

## Hospice and Palliative Medicine Milestones

ACGME International, Inc. (ACGME-I)



Second Revision: March 2023

First Revision: January 2019

i

## Hospice and Palliative Medicine Milestones

The Milestones are designed only for use in evaluation of residents and fellows in the context of their participation in ACGME-I-accredited residency and fellowship programs. The Milestones provide a framework for the assessment of the development of the resident or fellow in key dimensions of the elements of physician competence in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competence, nor are they designed to be relevant in any other context.

## **Understanding Milestone Levels and Reporting**

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

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

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

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

## **Additional Notes**

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

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

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

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

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

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patien safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and their families (simulated or actual)	Discloses patient safety events to patients and their families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
Comments:			Not Yet C	Completed Level 1
Selecting a resp middle of a level milestones in the levels have been demonstrated.	implies that at level and in lower	Selecting a response between levels indica in lower levels have be demonstrated as well milestones in the high	tes that milestones een substantially as <b>some</b>	

©2019 Accreditation Council for Graduate Medical Education A(CGME)

All rights reserved except the copyright owners grant third parties the right to use the Hospice and Palliative Care Medicine Milestones on a non-exclusive basis for educational purposes.

Level 1	Level 2	Level 3	Level 4	Level 5
Performs a general history and physical	Performs a symptom- focused history and physical	Performs a detailed symptom assessment using developmentally appropriate symptom assessment tools	Performs a comprehensive symptom assessment using developmentally appropriate symptom assessment tools in collaboration with the interdisciplinary team	Promotes comprehensive symptom assessment across care teams
Performs a general psychosocial history	Identifies potential supports and stressors for patients and their families/caregivers including psychological, spiritual, social, developmental stage, financial, and cultural factors	Performs a detailed psychosocial and spiritual assessment using developmentally appropriate assessment tools	Performs a comprehensive psychosocial and spiritual assessment using developmentally appropriate assessment tools in collaboration with the interdisciplinary team	Promotes comprehensive psychosocial and spiritual assessment across care teams

Patient Care 2: Addressi	ng Suffering and Distress			
Level 1	Level 2	Level 3	Level 4	Level 5
Manages common physical symptoms with basic treatment options	Manages common physical symptoms with a range of treatment options	Manages complex physical symptoms with a comprehensive range of treatment options	Manages refractory symptoms across care settings	Manages physical symptoms with innovative and advanced treatment options
Acknowledges psychosocial and spiritual distress	Refers to interdisciplinary team to address psychosocial and spiritual distress	Collaborates with the interdisciplinary team to manage psychosocial and spiritual distress	Provides comprehensive management for complex psychosocial and spiritual distress in collaboration with community resources across care settings	Maintains a therapeutic presence for a patient with intractable suffering and assists families and teams
Identifies palliative emergencies	Initiates medical management for emergencies	Mobilizes the interdisciplinary team and manages an emergency using comprehensive treatments consistent with patient goals	Consistently manages and provides anticipatory coaching across care settings	Participates in systems improvement opportunities to address patient care emergencies
Comments:				Completed Level 1 Assessable

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies distress associated with withholding or withdrawing artificial nutrition or hydration (ANH)	Identifies ethical, legal, institutional, cultural, and religious perspectives to withholding or withdrawing ANH	Develops a care plan considering burdens and benefits of withholding or withdrawing ANH in specific clinical scenarios	Facilitates shared decision making; plans for withholding or withdrawal of ANH; provides support to family/caregivers and teams	Promotes best practices in withholding or withdrawal of ANH or LST at the system level
Identifies distress associated with withholding or withdrawing LST	Identifies ethical, legal, institutional, cultural, and religious perspectives to withholding or withdrawing LST	Manages withdrawal of LST and manages symptoms before, during, and after withdrawal or in lieu of withholding LST	Facilitates shared decision making; plans for withholding or withdrawal of LST; provides support to family/caregivers and teams	

Patient Care 4: Care of the	Patient Care 4: Care of the Imminently Dying				
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies signs and symptoms of imminent dying	Identifies risk of and manages common symptoms for the imminently dying	Manages evolving symptoms in the context of declining organ function for the imminently dying	Manages distressing symptoms of imminent death, including complex and refractory symptoms, across care settings	Promotes best practices in care of the imminently dying at the system level	
Identifies patients and families/caregivers in distress	Assesses the etiology of psychosocial and spiritual distress in patients and families/caregivers and uses the interdisciplinary team to provide basic support	Provides anticipatory planning for patients, families/caregivers, and teams	Provides culturally sensitive and developmentally appropriate psychosocial and spiritual support to distressed patients and families/caregivers, and identifies families at risk for complex bereavement		
Comments:				Completed Level 1 Assessable	

