input type="checkbox"/> | Marginal |
| <input type="checkbox"/> | Satisfactory |
| <input type="checkbox"/> | Very Satisfactory |
| <input type="checkbox"/> | Outstanding |

Comments

5. At the VA, a teaching physician examines the patient with me about:

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | <25% |
| <input type="checkbox"/> | 25-50% |
| <input type="checkbox"/> | 51-70% |
| <input type="checkbox"/> | 71-80% |
| <input type="checkbox"/> | 81-100% of the time |

Comments

6. My experience at BUMC-Tucson for the past six months has been:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | Unacceptable |
| <input type="checkbox"/> | Marginal |
| <input type="checkbox"/> | Satisfactory |
| <input type="checkbox"/> | Very Satisfactory |
| <input type="checkbox"/> | Outstanding |

Comments

| |
|--|
| |
|--|

7. At BUMC-Tucson, a teaching physician examines the patient with me about:

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | <25% |
| <input type="checkbox"/> | 25-50% |
| <input type="checkbox"/> | 51-70% |
| <input type="checkbox"/> | 71-80% |
| <input type="checkbox"/> | 81-100% of the time |

Comments

| |
|--|
| |
|--|

8. My global impression of this residency is that it is:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | Unacceptable |
| <input type="checkbox"/> | Marginal |
| <input type="checkbox"/> | Satisfactory |
| <input type="checkbox"/> | Very Satisfactory |
| <input type="checkbox"/> | Outstanding |

Comments

| |
|--|
| |
|--|

9. The thing I like best about being a resident here is (comment needed):

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | Free Parking on Call |
| <input type="checkbox"/> | Rounds |
| <input type="checkbox"/> | Wills Course |
| <input type="checkbox"/> | Volume of Surgery |
| <input type="checkbox"/> | Residents' Day |

Comments

| |
|--|
| |
|--|

10. The thing I like least about being a resident here is (comment needed):

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Unable to evaluate |
| <input type="checkbox"/> | Rising Greens Fees |
| <input type="checkbox"/> | Driving in October-May |
| <input type="checkbox"/> | The Dry Heat |
| <input type="checkbox"/> | Monsoons |
| <input type="checkbox"/> | No Direct Flights |

Comments

| |
|--|
| |
|--|

Resident Evaluation of Rotation

Resident: _____

Rotation: _____

Rotation Dates: _____

Evaluate the physician with whom you spent the most time.

Physician's Name _____

- | | | | | | | | |
|-------------------------|--------------|---|---|---|---|---|-----------|
| a. Interest in teaching | small | 1 | 2 | 3 | 4 | 5 | great |
| b. Gives responsibility | none | 1 | 2 | 3 | 4 | 5 | total |
| c. Personality | disagreeable | 1 | 2 | 3 | 4 | 5 | congenial |

Please evaluate the site:

- | | | | | | | | |
|---------------------------|------------|---|---|---|---|---|---------------|
| a. Patient load | not enough | 1 | 2 | 3 | 4 | 5 | too many |
| b. Variety of problems | routine | 1 | 2 | 3 | 4 | 5 | rare diseases |
| c. Treatment of residents | miserable | 1 | 2 | 3 | 4 | 5 | terrific |

| | | | | | | | |
|---|-------------|---|---|---|---|---|----------------|
| How much did your clinical skills increase? | almost none | 1 | 2 | 3 | 4 | 5 | great increase |
|---|-------------|---|---|---|---|---|----------------|

| | | | | | | | |
|--|------------|---|---|---|---|---|----------|
| Was the rotation relevant for ophthalmology? | irrelevant | 1 | 2 | 3 | 4 | 5 | relevant |
|--|------------|---|---|---|---|---|----------|

| | | | | | | | |
|--|------------|---|---|---|---|---|----------|
| Overall was the time spent on this rotation: | too little | 1 | 2 | 3 | 4 | 5 | too much |
|--|------------|---|---|---|---|---|----------|

| | | | | | | | |
|--|------------|---|---|---|---|---|------------|
| Would you recommend it to other residents? | not at all | 1 | 2 | 3 | 4 | 5 | definitely |
|--|------------|---|---|---|---|---|------------|

Comments

**Department of Ophthalmology
Technician Evaluation of Resident**

1. How familiar are you with this resident's work?
 - ☐ Very familiar
 - ☐ Familiar
 - ☐ Not very familiar
2. Demonstrates respect for support staff.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
3. Maintains confidentiality of patients and their families.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
4. Shows compassion for patients and their families.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
5. Functions effectively as a member of the team.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
6. Demonstrates responsibility.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
7. Manages personal stress responsibly.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
8. Communicates effectively with patients and patient's families.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
9. Communicates effectively with other health care professionals.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
10. Provides adequate guidance and education to students and peers.
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very Good
 - ☐ Excellent
11. List one thing the resident does well.
12. List one thing the resident needs to improve.

**Department of Ophthalmology
6-Month Semi-Annual Review Checklist
for PGY-1**

Resident: _____

PGY-_____ Period: _____

The purpose of this review:

- To review your clinical and non-clinical activity and performance since the beginning of your residency.
- To reflect on your performance in training.
- To describe your goals for the remainder of your residency and your future career.

CHECKLIST: Supporting Documentation

The following logs/files must be completed and/or updated. The program coordinator will print and include in the review packet.

- Mentoring Plan – completed, and signed after meeting with mentor; email or upload to Box
- Updated CV – upload to Box
- Core Rotation Evaluations – sign evaluations completed by faculty
- Scholarly Activities – enter title and a copy of the presentations (includes rounds presentations) in New Innovations > Portfolio > Scholarly Activities (if the file is too large to upload to New Innovations, upload in Box > Scholarly Activities)

The following documentation must be completed if the Ophthalmology rotation has been started/completed. The program coordinator will print and include in the review packet.

- ACGME Surgical Log - www.acgme.com case logs
- Wet Lab Log – hours entered (Excel file in Box)
- Cataract Video Summary – completion dates entered (Excel file in Box)
- Cataract Reading Summary – completion dates entered (separate tab in same Excel file as cataract video summary)

The following documentation must be completed but is not included in 6-month review packet.

- Teaching Program Review (New Innovations)
- Evaluation of Rotations (New Innovations)
- Evaluation of Clinical Faculty (New Innovations)

The following information will be included, if applicable (printed by program coordinator).

| | |
|------------------------------------|-------------------------------|
| O 6-Month Peer Evaluations | O Rotation Evaluations |
| O 6-Month Self Evaluation | O Patient Surveys |
| O 6-Month Evaluation by Faculty | O Pre-Rotation Review Summary |
| O 6-Month Evaluation by Technician | O Lecture Attendance |

SUBMISSION DEADLINE: _____ (unless different deadline noted above)

Please be sure that all documentation is completed and/or submitted to the program coordinator in a timely manner.

**Department of Ophthalmology
6-Month Semi-Annual Review Checklist
for PGY-2/3/4**

Resident: _____

PGY-_____ Period: _____

The purpose of this review:

- To review your clinical and non-clinical activity and performance since the beginning of your residency.
- To reflect on your performance in training.
- To describe your goals for the remainder of your residency and your future career.

CHECKLIST: Supporting Documentation

The following logs/files must be completed and/or updated. The program coordinator will print and include in the 6-month review packet.

- Clinical Log (Excel file in Box > Clinical Logs)
- ACGME Surgical Log
- Wet Lab Log – enter hours (Excel file in Box)
- Cataract Video Summary – enter completion dates (Excel file in Box)
- Cataract Reading Summary – enter completion dates (separate tab in same Excel file as cataract video summary)
- Scholarly Activities – enter title and a copy of the presentation in New Innovations > Portfolio > Scholarly Activities (if the file is too large to upload to New Innovations, upload in Box > Scholarly Activities)
- Core Rotation Evaluations – sign evaluations completed by faculty
- Mentoring Plan – completed, and signed after meeting with mentor; email or upload to Box
- Updated CV – upload to Box
- Surgical Case Files (video of case between _____ and _____) – upload to Box

The following documentation must be completed but is not included in the 6-month review packet.

