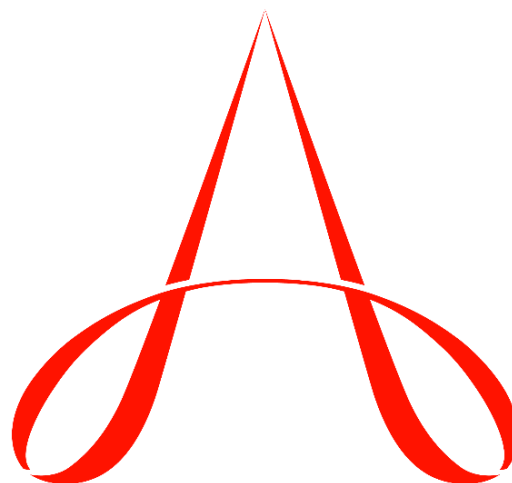




# Hospice and Palliative Medicine Milestones

The Accreditation Council for Graduate Medical Education



**A C G M E**

Second Revision: March 2019

First Revision: October 2014

# Hospice and Palliative Medicine Milestones

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.

## **Hospice and Palliative Medicine Milestones**

### **Co-Chairs**

Jillian Gustin, MD and Lindy Landzaat, DO, FAAHPM

### **Work Group**

Michael Barnett, MD, MS, FACP, FAAP,  
FAAHPM

Gary Buckholz, MD, HMDC, FAAHPM

April Christensen, MD, MS

Laura Edgar, EdD, CAE

Jennifer Hwang, MD, MHS

Catherine Bree Johnston, MD, MPH

Dale Lupu, MPH, PhD

Laura J. Morrison, MD, FAAHPM

Tomasz Okon, MD

Steven M. Radwany, MD, FACP, FAAHPM

Holly Yang, MD, MSHPEd, HMDC, FACP,  
FAAHPM

*The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:*

*American Board of Internal Medicine*

*American Academy of Hospice and Palliative Medicine*

## Understanding Milestone Levels and Reporting

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

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

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

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

## Additional Notes

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

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

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

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

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On [www.acgme.org](http://www.acgme.org), choose the applicable specialty under the “Specialties” menu, then select the “Milestones” link in the lower navigation bar.

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.

| Systems-Based Practice 4: Hospice   |   |   |  |  |
|---|---|---|--|--|
| Level 1   | Level 2   | Level 3   | Level 4  | Level 5  |
| Identifies the hospice physician as having a specific clinical role in the hospice interdisciplinary team (IDT) | Describes key domains of clinical competence for hospice physicians including interdisciplinary teamwork, management of physical symptoms, and utilization of the hospice formulary | Demonstrates clinical competence in the role of hospice physician including interdisciplinary teamwork, management of physical symptoms, and utilization of the hospice formulary, with supervision | Demonstrates clinical competence in the role of hospice physician across all hospice settings                                    | Teaches and role models hospice care to non-hospice physicians across settings |
| Identifies general eligibility guidelines for hospice care  | Describes major regulatory requirements and guidelines for hospice care including eligibility, levels of care, and scope of mandated services                                       | Demonstrates compliance with regulatory requirements and guidelines for hospice care, including documentation, visits, IDT oversight, and institutional policy implementation, with supervision     | Demonstrates compliance with regulatory requirements and guidelines in the role of hospice physician across all hospice settings | Advocates locally, regionally, or nationally for the hospice model of care     |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Comments:</b> <div style="float: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>            |   |   |  |  |

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).

| Patient Care 1: Comprehensive Whole Patient Assessment |  |   |   |  |
|--|--|---|---|--|
| Level 1  | Level 2  | Level 3   | Level 4   | Level 5  |
| <p>Performs a general history and physical</p>         | <p>Performs a symptom-focused history and physical</p>   | <p>Performs a detailed symptom assessment using developmentally appropriate symptom assessment tools</p>            | <p>Performs a comprehensive symptom assessment using developmentally appropriate symptom assessment tools in collaboration with the interdisciplinary team</p>            | <p>Promotes comprehensive symptom assessment across care teams</p>   |
| <p>Performs a general psychosocial history</p>         | <p>Identifies potential supports and stressors for patients and their families/caregivers including psychological, spiritual, social, developmental stage, financial, and cultural factors</p> | <p>Performs a detailed psychosocial and spiritual assessment using developmentally appropriate assessment tools</p> | <p>Performs a comprehensive psychosocial and spiritual assessment using developmentally appropriate assessment tools in collaboration with the interdisciplinary team</p> | <p>Promotes comprehensive psychosocial and spiritual assessment across care teams</p>                        |
| <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |
| <p><b>Comments:</b></p>                                |  |   |   |  |
|  |  |   |   | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> <p>Not Yet Assessable <input type="checkbox"/></p> |

