

# The Family Medicine Milestone Project

The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in Accreditation Council for Graduate Medical Education (ACGME)–accredited residency or fellowship programs. They neither represent the entirety of the dimensions of the 6 domains of physician competency, nor are they designed to be relevant in any other context.

## Family Medicine Milestone Prologue

Family medicine contributes to the care of patients at all levels, throughout all stages of life, and is more than a primary care specialty. It is a discipline characterized by its breadth and integrative functions.

Family physicians are personal physicians who focus on each individual in his or her given situation, integrating mental and physical health within each individual's own social context. These physicians possess a unique skill set to take primary responsibility for and manage any problems with which patients present for attention and care. They provide a reliable point of first contact with the health care system for patients regardless of the type or nature of their problems, providing a comprehensive set of services that resolve most of the problems the majority of people have most of the time. They remain with their patients across time and health care settings and work with dynamic teams to integrate proper care of individuals. Family physicians interface with all medical specialties and public health. When necessary, they rely on community resources, helping individuals, families, and communities meet their health-related goals. The specialized focuses of family physicians are the individual in the context of his or her family and community and all the complexities this entails. It is essential for family physicians to have in-depth knowledge of a patient as an individual and broad knowledge of medical science to act in the best interest of that patient. The effectiveness of family physicians depends on their abilities to earn the trust of their patients and sustain relationships over time. Because of the breadth of

involvement of family medicine in the health care system, family physicians are in a special position to critique, positively influence, and lead the health care delivery system.

Family medicine residency programs aim to graduate physicians with the necessary attitudes, knowledge, and skills to serve any and all of the nation's communities. The Family Medicine Milestones document is a living document that provides guidance for how family physicians are developed from the start of residency as undifferentiated medical students to becoming competent family physicians ready to enter independent practice.

The Milestones are developmentally-based, family medicine-specific attributes that family medicine residents can be expected to demonstrate as they progress through their programs. Organized around the 6 ACGME core competencies, each group of related Milestones includes an introductory statement that describes the specific emphasis of family medicine within that competency.

## Milestone Reporting

This document presents Milestones designed for programs to use in semiannual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies, organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's residents as 1 element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

For each reporting period, review and reporting will involve selecting the level of Milestones that best describes each resident's current performance level in relation to Milestones. Milestones are arranged into levels. Selection of a level implies that the resident substantially demonstrates the Milestones in that level, as well as those in lower levels (FIGURE). A general interpretation of Milestone levels for family medicine is as follows:

