

# **Radiation Oncology Milestones**

ACGME International, Inc. (ACGME-I)



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## **Radiation Oncology 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.

| Systems-Based Practice 1: Patient Safety and Quality Improvement                          |   |   |   |   |
|---|---|---|---|---|
| Level 1   | Level 2   | Level 3   | Level 4   | Level 5   |
| Demonstrates<br>knowledge of common<br>patient safety events                              | Identifies system factors<br>that lead to patient safety<br>events  | Participates in analysis of<br>patient safety events<br>(simulated or actual)                                     | Conducts analysis of<br>patient safety events<br>and offers error<br>prevention strategies<br>(simulated or actual)     | Actively engages teams<br>and processes to modify<br>systems to prevent patient<br>safety events                      |
| Demonstrates<br>knowledge of how to<br>report patient safety<br>events                    | Reports patient safety<br>events through<br>institutional reporting<br>systems (simulated or<br>actual)                           | Participates in disclosure<br>of patient safety events to<br>patients and their families<br>(simulated or actual) | Discloses patient safety<br>events to patients and<br>their families (simulated<br>or actual)                           | others in the disclosure of   |
| Demonstrates<br>knowledge of basic<br>quality improvement<br>methodologies and<br>metrics | Describes local quality<br>improvement initiatives<br>(e.g., community<br>vaccination rate, infection<br>rate, smoking cessation) | Participates in local<br>quality improvement<br>initiatives   | Demonstrates the skills<br>required to identify,<br>develop, implement,<br>and analyze a quality<br>improvement project | Creates, implements, and<br>assesses quality<br>improvement initiatives at<br>the institutional or<br>community level |
|   |   |   |   |   |
| Comments:   |   |   | Not Yet   | Completed Level 1   |
| Selecting a res   | ponse box in the  | Selecting a response  | box on the line in  |   |
| middle of a leve  | el implies that   | between levels indicat  | es that milestones  |   |
| milestones in th  | nat level and in lower  | in lower levels have be   | een substantially   |   |
| levels have bee   | en substantially  | demonstrated as well  | as <b>some</b>  |   |
| demonstrated.   |   | milestones in the high  | er level(s).  |   |

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| Patient Care 1: Consult  |   |  |  |   |
|--|---|--|--|---|
| Level 1  | Level 2   | Level 3  | Level 4  | Level 5                                     |
| Takes basic medical<br>history and performs<br>general physical exam | Takes site-focused history<br>and performs basic site-<br>focused physical exam | Takes comprehensive<br>site-focused history and<br>performs advanced site-<br>focused physical exam    | Completes a history/<br>physical for complex<br>clinical scenarios   |   |
|  | Lists treatment options   | Selects treatment(s) for<br>common clinical scenarios<br>and formulates<br>multidisciplinary care plan | Selects treatment and<br>coordinates the<br>multidisciplinary care<br>plan for complex clinical<br>scenarios | Leads the<br>multidisciplinary care<br>team |
| Lists the elements of the informed consent                           | Answers questions about treatment plan and seeks                                | Identifies risks and<br>benefits of common   | Identifies risks and<br>benefits of complex  |   |
| process  | guidance, when needed   | treatment options and<br>obtains informed consent  | treatment options and<br>obtains informed<br>consent   |   |
|  |   |  |  |   |
| Comments:  |   |  | Not Yet C<br>Not Yet A   | ompleted Level 1                            |