- Teaching Program Review (New Innovations)
- Evaluation of Rotations (New Innovations)
- Evaluation of Clinical Faculty (New Innovations)

The following information will be included, if applicable (printed by program coordinator).

- | | |
|--|--|
| <input type="radio"/> 6-Month Peer Evaluations | <input type="radio"/> Patient Surveys |
| <input type="radio"/> 6-Month Self Evaluation | <input type="radio"/> Mock Examination and/or OKAP Results |
| <input type="radio"/> 6-Month Evaluation by Faculty | <input type="radio"/> Pre-Rotation Review Summary |
| <input type="radio"/> 6-Month Evaluation by Technician | <input type="radio"/> Lecture Attendance: |
| <input type="radio"/> Rotation Evaluations | |

SUBMISSION DEADLINE: _____ (unless different deadline noted above)

Please be sure that all documentation is completed and/or submitted to the program coordinator in a timely manner.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, MD/DO, understand that members of the faculty or staff of the University of Arizona College of Medicine may receive requests for information regarding my education, training, experience, qualifications and job performance for purposes of evaluating me for employment, fellowship, licensure, privileges or credentials. I agree that, should such requests for information be made either at my request or for any other reason, the Ophthalmology Residency Program may provide a copy of the requested information related to my training to the requesting party without obtaining a further authorization for release. I understand that no release will be required if I transfer to another residency training program before completing a residency program at the University of Arizona College of Medicine. This release is valid until otherwise revoked and constitutes continuing permission to the College of Medicine to provide a copy of the information relevant to my training to individuals requesting such information. I agree that it will not be necessary for the College of Medicine to send me a copy of such requests or the responses to such requests.

I understand that, if I refuse to sign this authorization to release information, such refusal will be noted below, and the College of Medicine may only provide information regarding my training that is permitted to be disclosed in accordance with Arizona Board of Regents Policy 6-912.

I hereby release the Arizona Board of Regents, the University of Arizona, its College of Medicine and any other person authorized by this release to disclose information about my employment, from any and all liability and claims, causes of action and damages arising out of the disclosure of the information either contained in any files maintained by the University of Arizona, or for disclosing any other information in good faith and without actual malice in accordance with this Authorization.

WAIVER FOR LETTERS OF RECOMMENDATION

- ☐ I waive my right to see letters of recommendation.
☐ I **do not** waive my right to see letters of recommendation.

Dated this _____ day of _____, 20__.

Resident's Signature

Printed Name

☐ Refused to sign release

NAME _____

FORWARDING INFORMATION

Forwarding Address and Email Address

Indicate: Home ☐ Office ☐

TELEPHONE _____

FORWARDING EMAIL ADDRESS _____

1. WILL YOU CONTINUE IN A RESIDENCY PROGRAM OR A FELLOWSHIP PROGRAM AT ANOTHER INSTITUTION?

RESIDENCY
YES _____ NO _____

Program _____

FELLOWSHIP
YES ☐ NO ☐

Institution Name _____

Mailing Address _____

2. ARE YOU ENTERING PRIVATE OR GROUP PRACTICE?

PRIVATE
YES ☐ NO ☐

Practice of _____

GROUP
YES ☐ NO ☐

Business Name _____

Mailing Address _____

Telephone _____

3. ARE YOU ACCEPTING A FACULTY POSITION WITH A MEDICAL SCHOOL?

YES ☐ NO ☐

Institution _____

Department _____

Position _____

Mailing Address _____

Telephone _____

PRE-CERTIFICATE CHECKLIST

Program Coordinator

Submitted Forwarding Information _____

Returned Pager _____

Returned Clicker _____

Returned Banner IDs _____

Returned Meal Card _____

Program Director

Signed ACGME Surgical Experience Summary _____

Discussed and Signed Resident Final Evaluation _____

GME Checklist (New Innovations)

Certificate of Completion will not be issued until all documentation has been submitted. Certificates cannot be issued prior to June 30. Note that the certificates are not always available on June 30.