Supplemental Guide: Transitional Year

ACGME

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Transitional Year Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Patient Care 1: History **Overall Intent:** To ensure resident obtain and report an accurate medical history from the patient that supports a rational diagnosis	
Milestones	**Examples**
Level 1 *Obtains an accurate history*	• Interviews patient and obtains accurate information
Level 2 *Obtains and reports an accurate, organized history, and seeks appropriate data from secondary sources*	• Interviews patient and organizes information in a logical manner; also calls pharmacy, reviews medical record, and/or interviews family
Level 3 *Consistently obtains and reports a comprehensive and accurate history incorporating clinical patterns in historical data*	• Regularly identifies historical patterns, including HgB A1C trends and creatine; obtains records from other institutions
Level 4 *Consistently obtains and concisely reports a focused history with subtle details supportive of a rational clinical diagnosis*	• Reports a focused and accurate history with appropriate detail for chief complaint, including subtle historical features that may otherwise be missed without targeted inquiry
Level 5 *Consistently serves as a role model and educator in obtaining and presenting a focused history with subtle details*	• Teaches others to obtain and report a complete and accurate history with subtle details
Assessment Models or Tools	• Direct observation • Medical record (chart) audit • Multisource feedback • OSCE • Patient interview • Simulation (low or high fidelity) • Standardized patient
Curriculum Mapping	•
Notes or Resources	• Young ER. Bates Guide to Physical Examination and History Taking, Seventh Edition. *Anesth Prog*. 2001;48(2):72-73. • Bickley L, Szilagyi PG. *Bates Guide to Physical Examination and History Taking*. 11th ed. Philadelphia, PA: Lippincott, Williams and Wilkins; 2013.

Patient Care 2: Physical Examination **Overall Intent:** To ensure resident obtains and reports an accurate physical exam supporting a rational diagnosis	
Milestones	**Examples**
Level 1 *Performs a basic physical exam accurately*	• Examines patient and obtains accurate information
Level 2 *Performs and reports an accurate, organized physical exam, and identifies appropriate physical findings for the chief complaint*	• Examines patient and reports an accurate exam organized and tailored to the chief complaint
Level 3 *Consistently performs an accurate and thorough physical examination, and reports relevant findings in support of likely clinical diagnosis*	• Anticipates likely clinical problem, accurately performing appropriate exam and reporting relevant findings
Level 4 *Consistently identifies and concisely reports subtle physical findings; is proficient with advanced maneuvers*	• Appropriately performs advanced maneuvers (e.g., hepatojugular reflux, Dix Halpike maneuver, and Pulsus Paradoxus); reports relevant findings to support suspected diagnoses
Level 5 *Consistently serves as a role model and educator in the performance of an advanced physical exam*	• Teaches others to perform a comprehensive yet focused exam using relevant advanced maneuvers to support suspected diagnoses
Assessment Models or Tools	• Direct observation (live or video) • Medical record (chart) audit • Multisource feedback • Simulation
Curriculum Mapping	•
Notes or Resources	• Young ER. Bates Guide to Physical Examination and History Taking, Seventh Edition. *Anesth Prog*. 2001;48(2):72-73. • Degowin EL, Degowin RL. *Bedside Diagnostic Examination*. 5th ed. Macmillan; 1987.

Patient Care 3: Differential Diagnosis and Assessment **Overall Intent:** Uses history and physical exam to consistently arrive at an accurate working diagnosis	
Milestones	**Examples**
Level 1 *Integrates patient-specific information to generate an appropriate working diagnosis*	• Generates a differential diagnosis after history and physical exam
Level 2 *Provides a prioritized differential diagnosis using supporting rationale*	• Is able to prioritize differential diagnosis
Level 3 *Consistently provides an accurate diagnosis for common medical conditions; demonstrates the ability to modify a diagnosis based on a patient's clinical course and additional data*	• Is consistent and accurate in diagnoses • Modifies diagnosis as additional data becomes available
Level 4 *Consistently provides an accurate diagnosis for patients with multiple co-morbidities or uncommon medical conditions, recognizing sources of diagnostic error*	• Diagnoses and prioritizes multiple issues and in a complex medical patient • Accurately diagnoses uncommon medical conditions • Recognizes sources diagnostic errors (e.g., misinterpreted tests, bias)
Level 5 *Consistently serves as a role model and educator for deriving accurate diagnoses and recognizing sources of diagnostic error*	• Teaches others to create an accurate prioritized differential diagnosis
Assessment Models or Tools	• Direct observation • Medical record (chart) audit • Multisource feedback
Curriculum Mapping	•
Notes or Resources	• Young ER. Bates Guide to Physical Examination and History Taking, Seventh Edition. *Anesth Prog*. 2001;48(2):72-73. • Agency for Healthcare Research and Quality. Diagnostic Errors. https://psnet.ahrq.gov/primers/primer/12. 2019.

Patient Care 4: Clinical Management **Overall Intent:** To ensure the resident can employ rational clinical decision making to create appropriate diagnostic and therapeutic plans	
Milestones	**Examples**
Level 1 *With direct supervision, determines appropriate tests and initiates a therapeutic plan*	• Writes admitting orders for patient with undifferentiated abdominal pain, with attending or upper-level resident providing immediate supervision
Level 2 *With direct supervision, orders appropriate tests, and initiates a therapeutic plan; provides rational basis for decisions*	• Writes admitting orders for patient with undifferentiated chest pain with appropriate diagnostic and therapeutic plan with supervisor only available by phone; defends the basis for the orders
Level 3 *With indirect supervision, orders appropriate tests, and initiates a therapeutic plan; provides rational basis for decisions*	• Rapidly alters patient care plans with new onset of atrial fibrillation with rapid ventricular response, chest pain, and/or stroke symptoms
Level 4 *Consistently modifies the therapeutic plan based on test results and the patient's clinical course as appropriate*	• Orders reflect patient-centered care with the use of comfort care in advanced pancreatic cancer in an elderly patient
Level 5 *Implements testing and therapeutic plans, integrating patient preferences, evidence-based guidelines, and costs*	• Teaches other learners on use of guidelines such as those provided by the US Preventative Task Force; determines medication cost using online tools such as Goodrx
Assessment Models or Tools	• Medical record (chart) audit • Multisource feedback • Presentations during rounds
Curriculum Mapping	•
Notes or Resources	• American College of Physicians. High Value Care, Medical Educator Resources. https://www.acponline.org/clinical-information/high-value-care/medical-educators-resources. 2018. • Agency for Healthcare Research and Quality. National Guideline Clearinghouse. Guidelines and Measures. https://www.ahrq.gov/gam/index.html. 2018.

