Internal Medicine Milestones

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The Milestones are designed only for use in evaluation of resident physicians 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 resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. The Milestones represent neither the entirety of the dimensions of the 6 domains of physician competency nor are they designed to be relevant in any other context.

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TABLE 1 **Gathers and Synthesizes Essential and Accurate Information To Define Each Patient's Clinical Problem(s) (PC1)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Does not collect accurate historical data. Does not use physical examination to confirm history. Relies exclusively on documentation of others to generate own database or differential diagnosis. Fails to recognize patient's central clinical problems. Fails to recognize potentially life-threatening problems.	Inconsistently able to acquire accurate historical information in an organized fashion. Does not perform an appropriately thorough physical examination or misses key physical examination findings. Does not seek or is overly reliant on secondary data. Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses.	Consistently acquires accurate and relevant histories from patients. Seeks and obtains data from secondary sources when needed. Consistently performs accurate and appropriately thorough physical examinations. Uses collected data to define a patient's central clinical problem(s).	Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion. Performs accurate physical examinations that are targeted to the patient's complaints. Synthesizes data to generate a prioritized differential diagnosis and problem list. Effectively uses history and physical examination skills to minimize the need for further diagnostic testing.	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis. Identifies subtle or unusual physical examination findings. Efficiently uses all sources of secondary data to inform differential diagnosis. Models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing.

TABLE 2 **Develops and Achieves Comprehensive Management Plan for Each Patient (PC2)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Care plans are consistently inappropriate or inaccurate. Does not react to situations that require urgent or emergent care. Does not seek additional guidance when needed.	Inconsistently develops an appropriate care plan. Inconsistently seeks additional guidance when needed.	Consistently develops an appropriate care plan. Recognizes situations requiring urgent or emergent care. Seeks additional guidance and/or consultation as appropriate.	Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences. Recognizes disease presentations that deviate from common patterns and require complex decision making. Manages complex acute and chronic diseases.	Models and teaches complex and patient-centered care. Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost-effectiveness principles.

TABLE 3 **Manages Patients with Progressive Responsibility and Independence (PC3)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care. Cannot manage patients who require urgent or emergent care. Does not assume responsibility for patient management decisions.	Requires direct supervision to ensure patient safety and quality care. Inconsistently manages simple ambulatory complaints or common chronic diseases. Inconsistently provides preventive care in the ambulatory setting. Inconsistently manages patients with straightforward diagnoses in the inpatient setting. Unable to manage complex inpatients or patients requiring intensive care.	Requires indirect supervision to ensure patient safety and quality care. Provides appropriate preventive care and chronic disease management in the ambulatory setting. Provides comprehensive care for single or multiple diagnoses in the inpatient setting. Under supervision, provides appropriate care in the intensive care unit. Initiates management plans for urgent or emergent care. Cannot independently supervise care provided by junior members of the physician-led team.	Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes. Seeks additional guidance and/or consultation as appropriate. Appropriately manages situations requiring urgent or emergent care. Effectively supervises the management decisions of the team.	Manages unusual, rare, or complex disorders.

TABLE 4 **Demonstrates Skill in Performing Procedures (PC4)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Attempts to perform procedures without sufficient technical skill or supervision. Unwilling to perform procedures when qualified and necessary for patient care.	Possesses insufficient technical skill for safe completion of common procedures.	Possesses basic technical skill for the completion of some common procedures.	Possesses technical skill and has successfully performed all procedures required for certification.	Maximizes patient comfort and safety when performing procedures. Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice. Teaches and supervises the performance of procedures by junior members of the team.

TABLE 5 **Requests and Provides Consultative Care (PC5)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services. Unwilling to utilize consultant services when appropriate for patient care.	Inconsistently manages patients as a consultant to other physicians/health care teams. Inconsistently applies risk assessment principles to patients while acting as a consultant. Inconsistently formulates a clinical question for a consultant to address.	Provides consultation services for patients with clinical problems requiring basic risk assessment. Asks meaningful clinical questions that guide the input of consultants.	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment. Appropriately weighs recommendations from consultants in order to effectively manage patient care.	Switches between the roles of consultant and primary physician with ease. Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment. Manages discordant recommendations from multiple consultants.

