The Dermatology Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Dermatology

ACGME

ABD

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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. 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.

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Milestone Reporting

This document presents milestones designed for programs to use in semi-annual 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 one 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. (See the diagram on page v..) 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 the majority of 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 following NAS FAQ for educational milestones on the ACGME's NAS microsite 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.

Answers to Frequently Asked Questions about the Next Accreditation System (NAS) and milestones are available on the ACGME's NAS microsite: http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf.

The diagram below presents an example set of milestones for one sub-competency in the same format as the Milestone Report Worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency 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

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 to 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 with 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/her ability to have difficult conversations in complex or unusual circumstances
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

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

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

DERMATOLOGY MILESTONES
ACGME Report Worksheet

PC1. 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-elicit 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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

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** 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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

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 education** in dermatopathology and teaches clinicopathologic correlation
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

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
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

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 (e.g, prescribing to unaccompanied minors, child abuse, etc.)	**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 common, uncommon, and complex patients **Consistently** counsels patients and families with certain disorders, such as birthmarks and genodermatoses	Performs at the level of someone with **advanced education** in pediatric dermatology and serves as a **role model**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

PC6. Surgical Treatment					
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 antisepsis; 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 pre-operative 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 post-operative 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 (e.g., use of pre- and post-operative 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** 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 intra-operative 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 education** in procedural dermatology

			Usually performs complex reconstruction, such as flaps and grafts, **with guidance** Observes or assists in Mohs micrographic surgery and non-invasive cosmetic procedures, such as soft tissue augmentation, botulinum toxin injections, and laser **Consistently** able to manage most complications related to surgery	
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐
Comments:				

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 **Occasional**ly 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 (for example, using Maintenance Of Certification, Component 4) Actively seeks new opportunities for utilization of external resources
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐

Comments:

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 non-urgent** dermatological conditions Demonstrates **rudimentary** knowledge of the value of preventive care and socio-behavioral aspects of medical dermatologic disorders (for example, 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 dermatological conditions **Usually** demonstrates knowledge of preventive care and the socio-behavioral 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 dermatological conditions **Consistently** recognizes the value of preventive care and demonstrates sophisticated understanding of the socio-behavioral 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 socio-behavioral aspects of medical dermatologic disorders
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

9

MK2. Pediatric Dermatology					
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 socio-behavioral aspects (for example, 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 socio-behavioral 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 socio-behavioral 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 socio-behavioral aspects and the value of preventive care in pediatric dermatology
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

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 antisepsis, 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	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 non-invasive 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

		Recognizes the indications for pre- and post-operative antibiotic use					appropriate indications for a diversity of cosmetic dermatologic procedures, and performs these procedures at the level of someone with advanced training in procedural dermatology
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

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 non-inflammatory disorders Recognizes histologic features of most benign and malignant cutaneous tumors Demonstrates knowledge of the indications and cost of special stains, immuno-fluorescence, and immunohistochemistry	**Consistently** identifies histopathologic findings of uncommon skin disorders correctly Formulates an **exhaustive** differential diagnosis for inflammatory and non-inflammatory 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, immuno-fluorescence, 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
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐

Comments:

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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

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	Utilizes electronic medical record (EMR) efficiently and independently Adapts to clinical work in different sites and health care systems (for example, VA, university medical center, etc.) 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 (for example, facilitating access to care) Identifies target patient populations, differences in demographics, and can utilize 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 one 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
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

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 | Utilizes 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 (for example pre-procedure timeouts) in health care activities | Demonstrates how to manage, utilize, and coordinate the inter-professional team

Participates in an interdisciplinary team meeting for clinic or program improvement | Leads an interdisciplinary team |
| ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ |
| Comments: | | | | | |

SBP3. Improves health care delivery by identifying system errors and implementing potential systems solutions						
Advocates for quality patient care and optimal patient care systems						
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 (for example, 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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

SBP4. Practices cost-conscious care (for patients and populations)					
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 | Articulates awareness of common socio-economic barriers that impact patient care

Articulates understanding of how cost-benefit analysis is applied to patient care (that is, 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 | 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 |

		of coding (ICD-9/10) and reimbursement (E&M levels/procedures) appropriate to medical record documentation	(E&M levels/procedures) appropriate to medical record documentation **Identifies and minimizes** unnecessary care, including tests, procedures, therapies, and ambulatory or hospital encounters		
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

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 hand-outs 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 | Incorporates principles and basic practices of evidence-based practice and information mastery into clinical practice

Identifies alternative resources to answer clinical questions (for example, microbiology lab 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 |

			synthesis and presentation of material within time allotted		
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:									

PBLI2. Continuously improve through self-assessment of competence					
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 (for example, 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 (ordering tests, selecting therapies, etc.)	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
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

PBLI3. Integrate quality improvement concepts and activities in practice					
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 (for example, identifies when guidelines of care were not followed, and when over- or under-utilization 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 towards 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
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

PBLI4. 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 non-dermatology providers, about dermatology Seeks feedback on teaching others, and incorporates plan to address areas for teaching improvement
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

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 (for example, 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 socio-economic, racial, or ethnic background or sexual orientation Adheres to the American Board of Dermatology's (ABD) 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	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, other 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

| | | | 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 (for example, 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 | | | |

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

Comments:

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 team work 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 (for example, 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/ department or in regional, state, or national organizations Understands the ABD Maintenance Of Certification program, and fulfills state licensure requirements
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

27

PROF3. Patient care is the first priority

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
☐	☐ ☐	☐	☐ ☐	☐ ☐	☐ ☐

Comments:

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 socio-cultural practices | **Usually** communicates effectively and builds rapport with patients and families in **routine** encounters, but **requires guidance** in stressful encounters

Occasionally recognizes non-verbal cues from patients and uses non-verbal 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 hand-outs and/or diagrams to explain diseases and treatments when appropriate

Counsels and provides clear and specific verbal and/or | **Consistently** communicates effectively and builds rapport with patients and families in **routine** encounters, **occasionally requiring guidance** in stressful encounters

Usually recognizes non-verbal cues from patients, and uses non-verbal 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 | **Consistently** communicates effectively and builds rapport with patients and families in **routine and stressful** encounters

Consistently recognizes and effectively uses non-verbal 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 |

		written instructions to patients related to diagnostic tests, risk/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension	Adapts patient/family-related information gathering to social and cultural context							
		Identifies special communication needs of vulnerable populations (for example, 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 medical record or completing the patient health record								
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

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
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

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	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 consulter and consultant
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

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 **role model** for, and consultant to, junior learners, peers, and other members of the health care team in patient record documentation |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Comments: