

The Dermatology Milestone Project

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

Milestone Reporting

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

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

- Level 1:** The resident demonstrates Milestones expected of an incoming or early beginning resident who has had some education in dermatology.
- Level 2:** The resident is advancing and demonstrating additional Milestones.
- Level 3:** The resident continues to advance and is demonstrating additional Milestones; the resident consistently demonstrates most Milestones targeted for residency.

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

Level 5: The resident has advanced beyond performance targets set for residency and is demonstrating aspirational goals, which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Additional Notes

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

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

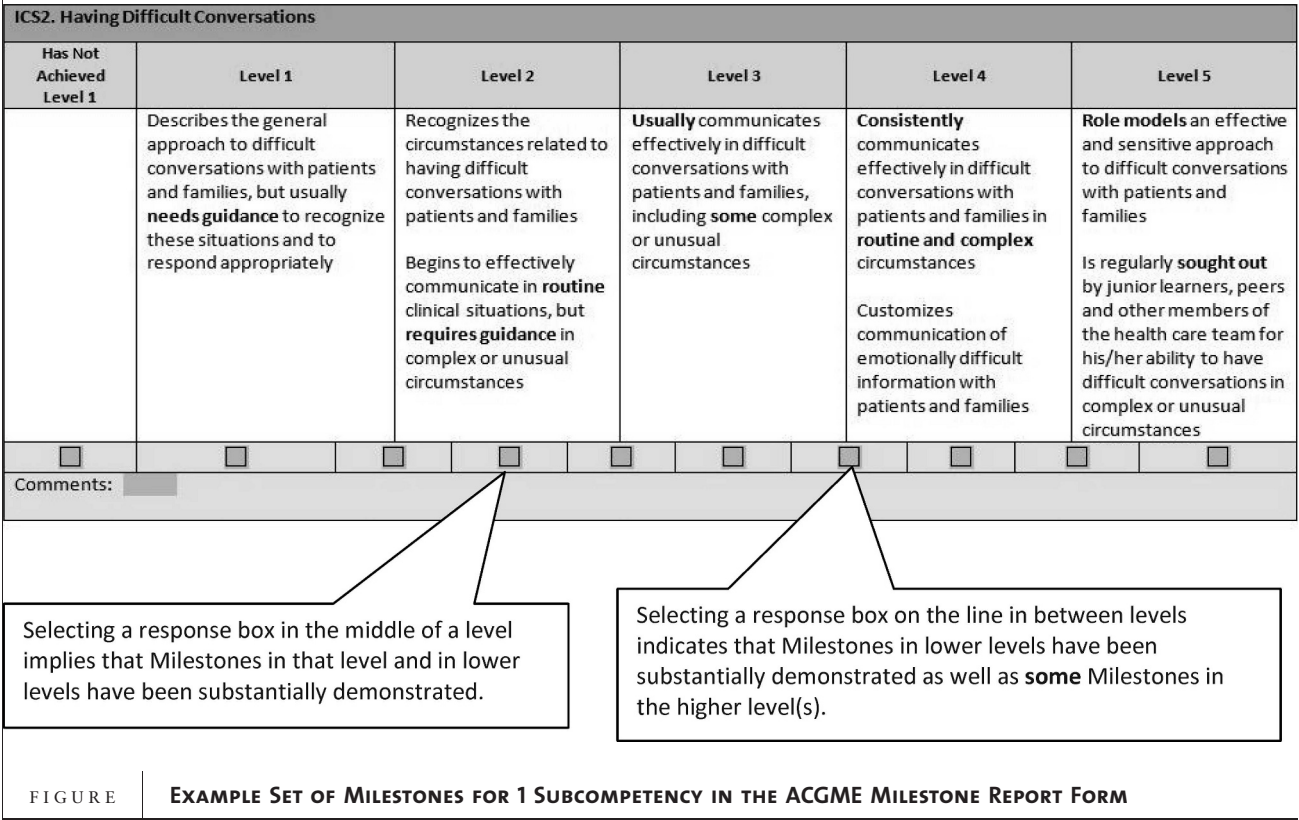
ACGME Milestone Report Form

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

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

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DERMATOLOGY MILESTONES

Patient Care (PC)