TABLE 6 **Demonstrates Appropriate Clinical Knowledge (MK1)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Lacks the scientific, socioeconomic, or behavioral knowledge required to provide patient care.	Possesses insufficient scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex conditions.

TABLE 7 **Demonstrates Appropriate Knowledge of Diagnostic Testing and Procedures (MK2)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Lacks the scientific, socioeconomic, or behavioral knowledge required to provide patient care.	Possesses insufficient scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex conditions.

TABLE 8 **Works Effectively Within an Interprofessional Team (SBP1)**[a]

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Refuses to recognize the contributions of other interprofessional team members. Frustrates team members with inefficiency and errors.	Identifies roles of other team members but does not recognize how/when to use them as resources. Frequently requires reminders from the team to complete physician responsibilities (eg, talk to family, enter orders).	Understands the roles and responsibilities of all team members but uses them ineffectively. Participates in team discussions when required but does not actively seek input from other team members.	Understands the roles and responsibilities of and effectively forms partnerships with all members of the team. Actively engages in team meetings and collaborative decision-making.	Integrates all members of the team into the care of patients, such that each member is able to maximize his or her skill in the care of the patient. Efficiently coordinates activities of other team members to optimize care. Viewed by other team members as a leader in the delivery of high quality care.

[a] Consisting of peers, consultants, nurses, ancillary professionals, and other support personnel.

TABLE 9 **Recognizes System Errors and Advocates for System Improvement (SBP2)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Ignores the risk for error within the system that may impact the care of a patient. Ignores feedback and is unwilling to change behavior in order to reduce the risk for error.	Does not recognize the potential for system error. Makes decisions that could lead to errors which are otherwise corrected by the system or supervision. Resistant to feedback about decisions that may lead to error or otherwise cause harm.	Recognizes the potential for error within the system. Identifies obvious or critical causes of error and notifies supervisor accordingly. Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.	Identifies systemic causes of medical error and navigates through them to provide safe patient care. Advocates for safe patient care and optimal patient care systems. Activates formal system resources to investigate and mitigate real or potential medical error. Reflects upon and learns from own critical incidents that may lead to medical error.	Advocates for system leadership to formally engage in quality assurance and quality improvement activities. Viewed as a leader in identifying and advocating for the prevention of medical error. Teaches others regarding the importance of recognizing and mitigating system error.

TABLE 10 **Identifies Forces that Impact the Cost of Health Care and Advocates for and Practices Cost-Effective Care (SBP3)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Ignores cost issues in the provision of care. Demonstrates no effort to overcome barriers to cost-effective care.	Lacks awareness of external factors (eg, socioeconomic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (eg, providers, suppliers, financers, purchasers) have on the cost of care. Does not consider limited health care resources when ordering diagnostic or therapeutic interventions.	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care. Minimizes unnecessary diagnostic and therapeutic tests. Possesses an incomplete understanding of cost awareness principles for a population of patients (eg, screening tests).	Consistently works to address patient-specific barriers to cost-effective care. Advocates for cost conscious use of resources (ie, emergency department visits, hospital readmissions). Incorporates cost awareness principles into standard clinical judgments and decision making, including. screening tests.	Teaches patients and health care team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources. Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care.

TABLE 11 **Transitions Patients Effectively Within and Across Health Delivery Systems (SBP4)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Disregards need for communication at time of transition. Does not respond to requests of caregivers in other delivery systems.	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems. Written and verbal care plans during times of transition are incomplete or absent. Inefficient transitions of care lead to unnecessary expense or risk to a patient (eg, duplication of tests or readmission).	Recognizes the importance of communication during times of transition. Communication with future caregivers is present but with lapses in pertinent or timely information.	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems. Proactively communicates with past and future care givers to ensure continuity of care.	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high quality patient outcomes. Anticipates needs of patients, caregivers, and future care providers and takes appropriate steps to address those needs. Models and teaches effective transitions of care.