**Level 1:** The resident demonstrates Milestones expected of a resident who has had some education in family medicine.

**Level 2:** The resident is advancing and demonstrating additional Milestones.

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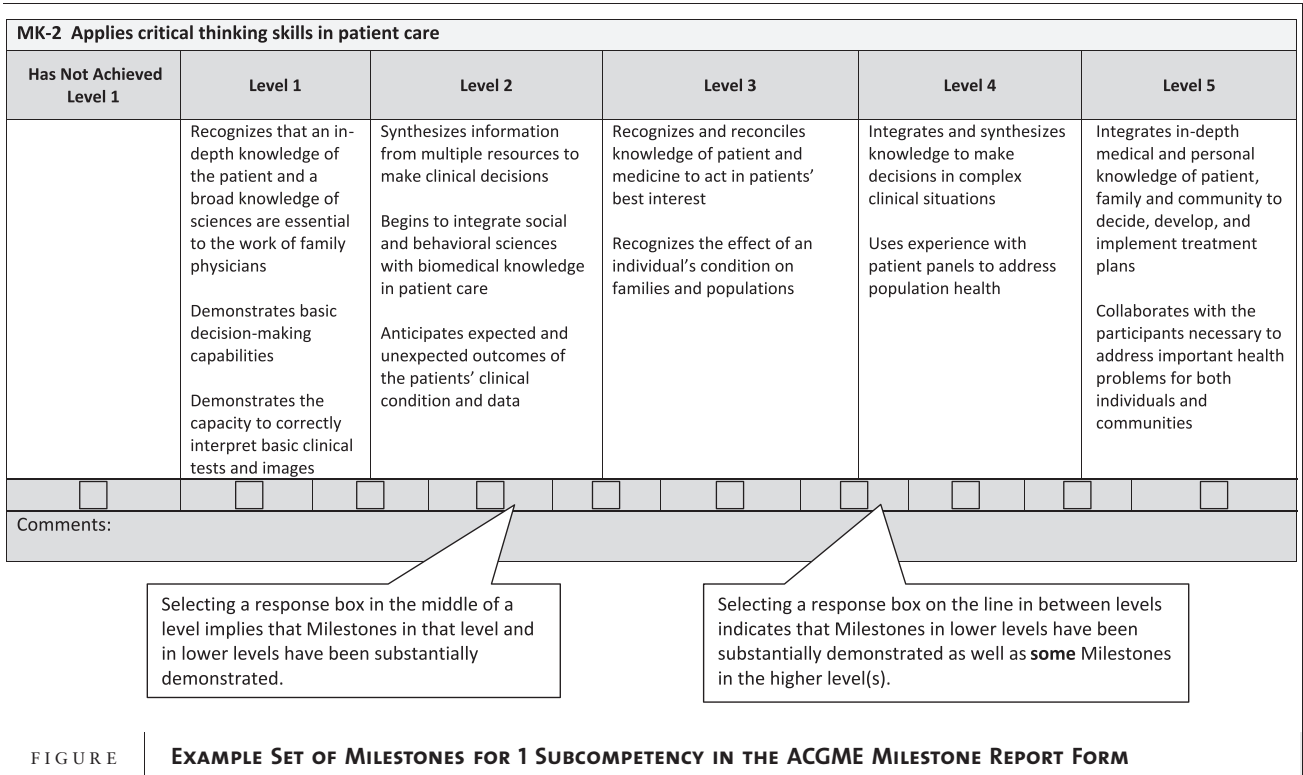


FIGURE | EXAMPLE SET OF MILESTONES FOR 1 SUBCOMPETENCY IN THE ACGME MILESTONE REPORT FORM

- Level 3:** The resident continues to advance and demonstrate 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.

**Additional Notes**

Level 4 is designed as the graduation *target* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (see the NAS Frequently Asked Questions for educational Milestones on the ACGME's website for further discussion of this issue: "Can a resident graduate if he or she does not reach every Milestone?"). Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether graduating resident Milestones and

Milestones in lower levels are in the appropriate level within the developmental framework, as well as whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Some Milestone descriptions include statements about performing independently. These activities must follow the ACGME supervision guidelines. For example, a resident who performs a procedure or takes independent call must, at a minimum, be supervised through oversight.

**ACGME Milestone Report Form**

The FIGURE presents an example of a set of Milestones for 1 subcompetency in the same format as the ACGME Milestone Report Form. For each reporting period, a resident's performance on the Milestones for each sub-competency will be indicated by selecting:

- the level of Milestones that best describes the resident's performance in relation to the Milestones, or
- the "Has Not Achieved Level 1" option.

**Family Medicine Milestones**

**Patient Care**

Family physicians provide accessible, quality, comprehensive, compassionate, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting,

and use the biopsychosocial perspective and patient-centered model of care.

**Medical Knowledge**

The practice of family medicine demands a broad and deep fund of medical knowledge to proficiently care for a diverse patient population with undifferentiated health care needs.

**Systems-Based Practice**

The stewardship of the family physician helps to ensure high value, high quality, and accessibility in the health care system. The family physician uses his or her role to anticipate and engage in advocacy for improvements to health care systems to maximize patient health.

**Practice-Based Learning and Improvement**

The family physician must demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

**Professionalism**

Family physicians share the belief that health care is best organized and delivered in a patient-centered model emphasizing patient autonomy, shared responsibility, and responsiveness to the needs of diverse populations. Family physicians place the interests of patients first while setting and maintaining high standards of competence and integrity for themselves and their professional colleagues. Professionalization is the developmental process that requires individuals to accept responsibility for learning and maintaining the standards of the discipline, including self-regulating lapses in ethical standards. Family physicians maintain trust by identifying and ethically managing the potential conflicting interests of individual patients, patients' families, society, the medical industry, and their own self-interests.