| Patient Care 2: Simulatio   | n  |   |   |  |  |
|---|--|---|---|--|--|
| Level 1   | Level 2  | Level 3   | Level 4   | Level 5  |  |
| Identifies the members of<br>interprofessional team<br>involved in simulation | Lists simulation<br>parameters                           | Selects simulation<br>parameters for common<br>clinical scenarios to<br>balance tumor exposure<br>and patient comfort         | Selects simulation<br>parameters for<br>uncommon clinical<br>scenarios to balance<br>tumor exposure and<br>patient comfort      | Develops a new<br>simulation immobilization<br>technique |  |
| Identifies role of the radiation oncologist in simulation process             | Supervises simulation to<br>ensure parameters are<br>met | Recognizes common<br>problems that arise during<br>simulation scans and<br>works with<br>interprofessional team to<br>resolve | Recognizes uncommon<br>problems that arise<br>during simulation scans<br>and works with<br>interprofessional team<br>to resolve |  |  |
|   |  |   |   |  |  |
| Comments:   |  |   |   | ompleted Level 1   |  |

| Patient Care 3: Contourin  | ng and Target Delineation   |  |  |   |
|--|---|--|--|---|
| Level 1  | Level 2   | Level 3  | Level 4  | Level 5   |
| Identifies relevant organs<br>at risk  | Contours common organs<br>at risk   | Contours complex organs at risk  | Identifies errors in organ<br>at risk contours |   |
| Identifies diagnostic<br>imaging modalities useful<br>for target delineation | Selects diagnostic images<br>to aid in high-quality<br>target delineation | Verifies accuracy of co-<br>registration of the image<br>fusions with the planning<br>scan | Resolves errors in co-<br>registration         | Anticipates treatment<br>planning challenges and<br>proactively adjusts target<br>volumes |
| Lists target volume  | Contours simple target  | Contours moderately  | Contours complex                               |   |
| definitions  | volumes   | complex target volumes   | target volumes                                 |   |
|  |   |  |  |   |
| Comments:  |   |  |  | ompleted Level 1  |

| Patient Care 4: Treatment Planning and Plan Evaluation                                 |  |  |   |   |
|--|--|--|---|---|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5   |
| Identifies the role of the<br>radiation oncologist in<br>treatment planning            | Evaluates a simple<br>radiotherapy plan and<br>recognizes when revision<br>is needed   | Evaluates a moderately<br>complex radiotherapy<br>plan and recognizes when<br>revision is needed                 | Evaluates a complex<br>radiotherapy plan and<br>recognizes when<br>revision is needed   | Consistently anticipates<br>challenges dosimetrists<br>may incur with plan<br>design and offers<br>prospective advice on<br>how to maximize target<br>coverage and minimize<br>dose to organs at risk |
| Identifies different<br>treatment planning<br>techniques                               | Identifies basic treatment planning techniques   | Suggests plan revisions<br>that incorporate simple<br>planning techniques  | Suggests plan revisions<br>that incorporate<br>complex planning<br>techniques   |   |
| Understands that target<br>coverage must be<br>balanced with dose to<br>organs at risk | Demonstrates general<br>knowledge of organs at<br>risk tolerance (serial and<br>parallel) with conventional<br>fractionation | Demonstrates general<br>knowledge of organs at<br>risk tolerance for<br>fractionation other than<br>conventional | Independently evaluates<br>a reirradiation plan<br>using biologically<br>effective dose or<br>equivalent dose<br>calculations |   |
|  |  |  |   |   |
| Comments:  |  |  | Not Yet C<br>Not Yet A  | ompleted Level 1  |

| Patient Care 5: Treatmen   | t Delivery  |   |   |                                    |  |
|--|---|---|---|------------------------------------|--|
| Level 1  | Level 2   | Level 3   | Level 4   | Level 5                            |  |
| Describes the purpose of<br>on-treatment visits<br>including eliciting<br>symptoms                       | Anticipates and elicits<br>common treatment-<br>related acute toxicities              | Manages common<br>treatment-related acute<br>toxicities   | Manages complex/high-<br>grade treatment-related<br>acute toxicities  |                                    |  |
| Identifies the importance<br>of online/offline imaging<br>review   | Assesses online and<br>offline imaging to evaluate<br>for basic set-up                | Assesses online and<br>offline imaging to evaluate<br>for complex set-up                          | Independently decides<br>on re-simulations and<br>starts adaptive<br>radiotherapy   | Designs novel set-up<br>strategies |  |
| Identifies the importance<br>of continued coordination<br>of care during combined<br>modality treatments | Identifies issues during<br>treatment that require<br>multidisciplinary<br>discussion | Coordinates the<br>multidisciplinary care of<br>patient receiving<br>combined modality<br>therapy | Manages<br>multidisciplinary care<br>that requires a deviation<br>from the initial treatment<br>course (such as<br>treatment break) |                                    |  |
|  |   |   |   |                                    |  |
| Comments:  | Comments:<br>Not Yet Completed Level 1  |   |   |                                    |  |

| Patient Care 6: Follow-U   | lp   |  |  |   |
|--|--|--|--|---|
| Level 1  | Level 2  | Level 3  | Level 4  | Level 5   |
| Participates in post-<br>treatment cancer<br>surveillance  | Recommends appropriate<br>cancer surveillance in routine<br>situations | Recommends appropriate<br>cancer surveillance in<br>complex or rare situations | Formulates and<br>coordinates a<br>comprehensive cancer<br>survivorship plan | Exemplifies formulation<br>and coordination of a<br>comprehensive cancer<br>survivorship plan |
| Describes the purpose<br>of follow-up visits and<br>surveillance including<br>eliciting symptoms<br>related to radiation | Recognizes and elicits<br>common radiation-induced<br>late toxicities  | Manages common radiation-<br>induced late toxicities                           | Manages complex/high-<br>grade radiation-induced<br>late toxicities          |   |
|  |  |  |  |   |
| Comments:  |  |  | Not Yet Complete<br>Not Yet Assessal   |   |

| Patient Care 7: Brachytherapy                             |  |   |   |  |  |
|---|--|---|---|--|--|
| Level 1   | Level 2  | Level 3   | Level 4   | Level 5  |  |
| Identifies brachytherapy<br>applicators                   | Places simple<br>intracavitary applicators<br>during the implant<br>procedure and<br>participates in peri-<br>operative care | Implants patients for<br>common intracavitary/<br>interstitial procedures and<br>manages peri-operative<br>care including common<br>complications | Implants patients for<br>complex intracavitary/<br>interstitial procedures<br>and manages peri-<br>operative care including<br>challenging peri-<br>operative complications | Exemplifies best practices<br>in brachytherapy |  |
| Identifies targets/organs<br>at risk for brachytherapy    | Delineates common<br>brachytherapy<br>targets/organs at risk   | Delineates moderately<br>complex brachytherapy<br>targets/organs at risk  | Delineates complex<br>brachytherapy<br>targets/organs at risk   |  |  |
| Participates in<br>brachytherapy treatment<br>plan review | Evaluates the plan for<br>common brachytherapy<br>treatment  | Evaluates the plan for<br>moderately complex<br>brachytherapy treatment   | Demonstrates<br>consistent ability to<br>evaluate the plan for<br>complex brachytherapy<br>treatment  |  |  |
|   |  |   |   |  |  |
| Comments:   |  |   | Not Yet C<br>Not Yet A  | ompleted Level 1                               |  |

| Patient Care 8: Procedu                                   | res: Stereotactic Radiosurg                              | ery (SRS) and Stereotactic  | Body Radiation Therapy                                   | (SBRT)   |
|---|--|---|--|--|
| Level 1   | Level 2  | Level 3   | Level 4  | Level 5  |
| Participates in<br>discussions of<br>SRS/SBRT indications | Demonstrates awareness<br>of indications for<br>SRS/SBRT | Makes recommendations<br>for simple SRS/SBRT                        | Makes<br>recommendations for<br>complex SRS/SBRT         | Exemplifies best practices in complex SRS/SBRT |
| Identifies SRS/SBRT<br>targets/organs at risk             | Delineates simple<br>SRS/SBRT targets/organs<br>at risk  | Delineates moderately<br>complex SRS/SBRT<br>targets/organs at risk | Delineates complex<br>SRS/SBRT<br>targets/organs at risk |  |
| Recognizes an<br>SRS/SBRT treatment<br>plan               | Evaluates a simple<br>SRS/SBRT plan                      | Evaluates a moderately complex SRS/SBRT plan                        | Evaluates a complex<br>SRS/SBRT plan                     |  |
|   |  |   |  |  |
| Comments:   |  |   |  | completed Level 1                              |