Patient Care 5: Urgent and Emergent Medical Conditions **Overall Intent:** Recognizes and begins intervention in patients with critical illness as part of a care team; understands and modifies code status aligned with patient condition	
Milestones	**Examples**
Level 1 *Recognizes urgent and emergent medical conditions and initiates system protocols as appropriate*	• Activates code team or stroke team resources
Knows code status	• Can report code status as listed in medical record
Level 2 *Performs an initial assessment of patients with urgent and emergent conditions*	• Evaluates patients with apparent critical illness independently
Discusses and clarifies code status with patient and family	• Confirms code status in discussion with patient and family
Level 3 *Provides initial stabilization of patients with urgent and emergent medical conditions, as well as safe transitions in care*	• Provides primary intervention of fluids and antibiotics for sepsis for critical event and begins handoff to appropriate care team
Uses code status in clinical decision making	• Applies code status to intervention and plans
Level 4 *Coordinates the initial assessment and management of urgent and emergent conditions with the interprofessional care team*	• Orchestrates care team response to critical illness
Considers patient and family wishes to modify code status and subsequent care as appropriate	• Incorporates changes in clinical status and/or patient and family wishes to update code status
Level 5 *Anticipates clinical decompensation and intervenes early*	• High index of clinical suspicion for decompensation with appropriate intervention
Leads conversation with medical team when care is futile	• Provides rationale for determining whether further care is not indicated
Assessment Models or Tools	• Direct observation • Multisource feedback • OSCE • Simulation
Curriculum Mapping	•
Notes or Resources	• Advanced Cardiovascular Life Support (ACLS)/Basic Cardiac Life Support (BLS) • Institutional protocols for rapid/emergency response

	• Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)

Patient Care 6: Care of Diverse Patients **Overall Intent:** Employs awareness of specific health care needs for diverse patient communities and teaches others	
Milestones	**Examples**
Level 1 *Describes basic health needs of diverse patients (e.g., gender, age, culture, race, religion, disabilities, sexual orientation, substance use disorders)*	• Aware of disparate health outcomes in various communities, including impact of social and economic factors
Level 2 *Addresses health needs specific to diverse patients*	• Incorporates knowledge of health outcomes in care plan
Level 3 *Provides anticipatory guidance for health needs specific to diverse patients*	• Guides patients in anticipated health needs
Level 4 *Teaches peers and/or students on health needs specific to diverse patients*	• Educates colleagues and other learners on health outcomes in various communities
Level 5 *Advocates in the community for health needs specific to diverse patients*	• Participates in community health outreach efforts
Assessment Models or Tools	• Medical record (chart) audit • OSCE • Simulation
Curriculum Mapping	•
Notes or Resources	• Community organizations • Daniel H, Bornstein SS, Kane GC, for the Health and Public Policy Committee of the American College of Physicians. Addressing social determinants to improve patient care and promote health equity: an American College of Physicians position paper. *Ann Intern Med*. 2018;168(8):577-578. • Reitman DS, Austin B, Belkind U, et al. Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: a position paper of the Society for Adolescent Health and Medicine. *J Adolesc Health*. 2013;52(4):506-510. • Sufrin C, Davidson A, Markenson G. ACOG committee opinion number 729, importance of social determinants of health and cultural awareness in the delivery of reproductive health care. *Obstet Gynecol.* 2018;131(1):e43-48 • Shonkoff JP, Garner AS; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012 Jan;129(1):e232-246.

Medical Knowledge 1: Clinical Reasoning **Overall Intent:** Synthesizes data from various sources to support clinical decision making	
Milestones	**Examples**
Level 1 *Uses educational resources to answer clinical questions and to recognize gaps in personal medical knowledge*	• Knows personal clinical knowledge deficiencies and addresses through review of peer-reviewed journals, textbooks, eLearning tools, guidelines, and local experts
Level 2 *Integrates basic science knowledge, interpretation of test results, and social and behavioral determinants of health into clinical decision making*	• Uses medical knowledge and all available clinical information (e.g., tests, social and behavioral factors) in decision making
Level 3 *Incorporates preferences from patients, family, and interprofessional team into clinical decision making*	• Considers perspectives of patient, family, and other members of the healthcare team in clinical management
Level 4 *Develops a rational treatment approach in ambiguous medical and/or social situations*	• Resident makes appropriate clinical decisions despite medical and social uncertainties
Level 5 *Consistently serves as a role model and educator in the navigation of complex and ambiguous clinical decision making*	• Resident teaches others how to manage uncertain medical and social issues in making clinical decisions
Assessment Models or Tools	• Direct observation • Medical record (chart) audit • Multisource feedback • Resident report, morbidity and mortality conferences, other case conferences • Simulation
Curriculum Mapping	•
Notes or Resources	• Journal of American Medical Association (JAMA) Clinical Reasoning reprints • Trowbridge RL, Rencic JJ, Durning SJ. *Teaching Clinical Reasoning*. American College of Physicians; 2015. • Clinical Reasoning, Trowbridge, Rencic, Durning (American College of Physicians Teaching Series) http://clinicalinformationsciences.com/program/residencies/Teaching • Bursztajn H, Feinbloom RI, Hamm RM. Medical choices, medical chances. New York: Delacorte Press/Seymour Lawrence; 1981.

Medical Knowledge 2: Procedural Knowledge and Informed Consent **Overall Intent:** Ensures residents know the sequential approach to a patient that needs a procedure (e.g., patient needs a central line)	
Milestones	**Examples**
Level 1 *Describes indications/ contraindications and complications of common procedures* *Describes informed consent process*	• Understand indications (total parenteral nutrition, access) for central line • Understands informed consent process
Level 2 *Accurately documents procedures in medical record in a timely manner* *Counsels patients and obtains informed consent for common diagnostic and therapeutic procedures*	• Records central line procedure in timely and accurate manner • Consents patient for central line placement
Level 3 *Demonstrates knowledge of indicated follow-up measures after procedures and recognizes common complications* *Incorporates patient preferences in procedural decision making; assesses patient understanding*	• Ensures line placement follow up studies are complete (chest x-ray, ultrasound) • Considers patient preference of left versus right and incorporates into plan
Level 4 *Recognizes and provides initial management of complications* *Describes procedural appropriateness in the context of the patient's clinical scenario, addressing patient concerns*	• If pneumothorax or other procedural error is present, informs team and considers chest tube • Considers alternate peripheral access if central line unnecessary
Level 5 *Anticipates potential complications and discusses with attending* *Discusses potential treatment progression with patient and family, based on procedural outcomes*	• Takes precautions to avoid complications, asepsis, daily assessment for need, secures line adequately • Uses central line augment care (central venous pressure measurement for fluids)
Assessment Models or Tools	• Direct observation • Follow-up patient interview • Medical record (chart) audit • Multisource feedback

	• OSCE • Simulation (low or high fidelity) • Standardized patient
Curriculum Mapping	•
Notes or Resources	• Joint Commission. Informed consent: more than getting a signature. https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_Twenty-One_February_2016.pdf Feb 2016.

Systems-Based Practice 1: Patient Safety and Quality Improvement **Overall Intent:** Engages in the analysis and management of patient safety events, including relevant communication with patients, families, and health care professionals; can conduct a quality improvement project	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of common patient safety events* *Demonstrates knowledge of how to report patient safety events* *Demonstrates knowledge of basic quality improvement methodologies and metrics*	• Knows how to report a safety event at the hospital either online or by phone, but has not ever done so • Is aware of a new sepsis order set the hospital has implemented to improve quality but uses the order set inconsistently
Level 2 *Identifies system factors that lead to patient safety events* *Reports patient safety events through institutional reporting systems (simulated or actual)* *Describes programmatic or institutional quality improvement initiatives (e.g., handwashing, reducing needle stick injuries)*	• Has identified and reported a patient safety issue (real or simulated), along with system factors contributing to that issue • Is aware of improvement initiatives within their program and/or institution
Level 3 *Participates in analysis of patient safety events (simulated or actual)* *Participates in disclosure of patient safety events to the team (simulated or actual)* *Participates in programmatic or institutional quality improvement initiatives*	• Prepares for morbidity and mortality presentations or joins a Root Cause Analysis group • Participates with a team in communicating with patients/families about such an event (real or simulated) • Participates in a QI project, though they may not have yet designed a QI project
Level 4 *Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)* *Participates in disclosure of patient safety events to patients and families (simulated or actual)*	• Collaborates with a team to lead the analysis of a patient safety event and participates with team in the competent communication with patients/families about those events • Has the knowledge and skills required to initiate and complete a QI project, including communication with stakeholders, but may not have already completed a project

Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	
Level 5 *Actively engages teams and processes to modify systems to prevent patient safety events* *Role models or mentors others in the disclosure of patient safety events* *Creates, implements, and assesses quality improvement initiatives at the institutional or community systems level*	• Competently assumes a leadership role at the departmental or institutional level for patient safety and/or QI initiatives, possibly even being the person to initiate action or call attention to the need for action
Assessment Models or Tools	• Direct observation • E-module multiple choice tests • Medical record (chart) audit • Multisource feedback • Portfolio • Reflection • Simulation
Curriculum Mapping	•
Notes or Resources	• Institute of Healthcare Improvement website (http://www.ihi.org/Pages/default.aspx), which includes multiple choice tests, reflective writing samples, and more

Systems-Based Practice 2: System Navigation for Patient-Centered Care **Overall Intent:** Effectively navigates the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of care coordination* *Identifies key elements for safe and effective transitions of care and hand-offs* *Demonstrates knowledge of local population and community health needs and disparities*	• Identifies the members of the interprofessional team and describes their roles; is not routinely using team members or accessing resources • Lists the essential components of an effective sign-out • Identifies local community health needs (including social determinants of health) and their impact on health/health-care disparities
Level 2 *Coordinates care of patients in routine clinical situations effectively using the resources of interprofessional teams* *Performs safe and effective transitions of care/hand-offs in routine clinical situations* *Identifies resources to meet the health needs and disparities of local communities and populations*	• Contacts interprofessional team members, such as social workers and consultants, but requires supervision to ensure all necessary referrals are made and resource needs are arranged • Performs a basic sign-out but still needs direct supervision to identify sick versus not sick, and anticipatory guidance for overnight events to the night team or next incoming team for a new block • Identifies different populations (e.g., gender, ethnic, religious) within the local community • Identifies needs of different populations and resources to address the needs of patients at high risk due for specific health outcomes related to health literacy concerns, economic status, LGBTQ status, etc.
Level 3 *Coordinates care of patients in complex clinical situations effectively using the resources of interprofessional teams* *Reassesses patient and anticipates patient specific factors that may lead to readmission* *Uses local resources effectively to meet the needs of a patient population and community*	• For a post-myocardial infarction patient, arranges for a nutritionist, occupational therapy /physical therapy, and follow-up appointments • Anticipates issues that may lead to readmission (e.g., homelessness, inability to obtain or afford medications, worsening clinical status, poor home support) • Provides effective anticipatory guidance for unstable patients including recommendations to transition from intensive care unit (ICU) to the floor or emergency department to inpatient • Appreciates the need for and uses local resources, such as the social worker/health navigator, to ensure patients with low literacy understand how to schedule a procedure
Level 4 *Efficiently coordinates patient-centered care using interprofessional teams*	• Regularly includes clinical care coordinator, social worker, nutritionist, diabetes educator, or pharmacist in discharge planning • Calls the primary care physician to ensure a discharged patient gets appropriate follow up such as international normalized ratio checks

Performs safe and effective transitions of care/hand-offs in complex clinical situations and across health care delivery systems *Participates in changing and adapting practice to provide for the needs of specific populations*	• Efficient handoff to the ICU team at the end of a rapid response event • Coordinates and prioritizes consultant input for a new high risk diagnosis such as pulmonary embolus • Anticipates and identifies patient populations at high risk for poor post-discharge or post-procedural outcomes due to health disparities • Implements strategies to avoid readmission
Level 5 *Leads and role models effective coordination of patient-centered care among different disciplines and specialties* *Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems* *Leads innovations and advocates across populations and communities towards health/health care equity*	• Role models and educates students and other learners to collaborate with other health professionals and ensures the necessary resources have been arranged • Works with hospital leadership to analyze care coordination and takes a leadership role in designing and implementing changes to improve the care coordination process • Role models effective and safe transfers of care from the emergency department to inpatient or outpatient, inpatient to outpatient, ICU to floor or other transitions in care • Works with a QI mentor to identify better hand-off tools or to improve teaching sessions • Designs a social determinants of health curriculum to help others learn to identify local resources and barriers to care; effectively utilizes resources, such as telehealth, for proactive outreach to prevent emergency department visits or readmission for high-risk populations
Assessment Models or Tools	• Direct observation • Medical record (chart) audit • Multisource feedback • OSCE • Quality metrics and goals mined from electronic health records
Curriculum Mapping	•
Notes or Resources	• Skochelak SE, Hawkins RE, Lawson LE, etc. al; AMA Education Consortium: Health Systems Science. 1st ed. Elsevier. 2016.

Systems-Based Practice 3: Physician Role in Health Care Systems **Overall Intent:** Understands his/her role in the complex health care system and how to optimize the system to improve patient care and the health system's performance	
Milestones	**Examples**
Level 1 *Identifies components of the complex health care system* *Describes basic health payment systems (e.g., private, public, government, and uninsured care) and different practice models (e.g., fee for service, capitated fees, accountable care organizations)*	• Recognizes the multiple, often competing forces, in the health care system (e.g., name all the providers and systems involved in discharging a patient on from the medicine wards) • Compares payment systems (e.g., Medicare, Medicaid, the VA, and commercial third-party payers) and contrast practice models, such as a patient-centered medical home and an Accountable Care Organization; compares and contrasts types of health benefit plans, including preferred provider organization (PPO) and health maintenance organization (HMO)
Level 2 *Describes the physician's role and how the interrelated components of the complex health care system impact patient care* *Describes the limitations of payment models and uses available patient care resources*	• Understands how improving patient satisfaction improves patient adherence and remuneration to the health system; is not yet able to consistently think through clinical redesign to improve quality; does not yet modify personal practice to enhance outcomes • Applies knowledge of health plan features, including formularies and network requirements in patient care situations
Level 3 *Analyzes how personal practice affects the system (e.g., length of stay, readmission rates, clinical efficiency)* *Uses shared decision making in delivering care informed by patient-specific payment models*	• Understands, accesses, and analyzes his/her own individual performance data for central line-associated bloodstream infections in patients in whom the resident has placed central lines; A1c of the resident's patients with diabetes; percentage of patients the resident intubated had an appropriate "ventilator bundle" implemented; or percentage of patients that had "sepsis" or other bundles accurately implemented • Uses shared decision making and adapts the choice of the most cost-effective medications depending on the relevant formulary
Level 4 *Adapts personal practice based on practice habits data* *Advocates for patient care incorporating the limitations of their payment model (e.g., community resources, patient assistance resources)*	• Works collaboratively with pertinent stakeholders to improve surgical start times, increasing the percentage of procedures that include a "time out," or improve informed consent for non-English speaking patients requiring interpreter services • Serves on an institutional committee to improve patient assistance resources
Level 5 *Manages the interrelated components of complex health care systems for efficient and effective patient care*	• Decreases opioid prescribing for one or more clinical services, incorporates e-consults into the electronic health record, publishes original research in a peer reviewed journal

Advocates for health policy to better align payment systems with high-value care	• Works with community or professional organizations to advocate for no smoking ordinances
Assessment Models or Tools	• Direct observation • Medical record (chart) audit • OSCE • Portfolio
Curriculum Mapping	•
Notes or Resources	• Center for Medicare and Medicaid Services: MIPS and MACRA https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html 2018. • Agency for Healthcare Research and Quality (AHRQ): The Challenges of Measuring Physician Quality https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/challenges.html 2016. • AHRQ. Major physician performance sets: https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/measurementsets.html 2018. • The Kaiser Family Foundation: www.kff.org 2019. • The Kaiser Family Foundation: health reform, health costs, Medicare, private insurance, uninsured: www.kkf.org/health-reform/ 2019. • The National Academy for Medicine (formerly the Institute of Medicine). Vital directions for health and health care: a policy initiative of the National Academy of Medicine. 2018. https://nam.edu/initiatives/vital-directions-for-health-and-health-care/ • The National Academy for Medicine, Dzau VJ, McClellan M, Burke S, et al. Vital directions for health and health care: priorities from a National Academy of Medicine Initiative. March 2016. https://nam.edu/vital-directions-for-health-health-care-priorities-from-a-national-academy-of-medicine-initiative/ • The Commonwealth Fund. Health system data center. 2017. http://datacenter.commonwealthfund.org/?_ga=2.110888517.1505146611.1495417431-1811932185.1495417431#ind=1/sc=1 • The Commonwealth Fund. Health reform resource center: http://www.commonwealthfund.org/interactives-and-data/health-reform-resource-center#/f:@facasubcategoriesfacet63677=[Individual%20and%20Employer%20Responsibility • American Board of Internal Medicine. QI/PI activities. Practice Assessment**:** Modules that physicians can use to assess clinical practice. 2019. http://www.abim.org/maintenance-of-certification/earning-points/practice-assessment.aspx

