The Dermatology Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education and

The American Board of Dermatology





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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 most milestones targeted for residency.
- **Level 4:** The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.
- **Level 5:** The resident has advanced beyond performance targets set for residency, and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Additional Notes

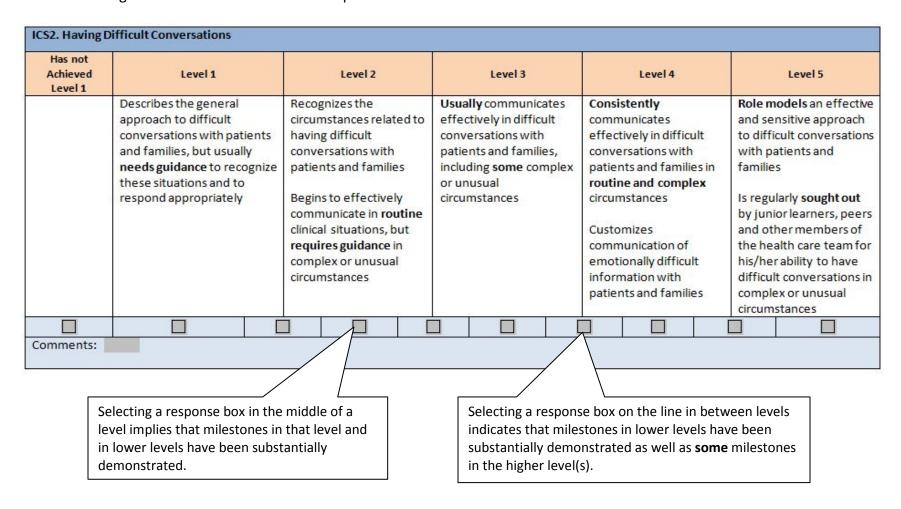
Level 4 is designed as the graduation *target* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director. (See the following NAS FAQ for educational milestones on the ACGME's NAS microsite for further discussion 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



DERMATOLOGY MILESTONES ACGME Report Worksheet

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

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

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

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

PC5. Pediatric	Treatment					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	
	Seeks to integrate age and	Occasionally integrates	Usually integrates age,	Consistently integrates	Performs at the level of	
	developmental status when	age, development	development status, and	age, development	someone with	
	managing or evaluating	status, and psychosocial	psychosocial factors into	status, and psychosocial	advanced training in	
	children	factors into care	care of common	factors into care of	pediatric dermatology	
			disorders	patients with common,	and serves as a role	
		Consistently uses		uncommon, and	model	
		weight-based dosing	Consistently uses	complex disorders		
		with guidance when	weight-based dosing			
		prescribing medications	when prescribing	Consistently counsels		
		for children	medications for children	patients and families		
				with certain disorders,		
		Consistently performs	Consistently performs	such as birthmarks and		
		simple procedures on	simple procedures on	genodermatoses		
		children with guidance	children independently			
		Seeks input on				
		medicolegal issues (e.g.,				
		prescribing to				
		unaccompanied minors,				
		child abuse)				
Comments:						

PC6. Surgical	Treatment				
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Consistently implements	Consistently able to	Consistently able to	Usually able to assess	Serves as a role model
	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	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	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,	patients for invasive cosmetic procedures, such as laser resurfacing, hair transplantation, and liposuction Consistently able to surgically treat most skin cancers by demonstrating a knowledge of relevant anatomy to guide intraoperative surgical decision-making	in performing basic and advanced procedures with consistent high quality outcomes with low complication rates Performs at the level of someone with advanced training in procedural dermatology
		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	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		

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			comp such a	Ily performs llex reconstru as flaps and g guidance					
			Mohs surger invasi proce tissue botuli	rves or assists micrographic ry and non- ive cosmetice dures, such a augmentation inum toxin inum toxin inum toxin inum, and lase	c as soft on,				
	П	П	mana	stently able to ge most dications rela ry					
Comments:								Ш	

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

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Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates	Demonstrates knowledge	Usually demonstrates	Consistently	Demonstrates mastery of
	rudimentary	of the clinical and	knowledge of the clinical	demonstrates	and teaches the clinical
	knowledge of common	laboratory	and laboratory	comprehensive	and laboratory
	skin disorders	manifestations, expected	manifestations, expected	knowledge of the clinical	manifestations, expecte
		course, and management	course and management	and laboratory	course, and managemen
		options of common	options of common,	manifestations, expected	options of common,
		medical dermatologic	uncommon, and complex	course, and management	uncommon, and comple
		disorders; distinguishes	medical dermatologic	options of common,	medical dermatologic
		most urgent from non-	disorders; identifies and	uncommon, and complex	disorders, preventive
		urgent dermatological	usually manages urgent	medical dermatologic	care, and socio-
		conditions	dermatologic conditions	disorders; identifies and	behavioral aspects of
				manages urgent	medical dermatologic
		Demonstrates	Usually demonstrates	dermatologic conditions	disorders
		rudimentary knowledge	knowledge of preventive		
		of the value of preventive	care and the socio-	Consistently recognizes	
		care and socio-behavioral	behavioral aspects of	the value of preventive	
		aspects of medical	common and complex	care and demonstrates	
		dermatologic disorders	medical dermatologic	sophisticated	
		(e.g., health care	disorders	understanding of the	
		economics and medical		socio-behavioral aspects	
		ethics)		of medical dermatologic	
				disorders	

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Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	
	Demonstrates	Demonstrates knowledge	Demonstrates knowledge	Demonstrates	Demonstrates master	
	rudimentary knowledge	of the clinical and	of clinical and laboratory	comprehensive	of and teaches the	
	of common skin	laboratory manifestations,	manifestations, expected	knowledge of clinical and	clinical and laboratory	
	disorders in pediatric	expected course, and	course, and management	laboratory	manifestations,	
	patients	management options of	options of common and	manifestations, expected	expected course, and	
		common pediatric	some complex pediatric	course, and management	management options	
		dermatologic disorders	dermatologic disorders,	options of common ,	common, uncommon	
			including neonatal	uncommon, and	and complex pediatri	
		Demonstrates	dermatoses, birthmarks	complex pediatric	dermatologic disorde	
		rudimentary knowledge	and vascular anomalies,	dermatologic disorders,	including socio-	
		about socio-behavioral	and genetic disorders	including neonatal	behavioral aspects an	
		aspects (e.g., child		dermatoses, birthmarks	the value of preventiv	
		development) and the	Usually demonstrates	and vascular anomalies,	care in pediatric	
		value of preventive care in	knowledge about socio-	and genetic disorders	dermatology	
		pediatric dermatology	behavioral aspects and			
			the value of preventive	Consistently		
			care in pediatric	demonstrates knowledge		
			dermatology	about socio-behavioral		
			0,	aspects and the value of		
				preventive care in		
				pediatric dermatology		
		<u> </u>		<u> </u>		

K3. Dermat	ologic Surgery				
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates	Demonstrates knowledge	Demonstrates knowledge	Demonstrates knowledge	Demonstrates mastery of
	knowledge of the basic	of suture material used in	of tissue biomechanics	of the methodology of	and teaches the
	concepts of antisepsis,	the skin and complex	and optimal wound	procedures such as Mohs	indications, cost-
	pharmacokinetics of	concepts of wound	closure, including the	micrographic surgery,	effectiveness, and
	local anesthesia, and	healing, including chronic	design of flaps and grafts	soft tissue augmentation,	efficient execution of all
	wound healing,	ulcers and other complex		botulinum toxin	steps in basic cutaneous
	including management	wounds	Demonstrates mastery in	injections, and laser	surgical procedures,
	of clean wounds and		identifying topical		including biopsy,
	signs of infection	Demonstrates knowledge	anatomy and relevant	Demonstrates knowledge	excision, electrosurgery,
		of topical anatomy and	underlying structures	of the methodology and	cryosurgery, vascular
	Recognizes the reasons	relevant underlying		science associated with	lasers, and simple,
	for protocol-driven	structures	Demonstrates knowledge	invasive cosmetic	intermediate or complex
	procedural safety,		of the science of device-	dermatologic	repairs, including flaps
	including universal	Recognizes potential	tissue interaction for	procedures, such as laser	and grafts
	precautions and	relevant drug reactions	commonly used tools in	resurfacing, hair	
	informed consent	and interactions related	dermatologic surgery,	transplantation, and	Demonstrates mastery of
		to dermatologic surgery	including liquid nitrogen,	liposuction	and teaches the
			electrosurgical devices,		indications and cost-
		Demonstrates knowledge	and laser physics		effectiveness of Mohs
		of relevant oral sedatives			micrographic surgery,
		or analgesics, including	Demonstrates knowledge		and performs this
		narcotics	of the concepts and		procedure at the level of
			principles of non-invasive		someone with advanced
		Recognizes the pathology	cosmetic procedures, such		training in procedural
		of skin cancer and how it	as botulinum toxin		dermatology
		impacts surgical decision	injections, soft tissue		J.
		making	augmentation, and some		Demonstrates mastery of
			light-based therapies		and teaches the

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		F	Recognizes the				appr	opriate indications
		i	ndications for pre-	and			for a	diversity of
		F	post-operative anti	biotic			cosn	netic dermatologic
		ι	use				prod	edures, and
							perf	orms these
							prod	edures at the level of
							som	eone with advanced
							trair	ning in procedural
							dern	natology
Comments:				<u>.</u>	·			

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

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

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

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

Has not Achieved Level 1	Level 1	Level 2		Level 3	Level 4	Level 5
	Articulates	Participates in discu	ssion	Leads discussion during	Consistently encourages	Consistently encourage
	understanding of the	during conferences	that	conferences that highlight	open and safe discussion	open and safe discussion
	limitations of the health	highlight systems er	rors	systems errors	of error, and begins to	of errors, and
	care system and				identify and analyze	characteristically
	potential for systems	Articulates understa	inding of	Articulates understanding	error events	identifies and analyzes
	errors	institutional risk-		of the intersection of the		error events, habitually
		management resour	ces	legal system and health		approaching medical
		available		care system in the context		errors with a system
				of medical errors		solution methodology
		Begins to identify th	e			
		social/governmenta	l services	Consistently identifies the		Actively and routinely
		necessary for vulner	able	social/governmental		engages with teams ar
		populations, includi	ng	services necessary for		processes through whi
		determination of eli	gibility	vulnerable populations,		systems are modified t
		for services and deli	very of	including determination of		prevent medical errors
		some aspects of car	e	eligibility for services and		
				delivery of some aspects of		Advocates to improve
		Begins to advocate f	or	care		patient care provided
		optimal patient care	in the			health care, social,
		setting of interdiscip	olinary	Consistently advocates for		community, and
		interactions (e.g., di	scussions	optimal patient care in the		governmental systems
		with insurance com	panies or	setting of interdisciplinary		including for vulnerabl
		care providers in oth	ner	interactions		populations
		specialties)				

BP4. Practice	es cost-conscious care (for	patients and populations)			
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Articulates awareness	Demonstrates knowledge	Articulates awareness of	Articulates an	Demonstrates the
	of health care costs	of how a patient's health	common socio-economic	awareness of current	incorporation of cost-
		care is paid for, and how	barriers that impact	debates/issues of health	awareness principles
		this affects the patient's	patient care	care financing and how	into complex clinical
		care		it will affect patients,	scenarios
			Articulates understanding	providers, third party	
		Articulates awareness of	of how cost-benefit	payers, and other	
		costs for common	analysis is applied to	stakeholders	
		diagnostic or therapeutic	patient care (i.e., via		
		tests, including the cost of	principles of screening	Identifies inherent	
		performing and	tests and the development	biases of interactions	
		interpreting skin biopsies	of clinical guidelines)	with pharmaceutical and	
				medical device	
		Considers cost of medical	Identifies the role of	industries	
		and surgical therapies, and	various health care		
		incorporates this into	stakeholders, including	Demonstrates the	
		therapy decisions and	providers, commercial and	incorporation of cost-	
		discussions with the	government payers, and	awareness principles	
		patient	pharmaceutical industry	into standard clinical	
			and medical device	judgments and decision-	
		Demonstrates awareness	companies, and their	making	
		of minimizing unnecessary	varied impact on the cost		
		care, including tests,	of and access to health		
		procedures, therapies, and	care		
		ambulatory or hospital			
		encounters	Consistently applies		
			principles of coding (ICD-		
		Usually applies principles	9/10) and reimbursement		

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		of co	ding (ICD-9/10)	and	(E&M	levels/procedure	es)		
		reim	bursement (E&N	/1	appro	priate to medica	I		
		leve	s/procedures)		record	d documentation	1		
		appr	opriate to medic	al					
		reco	rd documentatio	n	Identi	ifies and minimiz	es		
					unnec	cessary care,			
					includ	ling tests,			
					proce	dures, therapies,	and		
					ambu	latory or hospita	ı		
					encou	ınters			
Comments:				•				•	

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

synthesis and presentation of material	
within time allotted	
Comments:	

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

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 (e.g., identifies when guidelines of care were not followed, and when overor 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

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

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 (e.g., program, departmental, GME, HIPAA, use of clinical images, social media) Completes institutional confidentiality training and maintains confidentiality of protected health information Understands a physician's fiduciary obligation to patients, and consistently places patient care needs above self-interest	Treats all patients with respect and dignity, regardless of socioeconomic, racial, or ethnic background or sexual orientation Adheres to the ABD honor code and policies regarding academic honesty in preparing for and taking the annual inservice 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, 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

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		a	nd care of family member	S				
		a	nd associates, and under	what				
		С	ircumstances these are eit	ther				
		iı	nappropriate or illegal					
		R	tesponds promptly and					
		а	ppropriately to clinical					
		r	esponsibilities (e.g., timely	/				
		r	eporting for duty, complet	tion				
		О	of medical records, returni	ng				
			atient phone calls, answe					
			pages); carries out timely					
		_	nteractions with colleague	S.				
			oatients, and their designa					
		_	aregivers; promptly comp					
			linical, administrative, and					
				1				
		C	urricular tasks		<u> </u>			
Comments:								

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

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

las not chieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes the	Usually communicates	Consistently	Consistently	Role models the
	concepts of	effectively and builds rapport	communicates effectively	communicates	communication skills
	communication in the	with patients and families in	and builds rapport with	effectively and builds	necessary to build
	clinical setting, but	routine encounters, but	patients and families in	rapport with patients	rapport with patients
	usually needs	requires guidance in stressful	routine encounters,	and families in routine	and families; uses a wid
	guidance in using	encounters	occasionally requiring	and stressful encounters	range of communication
	them to build rapport		guidance in stressful		skills to optimize care in
	in encounters with	Occasionally recognizes non-	encounters	Consistently recognizes	stressful or contentious
	patients and families	verbal cues from patients and		and effectively uses non-	situations
		uses non-verbal skills to	Usually recognizes non-	verbal communication	
	Begins to demonstrate	convey empathy, but	verbal cues from patients,	skills in relating to	Coaches others to
	sensitivity to socio-	requires guidance in time-	and uses non-verbal skills	patients and families	improve communicatio
	cultural practices	pressed, complex, and	to convey empathy		skills and to work
		stressful situations		Consistently paces	effectively with
			Usually paces clinical	clinical interviews	vulnerable populations
		Speaks in easily	interviews appropriately,	appropriately	
		understandable language and	spending extra time when		Is regularly sought out
		avoids technical jargon	indicated		by junior learners, peer
		, ,			and other members of
		Actively seeks the patient's	Consistently maintains		the health care team fo
		and family's perspective;	composure in difficult		his or her ability to alla
		uses patient hand-outs	patient and family		fears and effectively
		and/or diagrams to explain	encounters		address the concerns o
		diseases and treatments			patients and families
		when appropriate	Considers patient beliefs		
		app. op. ac	in shaping the patient-		
		Counsels and provides clear	physician relationship and		
		and specific verbal and/or	therapeutic plan		

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		written instructions to	Adapts patient/family-	
		patients related to diagnostic	related information	
		tests, risks/benefits of	gathering to social and	
		treatment, treatment	cultural context	
		alternatives, and therapeutic		
		plans (including		
		prescriptions), and assesses		
		patient comprehension		
		Identifies special		
		communication needs of		
		vulnerable populations (e.g.,		
		pediatric and elderly		
		patients, persons with		
		disabilities or illiteracy,		
		immigrants, refugees,		
		veterans, prisoners);		
		appropriately uses		
		translators to facilitate		
		communication with patients		
		and families		
		B		
		Demonstrates appropriate		
		face-to-face interaction while		
		using the electronic health		
		record or completing the		
		patient health record		
Comments:				

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

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

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

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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	Consistently documents office visits, consultations, letters to referring providers, procedures,	Consistently ensures that patient records, including outpatient and inpatient consultations and	Provides some examples of the medicolegal repercussions of inappropriate medical	Serves as role model and consultant for, junior learners, peers, and other members of
	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	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	transitions of care, are promptly and accurately documented for routine and complex situations	record documentation	the health care team in patient record documentation
omments:					