

The Forensic Psychiatry Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Psychiatry and Neurology



July 2015

The Forensic Psychiatry Milestone Project

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.

Forensic 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.

PC1 — Patient Care				
A. Provides psychiatric care in a forensic setting				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Performs psychiatric care recognizing that there are unique requirements in the forensic setting	2.1/A Provides psychiatric care that recognizes the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts	3.1/A Provides psychiatric care that applies knowledge of the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts	4.1/A Provides psychiatric care that consistently manages security concerns, dual agency, and the potential for conflicts with therapeutic efforts	5.1/A Participates in policy development for the delivery of psychiatric services in a forensic setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet rotated 1 <input type="checkbox"/>

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 — Patient Care				
A. Provides psychiatric care in a forensic setting				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Performs psychiatric care recognizing that there are unique requirements in the forensic setting	2.1/A Provides psychiatric care that recognizes the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts	3.1/A Provides psychiatric care that applies knowledge of the tensions of security concerns, dual agency, and the potential for conflicts with therapeutic efforts	4.1/A Provides psychiatric care that consistently manages security concerns, dual agency, and the potential for conflicts with therapeutic efforts	5.1/A Participates in policy development for the delivery of psychiatric services in a forensic setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet rotated <input type="checkbox"/>

PC2 — Procedural Skills				
A. Conducts a forensic psychiatric evaluation in criminal and civil settings				
B. Communicates the results of a forensic psychiatric evaluation through written and oral reports				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1/A Demonstrates knowledge of the unique evaluations that occur within the practice of forensic psychiatry</p> <p>1.2/B Demonstrates knowledge of the unique requirements involved in the communication of forensic psychiatric evaluation findings</p>	<p>2.1/A Performs basic components of a forensic evaluation (e.g., provides statement of non-confidentiality, identifies referral source and forensic question(s), assesses the safety of the evaluation environment)</p> <p>2.2/A Under supervision, and with an awareness of the appropriate legal standard, collects and synthesizes relevant data into a forensic psychiatric opinion</p> <p>2.3/B Demonstrates knowledge of the need to effectively communicate a well-supported forensic psychiatric opinion</p>	<p>3.1/A Under supervision performs common forensic evaluations, such as competency to stand trial, criminal responsibility, civil forensic assessments, and risk assessments</p> <p>3.2/B Under supervision, expresses a well-supported forensic psychiatric opinion in written and oral formats, including in the provision of testimony</p> <p>3.3/B Under supervision, prepares an appropriate forensic report</p>	<p>4.1/A Independently performs common forensic evaluations, such as competency to stand trial, criminal responsibility, civil forensic assessments, and risk assessments</p> <p>4.2/B Independently and appropriately communicates well-supported forensic psychiatric opinions in oral and written formats</p> <p>4.3/B Independently prepares an appropriate forensic report</p> <p>4.4/B Provides testimony in a clear and professional manner</p>	<p>5.1/A Supervises others in the performance of common forensic evaluations, such as competency to stand trial, criminal responsibility, civil forensic assessments, and risk assessments</p> <p>5.2/B Produces reports and testimony that serve as a model for excellence that can be used to teach others</p> <p>5.3/B Supervises others in the communication of well-supported forensic psychiatric opinions in oral and written formats</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet rotated <input type="checkbox"/>