**Interpersonal and Communication Skills**

The family physician demonstrates interpersonal and communication skills that foster trust and result in effective exchange of information and collaboration with patients, their families, health professionals, and the public.

**Patient Care (PC)**

**TABLE 1 PC-1. CARES FOR ACUTELY ILL OR INJURED PATIENTS IN URGENT AND EMERGENT SITUATIONS AND IN ALL SETTINGS**

	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	<p>Gathers essential information about the patient (history, examination, diagnostic testing, psychosocial context)</p> <p>Generates differential diagnoses</p> <p>Recognizes role of clinical protocols and guidelines in acute situations</p>	<p>Consistently recognizes common situations that require urgent or emergent medical care</p> <p>Stabilizes the acutely ill patient by using appropriate clinical protocols and guidelines</p> <p>Generates appropriate differential diagnoses for any presenting complaint</p> <p>Develops appropriate diagnostic and therapeutic management plans for acute conditions</p>	<p>Consistently recognizes complex situations requiring urgent or emergent medical care</p> <p>Appropriately prioritizes the response to the acutely ill patient</p> <p>Develops appropriate diagnostic and therapeutic management plans for less common acute conditions</p> <p>Addresses the psychosocial implications of acute illness on patients and families</p> <p>Arranges appropriate transitions of care</p>	<p>Coordinates care of acutely ill patient with consultants and community services</p> <p>Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients</p>	<p>Provides and coordinates care for acutely ill patients within local and regional systems of care</p>

**TABLE 2 PC-2. CARES FOR PATIENTS WITH CHRONIC CONDITIONS**

	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	<p>Recognizes chronic conditions</p> <p>Accurately documents a clinical encounter with a patient with a chronic condition and generates a list of problems</p> <p>Recognizes that chronic conditions have a social impact on individual patients</p>	<p>Establishes a relationship with the patient as his or her personal physician</p> <p>Collects, organizes, and reviews relevant clinical information</p> <p>Recognizes variability and natural progression of chronic conditions and adapts care accordingly</p> <p>Develops a management plan that includes appropriate clinical guidelines</p> <p>Uses quality markers to evaluate the care of patients with chronic conditions</p> <p>Understands the role of registries in managing patient and population health</p>	<p>Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic conditions</p> <p>Engages the patient in the self-management of his or her chronic condition</p> <p>Clarifies the goals of care for the patient across the course of the chronic condition and for his or her family and community</p> <p>Begins to manage the conflicting needs of patients with multiple chronic conditions or multiple comorbidities</p>	<p>Leads care teams to consistently and appropriately manage patients with chronic conditions and comorbidities</p> <p>Facilitates patients' and families' efforts at self-management of their chronic conditions, including use of community resources and services</p>	<p>Personalizes the care of complex patients with multiple chronic conditions and comorbidities to help meet the patients' goals of care</p> <p>Continually uses experience with patients and evidence-based medicine in population management of patients with chronic conditions</p>

PC-3. PARTNERS WITH THE PATIENT, FAMILY, AND COMMUNITY TO IMPROVE HEALTH THROUGH DISEASE PREVENTION AND HEALTH PROMOTION					
TABLE 3	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	<p>Collects family, social, and behavioral history</p> <p>Demonstrates awareness of recommendations for health maintenance and screening guidelines developed by various organizations</p>	<p>Identifies the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p>Incorporates disease prevention and health promotion into practice</p> <p>Reconciles recommendations for health maintenance and screening guidelines developed by various organizations</p>	<p>Explains the basis of health promotion and disease prevention recommendations to patients with the goal of shared decision making</p> <p>Describes risks, benefits, costs, and alternatives related to health promotion and disease prevention activities</p> <p>Partners with the patient and family to overcome barriers to disease prevention and health promotion</p> <p>Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>	<p>Tracks and monitors disease prevention and health promotion for the practice population</p> <p>Integrates disease prevention and health promotion seamlessly in the ongoing care of all patients</p>	<p>Integrates practice and community data to improve population health</p> <p>Partners with the community to improve population health</p>

PC-4. PARTNERS WITH THE PATIENT TO ADDRESS ISSUES OF ONGOING SIGNS, SYMPTOMS, OR HEALTH CONCERNS THAT REMAIN OVER TIME WITHOUT CLEAR DIAGNOSIS DESPITE EVALUATION AND TREATMENT, IN A PATIENT-CENTERED, COST-EFFECTIVE MANNER					
TABLE 4	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	<p>Acknowledges that patients with undifferentiated signs, symptoms, or health concerns are appropriate for the family physician and commits to addressing their concerns</p>	<p>Develops a comprehensive differential diagnosis for patients with undifferentiated signs, symptoms, or health concerns, and prioritizes an appropriate evaluation and treatment plan</p> <p>Chooses and limits diagnostic testing and consultations that will change the management of undifferentiated signs, symptoms, or health concerns</p>	<p>Facilitates patients' understanding of their expected course and events that require physician notification</p> <p>Identifies the medical and social needs of patients with undifferentiated signs, symptoms, or health concerns</p> <p>Uses multidisciplinary resources to assist patients with undifferentiated signs, symptoms, or health concerns in order to deliver health care more efficiently</p>	<p>Accepts personal responsibility to care for patients with undifferentiated signs, symptoms, or health concerns</p> <p>Develops treatment plans that include periodic assessment and that use appropriate community and family resources to minimize the effect of the undifferentiated signs, symptoms, and health concerns for the patient</p> <p>Establishes a rapport with patients to the degree that patients confidently accept the assessment of an undiagnosed condition</p>	<p>Demonstrates comfort caring for patients with long-term undifferentiated signs, symptoms, or health concerns</p> <p>Investigates emerging science and uses multidisciplinary teams to care for patients with undifferentiated signs, symptoms, or health concerns</p> <p>Contributes to the development of medical knowledge around undifferentiated signs, symptoms, and health concerns</p>

**TABLE 5**  
**PC-5. PERFORMS SPECIALTY-APPROPRIATE PROCEDURES TO MEET THE HEALTH CARE NEEDS OF INDIVIDUAL PATIENTS, FAMILIES, AND COMMUNITIES, AND IS KNOWLEDGEABLE ABOUT PROCEDURES PERFORMED BY OTHER SPECIALISTS TO GUIDE THEIR PATIENTS' CARE**

	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	Identifies procedures that family physicians perform Demonstrates sterile technique	Performs procedures under supervision and knows their indications, contraindications, and complications; and how to obtain informed consent for, procedural technique for, postprocedure management of, and interpretation of results of the procedures they perform Begins the process of identifying additional procedural skills he or she may need or desire to have for future practice	Uses appropriate resources to counsel the patient on the indications, contraindications, and complications of procedures Identifies and actively seeks opportunities to assist with or independently perform additional procedures he or she will need for future practice	Independently performs all procedures required for graduation Counsels the patient regarding indications, contraindications, and complications of procedures commonly performed by other specialties Identifies a plan to acquire additional procedural skills as needed for practice	Seeks additional opportunities to perform or assist with procedures identified as areas of need within the community

**Medical Knowledge (MK)**

**TABLE 6**  
**MK-1. DEMONSTRATES MK OF SUFFICIENT BREADTH AND DEPTH TO PRACTICE FAMILY MEDICINE**

	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	Demonstrates the capacity to improve medical knowledge through targeted study	Uses the ABFM In-Training Assessment resident scaled score to further guide his or her education Demonstrates capacity to assess and act on personal learning needs	Meets MOC requirements in preparation for certification examination Achieves an ABFM In-Training Assessment resident scaled score predictive of passing the certification examination	Successfully completes ABFM requirements for certification Appropriately uses, performs, and interprets diagnostic tests and procedures	Maintains ABFM certification Demonstrates lifelong learning beyond minimum MOC and MOL requirements

MK-2. APPLIES CRITICAL THINKING SKILLS IN PATIENT CARE					
TABLE 7	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	<p>Recognizes that an in-depth knowledge of the patient and a broad knowledge of sciences are essential to the work of family physicians</p> <p>Demonstrates basic decision-making capabilities</p> <p>Demonstrates the capacity to correctly interpret basic clinical tests and images</p>	<p>Synthesizes information from multiple resources to make clinical decisions</p> <p>Begins to integrate social and behavioral sciences with biomedical knowledge in patient care</p> <p>Anticipates expected and unexpected outcomes of the patients' clinical condition and data</p>	<p>Recognizes and reconciles knowledge of patient and medicine to act in patients' best interests</p> <p>Recognizes the effect of an individual's condition on families and populations</p>	<p>Integrates and synthesizes knowledge to make decisions in complex clinical situations</p> <p>Uses experience with patient panels to address population health</p>	<p>Integrates in-depth medical and personal knowledge of patient, family and community to decide, develop, and implement treatment plans</p> <p>Collaborates with the participants necessary to address important health problems for both individuals and communities</p>

**Systems-Based Practice (SBP)**

SBP-1. PROVIDES COST-CONSCIOUS MEDICAL CARE					
TABLE 8	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	<p>Understands that health care resources and costs impact patients and the health care system</p>	<p>Knows and considers costs and risks/benefits of different treatment options in common situations</p>	<p>Coordinates individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness</p>	<p>Partners with patients to consistently use resources efficiently and cost effectively in even the most complex and challenging cases</p>	<p>Role models and promotes efficient and cost-effective use of resources in the care of patients in all settings</p>

SBP-2. EMPHASIZES PATIENT SAFETY					
TABLE 9	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	<p>Understands that medical errors affect patient health and safety, and that their occurrence varies across settings and between providers</p> <p>Understands that effective team-based care plays a role in patient safety</p>	<p>Recognizes medical errors when they occur, including those that do not have adverse outcomes</p> <p>Understands the mechanisms that cause medical errors</p> <p>Understands and follows protocols to promote patient safety and prevent medical errors</p> <p>Participates in effective and safe handoffs and transitions of care</p>	<p>Uses current methods of analysis to identify individual and system causes of medical errors common to family medicine</p> <p>Develops individual improvement plan and participates in system improvement plans that promote patient safety and prevent medical errors</p>	<p>Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in daily practice</p> <p>Fosters adherence to patient care protocols among team members that enhance patient safety and prevent medical errors</p>	<p>Role models self-directed and system improvement activities that seek to continuously anticipate, identify, and prevent medical errors to improve patient safety in all practice settings, including the development, use, and promotion of patient care protocols and other tools</p>

**TABLE 10 SBP-3. IS AN ADVOCATE FOR INDIVIDUAL AND COMMUNITY HEALTH**

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes social context and environment and how a community's public policy decisions affect individual and community health	Recognizes that family physicians can impact community health Lists ways in which community characteristics and resources affect the health of patients and communities	Identifies specific community characteristics that impact specific patients' health Understands the process of conducting a community strengths and needs assessment	Collaborates with other practices and public health and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives Seeks to improve the health care systems in which he or she practices	Role models active involvement in community education and policy change to improve the health of patients and communities

**TABLE 11 SBP-4. COORDINATES TEAM-BASED CARE**

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member	Understands the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care	Engages the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs Assumes responsibility for seamless transitions of care Sustains a relationship as a personal physician to his or her own patients	Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients	Role models of leadership, integration, and optimization of care teams to provide quality, individualized patient care

**Practice-Based Learning and Improvement (PBLI)**

**TABLE 12 PBLI-1. LOCATES, APPRAISES, AND ASSIMILATES EVIDENCE FROM SCIENTIFIC STUDIES RELATED TO THE PATIENTS' HEALTH PROBLEMS**

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the design of a research study	Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes Formulates a searchable question from a clinical question Evaluates evidence-based point-of-care resources	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information	Incorporates principles of evidence-based care and information mastery into clinical practice	Independently teaches and assesses evidence-based medicine and information mastery techniques



PBLLI-2. DEMONSTRATES SELF-DIRECTED LEARNING					
TABLE 1.3					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Acknowledges gaps in personal knowledge and expertise and frequently asks for feedback Uses feedback to improve learning and performance	Incorporates feedback and evaluations to assess performance and develop a learning plan Uses point-of-care, evidence-based information and guidelines to answer clinical questions	Has a self-assessment and learning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement	Identifies own clinical information needs based, in part, on the values and preferences of each patient Demonstrates use of a system or process for keeping up with relevant changes in medicine Completes ABFM MOC requirements for residents Consistently evaluates self and practice, using appropriate evidence-based standards to implement changes in practice to improve patient care and its delivery	Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas Initiates or collaborates in research to fill knowledge gaps in family medicine Integrates MOC into ongoing practice assessment and improvement Role models continuous self-improvement and care delivery improvements by using appropriate, current knowledge and best-practice standards

PBLLI-3. IMPROVES SYSTEMS IN WHICH THE PHYSICIAN PROVIDES CARE					
TABLE 1.4					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery	Compares care provided by self and practice to external standards and identifies areas for improvement	Uses a systematic improvement method (eg, PDSA cycle) to address an identified area of improvement Uses an organized method, such as a registry, to assess and manage population health	Establishes protocols for continuous review and comparison of practice procedures and outcomes and implementing changes to address areas needing improvement	Role models continuous quality improvement of personal practice as well as larger health systems or complex projects, using advanced methodologies and skill sets

**Professionalism (PROF)**

**TABLE 15 PROF-1. COMPLETES THE PROCESS OF PROFESSIONALIZATION**

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Has Not Achieved Level 1</b>	<p>Defines professionalism</p> <p>Knows the basic principles of medical ethics</p> <p>Recognizes that conflicting personal and professional values exist</p> <p>Demonstrates honesty, integrity, and respect to patients and team members</p>	<p>Recognizes own conflicting personal and professional values</p> <p>Knows institutional and governmental regulations for the practice of medicine</p>	<p>Recognizes that physicians have an obligation to self-discipline and to self-regulate</p> <p>Engages in self-initiated pursuit of excellence</p>	<p>Embraces the professional responsibilities of being a family physician</p>	<p>Demonstrates leadership and mentorship in applying shared standards and ethical principles, including the priority of responsiveness to patient needs above self-interest across the health care team</p> <p>Develops institutional and organizational strategies to protect and maintain these principles</p>

**TABLE 16 PROF-2. DEMONSTRATES PROFESSIONAL CONDUCT AND ACCOUNTABILITY**

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Has Not Achieved Level 1</b>	<p>Presents in a respectful and professional manner</p> <p>Attends to responsibilities and completes duties as required</p> <p>Maintains patient confidentiality</p> <p>Documents and reports clinical and administrative information truthfully</p>	<p>Consistently recognizes limits of knowledge and asks for assistance</p> <p>Has insight into his or her own behavior and likely triggers for professionalism lapses, and is able to use this information to be professional</p> <p>Completes all clinical and administrative tasks promptly</p> <p>Identifies appropriate channels to report unprofessional behavior</p>	<p>Recognizes professionalism lapses in self and others</p> <p>Reports professionalism lapses using appropriate reporting procedures</p>	<p>Maintains appropriate professional behavior without external guidance</p> <p>Exhibits self-awareness, self-management, social awareness, and relationship management</p> <p>Negotiates professional lapses of the medical team</p>	<p>Role models professional conduct placing the needs of each patient above self-interest</p> <p>Helps implement organizational policies to sustain medicine as a profession</p>