| Medical Knowledge 1: A<br>Oncoanatomy)  | pplied Sciences (Radiation   | Physics, Radiation and Ca   | ncer Biology, Biostatistic   | s, Trial Design,   |
|---|--|---|--|--|
| Level 1   | Level 2  | Level 3   | Level 4  | Level 5  |
| Demonstrates<br>knowledge of basic<br>radiographic anatomy of<br>normal structures    | Demonstrates knowledge<br>of basic radiographic<br>anatomy of abnormal<br>(oncologic) structures and<br>can apply to relevant<br>staging systems | Integrates knowledge of<br>pathologic anatomy and<br>targeting guidelines in<br>common clinical situations<br>(e.g., breast/head and<br>neck nodal anatomy) | Integrates knowledge of<br>pathologic anatomy and<br>guidelines, as needed,<br>to complex clinical<br>situations | Demonstrates exemplary<br>knowledge of the<br>application of anatomic<br>and radiographic<br>knowledge |
| Recognizes the<br>importance of medical<br>physics in radiation<br>oncology           | Discusses basic concepts<br>of medical physics   | Applies concepts of<br>medical physics to<br>common clinical situations   | Applies medical physics<br>concepts to complex<br>clinical situations  | Demonstrates exemplary<br>knowledge of medical<br>physics concepts in the<br>clinic                    |
| Recognizes the<br>importance of radiation/<br>cancer biology in<br>radiation oncology | Discusses basic concepts of radiation/cancer biology   | Applies concepts of radiation/cancer biology to common clinical situations  | Applies radiation/cancer<br>biology concepts to<br>complex clinical<br>situations                                | Demonstrates exemplary<br>knowledge of radiation/<br>cancer biology concepts<br>in the clinic          |
|   |  |   |  |  |
| Comments:   |  |   |  | ompleted Level 1   |

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| Medical Knowledge 2: Ev  | vidence-Based Foundations   | s of Radiation Oncology   |   |  |
|--|---|---|---|--|
| Level 1  | Level 2   | Level 3   | Level 4   | Level 5  |
| Recognizes the<br>importance of evidence-<br>based medicine in<br>radiation oncology | Summarizes evidence-<br>based data supporting<br>treatment management of<br>common patient<br>presentations | Summarizes evidence-<br>based data supporting<br>treatment management of<br>uncommon patient<br>presentations | Compares/contrasts<br>and critiques evidence-<br>based data supporting<br>treatment management  |  |
| Summarizes a published study   | Evaluates a basic<br>published study and<br>applies trial data to<br>common clinical situations             | Evaluates complex<br>published studies and<br>applies trial data to less<br>common clinical situations        | Evaluates complex<br>published studies and<br>applies trial data to rare<br>clinical situations | Demonstrates exemplary<br>evaluation of published<br>studies |
|  |   |   |   |  |
| Comments:  |   |   |   | ompleted Level 1   |

| Level 1   | Level 2   | Level 3   | Level 4   | Level 5   |
|---|---|---|---|---|
| Demonstrates<br>knowledge of common<br>patient safety events                              | Identifies system factors<br>that lead to patient safety<br>events  | Participates in analysis of<br>patient safety events<br>(simulated or actual)                                     | Conducts analysis of<br>patient safety events<br>and offers error<br>prevention strategies<br>(simulated or actual)     | Actively engages teams<br>and processes to modify<br>systems to prevent patien<br>safety events                       |
| Demonstrates<br>knowledge of how to<br>report patient safety<br>events                    | Reports patient safety<br>events through<br>institutional reporting<br>systems (simulated or<br>actual)                           | Participates in disclosure<br>of patient safety events to<br>patients and their families<br>(simulated or actual) | Discloses patient safety<br>events to patients and<br>their families (simulated<br>or actual)                           | Role models or mentors<br>others in the disclosure of<br>patient safety events  |
| Demonstrates<br>knowledge of basic<br>quality improvement<br>methodologies and<br>metrics | Describes local quality<br>improvement initiatives<br>(e.g., community<br>vaccination rate, infection<br>rate, smoking cessation) | Participates in local<br>quality improvement<br>initiatives   | Demonstrates the skills<br>required to identify,<br>develop, implement,<br>and analyze a quality<br>improvement project | Creates, implements, and<br>assesses quality<br>improvement initiatives at<br>the institutional or<br>community level |
|   |   |   |   |   |

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

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

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

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

| Professionalism 1: Professional Behavior and Ethical Principles   |   |  |  |   |  |
|---|---|--|--|---|--|
| Level 1   | Level 2   | Level 3  | Level 4  | Level 5   |  |
| Identifies and describes<br>potential triggers for<br>professionalism lapses  | Demonstrates insight into<br>professional behavior in<br>routine situations | Demonstrates professional<br>behavior in complex or<br>stressful situations                | Recognizes situations<br>that may trigger<br>professionalism lapses<br>and intervenes to prevent<br>lapses in self and others                              | Coaches others when their<br>behavior fails to meet<br>professional expectations  |  |
| Describes when and how<br>to appropriately report<br>professionalism lapses,<br>including strategies for<br>addressing common<br>barriers   | Takes responsibility for<br>own professionalism lapses                      | Recognizes need to seek<br>help in managing and<br>resolving complex ethical<br>situations | Recognizes and utilizes<br>appropriate resources for<br>managing and resolving<br>ethical dilemmas as<br>needed (e.g., ethics<br>consultations, literature | Identifies and seeks to<br>address system-level<br>factors that induce or<br>exacerbate ethical<br>problems or impede their |  |
| Demonstrates knowledge<br>of the ethical principles<br>underlying informed<br>consent, surrogate<br>decision making, advance<br>directives, confidentiality,<br>error disclosure,<br>stewardship of limited<br>resources, and related<br>topics | Analyzes straightforward<br>situations using ethical<br>principles          | Analyzes complex<br>situations using ethical<br>principles                                 | review, risk<br>management/legal<br>consultation)  | resolution  |  |
|   |   |  |  |   |  |
| Comments:   |   |  | Not Yet C  | ompleted Level 1  |  |

| Level 1   | Level 2   | Level 3   | Level 4   | Level 5                               |
|---|---|---|---|---------------------------------------|
| Takes responsibility for<br>failure to complete tasks<br>and responsibilities,<br>identifies potential<br>contributing factors, and<br>describes strategies for<br>ensuring timely task<br>completion in the future | Performs tasks and<br>responsibilities in a timely<br>manner with appropriate<br>attention to detail in<br>routine situations | Performs tasks and<br>responsibilities in a timely<br>manner with appropriate<br>attention to detail in<br>complex or stressful<br>situations | Recognizes situations<br>that may impact others'<br>ability to complete tasks<br>and responsibilities in a<br>timely manner | Takes ownership of<br>system outcomes |
| Responds promptly to<br>requests or reminders to<br>complete tasks and<br>responsibilities  | Recognizes situations that<br>may impact own ability to<br>complete tasks and<br>responsibilities in a timely<br>manner       | Proactively implements<br>strategies to ensure that<br>the needs of patients,<br>teams, and systems are<br>met                                |   |                                       |
|   |   |   |   |                                       |