TABLE 1 PCI. HISTORY, EXAMINATION, AND PRESENTATION					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	With guidance, consistently able to identify key historical or physical examination findings and recognize their significance Consistently demonstrates use of basic dermatologic terminology, but often needs guidance with precise description of skin disease morphology Presentations are often unfocused	Consistently obtains accurate, targeted history and examination for routine conditions efficiently; needs guidance with subtle or complex findings Usually gives a targeted presentation, using appropriate terminology and providing pertinent negatives	Consistently able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings Consistently gives targeted and precise presentation with pertinent negatives	Consistently identifies information and subtle clinical patterns to diagnose complex disorders	Role models and teaches how to obtain a history and physical examination, and is regularly sought out by other members of the health care team Teaches presentation techniques and demonstrates mastery of descriptive language

TABLE 2 PC2. DIAGNOSTIC TESTS					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Occasionally able to perform and interpret in-office tests, such as KOH preparations and scrapings for ectoparasites	Usually performs in-office tests proficiently Consistently selects clinically appropriate laboratory and imaging tests	Consistently performs in-office tests proficiently and interprets results correctly Consistently and accurately interprets laboratory and imaging test results	Teaches junior learners to accurately interpret laboratory and imaging test results, including the selection of tests that are evidence-based and cost-effective	Is a role model for the performance and interpretation of in-office tests Ensures that appropriate regulatory processes are in place for performing in-office tests

TABLE 3	PC3. DERMATOPATHOLOGY APPLICATION				
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Seeks clinicopathologic correlation Ensures accurate completion of pathology requisition forms	Usually interprets and applies findings to clinical care accurately for common neoplasms Reviews own biopsy slides	Usually interprets and applies findings to clinical care accurately, including for uncommon neoplasms and common inflammatory dermatoses Usually interprets the results of special stains	Consistently interprets and correlates specimens accurately Articulates the limitations and challenges of dermatopathologic interpretation	Performs at the level of someone with advanced training in dermatopathology and teaches clinicopathologic correlation

TABLE 4	PC4. MEDICAL TREATMENT				
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Consistently able to prescribe medications, but usually requires guidance for indications, contraindications, dosing, and monitoring	Usually selects appropriate medications for common dermatologic disorders Consistently selects correct vehicle and quantity for topical medications Consistently prescribes and manages systemic medications for common dermatologic disease Usually recognizes common and serious side effects, but needs direction in ordering monitoring tests	Consistently selects appropriate medication and changes to medical therapy and usually selects appropriate systemic medication for management of complex diseases Consistently monitors for side effects, including ordering appropriate tests	Usually able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy	Role models appropriate medical management

TABLE 5
PC5. PEDIATRIC TREATMENT

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Seeks to integrate age and developmental status when managing or evaluating children	Occasionally integrates age, development status, and psychosocial factors into care Consistently uses weight-based dosing with guidance when prescribing medications for children Consistently performs simple procedures on children, with guidance Seeks input on medicolegal issues (eg, prescribing to unaccompanied minors, child abuse)	Usually integrates age, development status, and psychosocial factors into care of common disorders Consistently uses weight-based dosing when prescribing medications for children Consistently performs simple procedures on children independently	Consistently integrates age, development status, and psychosocial factors into care of patients with common, uncommon, and complex disorders Consistently counsels patients and families with certain disorders, such as birthmarks and genodermatoses	Performs at the level of someone with advanced training in pediatric dermatology and serves as a role model

PC6. SURGICAL TREATMENT					
TABLE 6					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Consistently implements universal precautions, obtains informed consent for biopsy, performs antiseptis, and administers local anesthesia for common procedures Consistently demonstrates proficiency in basic procedures such as cryotherapy and biopsy Consistently completes documentation for basic surgical procedures	Consistently able to assess and counsel patients for basic procedures Usually able to perform a preoperative assessment and to set up surgical instrumentation Consistently able to perform skin preparation and to administer local anesthesia for more complex procedures Usually performs basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance Consistently able to manage postoperative care and minor complications	Consistently able to assess and counsel patients for advanced procedures, such as Mohs micrographic surgery and laser therapy; able to assess patients for minimally invasive cosmetic dermatologic procedures Usually able to prepare a patient for advanced procedures (eg, use of preoperative and postoperative antibiotics, sedatives, and narcotics; choice of appropriate anesthetic agent, including arrangement for general anesthesia if required) Consistently performs basic procedures, such as malignant destruction and excision sutured by layered closure Usually performs complex reconstruction, such as flaps and grafts, with guidance Observes or assists in Mohs micrographic surgery and noninvasive cosmetic procedures, such as soft tissue augmentation, botulinum toxin injections, and laser Consistently able to manage most complications related to surgery	Usually able to assess patients for invasive cosmetic procedures, such as laser resurfacing, hair transplantation, and liposuction Consistently able to surgically treat most skin cancers by demonstrating a knowledge of relevant anatomy to guide intraoperative surgical decision making	Serves as a role model in performing basic and advanced procedures with consistent high-quality outcomes with low complication rates Performs at the level of someone with advanced training in procedural dermatology

