The Addiction Psychiatry Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Psychiatry and Neurology

ACGME

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

Addiction Psychiatry Milestones

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Milestone Reporting

This document presents Milestones designed for programs to use in semi-annual review of fellow 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 fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

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

Level 1: The fellow demonstrates milestones expected of an incoming fellow.

Level 2: The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.

Level 3: The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.

Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.

Level 5: The fellow has advanced beyond performance targets set for fellowship 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 fellows will reach this level.

Additional Notes

Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Examples are provided with some milestones. Please note that 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 conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page:
http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf.

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

PC2 — Psychotherapy, behavioral, and psychosocial interventions in substance and addictive disorders
A. Uses one or more evidence-based psychotherapeutic interventions in the care of the patient
B. Appropriately refers patients for available psychosocial and behavioral treatment resources

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Establishes and maintains a therapeutic alliance with and provides appropriate psychotherapy to patients with general psychiatric disorders	2.1/B Identifies community resources for patient treatment	3. 1/A Participates in the delivery of evidence-based psychotherapy for treatment of addictive disorders 3.1/B Consistently refers patients to appropriate treatment resources based on the patient's needs	4.1/A Effectively and expertly delivers at least one evidence-based psychotherapy for the treatment of addictive disorders 4.1/B Utilizes current practice guidelines in evaluation and psychotherapeutic treatment of the patient with addictive disorders	5.1/A Competently teaches at least one evidence-based psychotherapy to other learners

Comments:

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

PC1 — Evaluation and diagnosis of the patient

    A. Thorough evaluation of the patient with substance use and addictive disorders including patient interview, gathering of collateral information, use of screening and assessment tools

    B. Risk assessment specific to substance use and addictive disorders

    C. Synthesis of information to generate patient formulation and differential diagnosis specific to substance use, addictive, and co-occurring disorders

    D. Development of an appropriate initial treatment plan for the patient

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Obtains general history relevant to the patient's medical and psychiatric disorders; performs a reliable evaluation of the patient's general psychiatric disorder 1.2/B Assesses for patient safety, including risk for self-harm and harm to others, and risk of intoxication and overdose 1.3/C Organizes, summarizes information, and develops a differential diagnosis for the patient presenting with substance use, addictive, and co-occurring disorders 1.4/D Sets treatment goals	2.1/A Obtains complete, accurate, and relevant history and performs a targeted examination relevant to the patient's addictive and co-occurring disorders; obtains collateral information and is aware of the use of screening and assessment tools 2.2/C Organizes, accurately summarizes information, and develops a differential diagnosis for the patient presenting with substance use, addictive, and co-occurring disorders while avoiding premature closure 2.3/D Develops comprehensive, individualized treatment	3.1/A Consistently obtains complete, accurate, and relevant history and performs a targeted examination relevant to the patient's addictive and co-occurring disorders; obtains accurate collateral information and appropriately utilizes screening and assessment tools 3.2/A Recognizes and addresses inconsistencies in collected information 3.3/B Integrates all available information, including relapse risk, into patient safety assessment 3.4/B Correctly and expertly interprets results of urine	4.1/A Serves as a role model for gathering accurate, reliable, and subtle information from the patient and collateral sources, and for use of screening and assessment tools 4.2/A Integrates motivational interviewing concepts and techniques into patient assessment 4.3/A Provides instruction to general psychiatry residents or other trainees on techniques for obtaining an accurate and reliable history 4.4/C Utilizes all available information to generate a complete and accurate differential diagnosis; takes	5.1/A Performs research with regard to appropriate assessment of patients with addictive disorders 5.2/C Teaches general psychiatry residents or other trainees techniques for resolving inconsistencies in data while generating a differential diagnosis

| in collaboration with the patient | plans for patients with uncomplicated substance use and addictive disorders | drug screening and other forms of toxicological testing

3.5/C Incorporates collateral information, other assessments, subtle findings, and conflicting information into a complete differential diagnosis

3.6/D Incorporates co-occurring disorders into a comprehensive individualized treatment plan | steps to resolve apparent inconsistencies in the data

4.5/D Develops comprehensive, individualized treatment plans for patients with complex presentations | |

| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Comments: **Not yet rotated 1** ☐

PC2 — Psychotherapy, behavioral, and psychosocial interventions in substance and addictive disorders
   A.   Uses one or more evidence-based psychotherapeutic interventions in the care of the patient
   B.   Appropriately refers patients for available psychosocial and behavioral treatment resources

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Establishes and maintains a therapeutic alliance with, and provides appropriate psychotherapy to, patients with general psychiatric disorders	2.1/B Identifies community resources for patient treatment	3.1/A Participates in the delivery of evidence-based psychotherapy for treatment of addictive disorders 3.2/B Consistently refers patients to appropriate treatment resources based on the given patient's needs	4.1/A Effectively and expertly delivers at least one evidence-based psychotherapy for the treatment of addictive disorders 4.2/A Utilizes current practice guidelines in evaluation and psychotherapeutic treatment of patients with addictive disorders	5.1/A Competently teaches at least one evidence-based psychotherapy to other learners

Comments: **Not yet rotated 1**

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PC3 — Pharmacological interventions for substance use and addictive disorders

A. Uses evidence-based pharmacologic treatments for substance use, addictive ,and co-occurring disorders, including monitoring of patient response and appropriate adjustment of treatment

B. Educates patients about pharmacologic treatments

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Appropriately prescribes commonly used psychopharmacologic agents 1.2/B Reviews with the patient/family general indications, dosing parameters, and common side effects for prescribed psychopharmacologic agents	2.1/A Appropriately prescribes pharmacologic agents for substance use and addictive disorders, including for the management of intoxication and withdrawal states 2.2/C Demonstrates awareness of federal regulations regarding pharmacologic treatment of opioid use disorders, including regulations governing use of methadone and buprenorphine; is able to apply this knowledge in recommending appropriate treatment	3.1/A Manages pharmacokinetic and pharmacodynamic drug interactions for patients prescribed multiple medications and/or using non-prescribed substances 3.2/B Incorporates knowledge of proposed mechanisms of action and metabolism of prescribed psychopharmacologic agents, including agents prescribed for treatment of addictive disorders, in treatment selection, and explains rationale to patients/families	4.1/A Titrates dosages and manages side effects and complex drug interactions for patients prescribed multiple medications, including medications for substance use, addictive, and co-occurring disorders; considers potential drug interactions from substances of abuse; manages complex intoxication and withdrawal 4.2/B Explains to patients and families the rationale and proposed mechanisms of action for less commonly prescribed and experimental treatment choices 4.3/B Demonstrates expertise in the appropriate prescription of methadone and buprenorphine for opioid use disorders; understands and appropriately incorporates current regulations into patient care	5.1/A Designs an educational curriculum for primary care providers on use of psychopharmacology for addictive disorders 5.2/A Participates in evidence-based research on psychopharmacology of addictive disorders

Comments:

Not yet rotated 1 ▢

MK 1— Clinical neuroscience of substance use and addictive disorders
   A.   Neuroanatomy and neurophysiology specific to substance use and addictive disorders
   B.   Neuropharmacology of addictive substances
   C.   Neuropharmacology of treatment modalities specific to substance use and addictive disorders

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes neurobiological and genetic hypotheses of common psychiatric disorders 1.2/C Describes the general indications and common side effects for commonly prescribed psychopharmacologic agents for addictive disorders	2.1/A Describes the basic neuroanatomy and neurophysiology related to the pathophysiology of addictive disorders 2.2/B Demonstrates knowledge of the basic principles of the neuropharmacology of common addictive substances 2.3/C Describes the neuropharmacology and mechanisms of action of agents used for treatment of addictive disorders	3.1/C Demonstrates understanding of the selection of pharmacologic agents for addictive disorders based on current practice guidelines or treatment algorithms 3.2/C Describes the evidence base for the use of pharmacologic agents for addictive disorders 3.3/C Utilizes current practice guidelines in the choice of pharmacologic agents for treatment of addictive disorders	4.1/A Demonstrates ability to incorporate the latest research findings into discussions of the neuroscience of addictive disorders 4.2/B Explains, in detail, the known neuropharmacology of all classes of addictive substances 4.3/C Explains the neuropharmacology and mechanisms of action of pharmacologic agents for addictive disorders	5.1/A Designs a neuroscience curriculum focusing on substance use and addictive disorders 5.2/B Participates in research on the neuroscience of addiction 5.3/C Teaches the neuropharmacology and mechanisms of action of pharmacologic agents to other learners

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Comments:

Not yet rotated 1 ☐

MK2 — Psychopathology: including diagnostic criteria, epidemiology, pathophysiology, trajectory of illness, co-morbidities, and presentation of substance use and addictive disorders across the life cycle and in diverse patient populations

A. Knowledge of the developmental trajectories, risk factors, biological, environmental, social and psychological factors that contribute to the development of addictive disorders
B. Knowledge of the epidemiology and diagnostic criteria for co-occurring, addictive and substance use disorders
C. Knowledge of criteria to determine appropriate level of care for the patient (including risk factors for morbidity and mortality)
D. Knowledge at the interface of addiction psychiatry and the rest of medicine

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates knowledge of risk factors that contribute to the development of addictive disorders 1.2/B Demonstrates sufficient knowledge to identify and treat most psychiatric conditions throughout the life cycle and in a variety of settings 1.3/D Demonstrates sufficient knowledge to perform initial evaluations of patients with medical and addictive disorders	2.1/C Is aware of and begins to utilize appropriate criteria to determine the necessary level of care for the patient 2.2/D Is aware of the medical effects of addictive substances	3.1/A Demonstrates knowledge of and the ability to describe biological, social, and psychological factors that contribute to or protect against the development of addictive disorders 3.2/B Demonstrates knowledge of the epidemiology and diagnostic criteria for co-occurring, addictive and substance use disorders 3.3/C Incorporates risk of morbidity and mortality from substance use in describing the appropriate level of care for the patient 3.4/D Demonstrates	4.1/A Demonstrates detailed and advanced knowledge of the developmental trajectories of addictive disorders 4.2/A Demonstrates detailed knowledge about biological, environmental, social, and psychological factors that contribute to the development of addictive disorders 4.3/A Demonstrates knowledge of the current practice guidelines for the treatment of addictive disorders 4.4/C Consistently applies appropriate criteria to	5.1/B Engages in epidemiologic and/or phenomenological research on addictive disorders 5.2/A Teaches others about biological, environmental, social, and psychological factors that contribute to the development of addictive disorders

| | | knowledge sufficient to identify and treat a wide range of addictive and co-occurring conditions in patients with medical disorders | determine necessary level of care for patients

4.5/D Demonstrates advanced knowledge with regard to the medical effects of addictive substances

4.6/D Demonstrates advanced knowledge sufficient to treat patients with complex medical and addictive disorders | |

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Comments: **Not yet rotated 1** ☐

MK3 — Psychotherapy, behavioral, and psychosocial treatments: including individual therapies; motivational-based therapies; contingency management; group therapies; family therapies; 12-step facilitation; self-help groups; cognitive behavioral therapies, including relapse prevention; comprehensive rehabilitation approaches; and integration of psychotherapy and psychopharmacology

    A. Knowledge of the theoretical underpinnings of the psychotherapies and behavioral and psychosocial treatments specific to substance use and addictive disorders

    B. Knowledge of components and techniques for delivering the variety of therapies specific to substance use and addictive disorders

    C. Knowledge of the evidence base for psychotherapy, behavioral, and psychosocial treatments specific to substance use and addictive disorders

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Is aware of at least three non-pharmacologic treatment modalities for addictive disorders	2.1/A Lists the currently-available non-pharmacologic treatment modalities for addictive disorders 2.2/C Is aware of the existence of evidence-based research into non-pharmacologic treatments for addictive disorders, and can describe one study	3.1/A Describes the history and basic theoretical principles underlying the use of non-pharmacologic treatments for addictive disorders 3.2/B Describes, in detail, the techniques included in a manual for an evidence-based psychotherapy for addictive disorders 3.3/C Critically discusses a key study describing the evidence for use of non-pharmacologic treatment for addictive disorders	4.1/A Describes the theoretical differences among psychotherapies and behavioral and psychosocial treatments for addictive disorders 4.2/B Describes, in detail, the components and techniques utilized in common non-pharmacologic treatment modalities for addictive disorders 4.3/C Describes, in detail, the current evidence for use of behavioral, psychotherapeutic, and psychosocial treatments for addictive disorders	5.1/C Participates in research on non-pharmacologic treatments for addictions 5.2/C Performs a comprehensive review on evidence-based treatments and presents to colleagues
▢	▢	▢	▢	▢	▢	▢	▢	▢

Comments:

Not yet rotated 1 ▢

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SBP1 — Patient Safety and the Health Care Team
- A. Medical errors and improvement activities
- B. Communication and patient safety
- C. Regulatory and educational activities related to patient safety

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes the common system causes for errors 1.2/C Follows institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses 1.3/C Actively participates in conferences focusing on systems-based errors in patient care	2.1/A Describes systems and procedures that promote patient safety 2.2/B Effectively and regularly utilizes all appropriate forms of communication to ensure accurate transitions of care and to optimize communication across systems and the continuum of care 2.3/C Follows regulatory requirements related to reporting requirements and prescribing practices	3.1/B Recognizes special patient or family circumstances that will affect discharge planning 3.2/B Negotiates patient-centered care among multiple care providers	4.1/A Participates in a team-based approach to medical error analysis, including quality improvement projects 4.2/B Takes a leadership role in ensuring accurate transitions of care and optimizing communication across systems and the continuum of care 4.3/C Develops content for a patient safety presentation or conference focusing on systems-based errors in patient care (i.e., morbidity and mortality [M&M] conference, root cause analysis meeting)	5.1/A Leads multidisciplinary teams (e.g., human factors engineers, social scientists) to address patient safety issues 5.2/A,C Provides consultation to organizations to improve personal and patient safety

Comments:

Not yet achieved Level 1 ☐

SBP2 — **Resource Management:** Costs of care and resource management in addiction treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Recognizes disparities in health care at individual and community levels 1.2 Knows the relative cost of care (e.g., medication costs, diagnostic costs, level of care costs, procedure costs)	2.1 Coordinates patient access to community and system resources 2.2 Is aware of health care funding and regulations related to organization of health care services	3.1 Balances the best interests of the patient and family with the availability of resources 3.2 Uses available resources, including the Electronic Medical Record (EMR), to reduce cost of care, improve patient safety, and/or improve quality of care	4.1 Practices cost-effective, high-value clinical care, using evidence-based tools and information technologies to support decision making	5.1 Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement 5.2 Advocates for improved access to and additional resources within systems of care
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Comments: **Not yet achieved Level 1** ☐

SBP3 — Community-based Care
  A. Community-based programs
  B. Self-help groups
  C. Recovery and rehabilitation

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Understands and makes use of local health care delivery systems	2.1/A Coordinates care with community agencies and other resources 2.2/B Recognizes role and explains importance of self-help groups (including 12-step groups) and community resource groups (e.g., family based and disorder-specific support and advocacy groups)	3.1/B Incorporates self-help groups, community resources, and social networks in treatment clinical care 3.2/C Appropriately refers to rehabilitation and recovery programs	4.1/C Uses principles of evidence-based practice and patient-centered care in management of chronically ill patients 4.2/C Practices effectively in a rehabilitation and/or recovery-based program	5.1/A Participates in the administration of community-based treatment programs 5.2/A Participates in creating new community-based programs 5.3/A,C Demonstrates capacity to provide medical-psychiatric leadership to health care facilities
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Comments:	Not yet achieved Level 1 ☐