Medical Knowledge 1: D	isease Trajectories and For	mulation of Prognosis in S	erious Illness	
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes common illness trajectories	Identifies illness trajectory of less common disease and recognizes prognostic uncertainty	Identifies potential impact of treatment on the illness trajectory	Integrates modifying factors on the illness trajectory including multi-morbidity, psychosocial factors, and functional status	Advances knowledge of application or prognostication in serious illness
Identifies prognostic formulation as a key element for shared decision making	Identifies and describes prognostic factors, tools, and models	Formulates a prognosis by integrating prognostic factors, tools, and models, recognizing limitations	Facilitates consensus on prognosis in collaboration with other care practitioners	
Comments:				Completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly available opioid and non-opioid analgesics	Describes indications and use of opioid and non-opioid analgesics	Demonstrates knowledge of mechanism of action, metabolism, adverse effects, interactions, and conversions of opioid and non-opioid analgesics	Demonstrates detailed knowledge of pharmacology of opioid and non-opioid analgesics with risks and benefits related to specific patient characteristics	Advances knowledge about pain management for palliative patients
Lists non-pharmacologic interventions for pain	Describes indications of use of non-pharmacologic interventions for pain	Describes locally available non-pharmacologic interventions of pain	Demonstrates evidence-based knowledge of non- pharmacologic interventions	
Lists procedural interventions for pain	Describes indications for some procedural and advanced interventions to address pain	Describes referral criteria for locally available procedural and advanced interventions to address pain	Demonstrates detailed knowledge of appropriate procedural and advanced interventions to address pain in specific patients	

Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly available medications for non-pain symptoms	Describes indications and use of medications for non-pain symptoms	Demonstrates knowledge of mechanism of action, metabolism, adverse effects, interactions, and conversions (if applicable) of medications for non- pain symptoms	Demonstrates detailed knowledge of pharmacology of medications for non-pain symptoms with risks and benefits related to specific patient characteristics	Advances knowledge about management for non-pain symptoms for palliative patients
Lists non-pharmacologic nterventions for non- pain symptoms	Describes indications and use non-pharmacologic interventions for non-pain symptoms	Describes locally available non-pharmacologic interventions for non-pain symptoms	Demonstrates evidence-based knowledge of non- pharmacologic interventions for non- pain symptoms	
Lists procedural interventions for non- pain symptoms	Describes indications for some procedural and advanced interventions to address non-pain symptoms	Describes referral criteria for locally available procedural and advanced interventions to address non-pain symptoms	Demonstrates detailed knowledge of appropriate procedural and advanced interventions to address non-pain symptoms in specific patients	

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and their families (simulated or actual)	Discloses patient safety events to patients and their families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
Comments:			Not Yet C	completed Level 1

Systems-Based Practice 2: System Navigation for Patient-Centered Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations, effectively utilizing the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations, effectively utilizing the roles of the interprofessional teams	Role models effective coordination of patient- centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Comments:			Not Yet C	completed Level 1

Systems-Based Practice 3: Physician Role in Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)	Manages various components of the complex health care system to provide efficient and effective patient care and transition of care	Advocates for or leads systems change that enhances high value, efficient, and effective patient care and transition of care
Describes the principles of cost-effective care	Delivers care with consideration of each patient's payment model	Engages with patients in shared decision making, informed by cost-effective care principles	Advocates for patient care needs (e.g., community resources, patient assistance resources) regardless of ability to pay	Participates in health policy advocacy activities
Comments:			Not Yet C	ompleted Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the hospice physician as having a specific clinical role in the hospice interdisciplinary team	Describes key domains of clinical competence for hospice physicians including interdisciplinary teamwork, management of physical symptoms, and use of the hospice formulary	Demonstrates clinical competence in the role of hospice physician including interdisciplinary teamwork, management of physical symptoms, and use of the hospice formulary, with supervision	Demonstrates clinical competence in the role of hospice physician across all hospice settings	Teaches and role models hospice care to non-hospice physicians across settings
Identifies general eligibility guidelines for hospice care	Describes major regulatory requirements and guidelines for hospice care including eligibility, levels of care, and scope of mandated services	Demonstrates compliance with regulatory requirements and guidelines for hospice care, including documentation, visits, interdisciplinary team oversight, and institutional policy implementation, with supervision	Demonstrates compliance with regulatory requirements and guidelines in the role of hospice physician across all hospice settings	Advocates locally, regionally, or nationally for the hospice model of care