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice **Overall Intent:** Incorporates evidence and patient preferences into clinical practice	
Milestones	**Examples**
Level 1 *Demonstrates awareness of evidence-based practice parameters, how to access and use available evidence, and how to assess the quality of the evidence*	• Understands the basic principles of evidence-based medicine and how to apply them clinically
Level 2 *Demonstrates critical thinking of clinical situations and incorporates patient preferences and values in evidence-based care plan for routine patients*	• Identifies, analyzes, and appropriately applies a relevant research article in the appropriate use of deep vein thrombosis (DVT) prophylaxis • Elicits and applies patient preferences in follow-up plan and medication selection
Level 3 *Applies the best available evidence, integrated with patient preference, to the care of complex patients*	• Reviews the Cochrane Database to determine need for antibiotics in chronic obstructive pulmonary disease exacerbation, discusses patient wishes regarding intubation
Level 4 *Navigates conflicting evidence to guide care tailored to individualized patient*	• Reviews multiple sources of evidence for the management of post-operative pain in an alcoholic patient
Level 5 *Coaches others to critically appraise and apply evidence for the care of complex patients; and/or participates in the development of guidelines*	• Teaches others how to critically appraise the literature and apply it to patient care, develops an evidence-based local protocol in the management medical problems (DVT prophylaxis)
Assessment Models or Tools	• Direct observation • Journal club • Oral or written examinations • OSCE • Simulation
Curriculum Mapping	•
Notes or Resources	• The Journal of the American Medical Association (JAMA) Users' Guide to the Medical Literature. https://med.ubc.ca/files/2012/04/JAMA-Users-Guides-to-the-Medical-Literature.pdf • Melnyk BM, Fineout-Overholt E. *Evidence-based practice in nursing and healthcare: A guide to best practice.* 2nd ed. Philadelphia, PA: Lippincott, Williams, and Wilkins; 2011.

Practice-Based Learning and Improvement 2: Reflective Practice and Personal Growth **Overall Intent:** Using performance feedback and self-assessment in multiple domains (clinical, personal, behavioral), develops a learning plan and reflects on its effectiveness	
Milestones	**Examples**
Level 1 *Establishes personal and professional development goals and tracks own progress* *Seeks and is receptive to feedback*	• Creates goals and re-evaluates progress • Requests feedback and reacts in an open-minded manner
Level 2 *Recognizes when performance falls short of expectations and seeks feedback for improvement* *Adapts behavior based on feedback*	• Increasingly able to identify what to work on in terms of patient care; uses feedback from others • After working on wards for a week, asks attending how to better communicate with patients • Uses feedback with a goal of improving communication skills with patients the following week
Level 3 *Seeks performance data with the intention to improve; independently creates and implements a learning plan* *Accurately self-assesses strengths, weaknesses, and opportunities for improvement*	• Takes input from nursing staff, peers, and supervisors to gain complex insight into personal strengths and areas to improve • Humbly acts on input and is appreciative, not defensive • Begins to document goals in a more specific, achievable, and measurable manner • Reflects upon performance with accuracy
Level 4 *Uses performance data to measure the effectiveness of the learning plan and identifies when the plan should be modified*	• Consistently identifies ongoing gaps in learning plan and addresses these gaps; chooses areas to work on
Level 5 *Is able to coach others in the identification of gaps between knowledge and performance and formulate an improvement plan*	• Encourage other learners on the team to develop and implement their own learning plans
Assessment Models or Tools	• Direct observation • Multisource feedback • Resident interviews • Review of learning plan
Curriculum Mapping	•
Notes or Resources	• Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. *Acad Med.* 2009 Aug;84(8):1066-74. *Contains a validated questionnaire about physician lifelong learning.* • Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: practice-based learning and improvement. *Acad Pediatr.* 2014;14: S38-S54.

Professionalism 1: Professional and Ethical Behavior **Overall Intent:** Recognizes and addresses lapses in ethical and professional behavior, demonstrates ethical and professional behaviors, and uses appropriate resources for managing ethical and professional dilemmas	
Milestones	**Examples**
Level 1 *Identifies ethical decision-making skills specific to clinical work* *Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics*	• Identifies basic ethical principles (beneficence, nonmaleficence, justice, autonomy) • Discusses the basic principles underlying informed consent process, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, etc.
Level 2 *Identifies and describes potential triggers for professionalism lapses* *Applies knowledge of ethical principles*	• Recognizes potential triggers for professionalism lapses such as: feeling tired, hungry, fatigued, overwhelmed, etc. • Demonstrates professional behavior and uses ethical principles in straightforward situations
Level 3 *Demonstrates professional behavior in routine and complex situations* *Recognizes need to seek help from team members to manage and resolve complex ethical situations*	• Analyzes complex situations, such as when the resident is not at his/her personal best (due to fatigue, hunger, stress, etc.), or the system poses barriers to professional behavior (inefficient workflow, inadequate staffing, conflicting policies) • Recognizes own limitations and seeks resources to help manage and resolve complex ethical situations
Level 4 *Demonstrates professional behavior in conflictual and/or stressful situations* *Uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)*	• Analyzes situations with high stress or conflict such as when the clinical situation evokes strong emotions, conflicts (or perceived conflicts) between patients or between professional values: recommend HPV9 vaccine for adolescent at indicated age 11, parents refuse; while not high stress, this situation is often emotionally charged • Analyzes difficult real or hypothetical ethics and professionalism case scenarios or situations, recognizes own limitations, and consistently demonstrates professional behavior • Recognizes and uses appropriate resources for managing and resolving ethical dilemmas (e.g., ethics consultations, literature review, risk management/legal consultation)
Level 5 *Intervenes to prevent professional and ethical lapses in self and others*	• Monitors and responds to fatigue, hunger, stress, etc. in self and team members • Recognizes and responds effectively to the emotions of others • Actively seeks to consider the perspectives of others • Models respect for patients and expects the same from others

Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution	• Identifies and seeks to address system-wide factors or barriers to promoting a culture of ethical and professional behavior through participation in a work group, committee, or task force (e.g., ethics committee or an ethics sub-committee, risk management committee, root cause analysis review, patient safety or satisfaction committee, professionalism work group, institutional review board, fellow grievance committee, etc.)
Assessment Models or Tools	• Direct observation • Global evaluation • Multisource feedback • Oral or written self-reflection (e.g., of a personal or observed lapse, ethical dilemma, or systems-level factors) • OSCE • Simulation
Curriculum Mapping	•
Notes or Resources	• American Society of Anesthesiologist Code of Ethics Guidelines. https://www.asahq.org/~/media/sites/asahq/files/public/resources/standards-guidelines/guidelines-for-the-ethical-practice-of-anesthesiology.pdf?la=en 2018. • American Medical Association Code of Ethics. https://www.ama-assn.org/delivering-care/ama-code-medical-ethics 2019. • American Board of Internal Medicine; American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med*. 2002;136:243-246. http://abimfoundation.org/wp-content/uploads/2015/12/Medical-Professionalism-in-the-New-Millenium-A-Physician-Charter.pdf • Byyny RL, Papadakis MA, Paauw DS. Medical Professionalism Best Practices. Alpha Omega Alpha Medical Society, Menlo Park, CA. 2015. https://alphaomegaalpha.org/pdfs/2015MedicalProfessionalism.pdf • Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 1st ed. McGraw-Hill Education; 2014.

Professionalism 2: Accountability and Conscientiousness **Overall Intent:** Takes responsibility for his/her actions and the impact on patients and other members of the health care team	
Milestones	**Examples**
Level 1 *Completes tasks and assigned responsibilities, with guidance* *Arrives on time and prepared for work*	• Needs reminders to complete routine tasks in a timely manner • Is prompt and prepared each day
Level 2 *Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in routine situations* *Takes responsibility for personal actions and performance*	• Gets job done with minimal supervision in routine situations • Takes pride in work with minimal errors, does not make excuses for missed work
Level 3 *Independently completes tasks and assigned responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations* *Admits errors and proposes remediation as necessary*	• Maintains performance level with minimal supervision in complex/stressful situations • Recognizes errors and forms plans for not repeating them
Level 4 *Proactively communicates with program staff members regarding situations that may impact own ability to complete tasks and responsibilities in a timely manner*	• Anticipates own limits to performance and is able to ask for help (e.g., fatigue, workload)
Level 5 *Intervenes in situations that impact others' ability to complete tasks and responsibilities in a timely manner*	• Anticipates other's limits to performance (e.g., fatigue, workload) and is willing to step in to help
Assessment Models or Tools	• Compliance with deadlines and timelines • Direct observation • Multisource feedback • OSCE • Self-evaluations • Simulation
Curriculum Mapping	•

Notes or Resources	• Pellegrino ED. Prevention of medical error: where professional and organizational ethics meet. *Accountability: patient safety and policy reform.* Georgetown University Press, Washington, 2004;83-98. • Wachter RM. Personal accountability in healthcare: Searching for the right balance. *BMJ Qual Saf*. 2013;22(2), 176-180.

Professionalism 3: Self-Awareness and Help-Seeking **Overall Intent:** Identifies, uses, manages, improves, and seeks help for personal and professional well-being for self and others	
Milestones	**Examples**
Level 1 *Recognizes status of personal and professional well-being, with assistance* *Recognizes limits in the knowledge/skills of self, with assistance*	• Articulates individual wellness as it affects the practice of medicine, with guidance • Identifies difficulties with wellness, with guidance
Level 2 *Independently recognizes status of personal and professional well-being* *Independently recognizes limits and the knowledge/skills of self or team and demonstrates appropriate help-seeking behaviors*	• Articulates current status of well-being • Identifies sources of personal or team stress and potential barriers; seeks assistance
Level 3 *With assistance, proposes a plan to optimize personal and professional well-being* *With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team*	• With supervision, assists in developing a personal wellness action plan to address stress and burnout for self or team
Level 4 *Independently develops a plan to optimize lifelong personal and professional well-being* *Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team*	• Independently develops personal wellness action plans for continued personal growth, and limits stress and burnout for self or team
Level 5 *Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations* *Strives for self-improvement to provide the highest quality of patient care through lifelong learning and education*	• Mentors colleagues in self-awareness and establishes health management plans to limit stress and burnout
Assessment Models or Tools	• Direct observation • Institutional online training modules

	• Participation in institutional well-being programs • Resident interview • Self-assessment and personal learning plan
Curriculum Mapping	•
Notes or Resources	• Local resources, including Employee Assistance • ACGME Physician Well-Being Tools and Resources: http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources

Interpersonal and Communication Skills 1: Patient and Family-Centered Communication **Overall Intent:** Consistently able to form effective communication and rapport with patient, family and care team; is able to set expectations with patients with respect to management	
Milestones	**Examples**
Level 1 *Uses language and nonverbal behavior to demonstrate respect and establish rapport* *Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system* *Identifies the need to adjust communication strategies based on assessment of patient/family expectations*	• Self-monitors and controls tone, non-verbal responses, and language and asks questions to invite the patient's participation • Has insight into common barriers to communication, including language, disability (hearing loss), etc. • Adjusts communication plan based on initial encounter with patient and family expectation
Level 2 *Establishes a therapeutic relationship in straightforward encounters using active listening and clear language* *Identifies complex barriers to effective communication (e.g., health literacy, cultural, personal bias)* *Organizes and initiates communication with patient/family to clarify expectations*	• Establishes a developing rapport with a patient, reaching below the surface to know the patient (e.g., demonstrates patient-centeredness with active listening, attention to affect, and questions that explore the patient's personhood) • Identifies complex communication barriers (e.g., culture, religious beliefs, health literacy) in patient and family encounters • Leads an agenda-driven discussion in setting patient/family expectations of treatment course/outcomes
Level 3 *Establishes a therapeutic relationship in challenging patient encounters* *Identifies and uses available resources to ameliorate barriers in communication* *With guidance, sensitively and compassionately delivers medical information and elicits patient/family values*	• Establishes and maintains a working relationship with a challenging patient (e.g., angry, non-adherent, substance seeking, mentally challenged, etc.), family or situation; able to articulate personal challenges in the relationship, how their personal biases may impact the relationship, and strategies to use going forward • Attempts to mitigate identified communication barriers, including reflection on implicit biases (e.g., preconceived ideas about patients of certain race or weight) when prompted • With guidance can deliver information, including news of poor outcome/prognosis, in a compassionate manner
Level 4 *Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity*	• Establishes a cordial relationship with the most challenging or complex patients/families with sensitivity to their specific concerns (e.g., ability to reconcile difference in treatment choices between patient and family)

Anticipates and consistently uses resources to ameliorate barriers in communication *Independently, uses shared decision making to make a personalized care plan*	• Independently anticipates and proactively addresses communication barriers, including recognition of own implicit biases, and intuitively recognizes and controls these biases so they have less impact on a more complex physician-patient relationship • Independently delivers information, including news of poor outcome/prognosis and alters plan in a compassionate manner based on patient preferences
Level 5 *Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships* *Develops educational tools or methods to ameliorate communication barriers* *Role models shared decision making in patient/family communication, including those with a high degree of uncertainty/conflict*	• Role models and supports colleagues in self-awareness and reflection to improve rapport with patients, and demonstrates intuitive understanding of a patient's perspective; uses a contextualized approach to minimize barriers for patients and colleagues • Role models proactive self-awareness and reflection around explicit and implicit biases with a context-specific approach to mitigating communication barriers • Leads and role models shared decision making with clear recommendations to patients and families even in more complex clinical situations
Assessment Models or Tools	• Direct observation • Multisource feedback • OSCE • Self-assessment, including self-reflection exercises • Standardized patients
Curriculum Mapping	•
Notes or Resources	• Laidlaw A, Hart J. Communication skills: an essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51. *Med Teach.* 2011;33(1):6-8. • Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. *Acad Med* 2001;76:390-393. • Makoul G. The SEGUE Framework for teaching and assessing communication skills. *Patient Educ Couns* 2001;45(1):23-34. • O'Sullivan P, Chao S, Russell M, Levine S, Fabiny A. Development and implementation of an objective structured clinical examination to provide formative feedback on communication and interpersonal skills in geriatric training. *J Am Geriatr Soc* 2008;56(9):1730-5. • Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in fellows. *BMC Med Educ* 2009; 9:1. • American Academy of Hospice and Palliative Medicine: Hospice and Palliative Medicine Competencies Project. http://aahpm.org/fellowships/competencies#competencies-toolkit accessed June 6, 2017.

Interpersonal and Communication Skills 2: Interprofessional and Team Communication **Overall Intent:** Effectively communicates with the health care team, including with consultants, in both straightforward and complex situations	
Milestones	**Examples**
Level 1 *Respectfully requests a routine consultation*	• Requests a routine consult through a written order
Uses language that values all members of the health care team	• Shows respect in health care team communications through words and actions
Provides prompt, objective and honest feedback on evaluations	• Completes evaluations of others using objective, behavioral-based observations, not value judgments • Instead of using value-based terms, such as "lazy," the resident uses objective examples, such as "the attending arrived 45 minutes late for weekend rounds"
Level 2 *Clearly and concisely explains clinical scenario and rationale for consultation*	• Communicates clearly and concisely in an organized and timely manner when requesting consultations, as well as with the health care team in general
Communicates information effectively with all health care team members	• Regularly seeks feedback from team members when not routinely provided
Solicits feedback on performance as a member of the health care team	• When discussing a patient with new onset atrial fibrillation with the cardiologist on call, it is unnecessary to discuss remote surgical history in detail unless it would be relevant to the treatment of the atrial fibrillation
Level 3 *Checks own understanding of consultant recommendations*	• Verifies understanding of his/her communications within the health care team (i.e., closed loop communications, restating), and raises concerns or provides opinions and feedback when needed to others on the team
Uses active listening to adapt communication style to fit team needs	
Communicates concerns and provides feedback to peers and learners	• Inquires during a patient transition why the patient has not been made NPO for surgery scheduled the following morning.
Level 4 *Coordinates recommendations from different members of the health care team to optimize patient care*	• Offers suggestions to negotiate or resolve conflicts related to patient care among health care team members; raises concerns or provides opinions and feedback, when needed, to superiors on the team
Communicates feedback and constructive criticism to superiors	

Level 5 *Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed* *Facilitates regular health care team-based feedback in complex situations*	• Communicates with all health care team members, resolves conflicts, and provides feedback in any situation • Provides education to less experienced team members in conflict resolution
Assessment Models or Tools	• Checklists • Direct observation • Global assessment • Multi-source feedback • OSCE • Record or chart review • Simulation • Standardized patient encounters
Curriculum Mapping	•
Notes or Resources	• François, J. Tool to assess the quality of consultation and referral request letters in family medicine. *Can Fam Physician*. 2011 May;57(5), 574–575. • Fay D, Mazzone M, Douglas L, Ambuel B. A validated, behavior-based evaluation instrument for family medicine residents. *MedEdPORTAL Publications*. 2007 May; 10.15766/mep_2374-8265.622

Interpersonal and Communication Skills 3: Communication within Health Care Systems **Overall Intent:** Effectively communicates following institutional guidelines	
Milestones	**Examples**
Level 1 *Accurately records information in the patient record* *Identifies and understands the importance of safeguarding protected health information* *Documents required data in formats specified by institutional policy*	• Notes are accurate but include extraneous information • Identifies medical errors and near misses, but does not know how to use the reporting system
Level 2 *Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record* *Consistently safeguards protected health information* *Uses documentation shortcuts accurately, appropriately, and in a timely manner*	• Notes are organized and accurate but still contain extraneous information, such as all vital signs collected over the past 24 hours or irrelevant lab results • Recognizes that a communication breakdown has happened during sign-out and respectfully brings the breakdown to the attention of the chief fellow or faculty member • Unable to identify potential solutions to a system breakdown, and is unable or uncomfortable raising concerns directly with colleagues
Level 3 *Concisely reports diagnostic and therapeutic reasoning in the patient record* *Identifies breaches of protected health information and works to correct them* *Appropriately selects direct (e.g. telephone, in-person) and indirect (e.g., progress notes, text messages, pager) forms of communication based on context and as required by institutional policy*	• Documentation is accurate, organized, and concise with no extraneous information, but inconsistently contains anticipatory (if/then) guidance • Identifies an incident in which a communication breakdown occurred and offers constructive suggestions for how to improve the system; requires supervision or support to talk to a colleague about the incident
Level 4 *Communicates clearly, concisely, and in a timely manner, and in an organized written form, with anticipatory guidance*	• Notes are exemplary, but is not yet able to provide feedback to colleagues who are insufficiently documenting • Talks directly to a colleague about breakdowns in communication in order to prevent recurrence

Provides guidance and feedback to other team members on ways to safeguard protected health information *Produces written or verbal communications (e.g., patient notes, e-mail) that serve as an example for others to follow*	
Level 5 *Provides feedback to improve others' written communication* *Identifies potential systemic breaches of protected health information and works to correct them* *Identifies potential systemic gaps in communication and works to correct them*	• Teaches colleagues how to improve clinical notes, including terminology, billing compliance, conciseness, and inclusion of all required elements • Leads a task force established by the hospital QI committee to develop a plan to improve house staff hand-offs
Assessment Models or Tools	• Chart stimulated recall exercise addressing systems-based practice • Direct observation • Medical record (chart) audit • Multisource feedback
Curriculum Mapping	•
Notes or Resources	• Bierman JA, Hufmeyer KK, Liss DT, Weaver AC, Heiman HL. Promoting responsible electronic documentation: validity evidence for a checklist to assess progress notes in the electronic health record. *Teach Learn Med.* 2017 Oct-Dec;29(4):420-432. • Starmer AJ, Spector ND, Srivastava R, Allen AD, Landgrigan CP, Sectish TC. I-pass, a mnemonic to standardize verbal handoffs. *Pediatrics.* 2012 Feb;129(2):201-4

In an effort to aid programs in the transition to using the new version of the Milestones, we have mapped the original Milestones 1.0 to the new Milestones 2.0. Below we have indicated where the subcompetencies are similar between versions. These are not necessarily exact matches, but are areas that include some of the same elements. Note that not all subcompetencies map between versions. Inclusion or exclusion of any subcompetency does not change the educational value or impact on curriculum or assessment.

Milestones 1.0	Milestones 2.0
PC1: History	PC1: History
PC2: Physical Examination	PC2: Physical Examination
PC3: Differential Diagnosis and Assessment	PC3: Differential Diagnosis and Assessment
PC4: Management	PC4: Clinical Management
PC5: Urgent and Emergent Medical Conditions	PC5: Urgent and Emergent Medical Conditions
PC6: Guidelines and Preventive Care	PBLI1: Evidence-Based and Informed Practice
PC7: Procedures	MK2: Knowledge of Procedures
None	PC6: Care of Diverse Patients
MK1: Basic Science and Clinical Knowledge	PBLI1: Evidence-Based and Informed Practice
MK2: Certification Examinations	None
None	MK1: Clinical Reasoning
SBP1: Coordinates patient care within various health care delivery settings	SBP2: System Navigation for Patient-Centered Care
SBP2: Works in interdisciplinary teams to enhance patient safety and improve patient care quality	SBP1: Patient Safety and Quality Improvement ICS2: Interprofessional and Team Communication
SBP3: Practices and advocates for cost-effective, responsible care	SBP3: Physician Role in Health Care Systems
PBLI1: Self-Directed Assessment and Self-Directed Learning	PBLI2: Reflective Practice and Personal Growth
PBLI2: Locates, appraises, and assimilates evidence from valid sources	PBLI1: Evidence-Based Practice and Informed Practice
PBLI3: Implements a Quality Improvement Project	SBP1: Patient Safety and Quality Improvement
PROF1: Compassion, integrity, and respect for others	PC6: Care of Diverse Patients PROF2: Accountability and Conscientiousness
PROF2: Knowledge about, respect for, and adherences to ethical principles	PROF1: Professional and Ethical Behavior
PROF3: Accountability to patients, society, and the profession	PROF 2: Accountability and Conscientiousness PROF 3: Self-Awareness and Help-Seeking
PROF4: Personal responsibility to maintain emotional, physical, and mental health	PROF 2: Accountability and Conscientiousness PROF 3: Self-Awareness and Help-Seeking

ICS1: Communicates effectively with patients, family, and the public	ICS1: Patient- and Family-Centered Communication
ICS2: Communicates effectively with physicians, other health professionals, and health-related agencies	ICS2: Interprofessional and Team Communication
ICS3: Works effectively as a member or leader of a healthcare team or other professional group	ICS2: Interprofessional and Team Communication
ICS4: Maintains comprehensive, timely, and legible medical records	ICS3: Communication with Health Care Systems