SBP4 — Consultation to general psychiatrists, non-psychiatric medical providers, and non-medical systems (e.g., military, schools, businesses, forensic)
- A. Provides care as a consultant and collaborator
- B. Specific consultative activities

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Provides consultation to other general psychiatry and medical services 1.2/B Clarifies the consultation question	2.1/A Assists primary treatment care team in identifying unrecognized clinical care issues related to addictive disorders 2.2/B Discusses methods for integrating addiction treatment, mental health, and medical care in treatment planning	3.1/A Provides integrated care for patients with addictive disorders through collaboration with other physicians and advanced-level practitioners 3.2/B Identifies system issues in clinical care and provides recommendations	4.1/A,B Manages complicated and challenging consultation requests	5.1/B Provides addiction psychiatry consultations to larger systems, such as a college or community mental health clinic or community hospital 5.2/B Leads a consultation team

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Comments: **Not yet achieved Level 1** ☐

PBLI1— Development and execution of lifelong learning through constant self-evaluation, including critical evaluation of research and clinical evidence
  A. Self-assessment and self-improvement
  B. Evidence in the clinical workflow

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Regularly seeks and incorporates feedback to improve performance 1.2/A Identifies self-directed learning goals and periodically reviews them with supervisory guidance 1.3/B Formulates a searchable question from a clinical question[1]	2.1/A Demonstrates a balanced and accurate self-assessment of competence, using clinical outcomes to identify areas for continued improvement 2.2/B Selects an appropriate, evidence-based information tool[2] to meet self-identified learning goals 2.3/B Critically appraises different types of research, including randomized controlled trials (RCTs), systematic reviews, meta-analyses, and practice guidelines	3.1/A Demonstrates improvement in clinical practice based on continual self-assessment and evidence-based information 3.2/B Independently searches for and discriminates evidence relevant to clinical practice problems	4.1/A Identifies and meets self-directed learning goals with little external guidance 4.2/A Sustains practice of self-assessment and keeping up with relevant changes in medicine, and makes informed, evidence-based clinical decisions 4.3/A Demonstrates use of a system or process for keeping up with relevant changes in medicine	5.1/B Teaches others techniques to efficiently incorporate evidence gathering into clinical workflow 5.2/B Independently teaches appraisal of clinical evidence

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Comments: **Not yet achieved Level 1** ☐

Footnotes:
[1]Examples include: a performance-in-practice (PIP) module as included in the American Board of Psychiatry and Neurology (ABPN) Maintenance of Certification (MOC) process; regular and structured readings of specific evidence sources.
[2]Examples include: practice guidelines; PubMed Clinical Queries; Cochrane, DARE, or other evidence-based reviews; Up-to-Date, etc.

PBLI2 —Teaching
   A. Development as a teacher
   B. Observable teaching skills

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Assumes a role in the clinical teaching of early, mid-level, and advanced learners; assists faculty members in providing supervision to these learners 1.2/B Communicates goals and objectives for instruction of early, mid-level, and advanced learners	2.1/A Participates in activities designed to develop and improve teaching skills 2.2/B Evaluates and provides feedback to early, mid-level, and advanced learners	3.1/A Gives informal and formal didactic presentations to groups (e.g., grand rounds, case conference, journal club) 3.2/B Organizes content and methods for individual instruction for early, mid-level, and advanced learners	4.1/A Develops and gives specialty- and subspecialty-specific presentations to groups 4.2/B Effectively uses feedback on teaching to improve teaching methods and approaches	5.1/A Educates broader professional community and/or public (e.g., presents at regional or national meeting) 5.2/B Organizes and develops curriculum materials