TABLE 17 PROF-3. DEMONSTRATES HUMANISM AND CULTURAL PROFICIENCY						
Has Not Achieved Level 1		Level 1	Level 2	Level 3	Level 4	Level 5
	Consistently demonstrates compassion, respect, and empathy Recognizes impact of culture on health and health behaviors	Displays a consistent attitude and behavior that conveys acceptance of diverse individuals and groups, including diversity in gender, age, culture, race, religion, disabilities, sexual orientation, and gender identity Elicits cultural factors from patients and families that impact health and health behaviors in the context of the biopsychosocial model Identifies own cultural framework that may impact patient interactions and decision making	Incorporates patients' beliefs, values, and cultural practices in patient care plans Identifies health inequities and social determinants of health and their impact on individual and family health	Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs	Demonstrates leadership in cultural proficiency, understanding of health disparities, and social determinants of health Develops organizational policies and education to support the application of these principles in the practice of medicine	

TABLE 18 PROF-4. MAINTAINS EMOTIONAL, PHYSICAL, AND MENTAL HEALTH, AND PURSUES CONTINUAL PERSONAL AND PROFESSIONAL GROWTH						
Has Not Achieved Level 1		Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates awareness of the importance of maintenance of emotional, physical, and mental health Recognizes fatigue, sleep deprivation, and impairment	Applies basic principles of physician wellness and balance in life to adequately manage personal emotional, physical, and mental health Balances physician well-being with patient care needs Accepts constructive feedback	Actively seeks feedback and provides constructive feedback to others Recognizes signs of impairment in self and team members, and responds appropriately	Appropriately manages situations in which maintaining personal emotional, physical, and mental health are challenged	Optimizes professional responsibilities through the application of principles of physician wellness to the practice of medicine Maintains competency appropriate to scope of practice	

**Interpersonal and Communication Skills (C)**

TABLE 19

**C-1. DEVELOPS MEANINGFUL, THERAPEUTIC RELATIONSHIPS WITH PATIENTS AND FAMILIES**

	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	Recognizes that effective relationships are important to quality care	Creates a nonjudgmental, safe environment to actively engage patients and families to share information and their perspectives	Effectively builds rapport with a growing panel of continuity patients and families Respects patients' autonomy in their health care decisions and clarifies patients' goals to provide care consistent with their values	Connects with patients and families in a continuous manner that fosters trust, respect, and understanding, including the ability to manage conflict	Role models effective, continuous, personal relationships that optimize the well-being of the patient and family

TABLE 20

**C-2. COMMUNICATES EFFECTIVELY WITH PATIENTS, FAMILIES, AND THE PUBLIC**

	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Has Not Achieved Level 1</b>	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in end-of-life discussions and delivery of bad news	Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit Engages patients' perspectives in shared decision making Recognizes nonverbal cues and uses nonverbal communication skills in patient encounters	Educates and counsels patients and families in disease management and health promotion skills Effectively communicates difficult information, such as end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis Maintains a focus on patient-centeredness and integrates all aspects of patient care to meet patients' needs	Role models effective communication with patients, families, and the public Engages community partners to educate the public

**C-3. DEVELOPS RELATIONSHIPS AND EFFECTIVELY COMMUNICATES WITH PHYSICIANS, OTHER HEALTH PROFESSIONALS, AND HEALTH CARE TEAMS**

TABLE 2.1					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands the importance of the health care team and shows respect for the skills and contributions of others	Demonstrates consultative exchange that includes clear expectations and timely, appropriate exchange of information Presents and documents patient data in a clear, concise, and organized manner	Effectively uses the electronic health record to exchange information among the health care team Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback	Sustains collaborative working relationships during complex and challenging situations, including transitions of care Effectively negotiates and manages conflict among members of the health care team in the best interest of the patient	Role models effective collaboration with other providers that emphasizes efficient patient-centered care

**C-4. USES TECHNOLOGY TO OPTIMIZE COMMUNICATION**

TABLE 2.2					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes effects of technology on information exchange and the physician/patient relationship Recognizes the ethical and legal implications of using technology to communicate in health care	Ensures that clinical and administrative documentation is timely, complete, and accurate Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries Uses technology in a manner which enhances communication and does not interfere with the appropriate interaction with the patient	Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums of care	Effectively and ethically uses all forms of communication, such as face-to-face, telephonic, electronic, and social media Uses technology to optimize continuity care of patients and transitions of care	Stays current with technology and adapts systems to improve communication with patients, other providers, and systems