| Patient Care 2: Addressing Suffering and Distress   |  |  |   |  |
|---|--|--|---|--|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5  |
| <p>Manages common physical symptoms with basic treatment options</p> <p>Acknowledges psychosocial and spiritual distress</p> <p>Identifies palliative emergencies</p> | <p>Manages common physical symptoms with a range of treatment options</p> <p>Refers to interdisciplinary team to address psychosocial and spiritual distress</p> <p>Initiates medical management for emergencies</p> | <p>Manages complex physical symptoms with a comprehensive range of treatment options</p> <p>Collaborates with the interdisciplinary team to manage psychosocial and spiritual distress</p> <p>Mobilizes the interdisciplinary team and manages an emergency using comprehensive treatments consistent with patient goals</p> | <p>Manages refractory symptoms across care settings</p> <p>Provides comprehensive management for complex psychosocial and spiritual distress in collaboration with community resources across care settings</p> <p>Consistently manages and provides anticipatory coaching across care settings</p> | <p>Manages physical symptoms with innovative and advanced treatment options</p> <p>Maintains a therapeutic presence for a patient with intractable suffering and assists families and teams</p> <p>Participates in systems improvement opportunities to address patient care emergencies</p> |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |
| <p><b>Comments:</b></p>   |  |  |   | <p>Not Yet Completed Level 1 <input type="checkbox"/></p> <p>Not Yet Assessable <input type="checkbox"/></p>   |



| Patient Care 3: Withholding and/or Withdrawal of Life-Sustaining Therapies (LST)   |   |  |   |   |
|--|---|--|---|---|
| Level 1  | Level 2   | Level 3  | Level 4   | Level 5   |
| <p>Identifies distress associated with withholding or withdrawing artificial nutrition or hydration (ANH)</p> <p>Identifies distress associated with withholding or withdrawing LST</p>    | <p>Identifies ethical, legal, institutional, cultural, and religious perspectives to withholding or withdrawing ANH</p> <p>Identifies ethical, legal, institutional, cultural, and religious perspectives to withholding or withdrawing LST</p> | <p>Develops a care plan considering burdens and benefits of withholding or withdrawing ANH in specific clinical scenarios</p> <p>Manages withdrawal of LST and manages symptoms before, during, and after withdrawal or in lieu of withholding LST</p> | <p>Facilitates shared decision making; plans for withholding or withdrawal of ANH; provides support to family/caregivers and teams</p> <p>Facilitates shared decision making; plans for withholding or withdrawal of LST; provides support to family/caregivers and teams</p> | <p>Promotes best practices in withholding or withdrawal of ANH or LST at the system level</p> |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p> |   |  |   |   |

| Patient Care 4: Care of the Imminently Dying   |   |   |  |   |
|--|---|---|--|---|
| Level 1  | Level 2   | Level 3   | Level 4  | Level 5   |
| Identifies signs and symptoms of imminent dying  | Identifies risk of and manages common symptoms for the imminently dying   | Manages evolving symptoms in the context of declining organ function for the imminently dying | Manages distressing symptoms of imminent death, including complex and refractory symptoms, across care settings  | Promotes best practices in care of the imminently dying at the system level |
| Identifies patients and families/caregivers in distress  | Assesses the etiology of psychosocial and spiritual distress in patients and families/caregivers and uses the interdisciplinary team to provide basic support | Provides anticipatory planning for patients, families/caregivers and teams                    | Provides culturally sensitive and developmentally appropriate psychosocial and spiritual support to distressed patients and families/caregivers, and identifies families at risk for complex bereavement |   |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| <b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/><br/>                     Not Yet Assessable <input type="checkbox"/> </div> |   |   |  |   |

**Patient Care**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

**\*Only required for Internal Medicine based programs**

| Medical Knowledge 1: Disease Trajectories and Formulation of Prognosis in Serious Illness   |  |  |  |   |
|---|--|--|--|---|
| Level 1   | Level 2  | Level 3  | Level 4  | Level 5   |
| Recognizes common illness trajectories<br><br><br><br><br><br><br><br><br><br><br><br>Identifies prognostic formulation as a key element for shared decision making | Identifies illness trajectory of less common disease and recognizes prognostic uncertainty<br><br><br><br><br><br><br><br><br><br><br><br>Identifies and describes prognostic factors, tools, and models | Identifies potential impact of treatment on the illness trajectory<br><br><br><br><br><br><br><br><br><br><br><br>Formulates a prognosis by integrating prognostic factors, tools, and models, recognizing limitations | Integrates modifying factors on the illness trajectory including multi-morbidity, psychosocial factors, and functional status<br><br><br><br><br><br><br><br><br><br><br><br>Facilitates consensus on prognosis in collaboration with other care providers | Advances knowledge of application or prognostication in serious illness                           |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| <b>Comments:</b>  |  |  |  | Not Yet Completed Level 1 <input type="checkbox"/><br>Not Yet Assessable <input type="checkbox"/> |

| Medical Knowledge 2: Palliative Management of Pain Symptoms |  |   |   |   |
|---|--|---|---|---|
| Level 1   | Level 2  | Level 3   | Level 4   | Level 5   |
| Lists commonly available opioid and non-opioid analgesics   | Describes indications and use of opioid and non-opioid analgesics                    | Demonstrates knowledge of mechanism of action, metabolism, adverse effects, interactions, and conversions of opioid and non-opioid analgesics | Demonstrates detailed knowledge of pharmacology of opioid and non-opioid analgesics with risks and benefits related to specific patient characteristics | Advances knowledge about pain management for palliative patients                                  |
| Lists non-pharmacologic interventions for pain              | Describes indications of use of non-pharmacologic interventions for pain             | Describes locally available non-pharmacologic interventions of pain   | Demonstrates evidence-based knowledge of non-pharmacologic interventions  |   |
| Lists procedural interventions for pain                     | Describes indications for some procedural and advanced interventions to address pain | Describes referral criteria for locally available procedural and advanced interventions to address pain                                       | Demonstrates detailed knowledge of appropriate procedural and advanced interventions to address pain in specific patients                               |   |
| <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>Comments:</b>  |  |   |   | Not Yet Completed Level 1 <input type="checkbox"/><br>Not Yet Assessable <input type="checkbox"/> |

| Medical Knowledge 3: Palliative Management of Non-Pain Symptoms |   |  |  |   |
|---|---|--|--|---|
| Level 1   | Level 2   | Level 3  | Level 4  | Level 5   |
| Lists commonly available medications for non-pain symptoms      | Describes indications and use of medications for non-pain symptoms                                | Demonstrates knowledge of mechanism of action, metabolism, adverse effects, interactions, and conversions (if applicable) of medications for non-pain symptoms | Demonstrates detailed knowledge of pharmacology of medications for non-pain symptoms with risks and benefits related to specific patient characteristics | Advances knowledge about management for non-pain symptoms for palliative patients                 |
| Lists non-pharmacologic interventions for non-pain symptoms     | Describes indications and use non-pharmacologic interventions for non-pain symptoms               | Describes locally available non-pharmacologic interventions for non-pain symptoms  | Demonstrates evidence-based knowledge of non-pharmacologic interventions for non-pain symptoms   |   |
| Lists procedural interventions for non-pain symptoms            | Describes indications for some procedural and advanced interventions to address non-pain symptoms | Describes referral criteria for locally available procedural and advanced interventions to address non-pain symptoms   | Demonstrates detailed knowledge of appropriate procedural and advanced interventions to address non-pain symptoms in specific patients                   |   |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| <b>Comments:</b>  |   |  |  | Not Yet Completed Level 1 <input type="checkbox"/><br>Not Yet Assessable <input type="checkbox"/> |

**Medical Knowledge**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

**\*Only required for Internal Medicine based programs**

| Systems-Based Practice 1: Patient Safety and Quality Improvement  |   |  |   |   |
|---|---|--|---|---|
| Level 1   | Level 2   | Level 3  | Level 4   | Level 5   |
| Demonstrates knowledge of common patient safety events  | Identifies system factors that lead to patient safety events                                    | Participates in analysis of patient safety events (simulated or actual)                            | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)     | Actively engages teams and processes to modify systems to prevent patient safety events                   |
| Demonstrates knowledge of how to report patient safety events   | Reports patient safety events through institutional reporting systems (actual or simulated)     | Participates in disclosure of patient safety events to patients and families (simulated or actual) | Discloses patient safety events to patients and families (simulated or actual)                              | Role models or mentors others in the disclosure of patient safety events                                  |
| Demonstrates knowledge of basic quality improvement methodologies and metrics                             | Describes local quality improvement initiatives (e.g., advance directives, hospice length stay) | Participates in local quality improvement initiatives  | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> |   |  |   |   |

| Systems-Based Practice 2: System Navigation for Patient-Centered Care                                     |  |   |  |   |
|---|--|---|--|---|
| Level 1   | Level 2  | Level 3   | Level 4  | Level 5   |
| Demonstrates knowledge of care coordination   | Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams | Coordinates care of patients in complex clinical situations effectively incorporating patient and family goals, illness trajectory, and available resources | Role models effective coordination of patient-centered care among different disciplines and specialties  | Analyses the process of care coordination and leads in the design and implementation of improvements                |
| Identifies key elements for safe and effective transitions of care and hand-offs                          | Performs safe and effective transitions of care/hand-offs in routine clinical situations                               | Performs safe and effective transitions of care/hand-offs in complex clinical situations  | Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| Demonstrates knowledge of population and community health needs and disparities                           | Identifies specific population and community health needs and inequities for the local population                      | Uses local resources effectively to meet the needs of a patient population and community  | Participates in changing and adapting practice to provide for the needs of specific populations  | Leads innovations and advocates for populations and communities with health care inequities                         |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| <b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> |  |   |  |   |



| Systems-Based Practice 3: Physician Role within Health Care Systems   |   |  |   |   |
|---|---|--|---|---|
| Level 1   | Level 2   | Level 3  | Level 4   | Level 5   |
| <p>Identifies components of the complex health care system</p> <p>Describes basic health payment systems, including government, private, public, and uninsured care, as well as different practice models</p> | <p>Describes the physician's role and how the interrelated components of the complex health care system impact patient care</p> <p>Describes payment model for serious illness (e.g., hospice, palliative care, rehab, concurrent care)</p> <p>Describes models of hospice and palliative care practice</p> | <p>Analyzes how personal practice affects the system (e.g., length of stay, readmission rates, prescribing patterns)</p> <p>Uses shared decision making in patient care, taking into consideration payment models</p> <p>Identifies resources for transition to independent practice</p> | <p>Manages the interrelated components of the complex health care systems for patient- and family-centered, efficient, and effective patient care</p> <p>Advocates for patient care, understanding the limitations of each patient's payment model (e.g., community resources, patient assistance resources)</p> <p>Describes resources for leadership and program development and effectively plans for transition to independent practice</p> | <p>Advocates for or leads change to enhance systems for patient- and family-centered, high value, efficient, and effective patient care</p> <p>Participates in advocacy activities for health policy to better align payment systems with high-value care</p> |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>  |   |  |   |   |

| Systems-Based Practice 4: Hospice   |   |  |  |  |
|---|---|--|--|--|
| Level 1   | Level 2   | Level 3  | Level 4  | Level 5  |
| Identifies the hospice physician as having a specific clinical role in the hospice interdisciplinary team | Describes key domains of clinical competence for hospice physicians including interdisciplinary teamwork, management of physical symptoms, and use of the hospice formulary | Demonstrates clinical competence in the role of hospice physician including interdisciplinary teamwork, management of physical symptoms, and use of the hospice formulary, with supervision                        | Demonstrates clinical competence in the role of hospice physician across all hospice settings                                    | Teaches and role models hospice care to non-hospice physicians across settings |
| Identifies general eligibility guidelines for hospice care  | Describes major regulatory requirements and guidelines for hospice care including eligibility, levels of care, and scope of mandated services                               | Demonstrates compliance with regulatory requirements and guidelines for hospice care, including documentation, visits, interdisciplinary team oversight, and institutional policy implementation, with supervision | Demonstrates compliance with regulatory requirements and guidelines in the role of hospice physician across all hospice settings | Advocates locally, regionally, or nationally for the hospice model of care     |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> |   |  |  |  |