TABLE 12 **Monitors Practice with a Goal for Improvement (PBLI1)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Unwilling to reflect on own practice or performance. Not concerned with opportunities for learning and self-improvement.	Unable to reflect upon own practice or performance. Misses opportunities for learning and self-improvement.	Inconsistently reflects upon own practice or performance and inconsistently acts upon those reflections. Inconsistently acts upon opportunities for learning and self-improvement.	Regularly reflects upon own practice or performance and consistently acts upon those reflections to improve practice. Recognizes suboptimal practice or performance as an opportunity for learning and self-improvement.	Regularly engages in self reflection and seeks external validation regarding this reflection to maximize practice improvement. Actively engages in self- improvement efforts and reflects upon the experience.

TABLE 13 **Learns and Improves via Performance Audit (PBLI2)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Disregards own clinical performance data. Demonstrates no inclination to participate in or even consider the results of quality improvement efforts.	Limited awareness of or desire to analyze own clinical performance data. Nominally participates in a quality improvement project. Not familiar with the principles, techniques, or importance of quality improvement.	Analyzes own clinical performance data and identifies opportunities for improvement. Effectively participates in a quality improvement project. Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients.	Analyzes own clinical performance data and actively works to improve performance. Actively engages in quality improvement initiatives. Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients.	Actively monitors clinical performance through various data sources. Is able to lead a quality improvement project. Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients.

TABLE 14 **Learns and Improves via Feedback (PBLI3)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Never solicits feedback. Actively resists feedback from others.	Rarely seeks feedback. Responds to unsolicited feedback in a defensive fashion. Temporarily or superficially adjusts performance based on feedback.	Solicits feedback only from supervisors. Is open to unsolicited feedback. Inconsistently incorporates feedback.	Solicits feedback from all members of the interprofessional team and patients. Welcomes unsolicited feedback. Consistently incorporates feedback.	Performance continuously reflects incorporation of solicited and unsolicited feedback. Able to reconcile disparate or conflicting feedback.

TABLE 15 **Learns and Improves at the Point of Care (PBLI4)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate. Fails to seek or apply evidence when necessary.	Rarely "slows down" to reconsider an approach to a problem, asks for help, or seeks new information. Can translate medical information needs into well-formed clinical questions with assistance. Unfamiliar with strengths and weaknesses of the medical literature. Has limited awareness of or ability to use information technology. Accepts the findings of clinical research studies without critical appraisal.	Inconsistently "slows down" to reconsider an approach to a problem, asks for help, or seeks new information. Can translate medical information needs into well-formed clinical questions independently. Is aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication. With assistance, appraises clinical research reports based on accepted criteria.	Routinely "slows down" to reconsider an approach to a problem, asks for help, or seeks new information. Routinely translates new medical information needs into well-formed clinical questions. Utilizes information technology with sophistication. Independently appraises clinical research reports based on accepted criteria.	Searches medical information resources efficiently, guided by the characteristics of clinical questions. Models appraisal of clinical research reports based on accepted criteria. Has a systematic approach to track and pursue emerging clinical questions.

TABLE 16 **Has Professional and Respectful Interactions with Patients, Caregivers, and Members of the Interprofessional Team (PROF1)[a]**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Lacks empathy and compassion for patients and caregivers. Is disrespectful in interactions with patients, caregivers, and members of the interprofessional team. Sacrifices patient needs in favor of own self-interest. Blatantly disregards respect for patient privacy and autonomy.	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers. Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion. Inconsistently considers patient privacy and autonomy.	Is consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situations. Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective care. Emphasizes patient privacy and autonomy in all interactions.	Demonstrates empathy, compassion and respect to patients and caregivers in all situations. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers. Demonstrates a responsiveness to patient needs that supersedes self-interest. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.	Models compassion, empathy, and respect for patients and caregivers. Models appropriate anticipation and advocacy for patient and caregiver needs. Fosters collegiality that promotes a high-functioning interprofessional team. Teaches others regarding maintaining patient privacy and respecting patient autonomy.