TABLE 7 PC7. DIAGNOSIS, MANAGEMENT DECISIONS, AND PATIENT EDUCATION

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Consistently formulates a limited differential diagnosis, but usually needs guidance in prioritizing diagnoses Occasionally able to formulate an appropriate management plan for common disorders, but usually needs guidance	Consistently develops a differential diagnosis that includes common disorders and some more complex conditions and only occasionally needs guidance for prioritization Occasionally counsels patients about prevention, disease expectations, treatment, and longitudinal care Usually able to formulate appropriate management plans for patients with common disorders, including longitudinal continuity care Usually suggests appropriate specialist consultations	Consistently develops a comprehensive and weighted differential diagnosis Usually educates patients with common and complex disorders, with guidance Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders; consistently tailors counseling and management decisions for individual patient needs and preferences Consistently seeks appropriate specialist consultations	Consistently and independently educates patients Consistently makes independent management decisions, including customizing care in the context of patient preferences, overall health, and ability to comply	Models and teaches development of a comprehensive and weighted differential diagnosis Role models patient education, including ensuring that current, high-quality patient education is available in the practice setting; is a public patient advocate Models management decision making and actively seeks to improve (eg, using Maintenance of Certification, Component 4) Actively seeks new opportunities for utilization of external resources

Medical Knowledge (MK)

TABLE 8 MK1. MEDICAL DERMATOLOGY

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates rudimentary knowledge of common skin disorders	Demonstrates knowledge of the clinical and laboratory manifestations, expected course, and management options of common medical dermatologic disorders; distinguishes most urgent from nonurgent dermatologic conditions Demonstrates rudimentary knowledge of the value of preventive care and sociobehavioral aspects of medical dermatologic disorders (eg, health care economics and medical ethics)	Usually demonstrates knowledge of the clinical and laboratory manifestations, expected course, and management options of common, uncommon, and complex medical dermatologic disorders; identifies and usually manages urgent dermatologic conditions Usually demonstrates knowledge of preventive care and the sociobehavioral aspects of common and complex medical dermatologic disorders	Consistently demonstrates comprehensive knowledge of the clinical and laboratory manifestations, expected course, and management options of common, uncommon, and complex medical dermatologic disorders; identifies and manages urgent dermatologic conditions Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the sociobehavioral aspects of medical dermatologic disorders	Demonstrates mastery of and teaches the clinical and laboratory manifestations, expected course, and management options of common, uncommon, and complex medical dermatologic disorders; preventive care, and sociobehavioral aspects of medical dermatologic disorders

MK2. PEDIATRIC DERMATOLOGY					
TABLE 9					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates rudimentary knowledge of common skin disorders in pediatric patients	Demonstrates knowledge of the clinical and laboratory manifestations, expected course, and management options of common pediatric dermatologic disorders Demonstrates rudimentary knowledge about sociobehavioral aspects (eg, child development) and the value of preventive care in pediatric dermatology	Demonstrates knowledge of clinical and laboratory manifestations, expected course, and management options of common and some complex pediatric dermatologic disorders, including neonatal dermatoses, birthmarks and vascular anomalies, and genetic disorders Usually demonstrates knowledge about sociobehavioral aspects and the value of preventive care in pediatric dermatology	Demonstrates comprehensive knowledge of clinical and laboratory manifestations, expected course, and management options of common, uncommon, and complex pediatric dermatologic disorders, including neonatal dermatoses, birthmarks and vascular anomalies, and genetic disorders Consistently demonstrates knowledge about sociobehavioral aspects and the value of preventive care in pediatric dermatology	Demonstrates mastery of and teaches the clinical and laboratory manifestations, expected course, and management options of common, uncommon, and complex pediatric dermatologic disorders, including sociobehavioral aspects and the value of preventive care in pediatric dermatology

TABLE 10 MK3. DERMATOLOGIC SURGERY

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates knowledge of the basic concepts of antiseptics, pharmacokinetics of local anesthesia, and wound healing, including management of clean wounds and signs of infection Recognizes the reasons for protocol-driven procedural safety, including universal precautions and informed consent	Demonstrates knowledge of suture material used in the skin and complex concepts of wound healing, including chronic ulcers and other complex wounds Demonstrates knowledge of topical anatomy and relevant underlying structures Recognizes potential relevant drug reactions and interactions related to dermatologic surgery Demonstrates knowledge of relevant oral sedatives or analgesics, including narcotics Recognizes the pathology of skin cancer and how it impacts surgical decision making Recognizes the indications for preoperative and postoperative antibiotic use	Demonstrates knowledge of tissue biomechanics and optimal wound closure, including the design of flaps and grafts Demonstrates mastery in identifying topical anatomy and relevant underlying structures Demonstrates knowledge of the science of device-tissue interaction for commonly used tools in dermatologic surgery, including liquid nitrogen, electrosurgical devices, and laser physics Demonstrates knowledge of the concepts and principles of noninvasive cosmetic procedures, such as botulinum toxin injections, soft tissue augmentation, and some light-based therapies	Demonstrates knowledge of the methodology of procedures such as Mohs micrographic surgery, soft tissue augmentation, botulinum toxin injections, and laser Demonstrates knowledge of the methodology and science associated with invasive cosmetic dermatologic procedures, such as laser resurfacing, hair transplantation, and liposuction	Demonstrates mastery of and teaches the indications, cost-effectiveness, and efficient execution of all steps in basic cutaneous surgical procedures, including biopsy, excision, electrosurgery, cryosurgery, vascular lasers, and simple, intermediate, or complex repairs, including flaps and grafts Demonstrates mastery of and teaches the indications and cost-effectiveness of Mohs micrographic surgery, and performs this procedure at the level of someone with advanced training in procedural dermatology Demonstrates mastery of and teaches the appropriate indications for a diversity of cosmetic dermatologic procedures, and performs these procedures at the level of someone with advanced training in procedural dermatology

TABLE 11	MK4. DERMATOPATHOLOGY				
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Identifies basic histology of the skin and inflammatory cells	Recognizes histologic patterns of inflammatory disease and common neoplastic conditions Occasionally identifies histopathologic findings of common skin disorders correctly Formulates a limited differential diagnosis of pathologic findings Demonstrates knowledge of direct and indirect immunofluorescence tests and correct locations for biopsies Demonstrates knowledge of relevant special stains	Usually identifies histopathologic findings of common skin disorders correctly; occasionally identifies less common disorders correctly Formulates an expanded differential diagnosis for inflammatory and noninflammatory disorders Recognizes histologic features of most benign and malignant cutaneous tumors Demonstrates knowledge of the indications and cost of special stains, immunofluorescence, and immunohistochemistry	Consistently identifies histopathologic findings of uncommon skin disorders correctly Formulates an exhaustive differential diagnosis for inflammatory and noninflammatory disorders Correctly identifies histologic features of benign and malignant cutaneous tumors	For dermatologists interpreting their own biopsy specimens: consistently uses histology correctly to diagnose most cutaneous tumors and inflammatory disorders; fulfills and maintains CLIA requirements and regulations Discriminates when to obtain special stains, immunofluorescence, and immunohistochemistry, and/or expert consultation for less common or difficult disorders For dermatologists sending biopsy specimens to outside laboratories: recognizes and appraises the limitations of the laboratory processes and the qualifications of physician signing out cases

TABLE 12	MK5. APPLICATION OF BASIC SCIENCE KNOWLEDGE TO CLINICAL CARE				
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates rudimentary knowledge of basic science relevant to dermatologic conditions Needs frequent guidance in applying basic science knowledge to dermatologic disorders	Occasionally applies basic science knowledge to dermatologic disorders	Usually applies basic science knowledge to dermatologic disorders, and relates advances in basic science to clinical practice Occasionally formulates clinical questions raised by new basic science information	Consistently demonstrates ability to organize, present, and apply relevant basic science knowledge to the care of dermatology patients Usually formulates clinical questions raised by new basic science information	Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients Formulates clinical questions and considers management options raised by new basic science information

Systems-Based Practice (SBP)**TABLE 13 SBP1. ADAPTS EASILY AND WORKS EFFECTIVELY IN VARIOUS HEALTH CARE DELIVERY SETTINGS AND SYSTEMS**

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Completes all required tasks for residency and first rotation site orientation Articulates health care missions at participating sites	Uses electronic health record efficiently and independently Adapts to clinical work in different sites and health care systems (eg, VA, university medical center) Maintains access to all needed systems Identifies target patient populations, and the differences in demographics and needs of these populations at each participating site Accesses support services appropriately at different practice sites	Effectively navigates systems to overcome obstacles to optimal patient care (eg, facilitating access to care) Identifies target patient populations, differences in demographics, and can use the appropriate agencies/resources to address specific needs of these populations	Recognizes the differences between a system change and a work-around (a bypass of a recognized system fault that attempts to improve efficiency) Identifies at least 1 work-around, explores opportunities for change, and when possible, takes steps to improve the system fault that incited it	Adapts learning from one system or setting to another, and in this way, can effect or stimulate improvements in a system, and does so when the need arises

TABLE 14	SBP2. WORKS EFFECTIVELY WITHIN AN INTERPROFESSIONAL TEAM				
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Identifies members of the team who coordinate patient care Describes own role as member of the health care team	Uses and consults with other health care providers in coordination of patient care Appropriately communicates and coordinates care with the primary care and/or referral provider(s) Describes unique contributions (knowledge, skills, and attitudes) of other health care professionals and seeks their input for appropriate issues Describes the use of checklists and briefings to prevent adverse events in health care; recognizes the roles of team members and participates in briefings	Delegates tasks appropriately to members of the health care team Attends and contributes to academic department/division retreats (or similar organizational venue), as well as to clinic team/staff meetings at participating sites Facilitates checklist-guided briefings (eg, preprocedure timeouts) in health care activities	Demonstrates how to manage, use, and coordinate the interprofessional team Participates in an interdisciplinary team meeting for clinic or program improvement	Leads an interdisciplinary team

SBP3. IMPROVES HEALTH CARE DELIVERY BY IDENTIFYING SYSTEMS ERRORS AND IMPLEMENTING POTENTIAL SYSTEMS SOLUTIONS; ADVOCATES FOR QUALITY PATIENT CARE AND OPTIMAL PATIENT CARE SYSTEMS

TABLE 15

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Articulates understanding of the limitations of the health care system and potential for systems errors	Participates in discussion during conferences that highlight systems errors Articulates understanding of institutional risk-management resources available Begins to identify the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care Begins to advocate for optimal patient care in the setting of interdisciplinary interactions (eg, discussions with insurance companies or care providers in other specialties)	Leads discussion during conferences that highlight systems errors Articulates understanding of the intersection of the legal system and health care system in the context of medical errors Consistently identifies the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care Consistently advocates for optimal patient care in the setting of interdisciplinary interactions	Consistently encourages open and safe discussion of error, and begins to identify and analyze error events	Consistently encourages open and safe discussion of errors, and characteristically identifies and analyzes error events, habitually approaching medical errors with a system solution methodology Actively and routinely engages with teams and processes through which systems are modified to prevent medical errors Advocates to improve patient care provided by health care, social, community, and governmental systems, including for vulnerable populations

SBP4. PRACTICES COST-CONSCIOUS CARE (FOR PATIENTS AND POPULATIONS)					
TABLE 16					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Articulates awareness of health care costs	Demonstrates knowledge of how a patient's health care is paid for, and how this affects the patient's care Articulates awareness of costs for common diagnostic or therapeutic tests, including the cost of performing and interpreting skin biopsies Considers cost of medical and surgical therapies, and incorporates this into therapy decisions and discussions with the patient Demonstrates awareness of minimizing unnecessary care, including tests, procedures, therapies, and ambulatory or hospital encounters Usually applies principles of coding (ICD-9/10) and reimbursement (E&M levels/procedures) appropriate to medical record documentation	Articulates awareness of common socioeconomic barriers that impact patient care Articulates understanding of how cost-benefit analysis is applied to patient care (ie, via principles of screening tests and the development of clinical guidelines) Identifies the role of various health care stakeholders, including providers, commercial and government payers, and pharmaceutical industry and medical device companies, and their varied impact on the cost of and access to health care Consistently applies principles of coding (ICD-9/10) and reimbursement (E&M levels/procedures) appropriate to medical record documentation Identifies and minimizes unnecessary care, including tests, procedures, therapies, and ambulatory or hospital encounters	Articulates an awareness of current debates/issues of health care financing and how it will affect patients, providers, third-party payers, and other stakeholders Identifies inherent biases of interactions with pharmaceutical and medical device industries Demonstrates the incorporation of cost-awareness principles into standard clinical judgments and decision making	Demonstrates the incorporation of cost-awareness principles into complex clinical scenarios

Practice-Based Learning and Improvement (PBLI)

TABLE 17 PBLI1. APPRAISE AND ASSIMILATE SCIENTIFIC EVIDENCE					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	When directed, accesses appropriate print or electronic resources to find dermatology information requested or assigned Navigates electronic databases of indexed citations and abstracts to medical sciences journal articles Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning, and can categorize the study design of a research study Provides appropriate reference lists for prepared handouts or other program-specific assignments	Without being directed, accesses appropriate print or electronic resources to find dermatology information requested or assigned Identifies critical threats to study validity and generalizability when reading a research paper or study synopsis Identifies well-conducted research that impacts patient care Actively participates by leading article review discussion and by asking appropriate questions during journal club/journal review activities	Actively seeks appropriate resources to find dermatology information to answer clinical questions without being requested or assigned this task Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews, meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, industry representatives, and patients Summarizes complex medical topics through effective information synthesis and presentation of material within time allotted	Incorporates principles and basic practices of evidence-based practice and information mastery into clinical practice Identifies alternative resources to answer clinical questions (eg, microbiology laboratory director, E&M coding guidelines, Medicare policies, CDC reporting requirements)	Independently teaches and assesses evidence-based medicine and information mastery techniques Cites evidence supporting several common practices in his or her practice

PBLI2. CONTINUOUSLY IMPROVE THROUGH SELF-ASSESSMENT OF COMPETENCE						
TABLE 18						
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	
	Usually asks for feedback Relies on teachers and colleagues for immediate information needs	Consistently asks for feedback Reviews feedback, acknowledges gaps in personal knowledge and expertise, and uses feedback/assessments to develop learning plans with some assistance Remains open to criticism of performance, avoids defensiveness or denial of constructive criticisms received Participates in the collection and analysis of program-specific resident competency data (eg, patient logs, procedure logs, and treatment logs) Identifies the process for incident and error reporting in the institution	Self-assessment or learning plan demonstrates a balanced and accurate assessment of competence and areas for continued improvement Identifies, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (eg, ordering tests, selecting therapies)	Performs mostly self-directed learning, integrating multiple feedback and assessment sources, with little external guidance Demonstrates an effective method, system, or process for staying current with relevant changes in clinical dermatology and dermatology medical knowledge Identifies personal gaps in achieving necessary or desired aspects of residency education and communicates these with program director	Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas Demonstrates an effective method, system, or process for staying current with relevant changes in dermatology health policy and practice management Regularly completes self-assessments of medical knowledge gaps relevant to practice and patient population	

PBLI3. INTEGRATE QUALITY IMPROVEMENT CONCEPTS AND ACTIVITIES IN PRACTICE						
TABLE 19						
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	
	Identifies problems in health care delivery and sees the quality gap in care	Identifies the basic processes involved in quality improvement Identifies deviations from standards of dermatologic care (eg, identifies when guidelines of care were not followed, and when overutilization or underutilization of diagnostic testing and therapy has occurred) Identifies some stakeholders involved in quality gaps	Reviews local gaps in quality, and identifies systems and human errors that contribute to gaps in quality Critically appraises current or proposed quality improvement interventions Participates in quality improvement activities Defines and constructs process and outcome measures	Assesses outcomes of quality improvement efforts and applies these toward continuous quality improvement	Continues to engage in innovative quality improvement activities appropriate to practice venue, including activities that prepare the resident for Maintenance of Certification, Component 4	

TABLE 2.0		PBL14. TEACH OTHERS				
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	
	Provides education on a few basic dermatology topics to patients and other learners Actively participates in conferences	Creates presentations that incorporate digital images Able to synthesize medical topics, with some help, for presentations	Summarizes complex medical topics through effective information synthesis and presentation of material Actively participates in activities designed to develop and improve teaching skills Seizes the teachable moment with others in the clinical setting	Assumes a significant role in clinically teaching learners Presents information in a well-rehearsed, confident manner within the allotted time Seeks and receives feedback on clinical teaching and assesses this information to determine areas for teaching improvement	Continues to teach others, including nondermatology providers, about dermatology Seeks feedback on teaching others, and incorporates plan to address areas for teaching improvement	

Professionalism (PROF)

TABLE 21 PROF1. PRACTICES MEDICINE ETHICALLY

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Truthfully documents and reports clinical information Reads and abides by formal policies and procedures (eg, program, departmental, GME, HIPAA, use of clinical images, social media) Completes institutional confidentiality training and maintains confidentiality of protected health information Understands a physician's fiduciary obligation to patients, and consistently places patient care needs above self-interest	Treats all patients with respect and dignity, regardless of socioeconomic, racial, or ethnic background or sexual orientation Adheres to the ABD's honor code and policies regarding academic honesty in preparing for and taking the annual in-service and certifying examinations Displays academic honesty and avoids plagiarism in talks, presentations, and publications Performs all human subjects research in accordance with federal, state, and institutional regulations and guidelines Understands the actions and relationships that constitute potential boundary crossings and violations, and actively avoids these Recognizes, manages, and discloses obvious conflicts of interest in publications and presentations Aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either inappropriate or illegal Responds promptly and appropriately to clinical responsibilities (eg, timely reporting for duty, completion of medical records, returning patient phone calls, answering pages); carries out timely interactions with colleagues, patients, and their designated caregivers; promptly completes clinical, administrative, and curricular tasks	Educates junior learners and ancillary staff members in, and models adherence to, institutional and departmental policies and procedures; proper use of social media, equitable and empathic treatment of all patients, and maintaining patient confidentiality Adheres to state, institutional, and professional guidelines regarding physician relationships with industry	Demonstrates ethical and professional behavior, and manages real and potential conflicts of interest in all professional activities, including patient care, research, publication, and relationships with industry Has achieved sufficient self-awareness and understanding to manage work-life balance, and to recognize signs of impairment, mental illness, substance abuse, or burnout in oneself or one's colleagues to take appropriate action	Adheres to federal and state regulations regarding digital privacy, HIV privacy, access to medical records, and records storage Avoids inappropriate or problematic relationships with patients, staff members, residents, and students Does not engage in misleading statements or puffery or use false testimonials when promoting his or her practice Bills honestly, avoiding dishonest upcoding or inflated documentation

TABLE 2.2 PROF2. COMMITTED TO LIFELONG LEARNING AND IMPROVEMENT

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Aware of personal errors Usually elicits feedback from faculty members Explains how teamwork benefits patient care Requires direction in determining what is important in learning goals	Admits to limitations and personal errors, and knows when and whom to ask for help Accepts constructive feedback and strives to improve Explains the concept of leading by example Lists and organizes the topics and subtopics that must be learned for patient care and to pass the ABD Certifying Examination	Develops self-improvement plan to address limitations and personal errors Provides feedback to junior residents and medical students Assumes leadership role among the resident group (eg, as chief resident, project manager); serves as a role model for junior residents Lists gaps of knowledge and devises plan for improvement	Assists junior residents in recognizing their own limitations Describes key elements in how to provide effective feedback Describes the fundamental skill set for effective leadership Capable of passing the ABD Certifying Examination	Mentors residents/new graduates on how to recognize limitations and develop self-improvement plans Effectively provides feedback to peers, office staff, and other learners Takes a leadership role within the practice/departments or in regional, state, or national organizations Understands the ABD Maintenance of Certification Program, and fulfills state licensure requirements

PROF3. PATIENT CARE IS THE FIRST PRIORITY					
TABLE 2.3					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes the challenges of balancing professional and personal life Demonstrates empathy and compassion to patients; respects patient dignity and autonomy Describes common opportunities for patient advocacy in the outpatient setting Treats patients with dignity, civility, and respect, regardless of race, culture, gender, ethnicity, age, sexual orientation, or socioeconomic status	May need assistance with time management and setting priorities, but all patient care activities are completed in a timely fashion Consistently demonstrates empathy and compassion to patients of all ages Seeks appropriate resources to advocate for individual patient needs, with assistance Recognizes when patient values differ from his or her own values and how this might affect the physician-patient interaction Recognizes disparities in health care among the local or referral-based population and how these may impact care of specific dermatologic diagnoses	Establishes list of priorities and effective time management that enables successful pursuit of professional and personal goals Consistently demonstrates empathy and compassion to patients of all ages, including difficult or challenging patients Demonstrates effective strategies to manage conflict when patient values differ from his or her own values Discusses ideas and strategies to offset disparities in health care for specific dermatologic diagnoses	Adjusts priorities in response to changing demands Anticipates the needs of patients, and works to meet those needs in daily practice Effectively advocates for individual patient needs	Provides advice and assistance for peers or other learners experiencing major changes affecting professional or personal life Is a proactive advocate for individual patients and their families Embraces the physician's role in understanding and addressing causes of disparity in disease and suffering

Interpersonal and Communication Skills (ICS)