	_evel 2	Level 3	Level 4	Level 5
access and use available quevidence, and proportion patient visions and proportion of the proportion o	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) in order to inform goals	Seeks performance data episodically, with adaptability and humility	Intentionally seeks performance data consistently, with adaptability and humility	Role models consistently seeking performance data with adaptability and humility
Identifies the factors which contribute to gap(s) between expectations and actual performance	Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	Facilitates the design and implementation of learning plans for others

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes potential triggers for professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Coaches others when their behavior fails to meet professional expectations
Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers	Takes responsibility for own professionalism lapses	Recognizes need to seek help in managing and resolving complex ethical situations	Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their
Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles	review, risk management/legal consultation)	resolution

Professionalism 2: Acco	untability/Conscientiousne	ss		
Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations	Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner	Takes ownership of system outcomes
Responds promptly to requests or reminders to complete tasks and responsibilities	Recognizes situations that may impact own 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		
Comments:			Not Yet C	ompleted Level 1

Professionalism 3: Self-A	Professionalism 3: Self-Awareness and Help-Seeking				
Level 1	Level 2	Level 3	Level 4	Level 5	
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being	With assistance, proposes a plan to optimize personal and professional well-being	Independently develops a plan to optimize personal and professional well-being	Coaches others when emotional responses or limitations in knowledge/ skills do not meet professional expectations	
Recognizes limits in the knowledge/skills of self or team, with assistance	Independently recognizes limits in the knowledge/ skills of self or team and demonstrates appropriate help-seeking behaviors	With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team	Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team		
Comments:			Not Yet C	completed Level 1	

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal behavior to demonstrate respect and establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters	Easily establishes therapeutic relationships, with attention to patient/ family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system	Identifies complex barriers to effective communication (e.g., health literacy, cultural)	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Role models self- awareness while identifying a contextual approach to minimize communication barriers
Identifies the need to adjust communication strategies based on assessment of patient/ family expectations and understanding of their health status and treatment options	Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	With guidance, sensitively and compassionately delivers medical information, elicits patient/ family values, goals, and preferences, and acknowledges uncertainty and conflict	Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication, including those with a high degree of uncertainty/conflict

Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Checks own understanding of consultant recommendations	Coordinates recommendations from different members of the health care team to optimize patient care	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Checks understanding of recommendations when providing consultation		
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	Uses active listening to adapt communication style to fit team needs		
	Solicits feedback on performance as a member of the health care team	Communicates concerns and provides feedback to peers and learners	Communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations

Accurately records nformation in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes	Concisely reports diagnostic and therapeutic	Communicates clearly,	Models feedback to
	in the patient record	reasoning in the patient record	concisely, timely, and in an organized written form, including anticipatory guidance	improve others' written communication
Safeguards patient personal health nformation	Demonstrates accurate, timely, and appropriate use of documentation shortcuts  Documents required data in formats specified by institutional policy	Appropriately selects direct (e.g., telephone, inperson) and indirect (e.g., progress notes, text messages) forms of communication based on context	Achieves written or verbal communication (e.g., patient notes, email) that serves as an example for others to follow	Guides departmental or institutional communication around policies and procedures
Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage)	Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions to improve the system	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field)

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies prognostic communication as a key element for shared decision making	Assesses patients' families'/caregivers' prognostic awareness and identifies preferences for receiving prognostic information	Delivers basic prognostic information and attends to emotional responses of patient and families/ caregivers	Tailors communication of prognosis according to disease characteristics and trajectory, patient consent, family needs, and medical uncertainty, and is able to address intense emotional response	Coaches others in the communication of prognostic information
Identifies the need to assess patient/family expectations and understanding of their health status and treatment options	Facilitates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying an understanding of the clinical situation	Sensitively and compassionately delivers medical information; elicits patient/family values, goals, and preferences; and acknowledges uncertainty and conflict, with guidance	Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan in situations with a high degree of uncertainty and conflict	Coaches shared decision making in patient/family communication