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

| Interpersonal and Communication Skills 1: Patient and Family-Centered Communication  |  |   |  |  |  |
|--|--|---|--|--|--|
| Level 1  | Level 2  | Level 3   | Level 4  | Level 5  |  |
| Uses language and<br>nonverbal behavior to<br>demonstrate respect and<br>establish rapport   | Establishes a therapeutic<br>relationship in<br>straightforward encounters<br>using active listening and<br>clear language   | Establishes a therapeutic<br>relationship in challenging<br>patient encounters  | Easily establishes<br>therapeutic relationships,<br>with attention to patient/<br>family concerns and<br>context, regardless of<br>complexity                                  | Mentors others in<br>situational awareness and<br>critical self-reflection to<br>consistently develop<br>positive therapeutic<br>relationships |  |
| Identifies common barriers<br>to effective<br>communication (e.g.,<br>language, disability) while<br>accurately communicating<br>own role within the health<br>care system                     | Identifies complex barriers<br>to effective communication<br>(e.g., health literacy,<br>cultural)  | When prompted, reflects<br>on personal biases while<br>attempting to minimize<br>communication barriers   | Independently recognizes<br>personal biases while<br>attempting to proactively<br>minimize communication<br>barriers   | Role models self-<br>awareness while identifying<br>a contextual approach to<br>minimize communication<br>barriers                             |  |
| Identifies the need to<br>adjust communication<br>strategies based on<br>assessment of patient/<br>family expectations and<br>understanding of their<br>health status and<br>treatment options | Organizes and initiates<br>communication with<br>patient/family by<br>introducing stakeholders,<br>setting the agenda,<br>clarifying expectations, and<br>verifying understanding of<br>the clinical situation | With guidance, sensitively<br>and compassionately<br>delivers medical<br>information, elicits patient/<br>family values, goals, and<br>preferences, and<br>acknowledges uncertainty<br>and conflict | Independently, uses<br>shared decision making<br>to align patient/family<br>values, goals, and<br>preferences with<br>treatment options to<br>make a personalized<br>care plan | Role models shared<br>decision making in<br>patient/family<br>communication, including<br>those with a high degree of<br>uncertainty/conflict  |  |
|  |  |   |  |  |  |
| Comments:  |  |   | Not Yet C  | ompleted Level 1   |  |

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

| Level 1   | Level 2  | Level 3   | Level 4   | Level 5  |
|---|--|---|---|--|
| Accurately records<br>information in the patient<br>record  | Demonstrates organized<br>diagnostic and therapeutic<br>reasoning through notes<br>in the patient record   | Concisely reports<br>diagnostic and therapeutic<br>reasoning in the patient<br>record   | Communicates clearly,<br>concisely, timely, and in<br>an organized written<br>form, including<br>anticipatory guidance              | Models feedback to<br>improve others' written<br>communication   |
| Safeguards patient<br>personal health<br>information  | Demonstrates accurate,<br>timely, and appropriate<br>use of documentation<br>shortcuts<br>Documents required data<br>in formats specified by<br>institutional policy | Appropriately selects<br>direct (e.g., telephone, in-<br>person) and indirect (e.g.,<br>progress notes, text<br>messages) forms of<br>communication based on<br>context | Achieves written or<br>verbal communication<br>(e.g., patient notes,<br>email) that serves as an<br>example for others to<br>follow | Guides departmental or<br>institutional<br>communication around<br>policies and procedures   |
| Communicates through<br>appropriate channels as<br>required by institutional<br>policy (e.g., patient<br>safety reports, cell<br>phone/pager usage) | Respectfully<br>communicates concerns<br>about the system  | Uses appropriate<br>channels to offer clear<br>and constructive<br>suggestions to improve<br>the system   | Initiates difficult<br>conversations with<br>appropriate<br>stakeholders to improve<br>the system                                   | Facilitates dialogue<br>regarding systems issues<br>among larger community<br>stakeholders (institution,<br>health care system, field) |
|   |  |   |   |  |