MK1 — Knowledge of the Law and Ethical Principles as they relate to the Practice of Forensic Psychiatry				
<ul style="list-style-type: none"> A. Basic knowledge of the legal system, sources of law, and landmark cases relevant to forensic psychiatry B. Basic knowledge of civil law as it relates to forensic psychiatry C. Basic knowledge of criminal law as it relates to forensic psychiatry D. Knowledge of ethical principles as they relate to forensic psychiatry 				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1/A,B,C Demonstrates basic knowledge of the legal regulation of psychiatric practice</p> <p>1.2/D Discusses conflicts of interest that may arise within the practice of psychiatry</p>	<p>2.1/A Demonstrates basic ability to research statutes, cases, and administrative regulation relevant to psychiatry</p> <p>2.2/A Demonstrates knowledge of basic concepts and sources of law and the court structure</p> <p>2.3/B Demonstrates knowledge of the various types of civil legal matters relevant to psychiatry (e.g., malpractice, personal injury litigation, treatment refusal, risk assessment, and commitment)</p> <p>2.4/C Demonstrates knowledge of the various types of criminal legal matters requiring psychiatric</p>	<p>3.1/A Demonstrates ability to read legal cases and identify procedural history and legal holdings</p> <p>3.2/A Demonstrates knowledge of jurisdiction, constitutional principles, and relevant state and federal laws</p> <p>3.3/A Demonstrates basic knowledge of the rules of evidence</p> <p>3.4/B Demonstrates competence in the use of a law library and/or online legal reference services</p> <p>3.5/B Demonstrates knowledge of the principles of civil law relevant to psychiatry (e.g., malpractice,</p>	<p>4.1/A Demonstrates understanding of the relevance of legal principles and holdings</p> <p>4.2/A Independently applies knowledge of jurisdiction, constitutional principles, and relevant state and federal laws</p> <p>4.3/B Independently applies knowledge of civil legal matters relevant to psychiatry (e.g., malpractice, personal injury litigation, treatment refusal, risk assessment, and commitment)</p> <p>4.4/C Independently applies relevant psychiatric and legal knowledge to criminal proceedings (e.g., competency to stand trial, criminal</p>	<p>5.1/A Demonstrates sufficient knowledge to provide assistance in the drafting of legal briefs, statutes, or regulations</p> <p>5.2/B,C Advances knowledge of civil and criminal law relevant to forensic psychiatry through research, presentation at national professional meetings, and/or publication</p> <p>5.3/B,C Educates medical and/or legal professionals on civil and criminal law as it relates to forensic psychiatry</p> <p>5.4/D Educates medical and/or legal professionals on the particular ethical</p>

	<p>expertise (e.g., competency to stand trial, criminal responsibility, risk assessment)</p> <p>2.5/D Discusses the particular ethical issues that arise in the practice of forensic psychiatry (e.g., confidentiality, consent, objectivity, and limits of expertise)¹</p>	<p>personal injury litigation, treatment refusal, risk assessment, and commitment)</p> <p>3.6/C Demonstrates knowledge of the principles of criminal law and proceedings relevant to forensic psychiatry (e.g., competency to stand trial, criminal responsibility, risk assessment)</p> <p>3.7/D Demonstrates an understanding of the ethical principles relevant to forensic psychiatry and their appropriate management</p>	<p>responsibility, risk assessment)</p> <p>4. 5/B,C Recognizes limits of knowledge and seeks appropriate consultation and supervision</p> <p>4.6/D Independently recognizes and applies ethical principles to conflicts that arise within the practice of forensic psychiatry</p>	<p>issues that arise in the practice of forensic psychiatry</p> <p>5.5/D Consults or publishes about ethical dilemmas in forensic psychiatry, and participates in the development of ethical guidelines relevant to forensic psychiatry</p>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: Not yet rotated <input type="checkbox"/></p>								
<p>Footnotes: ¹ American Academy of Psychiatry and the Law Ethics Guidelines for the Practice of Forensic Psychiatry Adopted May, 2005</p>								

MK2 — Knowledge of Clinical Psychiatry Especially Relevant to Forensic Psychiatry A. Knowledge of the particular psychiatric and behavioral presentations commonly encountered in the practice of forensic psychiatry B. Knowledge of the assessment of particular psychiatric and behavioral presentations commonly encountered in the practice of forensic psychiatry				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates knowledge of the diagnostic categories within the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the importance of supporting diagnoses with established criteria 1.2/B Demonstrates knowledge of the diversity of assessment approaches	2.1/A Demonstrates knowledge of the importance of identifying specific DSM criteria to substantiate a diagnosis while maintaining an awareness of potential cultural influences 2.2/B Demonstrates knowledge of the types of standardized assessment tools used in forensic psychiatry 2.3/B Demonstrates knowledge of the types of neuroimaging and psychological tests/assessments used in forensic psychiatry 2.4/B Recognizes, with supervision, the relevant areas of inquiry to appropriately address the specific forensic question	3.1/A Demonstrates familiarity with the specific DSM criteria necessary to support a diagnosis while maintaining an awareness of potential cultural influences 3.2/B Demonstrates sufficient knowledge of the various assessment methods used in forensic evaluations (e.g., psychological testing, structured assessments, neuroimaging, actuarial tools, and clinical interview) to identify where they may assist in addressing the specific forensic question	4.1/A Demonstrates knowledge of cultural influences relevant to the forensic psychiatric question 4.2/A Demonstrates an in-depth knowledge of DSM criteria for psychiatric presentations commonly encountered in forensic psychiatric practice (e.g., neurocognitive disorders, paraphilic disorders, malingering, antisocial personality disorder, and impulse control disorders) 4.1/B Demonstrates knowledge of the various assessment methods used in forensic evaluations (e.g., psychological testing, structured assessments, neuroimaging, actuarial tools, and clinical interview) and the strengths and limitations thereof	5.1/A Demonstrates knowledge of the research base from which the DSM developed 5.2/B Demonstrates knowledge of the research bases of the various assessment approaches 5.3/B Demonstrates knowledge of the admissibility of particular assessment methods across jurisdictions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet rotated <input type="checkbox"/>

SBP1 — Patient/Evalinee Safety and the Health Care Team A. Medical errors and improvement activities B. Communication and patient/evalinee safety/risk C. Regulatory and educational activities related to patient/evalinee safety/risk				
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	2.1/ A Describes systems and procedures that promote safety 2.2/B Effectively and regularly utilizes all appropriate forms of communication to facilitate safe transitions of responsibility and optimize communication across systems 2.3/C Follows regulatory requirements related to mandatory reporting (e.g., child abuse reporting duty to protect) and prescribing practices (e.g., involuntary medications)	3.1/B Recognizes special patient/evalinee characteristics or other circumstances that may affect recommendations (e.g., potential for self-harm or harm to others, intellectual disability, need for involuntary medication to restore competency) 3.2/B Negotiates patient-centered care or evalinee safety among multiple care providers and/or stakeholders	4.2/B Facilitates safe transitions of responsibility and data communication across systems 4.3/A,C Demonstrates ability to critically analyze data to identify systems-based errors related to safety (e.g., malpractice case involving suicide, risk assessment)	5.1/A Leads multidisciplinary teams (e.g., legal systems) to address safety issues 5.2/A,C Provides consultation to organizations to improve personal and patient/evalinee safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

SBP2 — Resource Management Costs of care and resource management				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Recognizes differences in resources impacting care and supervision among forensic and community settings	2.1 Demonstrates knowledge of forensic and community resources	3.1 Is aware of health care funding and regulations related to forensic and community services	4.1 Considers system resources in forensic psychiatric recommendations (e.g., formulary restrictions, availability of hospital and community resources)	5.1 Advocates for improved access to, better allocation of, and, as appropriate, additional resources within forensic and community systems of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

SBP3 — Consultation to Medical Providers and Non-medical systems (e.g., military, schools, businesses, forensic)				
A. Provides recommendations as a consultant and collaborator				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Provides consultation to other medical or mental health services 1.2/A Clarifies the consultation question	2.1/A Assists primary treatment care team in identifying and clarifying the forensic referral questions	3.1/A Provides, under supervision, forensic recommendations through collaboration with health care teams and/or non-medical stakeholders (e.g., attorneys, courts)	4.2/A Manages complicated and challenging consultation requests	5.1/A Provides forensic psychiatric consultations to larger systems 5.2/A Leads a forensic psychiatric consultation team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

PBL11 — 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 or forensic question	2.1/A Demonstrates a balanced and accurate self-assessment of competence in evaluations and reports, using feedback to identify areas for continued improvement 2.2/B Selects an appropriate, evidence-based information tool ¹ 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 forensic practice based on continual self-assessment and evidence-based information 3.2/B Independently searches for and discriminates evidence relevant to clinical and/or forensic practice problems	4.1/A Identifies and meets self-directed learning goals with little external guidance 4.1/A Sustains practice of self-assessment and keeping up with relevant changes in medicine and law, and makes informed, evidence-based clinical decisions and forensic recommendations 4.2/B Demonstrates use of a system or process for keeping up with relevant changes in medicine and the law ²	5.2/B Teaches others techniques to efficiently incorporate evidence-gathering into forensic practice 5.3/B Independently teaches appraisal of clinical evidence and legal developments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>
Footnotes:				
¹ Examples include: practice guidelines; PubMed Clinical Queries; Cochrane, DARE, or other evidence-based reviews; Up-to-Date, etc.				
² Examples include: a performance-in-practice (PIP) module as included in the American Board of Psychiatry and Neurology (ABPN) Maintenance of Certification (MOC) process; attending professional meetings in the subspecialty, or regular and structured readings of specific evidence sources.				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Not yet achieved Level 1 <input type="checkbox"/>				

PROF1 — Compassion, Integrity, Respect for Others, Sensitivity to Diverse Patient Populations, 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/evaluatees and their families, and understands their potential impact on patient care and evaluatees in a legal context 2.2/A Routinely displays sensitivity to diversity in psychiatric evaluation and treatment 2.3/B Recognizes ethical/legal issues in practice and is able to discuss, analyze, and manage these in common clinical and forensic situations	3.1/A Develops an appropriate care plan or forensic recommendation in the context of conflicting interests 3.2/A Recognizes own cultural background and beliefs and the ways in which these affect interactions with patients and evaluatees 3.3/A Effectively participates as a team member along with other medical and non-medical professionals while showing respect and consideration for diversity of opinion and expertise of others 3.3/B Systematically analyzes and manages ethical issues, including those specific to forensic psychiatry	4.1/A Recognizes and adapts approach based on forensic psychiatry related issues of diversity and special needs populations 4.4/A Demonstrates the ability to be an effective team member/team leader, showing respect and consideration for diversity of opinion and expertise of others 4.2/B Leads educational activities and case discussions regarding ethical issues specific to both general psychiatry and forensic psychiatry 4.3/B Adapts to evolving ethical and legal standards (e.g., can manage conflicting ethical standards and values and can apply these to practice)	5.1/A Serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient/evaluatee populations 5.2/B Identifies emerging ethical issues within forensic psychiatry practice and can discuss opposing viewpoints 5.3/B Serves as a role model for practicing forensic psychiatry consistent with ethical principles and with sensitivity to ethical conflicts and dilemmas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Not yet achieved Level 1 <input type="checkbox"/>				

PROF2 — Accountability to Self, Patients, Colleagues, Legal Systems, Professionals, and the Profession				
A. Fatigue management and work balance B. Professional behavior and participation in professional community C. Ownership of patient care and/or responsibility for forensic evaluation				
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 1.2/B Follows institutional policies for physician conduct and responsibility 1.3/C Accepts the role of the patient’s physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care 1.4/C Accepts the role of the forensic evaluator and takes responsibility (under supervision) for ensuring that the special conditions of forensic psychiatric evaluations are implemented	2.1/A Identifies and manages situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed 2.2/B Recognizes the importance of participating in one’s professional community 2.3/C Is recognized by self, patient, patient’s family, and medical staff members as the patient’s primary psychiatric provider 2.4/C Is recognized by self, evaluatee, and referral source as the responsible forensic consultant	3.1/A Knows how to take steps to address impairment in self and in colleagues 3.2/B Prepares for obtaining and maintaining board certification 3.3/C Displays increasing autonomy and leadership in taking responsibility for the provision of forensic consultation and in ensuring that patients receive the best possible care	4.1/A Prioritizes and balances conflicting interests of self, family, and others to optimize medical care and practice of profession ¹ 4.2/B Participates in the primary specialty and forensic psychiatry professional community (e.g., professional societies, patient advocacy groups, community service organizations) 4.3/C Serves as a role model in demonstrating responsibility in the provision of forensic psychiatric consultation and in ensuring that patients receive the best possible care	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 5.2/B Develops organizational policies, programs, or curricula for forensic psychiatry professionalism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			Not yet achieved Level 1 <input type="checkbox"/>	

Footnotes:

¹ Residents are expected to demonstrate responsibility for patient care that supersedes self-interest. It is important that residents 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 resident is not present to provide direct care for the patient.

ICS1 — Relationship Development and Conflict Management with Patients, Evaluatees, Colleagues, Members of the Health Care or Forensic Team, Attorneys, and Members of the Legal System				
A. Relationship with patients and evaluatees B. Conflict management C. Team-based care or evaluation				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Knows the importance of building working relationships with patients/evaluatees and relevant parties 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 Is able to collaborate with team members	2.1/A Develops working relationships across specialties and systems of care in uncomplicated situations 2.3/B Negotiates and manages simple conflicts within the forensic evaluation and the work environment 2.4/C Actively participates in team-based evaluations; supports activities of other team members, and communicates findings and recommendations	3.1/A Develops working relationships in complicated situations 3.2/B Sustains working relationships in the face of conflict 3.4/C Recognizes differing philosophies within and between different disciplines in forensic evaluations	4.1/A Sustains working relationships during complex and challenging situations 4.2/A Sustains working relationships across systems of care 4.3/B Manages system conflicts as a forensic consultant ¹	5.1/A, B Develops models/approaches to managing difficult communications 5.2/B Effectively mentors other professionals in leadership, communication skills (e.g., testimony), and conflict management 5.3/B Engages in scholarly activity (e.g., teaching, research) regarding teamwork and conflict management 5.4/C Leads and facilitates meetings within the organization/system 5.5/C Designs research or quality improvement project to improve team-based evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>
Footnotes:				
¹ Example: Leading discussion at a forensic review board about the release of an insanity acquittee when there is initial disagreement.				

ICS2 — Information Sharing and Record Keeping A. Accurate and effective communication with team B. Effective communications with patients, evaluatees, and others 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 record is accurate and timely, with attention to detail, and consistent with institutional policies 1.2/A,B Organizes both written and oral information to be shared as appropriate 1.4/C Maintains appropriate boundaries in sharing information by electronic communication and in the use of social media	2.1/A,B Uses easy-to-understand language in all phases of communication, including working with interpreters, patients or evaluatees of all ages, and non-medical professionals 2.2/B Consistently demonstrates communication strategies to ensure understanding 2.3/B Demonstrates appropriate face-to-face interaction with patient, evaluatee, or other intended audience 2.4/C Demonstrates knowledge of the importance of using discretion and judgment in electronic communication with patients, families, colleagues, and other intended audiences	3.1/A, B Demonstrates effective verbal communication, with patients or evaluatees of all ages, colleagues, other health care providers, and non-medical professionals, that is appropriate, efficient, concise, and pertinent 3.2/A,B,C Demonstrates written communication with patients, evaluatees, or other intended audience that is appropriate, efficient, concise, and relevant 3.3/C Uses discretion and judgment in the inclusion of sensitive or irrelevant material in the medical or legal record 3.4/C Uses discretion and judgment in electronic communication with patients, colleagues, and other intended audiences	4.1/A,B Demonstrates communication with patients or evaluatees with limited communication and/or cognitive abilities that is appropriate, efficient, concise, and pertinent 4.2/B Recruits appropriate assistance from external sources when cultural differences create barriers to effective communication 4.3/B,C Recognizes, communicates, and appropriately manages conflicts of interest in forensic evaluations	5.1/C Participates in the development or modification of rules, policies, and procedures related to information sharing and technology 5.2/C Educates others through national presentations or publications about the importance of professional boundaries in communications in forensic practice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			Not yet achieved Level 1 <input type="checkbox"/>	