The Ophthalmology Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Ophthalmology

ACGME

December 2015

The Ophthalmology 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.

<u>Ophthalmology Milestone Group</u>

Chair: Anthony Arnold, MD

Maria Aaron, MD

James Dunn Jr., MD

Karl Golnik, MD, MEd

Richard Harper, MD

Paul Langer, MD

Andrew Lee, MD

Patricia Levenberg, PhD

Steven P. Nestler, PhD

James C. Orcutt, MD

John Pitcher, MD

Alfredo Sadun, MD, PhD

R. Michael Siatkowski, MD

Tara Uhler, MD

Nicholas Volpe, 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 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 the 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 p. v below.) A general interpretation of levels for the Ophthalmology Milestones is below:

Level 1: The resident demonstrates milestones expected of a resident who has had some education in ophthalmology.

Level 2: The resident is advancing and demonstrating additional milestones.

Level 3: The resident continues to advance and is demonstrating additional milestones; the resident consistently demonstrates the majority of milestones targeted for residency.

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

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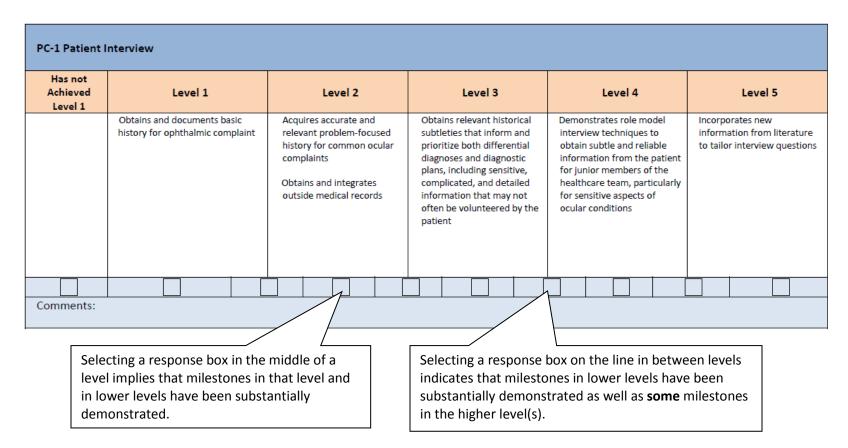
Additional Notes

Level 4 is designed as the graduation *target* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (see the FAQ "Can a resident graduate if he or she does not reach every milestone?" in the Frequently Asked Questions document posted on the Next Accreditation System section of the ACGME website for further discussion of this issue). 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.

An Appendix that describes milestones for specific patient examination skills and office diagnostic, non-operating room, and operating room procedures related to PC2, PC3, PC6, and PC7 is also available, and can be found on the ACGME's Milestones web page, as well as on the Review Committee web page. Evidence that a resident demonstrates milestones for these skills and procedures should be used by the program's Clinical Competency Committee as the basis for reporting semi-annually on a resident's performance level on PC2, P3, PC6, and PC7.

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestones 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

PC-1 Patient Interview

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Obtains and documents basic history for ophthalmic complaint	Acquires accurate and relevant problem-focused history for common ocular complaints Obtains and integrates outside medical records	Obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient	Demonstrates role model interview techniques to obtain subtle and reliable information from the patient for junior members of the healthcare team, particularly for sensitive aspects of ocular conditions	Incorporates new information from literature to tailor interview questions

Comments:

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

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

Special Note for PC2, PC3, PC6, PC7: These sets of Milestones require synthesizing assessments of performance across a number of specific skills or procedures. When selecting a level of performance for a resident on these sets of Milestones and the resident is at different levels for different skills or procedures, *the level selected should reflect the level where the majority of skills or procedures were rated*. The level selected could be between Milestones levels, as allowed by the milestones report.

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OPHTHALMOLOGY MILESTONES
ACGME Report Worksheet

PATIENT CARE AND PROCEDURAL SKILLS

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

PC-1. Patient Interview					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Obtains and documents basic history for ophthalmic complaint	Acquires accurate and relevant problem-focused history for common ocular complaints Obtains and integrates outside medical records	Obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient	Demonstrates, for junior members of the health care team, role model interview techniques to obtain subtle and reliable information from the patient, particularly for sensitive aspects of ocular conditions	Incorporates new information from literature to tailor interview questions
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, the Ophthalmic Clinical Evaluation Exercise (OCEX), chart audit/review, chart-stimulated recall, objective structured clinical examination (OSCE)

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PC-2. Patient Examination (Use the Appendix and see Special Note on page v.)					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes components of complete ophthalmic examination Performs the basic parts of a screening or bedside eye examination without special equipment	Performs and documents a complete ophthalmic examination targeted to a patient's ocular complaints and medical condition Distinguishes between normal and abnormal findings	Performs problem-focused exam and documents pertinent positive and negative findings Consistently identifies common abnormalities; may identify subtle findings	Identifies subtle or uncommon findings of common disorders and typical or common findings of rarer disorders	Incorporates into clinical practice new literature about exam techniques
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, chart audit/review, chart-stimulated recall, OSCE, focused skills assessment, simulation

PC-3. Office Diagnostic Procedures (Use the Appendix and see Special Note on page v.)										
Has not Achieved Level 1	**Level 1**		**Level 2**		**Level 3**		**Level 4**		**Level 5**	
	Describes role of office diagnostic procedures in diagnosis of ophthalmic disease		Selects and/or performs appropriate routine diagnostic tests and imaging procedures based on a patient's ocular complaints and medical condition		Interprets routine findings; recognizes indications for advanced diagnostic tests and imaging procedures		Interprets unusual findings, identifies artifacts; employs routine and advanced diagnostic tests and imaging procedures according to evidence-based medicine		Performs and interprets findings at subspecialty level	
☐		☐		☐	☐		☐	☐		☐	☐		☐	☐		☐
Comments:										

Assessment Tools: 360-degree global evaluation, OCEX, chart-stimulated recall, focused skills assessment, simulation, oral/written examination, portfolio

PC-4. Disease Diagnosis					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes basic clinical features of common ophthalmic disorders, (e.g., red eye, glaucoma, cataract, diabetic retinopathy)	Recalls and presents clinical facts of the history and basic eye exam without higher level of synthesis, and generates at least one item of the differential diagnosis for common ophthalmologic disorders	Abstracts and reorganizes elicited clinical findings Prioritizes potential causes of patient complaint; compares and contrasts diagnoses under consideration Generates more focused differential diagnosis and organized final assessment	Organizes clinical facts in a hierarchical level of importance; identifies discriminating features between similar patients Generates focused differential and evaluation strategy to finalize diagnosis Verifies diagnostic assessments of junior members of health care team	Incorporates most current literature findings in formulation of differential diagnoses
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

Assessment Tools: 360 degree global evaluation, OCEX, chart audit/review, chart-stimulated recall, OSCE, oral/written examination, portfolio

PC-5. Non-surgical Therapy

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes basic concepts of ophthalmic pharmacotherapy (e.g., most common topical diagnostic and therapeutic agents)	Describes categories of medications (e.g., lubricant, antibiotic, anti-inflammatory, anesthetic); describes basic pharmacology of drug therapy and broad indications/contraindications for medical therapy of common ophthalmic conditions; describes routes of drug administration (e.g., topical, oral, periocular, intravenous) and dosing regimens	Initiates therapy with medication for common ophthalmic diseases; monitors for adverse drug reactions and interactions Describes indications for oral and intravenous therapy; recognizes possible racial, gender, and genomic differences in outcomes of medical therapy Demonstrates ability to use electronic prescribing; demonstrates competence in periocular injections	Manages and individualizes medical therapy for more complex ophthalmic conditions Recognizes indications for alternative therapies, including surgical intervention; integrates environmental/behavioral factors Manages complications Considers non-medical factors, such as cost, convenience, and ability to receive medication Demonstrates competence in intravitreal injections	Adopts new therapies based on continuing medical education (CME) and literature review; identifies gaps in care and process for improvement
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

Assessment Tools: 360-degree global evaluation, OCEX, chart audit/review, chart-stimulated recall, OSCE, oral/written examination, portfolio

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PC-6. Non-Operating Room (OR) Surgery (Use the Appendix and see Special Note on page v.)					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes essential components of care related to non-OR surgery (e.g., informed consent, indications and contraindications for surgery, pertinent anatomy, anesthetic and operative technique, potential intra- and post-operative complications)	For each procedure: 1. Lists indications and describes relevant anatomy and pathophysiology of disorder 2. Identifies findings that are indicators for the procedure and potential post-operative complications 3. Describes anesthetic and surgical technique, mechanism of effect, and specific instruments required 4. Performs directed pre-operative assessment; administers anesthesia and performs procedure with direct supervision; provides appropriate post-operative care	Administers anesthesia and performs procedure with indirect supervision Recognizes intra- and post-operative complications	Administers anesthesia and performs procedure with oversight supervision Manages intra- and post-operative complications	Reviews individual outcome and process measures, and participates in practice improvement
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, chart audit/review, chart-stimulated recall, oral/written examination, portfolio, case logs

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PC-7. OR Surgery (Use the Appendix and see Special Note on page v.)					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes essential components of care related to OR surgery (e.g., informed consent, indications and contraindications for surgery, pertinent anatomy, anesthetic and operative technique, potential intra- and post-operative complications)	For each specified procedure: 1. Lists indications for procedure selection; describes relevant anatomy and instrumentation for procedures, including calibration and operation of the microscope; describes necessary post-operative care 2. Identifies common intra- and post-operative complications, and performs post-operative care managing common complications 3. Prepares and drapes for extra-ocular and intra-ocular procedures 4. Describes methods for regional and general anesthesia 5. Performs portions of selected Level 2 procedures	Obtains informed consent and performs specified Level 3 procedures Identifies and manages less common intra- and post-operative complications	Obtains informed consent and performs specified Level 4 procedures Identifies and manages uncommon intra- and post-operative complications	Reviews individual outcome and process measures, and participates in practice improvement
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

Comments:

Assessment Tools: 360-degree global evaluation, OCEX, chart audit/review, chart-stimulated recall, oral/written examination, portfolio, Observational Skill-based Clinical Assessment tool for Resuscitation (OSCAR), focused skills assessment (ESSAT), case logs, Outcome and Assessment Information Set (OASIS), Global Rating Assessment of Skills in Intraocular Surgery (GRASIS), OR Surgical Skills assessment, video review

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PC-8. Consultation					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes the role of ophthalmology consultation in systemic disease	Provides specific, responsive ophthalmologic consultation to other medical specialties Recognizes urgent versus non-urgent ophthalmic consultation Examines inpatient at bedside, including visual acuity and field, portable slit lamp exam (+ fluorescein stain), intraocular pressure (IOP) measurement, ophthalmoscopy Communicates findings (written and oral) to consulting service	Recognizes ophthalmic emergencies and immediate, necessary interventions Provides appropriate differential diagnosis and initiates non-surgical treatment plan Orders ancillary testing; requests ophthalmic subspecialty involvement when indicated Maintains continuing communication with other involved medical specialists	Identifies consultations requiring surgical intervention, including procedural options and timing Interprets ancillary tests, and formulates and initiates treatment plan independently Coordinates treatment plan with multiple specialties	Participates in ophthalmic subspecialty consultation when indicated
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, chart audit/review, chart-stimulated recall, OSCE, oral/written examination, portfolio

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MEDICAL KNOWLEDGE

Residents must demonstrate knowledge of established and evolving clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate level-appropriate knowledge in the following core domains: General Medicine; Fundamentals and Principles of Ophthalmology; Optics and Refraction; Ophthalmic Pathology and Intraocular Tumors; Neuro-Ophthalmology; Pediatric Ophthalmology and Strabismus; Orbit, Eyelids, and Lacrimal System; Cornea, External Disease, and Anterior Segment Trauma; Lens and Cataract; Refractive Management and Intervention; Intraocular Inflammation and Uveitis; Glaucoma; Retina/Vitreous

MK-1. Demonstrate level-appropriate knowledge					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Articulates knowledge of pathophysiology, clinical findings, and therapy for ophthalmic conditions routinely managed by non-ophthalmologists	Demonstrates basic knowledge of pathophysiology, clinical findings, and therapy for common ophthalmic conditions routinely managed by ophthalmologists	Demonstrates advanced knowledge of pathophysiology, clinical findings, and therapy for commonly encountered ophthalmic conditions and demonstrates basic knowledge of pathophysiology, clinical findings, and therapy for less commonly encountered conditions	Demonstrates advanced knowledge of pathophysiology, clinical findings, and therapy for less commonly encountered ophthalmic conditions	Educates junior residents and medical students and contributes to the body of knowledge for pathophysiology, clinical findings, and therapy for ophthalmic conditions
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Comments:					

Assessment Tools: OKAP Exams

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MK-2. Demonstrate level-appropriate knowledge applied to patient management					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates level-appropriate knowledge for patient management on ophthalmology rotation	Demonstrates level-appropriate knowledge for patient management on PGY-2 rotations	Demonstrates level-appropriate knowledge for patient management on PGY-3 rotations	Demonstrates level-appropriate knowledge for patient management on PGY-4 rotations	Demonstrates post-residency-level knowledge for patient management on PGY-4 rotations
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: Post-rotation written/oral exams

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SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

SBP-1. Work effectively and coordinate patient care in various health care delivery systems					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes basic levels of systems of care (self-management to societal)	Describes systems of care within residency program Demonstrates awareness of need for safe transitions of care; lists potential impediments to safe and efficient transitions of care within and between systems	Identifies impediments to safe and efficient transitions of care within and between systems Manages routine transitions safely	Proposes solutions to impediments to safe and efficient transitions of care within and between systems Manages complex transitions of care within and between systems Demonstrates leadership potential for systems changes	Leads systems change at micro and macro levels
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, portfolio, chart review

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SBP-2. Incorporate cost-effectiveness, risk/benefit analysis, and IT to promote safe and effective patient care					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes scenarios in which physician may affect cost-effectiveness in patient care Explains the role of the Electronic Health Record (EHR) in prevention of medical errors	Describes scenarios in which ophthalmologist may affect cost-effectiveness in patient care Describes specific cost options for most frequently ordered tests and medications Utilizes EHR, where available, to order tests and reconcile medications for patients Uses information systems for patient care, including literature review	Often practices cost-effective care	Consistently practices cost-effective care Applies risk-benefit analyses in ophthalmic care Contributes to reduction of risks of automation and computerized systems by reporting system problems	Advocates for cost-effective care and use of risk-benefit analyses within health care system Recommends systems re-design for faulty processes

Comments:

Assessment Tools: 360-degree global evaluation, OCEX, portfolio, chart review

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SBP-3: Work in inter-professional teams to enhance patient safety, identify system errors, and implement solutions					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes epidemiology of medical errors and differences between medical errors, near misses, and sentinel events Describes role of teamwork and communication failure as a leading cause of preventable patient harm	Reports problematic processes, including errors and near misses to supervisor Defines process for safe and efficient patient hand-offs, including basic communication techniques	Analyzes causes of adverse events through root cause analysis (RCA) Applies process for safe and efficient patient hand-offs, including basic communication techniques	Develops content for and facilitates patient safety morbidity and mortality (M&M) conference focusing on systems-based errors in patient care Supervises communication process for patient hand-offs and on-call responsibilities Analyzes shared team experience (e.g., procedure) with debriefing to solve problems	Creates curriculum to teach teamwork and communication skills to health care professionals
☐	☐　　☐	☐　　☐	☐　　☐	☐　　☐	☐　　☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, portfolio, chart review

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PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to meet specified goals.

PBLI-1. Self-Directed Learning 1. **Identify strengths, deficiencies, and limits in one's knowledge and expertise** 2. **Set learning and improvement goals** 3. **Identify and perform appropriate learning activities** 4. **Use information technology to optimize learning**					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Identifies gaps in personal knowledge and expertise Accepts feedback appropriately Demonstrates ability to utilize online resources for patient care	Assesses performance by self-reflection and review of feedback and evaluations Develops a learning plan, based on feedback, with supervision Utilizes review articles or practice guidelines to answer specific questions in clinical practice	Develops learning plan independently with accurate assessment of competence and areas for continued improvement Often utilizes appropriate evidence-based medicine to answer specific questions while providing care	Utilizes self-directed learning with little external guidance Consistently uses evidence-based medicine to answer specific questions while providing care Utilizes system or process for staying abreast of relevant changes in clinical practice	Contributes to development of best evidence supporting clinical practices
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, portfolio, chart review

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PBLI-2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes design of a research study	Ranks study designs by validity and generalizability to larger populations, and identifies critical threats to study validity Distinguishes relevant research outcomes from other types of evidence Cites evidence supporting several commonly used techniques in own practice	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, pharmaceutical representatives, and patients	Demonstrates a clinical practice that incorporates principles and basic practices of evidence-based practice and information mastery	Independently teaches and assesses evidence-based medicine and information mastery techniques
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, portfolio, chart review

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PBLI-3. Participate in a quality improvement project					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Identifies quality gaps in health care delivery	Conducts stakeholder analysis Determines project purpose and goals	Defines project process and outcome measures Displays longitudinal data over time Describes quality improvement (QI) methodology for data analysis and problem solving	Demonstrates effective team leadership Initiates basic steps for implementing change	Leads complex projects Utilizes advanced quality measurement and display tools
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, portfolio, chart review

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PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

PROF-1. Compassion, integrity, and respect for others; sensitivity and responsiveness to diverse patient populations					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes and never participates in verbal or physical abuse of patients, peers, staff, or supervisors, or sexual harassment Recognizes and never participates in discrimination based on gender, age, culture, race, religion, disability, sexual orientation, or socioeconomic status	Consistently demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families Demonstrates compassion, integrity, respect, sensitivity, and responsiveness Exhibits these characteristics consistently in common and uncomplicated situations Usually recognizes cultural and socioeconomic issues in patient care	Exhibits these characteristics consistently in most relationships and situations Consistently recognizes cultural and socioeconomic issues in patient care	Exhibits these characteristics consistently in complex and complicated situations Mentors junior members of the health care team	Role models behavior demonstrating compassion and respect for others, and for cultural and socioeconomic issues in patient care Develops organizational policies and education to support the application of these principles
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio

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PROF 2. Responsiveness to patient needs that supersedes self-interest					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes and never demonstrates refusal to perform assigned tasks, answer pages or calls, or avoidance of scheduled call duty	Almost always completes patient care tasks promptly and completely; is punctual; is appropriately groomed Manages fatigue and sleep deprivation Identifies impact of personal beliefs and values on practice of medicine	Consistently completes patient care tasks promptly and completely Manages personal beliefs and values to avoid negative impact on patient care	Mentors junior members of the health care team to manage barriers to effective patient care	Role models behavior demonstrating compassion and respect for others Develops organizational policies and education to support the application of these principles
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio, On-call assessment tool OCAT

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PROF-3. Respect for patient privacy and autonomy					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Conforms to Health Insurance Portability and Accountability Act regulations	Almost always recognizes and implements required procedures for patient involvement in human research Informs patients of rights; involves patients in medical decision-making	Consistently recognizes and implements required procedures for patient involvement in human research Informs patients of rights; involves patients in medical decision-making Mentors junior members of the health care team regarding protection of patient privacy	Role models behavior regarding protection of patient privacy	Mentors residents involved in administration of research projects involving humans Develops organizational policies and education to support the application of these principles
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio

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PROF-4. Accountability to patients, society, and the profession					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes and never participates in: deception regarding level of education and experience; demeaning other practitioners; plagiarism, falsification of records, misrepresentation of education Almost always completes medical record-keeping tasks promptly and completely Always identifies self as resident to patients	Almost always recognizes simple conflict of interest scenarios Consistently completes medical record-keeping tasks promptly and completely Almost always recognizes limitations and requests help or refers patients when appropriate	Consistently recognizes and takes appropriate steps to manage simple conflict of interest scenarios Consistently completes medical record-keeping tasks promptly and completely Consistently acts within limitations and seeks help when appropriate	Consistently recognizes and takes appropriate steps to manage more complex conflict of interest scenarios	Assumes leadership and mentoring role in management of more complex conflict of interest scenarios Develops organizational policies and education to support the application of these principles
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Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio

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INTERPERSONAL AND COMMUNICATION SKILLS
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

ICS-1. Communicate effectively with patients and families with diverse socioeconomic and cultural backgrounds 1. Rapport development 2. Interview skills 3. Counsel and educate 4. Conflict management					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Develops positive relationship with patients in uncomplicated situations Describes factors that affect communication (e.g., language, use of interpreters, other family in the room, anger, depression, anxiety, and cognitive impairments) Engages in active listening, teach-back, and other strategies to ensure patient understanding	Develops working relationships in complex situations across specialties and systems of care Counsels patients at appropriate level for comprehension regarding disease, and engages in shared decision-making Negotiates and manages simple patient/family-related conflicts	Uses appropriate strategies to communicate with vulnerable populations and their families Actively seeks information from multiple sources, including consultations Counsels patients regarding emotionally difficult information, such as blindness; uses appropriate technique for "breaking bad news"	Sustains working relationships during complex and challenging situations, including transitions of care Demonstrates effective integration of all available sources of information when gathering patient-related data Counsels patients regarding impact of higher-risk disease and intervention; directs patients to resources Negotiates and manages conflict in complex situations	Counsels patients regarding unusual or experimental therapies, including clinical trial participation when indicated Mentors junior members of the health care team to improve communication skills
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio, chart review

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ICS-2. Communicate effectively with physicians, other health professionals, and health-related agencies
1. **Comprehensive, timely, and legible medical records**
2. **Consultation requests**
3. **Care transitions**
4. **Conflict management**

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Produces comprehensive, timely, and legible non-ophthalmic medical records	Produces comprehensive, timely, and legible ophthalmic medical records	Performs more complex subspecialty care transitions; ensures accurate documentation and face-to-face communication where needed	Effectively and ethically uses all forms of communication, including face-to-face, telephone, electronic, and social media	Develops models/approaches to managing difficult communications
	Describes importance and procedure for request of consultation	Recognizes need for, identifies, and requests appropriate consultant	Manages conflicts within department	Coordinates multiple consultants	Manages conflicts with superiors and payers
	Lists steps for appropriate care transition	Performs appropriate basic ophthalmology care transition		Manages complex multisystem care transitions	
	Manages one-on-one conflicts	Manages conflicts within peer group			
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio, chart review

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ICS-3. Work effectively as a member or leader of a health care team or other professional group 1. Clinical team (outpatient clinic, inpatient consult service) 2. OR team 3. Professional work group (e.g., QI committee)					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands concept of the medical team with respect to clinical care, medical research, and quality improvement Defines purpose of various teams in which he or she participates	Describes role and responsibility of each team member Prepares for team role and fulfills assignments Follows institutional policies	Implements team activities as directed by team leader Identifies individual vs. group collaborative roles	Selects, evaluates, provides feedback, and remediates team members Develops goals and strategies for various departmental team activities Delegates activities to team members and oversees them appropriately	Develops institutional and organizational strategies to improve team functions Trains physicians and educators to develop effective teams for clinical care, medical research, and quality improvement
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio, chart review

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ICS-4. Effectively present didactic and case-based educational material to physicians and other health care professionals					
Has not Achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Organizes clear and accurate non-ophthalmic case presentation with level-appropriate diagnostic and management recommendations	Organizes case presentation for basic ophthalmic conditions, with diagnostic and management recommendations Presents focused literature review, including basic science and pathophysiology data where pertinent Effectively presents material to non-physician medical personnel	Organizes case presentation for more complex ophthalmic conditions, with diagnostic and management recommendations Presents comprehensive literature review and includes randomized controlled clinical trials and preferred practice guidelines where appropriate Effectively presents educational material to physicians in other specialties	Schedules, organizes, and implements case-based and didactic conference program Mentors junior colleagues and critiques their presentations	Provides leadership for conference implementation
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

Assessment Tools: 360-degree global evaluation, OCEX, OSCE, portfolio, chart review

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