[a] Consisting of peers, consultants, nurses, ancillary professionals, and other support personnel.

TABLE 17 **Accepts Responsibility and Follows Through on Tasks (PROF2)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks. Shuns responsibilities expected of a physician professional.	Completes most assigned tasks in a timely manner but may need multiple reminders or other support. Accepts professional responsibility only when assigned or mandatory.	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy. Completes assigned professional responsibilities without questioning or the need for reminders.	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner. Shows willingness to assume professional responsibility regardless of the situation.	Models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner. Assists others to improve their ability to prioritize multiple competing tasks.

TABLE 18 **Responds to Each Patient's Unique Characteristics and Needs (PROF3)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient and/or caregiver encounter. Is unwilling to modify care plan to account for a patient's unique characteristics and needs.	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age, and religion in the patient and/or caregiver encounter. Requires assistance with modifying care plan to account for a patient's unique characteristics and needs.	Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference. Modifies care plan to account for a patient's unique characteristics and needs with partial success.	Recognizes and accounts for the unique characteristics and needs of the patient and/or caregiver. Appropriately modifies care plan to account for a patient's unique characteristics and needs.	Models professional interactions to negotiate differences related to a patient's unique characteristics or needs. Models consistent respect for patient's unique characteristics and needs.

TABLE 19 **Exhibits Integrity and Ethical Behavior in Professional Conduct (PROF4)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Is dishonest in clinical interactions, documentation, research, or scholarly activity. Refuses to be accountable for personal actions. Does not adhere to basic ethical principles. Blatantly disregards formal policies or procedures.	Is honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions. Has a basic understanding of ethical principles, formal policies, and procedures and does not intentionally disregard them.	Is honest and forthright in clinical interactions, documentation, research, and scholarly activity. Demonstrates accountability for the care of patients. Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity.	Demonstrates integrity, honesty, and accountability to patients, society, and the profession. Actively manages challenging ethical dilemmas and conflicts of interest. Identifies and responds appropriately to lapses of professional conduct among peer group.	Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility. Models integrity, honesty, accountability, and professional conduct in all aspects of professional life. Regularly reflects on personal professional conduct.

TABLE 20 **Communicates Effectively with Patients and Caregivers (ICS1)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Ignores patient preferences for plan of care. Makes no attempt to engage patient in shared decision making. Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers.	Engages patients in discussions of care plans and respects patient preferences when offered by the patient but does not actively solicit preferences. Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful. Defers difficult or ambiguous conversations to others.	Engages patients in shared decision making in uncomplicated conversations. Requires assistance with facilitating discussions in difficult or ambiguous conversations. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds.	Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds. Incorporates patient-specific preferences into plan of care.	Models effective communication and development of therapeutic relationships in both routine and challenging situations. Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds.

TABLE 21 **Communicates Effectively in Interprofessional Teams (ICS2)**[a]

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Utilizes communication strategies that hamper collaboration and teamwork. Verbal and/or nonverbal behaviors disrupt effective collaboration with team members.	Uses unidirectional communication that fails to utilize the wisdom of the team. Resists offers of collaborative input.	Inconsistently engages in collaborative communication with appropriate members of the team. Inconsistently uses verbal, nonverbal, and written communication strategies that facilitate collaborative care.	Consistently and actively engages in collaborative communication with all members of the team. Verbal, nonverbal, and written communication consistently facilitate collaboration with the team to enhance patient care.	Models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions.

[a] Consisting of peers, consultants, nurses, ancillary professionals, and other support personnel.

TABLE 22 **Demonstrates Appropriate Utilization and Completion of Health Records (ICS3)**

Critical Deficiencies			Ready for Unsupervised Practice	Aspirational
Health records are absent or missing significant portions of important clinical data.	Health records are disorganized and inaccurate.	Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning.	Health records are organized, accurate, and comprehensive and effectively communicate clinical reasoning. Health records are succinct, relevant, and patient-specific.	Models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific.