The Anesthesiology Milestone Project

A Gaint Initiative of
The Accreditation Council for Graduate Medical Education and
The American Board of Anesthesiology





The Anesthesiology Milestone Project

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.

Anesthesiology Milestone Group

Chair: Deborah Culley, MD

Neal Cohen, MD, MPH, MS

Steven Hall, MD, FAAP

Catherine Kuhn, MD

Lori Lewis, EdD, RD

Linda Mason, MD

Steven P. Nestler, PhD

Rita M. Patel, MD

Scott Schartel, DO

Brian Waldschmidt, MD

Mark Warner, MD

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 the 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 these 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 anesthesiology is below:

- **Level 1:** The resident demonstrates milestones expected of a resident who has completed one post-graduate year of education in either an integrated anesthesiology program or another preliminary education year prior to entering the CA1 year in anesthesiology.
- **Level 2:** The resident demonstrates milestones expected of a resident in anesthesiology residency prior to significant experience in the subspecialties of anesthesiology.
- **Level 3:** The resident demonstrates milestones expected of a resident after having experience in the subspecialties of anesthesiology.
- **Level 4:** The resident substantially fulfills the milestones expected of an anesthesiology residency, and is ready to transition to independent practice. This level is designed as the graduation target.
- Level 5: The resident has advanced beyond performance targets defined 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 for selected milestones.

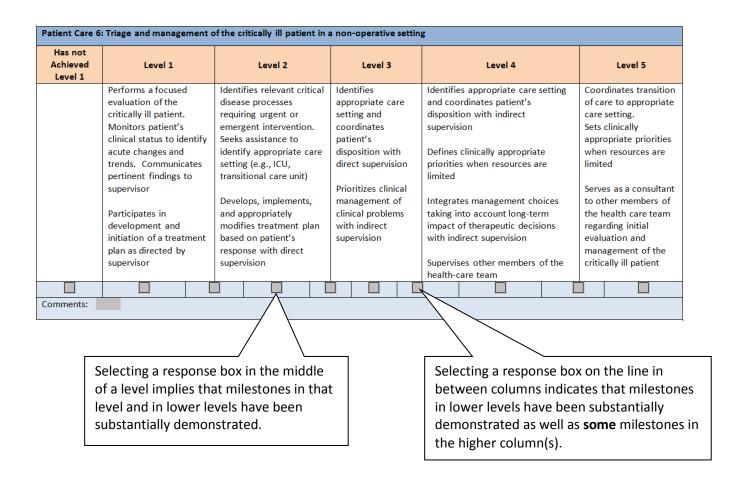
Additional Notes

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 Milestones FAQ for further discussion of this issue: "Can a resident/fellow 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 departmental and accreditation decisions.

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

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 those milestones or
- selecting the "Has not Achieved Level 1" option



ANESTHESIOLOGY MILESTONES ACGME Report Worksheet

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Performs general histories and physical examinations Identifies clinical issues relevant to anesthetic care with direct supervision Identifies the elements and process of informed consent	Identifies disease processes and medical issues relevant to anesthetic care Optimizes preparation of non-complex patients receiving anesthetic care Obtains informed consent for routine anesthetic care; discusses likely risks, benefits, and alternatives in a straightforward manner; responds appropriately to patient's or surrogate's questions; recognizes when assistance is needed	Identifies disease processes and medical or surgical issues relevant to subspecialty anesthetic care; may need guidance in identifying unusual clinical problems and their implications for anesthesia care Optimizes preparation of patients with complex problems or requiring subspecialty anesthesia care with indirect supervision Obtains appropriate informed consent tailored to subspecialty care or complicated clinical situations with indirect supervision	Performs assessment of complex or critically-ill patients without missing major issues that impact anesthesia care with conditional independence Optimizes preparation of complex or critically-ill patients with conditional independence Obtains appropriate informed consent tailored to subspecialty care or complicated clinical situations with conditional independence	Independently perform comprehensive assessment for all patients Independently serves a a consultant to other members of the health care team regarding optimal pre-anesthetic preparation Consistently ensures that informed consent comprehensive and addresses patient and family needs
			T man eet supervision		

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Formulates patient care	Formulates anesthetic plans	Formulates anesthetic	Formulates and tailors	Independently
	plans that include	for patients undergoing	plans for patients	anesthetic plans that	formulates anesthetic
	consideration of	routine procedures that	undergoing common	include consideration of	plans that include
	underlying clinical	include consideration of	subspecialty procedures	medical, anesthetic, and	consideration of
	conditions, past medical	underlying clinical	that include	surgical risk factors and	medical, anesthetic, ar
	history, and patient,	conditions, past medical	consideration of	patient preference for	surgical risk factors, as
	medical, or surgical risk	history, patient, anesthetic,	medical, anesthetic, and	patients with complex	well as patient
	factors	and surgical risk factors,	surgical risk factors, and	medical issues	preference, for comple
		and patient choice	that take into	undergoing complex	patients and procedur
	Adapts to new settings		consideration a patient's	procedures with	
	for delivery of patient	Conducts routine	anesthetic preference	conditional	Conducts complex
	care	anesthetics, including		independence	anesthetic manageme
		management of commonly	Conducts subspecialty		independently
		encountered physiologic	anesthetics with indirect	Conducts complex	
		alterations associated with	supervision, but may	anesthetics with	
		anesthetic care, with	require direct	conditional	
		indirect supervision	supervision for more	independence; may	
			complex procedures and	supervise others in the	
		Adapts to new settings for	patients	management of complex	
		delivery of anesthetic care		clinical problems	

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes and initiates management of common pain states; seeks advice for management of pain that does not respond to routine therapies	Manages uncomplicated peri-procedural pain with indirect supervision; requires direct supervision for complex pain situations	Manages complex periprocedural pain with indirect supervision; consults with a pain medicine specialist when appropriate	Manages complex periprocedural pain for all patients, including those with chronic pain, with conditional independence Recognizes the need to consult a pain medicine specialist to address complex pain management issues or co-existing chronic pain states that are not responsive to usual management strategies	Independently manages periprocedural pain states

Has not Achieved Level 1	Level 1		Level 2			Le	vel 3			Le	vel 4		Level 5
	Performs patient assessments and identifies complication associated with patien care; begins initial management of complications with dir supervision	assess comp t care; mana anest	rms post-anesther sment to identify lications of anesth begins initial gement of peri- hetic complication direct supervision	netic	peri-a comp subsp comp reque consu	anesthe dication decialty dex pati	d manage etic ns unique or medications, and propriate s with ind	to ally	man anes com cond	thetic	all peri c ions w	and ma	ndently identifies anages all peri- etic complications

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes acutely ill or medically deteriorating patients; initiates basic medical care for common acute events; calls for help appropriately	Constructs prioritized differential diagnoses that include the most likely etiologies for acute clinical deterioration; initiates treatment with indirect supervision and seeks direct supervision appropriately	Identifies and manages clinical crises with indirect supervision; may require direct supervision in complex situations	Identifies and manages clinical crises appropriately with conditional independence; assumes increasing responsibility for leadership of crisis response team	Coordinates crisis team response

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Performs a focused	Identifies relevant critical	Identifies appropriate care	Identifies appropriate care	Coordinates transition
	evaluation of the	disease processes	setting and coordinates	setting and coordinates	of care to appropriate
	critically-ill patient;	requiring urgent or	patient's disposition with	patient's disposition with	care setting; sets
	monitors patient's	emergent intervention;	direct supervision	indirect supervision	clinically appropriate
	clinical status to identify	seeks assistance to			priorities when
	acute changes and	identify appropriate care	Prioritizes clinical	Defines clinically	resources are limited
	trends; communicates	setting (e.g., ICU,	management of clinical	appropriate priorities when	
	pertinent findings to	transitional care unit)	problems with indirect	resources are limited	Serves as a consultant
	supervisor		supervision		to other members of
		Develops, implements,		Integrates management	the health care team
	Participates in	and appropriately		choices taking into account	regarding initial
	development and	modifies treatment plan		long-term impact of	evaluation and
	initiation of a treatment	based on patient's		therapeutic decisions with	management of the
	plan as directed by	response with direct		indirect supervision	critically-ill patient
	supervisor	supervision			
				Supervises other members	
				of the health care team	

Has not Achieved Level 1	Level 1	Level 2		Level 3		Level 4	Level 5
	Performs targeted history and physical examination for patients with pain, including the use of common pain scales Initiates non- interventional, routine therapy for common pain problems with indirect supervision	Diagnoses common acute and chronic pain syndromes; evaluates efficacy of current medication regiment Implements noninterventional pain treatment plans with indirect supervision Performs simple interventional pain procedures (e.g., trigge point injections, scar injections, lumbar interlaminar epidural steroid injection [ESI], intravenous [IV] region blocks) with direct supervision Identifies structures seen on ultrasound and basic fluoroscopy	dia chi ide dia Pa pro ESI blo accur rel sul Pro for ad me wir use flu	rmulates differential agnoses of acute and ronic pain syndromes; entifies appropriate agnostic evaluation rticipates in complex ocedures (e.g., thoracid, medial branch ocks, radiofrequency ocedures, sympathetic ocks) for alleviating ute, chronic, or cancerated pain, under direct pervision escribes initial therapy pain medication, and justs ongoing edication regimens th indirect supervision; es ultrasound and oroscopy with direct pervision	ac jul he co Cc an re m ap	cts as consultant for cute pain management to inior residents and other ealth care providers with conditional independence consults with non-nesthesiologist specialists egarding pain nanagement as oppropriate ecognizes treatment illures and obtains oppropriate consultations, including with a pain nedicine specialist	Participates in coordination of care for patients with complex pain problems Serves as a consultant to other members of the health care team regarding initial evaluation and management of the patient with acute, chronic, or cancerrelated pain
					\Box		

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes airway patency and adequacy of ventilation based on clinical assessment Positions patient for airway management; places oral and nasal airways; performs bag- valve-mask ventilation	Applies knowledge of the American Society of Anesthesiologist (ASA) difficult airway algorithm to prepare equipment and supplies for airway management Performs basic airway management in patients with normal airways, including endotracheal intubation, supraglottic airways, and videolaryngoscopy Recognizes need for assistance and/or equipment and seeks help	Prepares appropriate equipment and supplies for management of difficult airways, including cricothyroidotomy Performs advanced airway management techniques, including awake intubations, fiberoptic intubations, and lung isolation techniques	Identifies and corrects problems and complications associated with airway management (e.g., hypoxemia during one-lung ventilation, airway hemorrhage) with conditional independence Manages all airways, including under special situations (e.g., trauma, patients with tracheostomies, loss of airway), with conditional independence	Independently assesses and manages the airwar for all clinical situations utilizing appropriate advanced airway techniques, including cricothyroidotomy Independently supervises and provides consultation to other members of the health care team for airway management

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates the correct use of standard monitoring devices, including blood pressure (BP) cuff, electrocardiogram (ECG), pulse oximeter, and temperature monitors Interprets data from standard monitoring devices, including recognition of artifacts	Performs pre-anesthetic equipment and machine checks Inserts arterial and central venous catheters with direct supervision Demonstrates use of ultrasound for placement of invasive catheters Interprets data from arterial and central venous catheters Recognizes and appropriately troubleshoots malfunctions of standard ASA monitoring equipment and anesthesia machines	Inserts arterial catheters with conditional independence and central venous catheters with indirect supervision Performs advanced monitoring techniques for assessing cardiac function (e.g., pulmonary artery catheterization, transesophageal echocardiography) with direct supervision Applies data from advanced monitoring devices (e.g., electroencephalogram [EEG], motor evoked potentials [MEPs], somatosensory evoked potentials [SSEPs], fetal monitors) with indirect supervision Recognizes and appropriately troubleshoots malfunctions of advanced	Obtains vascular access in complex or difficult situations with conditional independence Performs advanced monitoring techniques for assessing cardiac function (e.g., pulmonary artery catheterization, transesophageal echocardiography) with indirect supervision Supervises other members of the health care team in the placement and interpretation of monitoring techniques Recognizes equipment malfunctions and troubleshoots appropriately	Independently select and uses basic and advanced monitoring techniques
			monitoring equipment		

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates sterile technique Administers infiltrative local anesthetics for procedures under direct supervision Identifies physiologic changes associated with local anesthesia administration and seeks help appropriately	Applies appropriate monitors and prepares resuscitative equipment prior to performing regional anesthesia procedures Performs spinal and epidural anesthesia under direct supervision Recognizes problems or complications associated with regional anesthesia, and manages them with direct supervision	Performs peripheral nerve blocks and regional anesthesia under direct supervision, including both upper and lower extremity blocks and thoracic epidurals Uses ultrasound or nerve stimulator guided techniques appropriately Performs common pediatric regional anesthetics (e.g., caudal blockade) with direct supervision Recognizes problems or complications associated with regional anesthesia and manages them with indirect supervision	Performs spinal, epidural, and peripheral nerve blocks with conditional independence Supervises junior residents in performing regional anesthetics and other health care providers on issues related to regional anesthesia Manages problems or complications associated with regional anesthesia with conditional independence	Independently perform peripheral and neuraxi regional anesthesia techniques Independently manage problems or complications associated with regions anesthesia

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates knowledge of the etiology, pathophysiology, diagnosis, and treatment of common medical and surgical problems Has passed Steps 1 and 2 of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX)	Achieves satisfactory Medical Knowledge rating by the Clinical Competence Committee (CCC) related to the anesthetic care of healthy patients undergoing routine procedures Achieves a program- defined score on the In- Training Examination administered by the American Board of Anesthesiology (ABA) or American Osteopathic Board of Anesthesiology (AOBA) Has passed all steps of USMLE or COMLEX	Achieves satisfactory Medical Knowledge rating by the CCC related to the anesthetic care of subspecialty or medically-complex patients Achieves a program- defined score on the In- Training Examination administered by the ABA or AOBA	Achieves satisfactory Medical Knowledge rating by the CCC related to anesthetic care of all patients Achieves a program- defined score on the In- Training Examination administered by the ABA of AOBA Becomes a candidate for the Advanced Examination by the ABA or for the Written Examination for the AOBA	Participates in Maintenance of Certification

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Identifies the roles of patients, families, health care providers, and systems in health care delivery and outcome	Prioritizes multiple patient care activities with indirect supervision for routine procedures Uses system resources to	Prioritizes multiple patient care activities with indirect supervision for patients undergoing common subspecialty procedures	Manages multiple patient care activities with conditional independence Uses system resources	Effectively coordinates the management of multiple patient care activities
	Identifies priorities when caring for multiple patients Coordinates the care of an individual patient within the health care system effectively and safely	facilitate cost-effective and safe non-subspecialty anesthesia care	Uses system resources to facilitate cost-effective and safe subspecialty anesthesia care	to facilitate and optimize cost-effective and safe longitudinal perioperative care	

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes common causes of errors Describes team-based actions and techniques designed to enhance patient safety Participates in established institutional safety initiatives Follows institutional safety policies, including reporting of problematic behaviors or processes, errors, near misses, and complications Incorporates national standards and guidelines into patient care	Uses the safety features of medical devices Participates in team-based actions designed to enhance patient safety, (e.g., briefings, closed-loop communication) Identifies problems in the quality of health care delivery within one's institution and brings this to the attention of supervisors Incorporates anesthesiology-specific national standards and guidelines into patient care	Describes and participates in systems and procedures that promote patient safety Identifies departmental and or institutional opportunities to improve quality of care Participates in quality improvement activities as a member of an interprofessional team to improve patient outcomes Takes patient preferences into consideration while promoting cost-effective patient care that improves outcomes	Applies advanced team techniques designed to enhance patient safety (e.g., 'assertiveness') Participates in formal analysis (e.g., root cause analysis, failure mode effects analysis) of medical error and sentinel events with direct supervision Identifies opportunities in the continuum of care to improve patient outcome and reduce costs	Leads multidisciplinary teams (e.g., human factor engineers, social scientists) to address patient safety issues Provides consultation to organizations to improve personal and patient safety Proactively participates in educational sessions prior to using new advanced medical devices for patient care Defines and constructs process and outcome measures, and leads quality improvement projects Effectively addresses areas in anesthesiology practice that pose
					potential dangers to patients

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Has knowledge that patient safety issues exist in medicine and that they should be prevented (e.g., drug errors, wrong site surgery)	Identifies impact of one's decisions on patient outcomes Identifies patient safety issues within one's practice, and develops a quality improvement plan to address deficiencies with direct supervision	Identifies patient safety issues within one's practice, and participates in quality improvement plans to address them	Carries out most steps of a quality improvement project	Routinely carries out all steps of quality improvement projects to enhance patient safety

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Identifies critical	Identifies adverse events	Identifies adverse events	Analyzes personal practices	Uses comparative
	incidents or	and near misses, and	and near misses related	to determine potential risk	benchmark data about
	potentially harmful	analyzes personal practice	to subspecialty rotations,	of adverse outcomes and	outcomes and clinical
	events pertaining to	to determine the reason	and modifies personal	develops strategies to	practice patterns within
	one's patients, and	they occurred	practice to minimize	reduce likelihood of	the department, facility
	brings them to the		likelihood of recurrence	recurrence	or health system to
	attention of the	Modifies personal practice	of adverse events related		analyze performance o
	supervisor	to minimize likelihood of	to sub-specialty	Prospectively assesses	self and group
		recurrence of adverse	anesthesia care	clinical practices and	
		events related to routine		identifies alternative	
		anesthesia care	Compares personal	approaches to clinical	
			performance and patient	management to minimize	
		With support from faculty	outcomes to accepted	likelihood of adverse	
		members, compares	standards and	events based on currently	
		personal performance and	comparative data, and	published data, and	
		outcomes to those of peers	uses data to improve	comparison of personal	
			practice	practice to peers and	
		Uses multi-source (peer,		supervisors	
		faculty member, nurses,			
		other) feedback to improve		Uses multi-source feedback	
		practice with faculty		to independently improve	
		member guidance		practice	

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Completes assigned	Reviews the literature and	Differentiates evidence-	Incorporates evidence-	Refines clinical practice
	readings and	information relevant to	based information from	based medicine practices	based on evolving medica
	prescribed learning activities	specific clinical assignments	non-evidence-based resources to address	into patient management	evidence
		Periodically modifies	specific patient	Takes responsibility for	Continually analyzes
	Uses clinical opportunities to direct	learning plan based on analysis of multi-source	management needs	integrating past experience, multiple	personal practice to focus self-directed lifelong
	self-learning	feedback, quality data, examination performance,	Incorporates experiences from subspecialty	learning activities, and self-reflection to direct	learning
	Develops a learning plan relevant to clinical practice	and self-reflection with program guidance	rotations to modify learning plan	lifelong learning independently	

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Discusses medical plans and responds to questions from patients and their families Acknowledges limits and seeks assistance from supervisor	Explains anesthetic care to patients and their families Teaches basic anesthesia concepts to students and other health care professionals	Effectively explains subspecialty anesthetic care to patients and their families Teaches anesthesia concepts to students and other residents	Explains anesthesia care and risk to patients and their families with conditional independence Teaches anesthesia concepts, including subspecialty care, to students, other residents, and other health professionals	Serves as an expert on anesthesiology to patients, their families, and other health care professionals, (locally or nationally) Participates in community education about anesthesiology

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Acts responsibly and reliably with commitment to patient care as expected for level of experience Completes most assigned clinical tasks on time, but may occasionally require direct supervision Recognizes a patient's right to confidentiality, privacy, and autonomy, and treats patients and their families with compassion and respect Seeks assistance appropriate to the needs of the clinical situation while taking into consideration one's own experience and knowledge Displays sensitivity and respect for the needs of diverse patient populations and challenges associated with limited access to health care	Completes routine tasks reliably in uncomplicated circumstances with indirect supervision Identifies issues of importance to diverse patient populations and how limited resources may impact patient care and resource allocation	Completes tasks reliably in complex clinical situations or unfamiliar environments, utilizing available resources, with indirect supervision Identifies options to address issues of importance to diverse patient populations, and creates strategies to provide care when patient access or resources are limited	Completes all work assignments reliably and supports other providers to ensure patient care is optimized; supervises and advises junior residents on time and task management with conditional independence	Manages the health care teat to ensure patient care is the first priority while considering the needs of team members. Completes all work assignments reliably, and independently supports other providers to ensure patient care is optimized. Demonstrates leadership in managing multiple competing tasks. Manages the health care teat in a manner that is respectful of patient confidentiality, privacy, and autonomy, and ensures that patients and the families are treated with compassion and respect. Demonstrates mentorship are role modeling regarding responsibilities to diverse patient populations and optimizing patient care when
					resources are limited

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Is truthful in all forms of communication Addresses ethical issues relevant to entry-level rotations with direct supervision Takes responsibility for the care they provide and seeks help appropriately	Addresses ethical issues common to anesthesiology with direct supervision (e.g., Jehovah's Witnesses)	Addresses ethical issues in complex and challenging circumstances, including in the subspecialties of anesthesiology, with indirect supervision	Develops a systematic approach to managing ethical dilemmas in clinical care settings with conditional independence	Serves as a role model and mentors others about bioethical principles; works within the team setting to develop a systematic approach to managing ethical dilemmas

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Complies with institutional policies and regulations, including work schedule rules	Acts as a reliable team member, recognizing the impact of one's own work responsibilities on the institution and on one's colleagues Volunteers to assist colleagues, when appropriate, to cover illnesses/absences in order to ensure quality patient care Completes requested evaluations (e.g., faculty member, program, peers, ACGME Resident Survey) in a timely manner	Serves as a resource and counselor to medical students regarding their professional choices and behaviors	Serves as a resource and counselor to junior residents regarding their professional choices and behaviors	Models responsibility and accountability in one's professional choices and behaviors

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Accepts constructive feedback, but occasionally demonstrates resistance to feedback while providing patient care	Provides constructive feedback in a tactful and supportive way to medical students to enhance patient care Accepts feedback from faculty members and incorporates suggestions into practice	Consistently seeks feedback, correlates it with self-reflection, and incorporates it into lifelong learning to enhance patient care Seeks out feedback from faculty members and other members of the care team	Provides constructive feedback in a tactful and supportive way to physician and non-physician members of the patient care team to enhance patient care	Effectively provides feedback in challenging situations (e.g. when there is resistance, there are adverse outcomes, or an experienced practitioner is involved)

Has not Ichieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates basic professional responsibilities, such as reporting for work rested and prepared, with appropriate professional attire and grooming Demonstrates knowledge of basic requirements related to fatigue management, sleep deprivation, and principles of physician well-being Recognizes the need to balance patient, personal, institutional, and societal needs when providing health care Complies with training on physician impairment Identifies departmental and institutional resources available for assistance with concerns about an impaired health care provider	Complies with requirements to assist with preservation of health and mitigation of fatigue (e.g., work hours rules) Demonstrates the ability to balance personal, institutional, and societal goals with professional responsibilities Complies with systems intended to prevent physician impairment, (e.g., controlled substance policies)	Reports concerns about the health or well-being of colleagues to a more experienced individual	Reinforces to junior colleagues the importance of compliance with systems to prevent impairment	Serves as a resource for the development of organizational policies a procedures regarding professional responsibilities Serves as a resource for the development of institutional policies on work-life balance Serves as a resource for the development of organizational policies a procedures for impaired physicians Assists with or leads management of suspect impaired colleagues Serves as monitor/resource for colleagues returning fro treatment for impairment
	provider				

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates empathy for	Ensures that	Communicates	Communicates	Consistently ensures
	patients and their families	communication of information requiring the	challenging information and	challenging information and addresses complex	effective communication and resolution of concer
	Communicates routine	assistance of another	addresses complex	circumstances with	occurs with patients
	information in straight	individual occurs in a	circumstances with	conditional	and/or families
	forward circumstances	timely and effective	indirect supervision	independence	
	with indirect supervision	manner			Independently negotiate
			Consults appropriate	Consults appropriate	and manages patient an
	Recognizes situations	Negotiates simple patient	institutional resources	institutional resources	family conflicts in all
	where communication of	and family conflicts	with indirect	with conditional	situations
	information requires the		supervision	independence	
	assistance of another	Participates in root cause			Independently discloses
	individual and asks for help	analysis for issues	Negotiates and	Negotiates and manages	medical errors or medic
		regarding patients for	manages patient and	patient and family	complications
	Identifies situations where	whom he or she has	family conflicts in	conflicts in complex	
	patient and family conflicts	provided care	complex situations	situations, including end-	
	exist and appropriately		(e.g., psychiatric	of-life issues, with	
	seeks assistance with	Discloses medical errors	issues, blood	conditional	
	resolution	or complications	transfusions, cultural	independence	
		independently as allowed	factors) with indirect		
	Discloses medical errors or	by their institution, if not	supervision		
	complications with direct	allowed by their			
	supervision	institution demonstrates			
		the ability to disclose			
	Recognizes that	medical errors or			
	institutional resources are	complications			
	available to assist with	independently, e.g.			
	disclosure of medical errors	simulation patient			
		experiences			
		J L L			

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Communicates effectively and with respect for the skills and contributions of other members of the health care team Identifies interpersonal conflicts and ineffective communication with other members of the health care team, and participates in their resolution as appropriate to level of education Communicates patient status to supervisors and other providers effectively, including during hand-offs and transitions of patient care Provides legible, accurate, complete, and timely documentation in written and electronic forms Respects patient privacy in all environments Identifies and discloses medical errors or complications to the	Identifies institutional resources to assist in conflict resolution Effectively communicates relevant patient issues during transitions or transfers of care Uses the medical record to document medical decision making and facilitate patient care Documentation is clear and concise, addressing key issues relevant to the care of the patient	Adapts communication to the unique circumstances, such as crisis management and subspecialty anesthesia care Uses institutional resources to assist in conflict resolution	Communicates effectively in crises and contentious situations Participates in conflict resolution with conditional independence	Mentors other members of the healt care team to improve communication skills Effectively manages conflict in all situation
	healthcare team				

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes and respects the expertise of other members of the health care team Functions effectively as a member of the health care team	Identifies the care team member with appropriate expertise to address a clinical issue Participates actively in team-based conferences or meetings related to patient care	Coordinates team- based care in routine circumstances	Demonstrates leadership skills in relationships with members of the anesthesia and other patient care teams Facilitates team-based conferences or meetings related to patient care	Effectively contributes to and leads team-based decision making and clinical care Participates in and provides leadership in the practice of team-based care