TABLE 2.4

ICS1. COMMUNICATION AND RAPPORT WITH PATIENTS AND FAMILIES

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes the concepts of communication in the clinical setting, but usually needs guidance in using them to build rapport in encounters with patients and families Begins to demonstrate sensitivity to sociocultural practices	Usually communicates effectively and builds rapport with patients and families in routine encounters, but requires guidance in stressful encounters Occasionally recognizes nonverbal cues from patients and uses nonverbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations Speaks in easily understandable language and avoids technical jargon Actively seeks the patient's and family's perspective; uses patient handouts and/or diagrams to explain diseases and treatments when appropriate Counsels and provides clear and specific verbal and/or written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension Identifies special communication needs of vulnerable populations (eg, pediatric and elderly patients, persons with disabilities or illiteracy, immigrants, refugees, veterans, prisoners); appropriately uses translators to facilitate communication with patients and families Demonstrates appropriate face-to-face interaction while using the electronic health record or completing the patient health record	Consistently communicates effectively and builds rapport with patients and families in routine encounters, occasionally requiring guidance in stressful encounters Usually recognizes nonverbal cues from patients, and uses nonverbal skills to convey empathy Usually paces clinical interviews appropriately, spending extra time when indicated Consistently maintains composure in difficult patient and family encounters Considers patient beliefs in shaping the patient-physician relationship and therapeutic plan Adapts patient/family-related information gathering to social and cultural context	Consistently communicates effectively and builds rapport with patients and families in routine and stressful encounters Consistently recognizes and effectively uses nonverbal communication skills in relating to patients and families Consistently paces clinical interviews appropriately	Role models the communication skills necessary to build rapport with patients and families; uses a wide range of communication skills to optimize care in stressful or contentious situations Coaches others to improve communication skills and to work effectively with vulnerable populations Is regularly sought out by junior learners, peers, and other members of the health care team for his or her ability to allay fears and effectively address the concerns of patients and families

TABLE 2.5 ICS2. HAVING DIFFICULT CONVERSATIONS					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes the general approach to difficult conversations with patients and families, but usually needs guidance to recognize these situations and respond appropriately	Recognizes the circumstances related to having difficult conversations with patients and families Begins to effectively communicate in routine clinical situations, but requires guidance in complex or unusual circumstances	Usually communicates effectively in difficult conversations with patients and families, including some complex or unusual circumstances	Consistently communicates effectively in difficult conversations with patients and families in routine and complex circumstances Customizes communication of emotionally difficult information for patients and families	Role models an effective and sensitive approach to difficult conversations with patients and families Is regularly sought out by junior learners, peers, and other members of the health care team for his or her ability to effectively handle difficult conversations in complex or unusual circumstances

TABLE 2.6 ICS3. TEAM MEMBER RESPECT AND CARE COORDINATION					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes the importance of the other members of the health care team and the need to communicate in ways that show appreciation for the skills and contributions of other professionals	Communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, but requires guidance in difficult or contentious situations	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, occasionally requiring guidance in difficult or contentious situations	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine and difficult or contentious situations	Role models communication that shows appreciation for all members of the health care team, including in difficult or contentious situations Is regularly sought out by junior learners, peers, and other members of the health care team for his or her ability to communicate effectively in a team-based approach to care

TABLE 27 ICS4. COMMUNICATION AND CONSULTATION WITH OTHER PHYSICIANS

Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Begins to recognize situations where consultation is needed, and the importance of effective communication with supervisors, consultants, and referring health care providers	Usually obtains and provides consultation and communicates effectively with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances Demonstrates receptiveness to requests for consultations from other specialties and communicates promptly with referring providers	Consistently obtains and provides consultation and communicates effectively and efficiently with supervisors, consultants, and referring providers in routine patient care situations; occasionally needing guidance in complex or nuanced situations Communicates effectively with medical students, peers, and faculty members in a variety of formal and informal educational settings Provides both positive and negative feedback, as appropriate, when mentoring other physicians Consistently respectful of the opinions of colleagues, and works to resolve conflicts through proper channels and communication	Consistently obtains and provides consultation independently , and communicates effectively and efficiently with supervisors, consultants, and referring providers in routine and complex or nuanced patient care situations Promotes care coordination and ongoing communication with other providers	Role models coordination and ongoing communication with supervisors, consultants, and referring providers Is regularly sought out by junior learners, peers, and other members of the health care team for his or her skill in functioning effectively both as consultant and consultant

TABLE 2.8 ICS5. MEDICAL DOCUMENTATION					
Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care Recognizes that accurate and prompt completion of patient records contributes to patient safety and reduces the risk of medical error	Consistently documents office visits; consultations, letters to referring providers, procedures, and counseling with clearly written and relevant information for routine situations, but occasionally needs assistance with complex situations Ensures that patient records and orders are accurate, comprehensive, timely, and legible with attention to preventing confusion and error	Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations	Provides some examples of the medicolegal repercussions of inappropriate medical record documentation	Serves as a role model and consultant for junior learners, peers, and other members of the health care team in patient record documentation