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Comments: **Not yet achieved Level 1** ☐

PROF1[1]— Compassion, integrity, respect for others, sensitivity to diverse patient populations[2], adherence to ethical principles
   A.   Compassion, reflection, sensitivity to diversity
   B.   Ethics

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity 1.2/A Provides examples of the importance of attention to diversity in psychiatric evaluation and treatment 1.3/B Recognizes ethical conflicts in practice and seeks supervision to manage them	2.1/A Elicits beliefs, values, and diverse practices of patients and their families, and understands their potential impact on patient care 2.2/A Routinely displays sensitivity to diversity in psychiatric evaluation and treatment 2.3/B Recognizes ethical issues in practice, and is able to discuss, analyze, and manage these in common clinical situations	3.1/A Develops a mutually agreeable care plan in the context of conflicting physician and patient and/or family values and beliefs 3.2/A Discusses own cultural background and beliefs and the ways in which these affect interactions with patients 3.3/B Systematically analyzes and manages ethical issues, including those specific to the subspecialty 3.4/B Effectively participates as a team member along with other medical and non-medical professionals	4.1/A Recognizes and adapts approach based on subspecialty-related issues of diversity and special needs populations 4.2/B Leads educational activities and case discussions regarding ethical issues specific to both general psychiatry and the subspecialty 4.3/B Adapts to evolving ethical standards (i.e., can manage conflicting ethical standards and values and apply these to practice) 4.4/B Demonstrates the ability to be an effective team member/team leader, including respect and consideration of the opinions and expertise of others	5.1/A Serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations 5.2/B Identifies emerging ethical issues within subspecialty practice, and can discuss opposing viewpoints
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Comments:

Not yet achieved Level 1 ☐

Footnotes:

[1]The two Professionalism subcompetencies (PROF1 and PROF2) reflect the following overall values: Fellows must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles. Residents must develop and acquire a professional identity consistent with values of oneself, the specialty, and the practice of medicine. Residents are expected to demonstrate compassion, integrity, and respect for others; sensitivity to diverse populations; responsibility for patient care that supersedes self-interest; and accountability to patients, society, and the profession.
[2]Diversity refers to unique aspects of each individual patient, including gender, age, socioeconomic status, culture, race, religion, disabilities, and sexual orientation.

PROF2— Accountability to self, patients, colleagues, and the profession
- A. Fatigue management and work balance
- B. Professional behavior and participation in professional community
- C. Ownership of patient care

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Notifies team and enlists appropriate coverage for clinical and non-clinical responsibilities when fatigued or ill	2.1/A Identifies and manages situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed	3.1/A Knows how to take steps to address impairment in self and colleagues	4.1/A Prioritizes and balances conflicting interests of self, family, and others to optimize medical care and practice of the profession[1]	5.1/A Develops physician wellness programs or interventions, and/or participates as an active member on committees or in organizations that address physician wellness
1.2/B Follows institutional policies for physician conduct and responsibility	2.2/B Recognizes the importance of participating in one's professional community	3.2/B Prepares for obtaining and maintaining board certification	4.2/B Participates in the primary specialty and subspecialty professional community (e.g., professional societies, patient advocacy groups, community service organizations)	5.2/B Develops organizational policies, programs, or curricula for subspecialty professionalism
1.3/C Accepts role of the patient's physician and takes responsibility (under supervision) for ensuring the patient receives the best possible care	2.3/C Recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider	3.3/C Displays increasing autonomy and leadership in taking responsibility for ensuring that patients receive the best possible care	4.3/C Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care	

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Comments: **Not yet achieved Level 1** ☐

Footnotes:
[1]Fellows are expected to demonstrate responsibility for patient care that supersedes self-interest. It is important that fellows recognize the inherent conflicts and competing values involved in balancing dedication to patient care with attention to the interests of their own well-being and responsibilities to their families and others. Balancing these interests while maintaining an overriding commitment to patient care requires, for example, ensuring excellent transitions of care, sign-out, and continuity of care for each patient during times that the fellow is not present to provide direct care for the patient.