**Systems-Based Practice**

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

**\*Only required for Internal Medicine based programs**

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice |   |   |   |  |
|---|---|---|---|--|
| Level 1   | Level 2   | Level 3   | Level 4   | Level 5  |
| Demonstrates how to access and use available evidence in routine patient care   | Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care | Locates and applies the best available evidence, integrated with patient preferences and values to guide patient care | Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to the individual patient | Coaches others to critically appraise and apply evidence and patient preferences and values into clinical care, and/or participates in the developing guidelines |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |
| <b>Comments:</b>  |   |   |   | Not Yet Completed Level 1 <input type="checkbox"/>   |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth          |  |  |   |   |
|---|--|--|---|---|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5   |
| Accepts responsibility for personal and professional development by establishing goals                    | Demonstrates openness to performance data (feedback and other input) in order to inform goals              | Seeks performance data episodically, with adaptability and humility  | Intentionally seeks performance data consistently, with adaptability and humility   | Role models consistently seeking performance data, with adaptability and humility |
| Identifies gap(s) between expectations and actual performance   | Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance | Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance, with guidance | Independently analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | Coaches others on reflective practice   |
| Actively seeks opportunities to improve   | Designs and implements a learning plan, with prompting   | Independently creates and implements a learning plan   | Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it                                  | Facilitates the design and implementation of learning plans for others            |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> |  |  |   |   |

### Practice-Based Learning and Improvement

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Conditional on Improvement

**\*Only required for Internal Medicine based programs**

| Professionalism 1: Professional Behavior and Ethical Principles   |  |   |   |   |
|---|--|---|---|---|
| Level 1   | Level 2  | Level 3   | Level 4   | Level 5   |
| <p>Identifies and describes potential triggers and reporting processes for professionalism lapses</p> <p>Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics</p> | <p>Takes responsibility for own professionalism lapses</p> <p>Demonstrates knowledge of the ethical principles underlying hospice and palliative medicine issues</p> | <p>Demonstrates professional behavior in complex stressful situations</p> <p>Analyzes and seeks help in managing and resolving complex ethical situations</p> | <p>Recognizes and intervenes in situations that may trigger professionalism lapses in self and others</p> <p>Collaborates with and uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)</p> | <p>Coaches others when their behavior fails to meet professional expectations</p> <p>Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution</p> |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>  |  |   |   |   |

| Professionalism 2: Accountability/Conscientiousness   |   |  |  |  |
|---|---|--|--|--|
| Level 1   | Level 2   | Level 3  | Level 4  | Level 5  |
| Responds promptly to requests or reminders to complete tasks and responsibilities                         | Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations | Performs tasks and responsibilities in collaboration with the interdisciplinary team | Addresses situations that impacts the interdisciplinary team's ability to complete tasks and responsibilities in a timely manner | Proactively implements strategies to ensure that the needs of patients, teams, and systems are met |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> |   |  |  |  |

| Professionalism 3: Self-Awareness and Help Seeking  |   |  |   |  |
|---|---|--|---|--|
| Level 1   | Level 2   | Level 3  | Level 4   | Level 5  |
| Recognizes status of personal and professional well-being, with assistance                                | Independently recognizes status of personal and professional well-being                       | Proposes a plan to optimize personal and professional well-being, with assistance  | Independently develops a plan to optimize personal and professional well-being  | Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations |
| Recognizes limits in the knowledge/skills of self or team and values feedback, with assistance            | Independently recognizes limits in the knowledge/skills of self or team and welcomes feedback | Receives and integrates feedback into a plan to remediate or improve limits in the knowledge/skills of self or team, with assistance | Independently seeks, receives, and integrates feedback and develops a plan to remediate or improve limits in the knowledge/skills of self or team |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |
| <b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> |   |  |   |  |

This subcompetency is not intended to evaluate a fellow's well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.

### Professionalism

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Conditional on Improvement

**\*Only required for Internal Medicine based programs**



| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication  |  |  |   |   |
|---|--|--|---|---|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5   |
| <p>Uses language and non-verbal behavior to demonstrate respect and establish rapport</p> <p>Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system</p> | <p>Establishes a therapeutic relationship in straightforward encounters using active listening and clear language</p> <p>Identifies complex barriers to effective communication (e.g., developmental stage, health literacy, cultural norms)</p> | <p>Establishes a therapeutic relationship in challenging patient/family encounters</p> <p>Reflects on personal biases and modifies approach to minimize communication barriers</p> | <p>Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity</p> <p>Consistently recognizes personal biases while attempting to proactively minimize communication barriers</p> | <p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Mentors self-awareness practice and educates others to use a contextual approach to minimize communication barriers</p> |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <p><b>Comments:</b></p>   |  |  |   | <p>Not Yet Completed Level 1 <input type="checkbox"/></p>   |

| Interpersonal and Communication Skills 2: Interprofessional and Team Communication                        |   |   |  |  |
|---|---|---|--|--|
| Level 1   | Level 2   | Level 3   | Level 4  | Level 5  |
| Respectfully receives a consultation request  | Clearly and concisely responds to a consultation request                                | Checks understanding of recommendations when providing consultation                 | Integrates recommendations from different members of the health care team to optimize patient care | Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed |
| Understands and respects the role and function of interdisciplinary team members                          | Solicits insights from and uses language that values all interdisciplinary team members | Integrates contributions from the interdisciplinary team members into the care plan | Prevents and mediates conflict and distress among the interdisciplinary team members               | Fosters a culture of open communication and effective teamwork within the interdisciplinary team                                 |
| Understands and respects the role and function of other health care teams                                 | Solicits insights from other health care teams using language that values all members   | Integrates contributions from other health care team members into the care plan     | Addresses conflict and distress among other health care team members in complex patient situations | Attends to individual and team distress and promotes resilience among other health care teams                                    |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div> |   |   |  |  |

| Interpersonal and Communication Skills 3: Communication with Health Care Systems   |   |  |  |  |
|--|---|--|--|--|
| Level 1  | Level 2   | Level 3  | Level 4  | Level 5  |
| Accurately records information in the patient record   | Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record | Concisely reports diagnostic and therapeutic reasoning and physician-patient communications in the patient record, including goals of care and advance care planning | Communicates clearly, concisely, in a timely manner, and in an organized written form, including anticipatory guidance               | Advocates for a systems approach for consistent documentation of palliative care plan within or across care settings             |
| Safeguards patient personal health information   | Demonstrates accurate, timely, and appropriate use of documentation shortcuts                   | Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context                 | Produces written or verbal communication (e.g., patient notes, e-mail, etc.) that serves as an example for others to follow          | Guides departmental or institutional communication around policies and procedures  |
| Communicates through appropriate channels as required by institution policy (e.g., patient safety reports, cell phone/pager usage) | Documents required data in formats specified by institutional policy                            | Uses appropriate channels to offer clear and constructive suggestions to improve the system  | Collaborates with the interdisciplinary team to initiate difficult conversations with appropriate stakeholders to improve the system | Facilitates dialogue regarding systems issues among larger community stakeholders (e.g., institution, health care system, field) |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Comments:</b>   |   |  |  |  |
| Not Yet Completed Level 1 <input type="checkbox"/>   |   |  |  |  |

| Interpersonal and Communication Skills 4: Complex Communication Around Serious Illness                                   |  |  |   |  |
|--|--|--|---|--|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5  |
| Identifies prognostic communication as a key element for shared decision making  | Assesses the patient's families/caregivers' prognostic awareness and identifies preferences for receiving prognostic information   | Delivers basic prognostic information and attends to emotional responses of patient and families/caregivers  | Tailors communication of prognosis according to disease characteristics and trajectory, patient consent, family needs, and medical uncertainty, and is able to address intense emotional response                     | Coaches others in the communication of prognostic information  |
| Identifies the need to assess patient/family expectations and understanding of their health status and treatment options | Facilitates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying an understanding of the clinical situation | Sensitively and compassionately delivers medical information; elicits patient/family values, goals and preferences; and acknowledges uncertainty and conflict, with guidance | Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan in situations with a high degree of uncertainty and conflict | Coaches shared decision making in patient/family communication |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                                       |
| <b>Comments:</b>   |  |  |   |  |
| Not Yet Completed Level 1 <input type="checkbox"/>   |  |  |   |  |

### Interpersonal and Communication Skills

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional on Improvement

**\*Only required for Internal Medicine based programs**

### **Overall Clinical Competence**

This rating represents the assessment of the fellow's development of overall clinical competence during this year of training:

- \_\_\_\_ Superior: Far exceeds the expected level of development for this year of training
- \_\_\_\_ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training
- \_\_\_\_ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.
- \_\_\_\_ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.

**\*Only required for Internal Medicine based programs**