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ICS1— Relationship development and conflict management with patients, families, colleagues, and members of the health care team
   A. Relationship with patients
   B. Conflict management
   C. Team-based care

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Develops therapeutic relationship with patients of all ages and their families in uncomplicated situations 1.2/A Is aware of cultural diversity in communicating with people of different backgrounds 1.3/B Recognizes communication conflicts in work relationships 1.4/C Collaborates with team members in patient care	2.1/A Is respectful of cultural diversity in discussions and management suggestions with patients and their families 2.2/A Develops working relationships across specialties and systems of care in uncomplicated situations 2.3/B Negotiates and manages simple patient/family-related conflicts across the lifespan 2.4/C Actively participates in team-based care; supports activities of other team members, and communicates their value to the patient and family	3.1/A Develops therapeutic relationships in complicated situations 3.2/B Sustains working relationships in the face of conflict 3.3/C Begins to take a leadership role in a multidisciplinary care team 3.4/C Recognizes differing philosophies within and between different disciplines in care provision	4.1/A Sustains therapeutic and working relationships during complex and challenging situations, including transitions of care 4.2/A Sustains relationships across systems of care and with patients during long-term follow-up 4.3/B Manages treatment team conflicts as team leader 4.4/C Effectively assumes a leadership role in multidisciplinary patient care and family meetings	5.1/A, B Develops models/approaches to managing difficult communications 5.2/B Effectively mentors other health care providers in leadership, communication skills, and conflict management 5.3/C Leads and facilitates meetings within the organization/system 5.4/C Designs research or quality improvement project on the benefits of team-based care

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Comments:　　　　　　　　　　　　　　　　　　　　　　　　　　**Not yet achieved Level 1** ☐

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ICS2— Information sharing and record keeping
A. Accurate and effective communication with health care team
B. Effective communications with patients
C. Maintaining professional boundaries in communication

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Ensures transitions of care are accurately documented and optimizes communication across systems and continuums of care

1.2/A Ensures that the written records (electronic medical record [EMR], personal health records [PHR]/patient portal, hand-offs, discharge summaries, etc.) are accurate and timely, with attention to preventing confusion and error, consistent with institutional policies

1.3/A,B Organizes both written and oral information to be shared with patients, families, team, and others

1.4/C Maintains appropriate | 2.1/A,B Uses easy-to-understand language in all phases of communication, including working with interpreters and patients of all ages

2.2/B Consistently demonstrates communication strategies to ensure patient and family understanding

2.3/B Demonstrates appropriate face-to-face interaction while using EMR

2.4/C Understands and follows specific federal regulations regarding release of information pertaining to patients who have received treatment for addictive disorders | 3.1/A,B Demonstrates effective verbal communication, with patients of all ages, families, colleagues, and other health care providers, that is appropriate, efficient, concise, and pertinent

3.2/A,B Demonstrates written communication, with patients, families, colleagues, and other health care providers, that is appropriate, efficient, concise, and pertinent

3.3/B Consistently engages patients and families in shared decision making | 4.1/A,B Demonstrates communication that is appropriate, efficient, concise, and pertinent with patients with limited communication and cognitive abilities

4.2/B Recruits appropriate assistance from external sources when cultural differences create barriers to patient care

4.3/C Serves as a role model and teacher in following federal regulations with regard to release of information pertaining to patients who have received treatment for addictive disorder | 5.1/C Participates in the development of changes in rules, policies, and procedures related to technology

5.2/B Engages in scholarly activity (e.g., teaching, research) regarding effective health care communication |

boundaries in sharing information by electronic communication and in the use of social media	2.5/C Uses discretion and judgment in the inclusion of sensitive patient material in the medical record 2.6/C Uses discretion and judgment in electronic communication with patients, families, and colleagues			
⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭

Comments:	Not yet achieved Level 1 ⬭