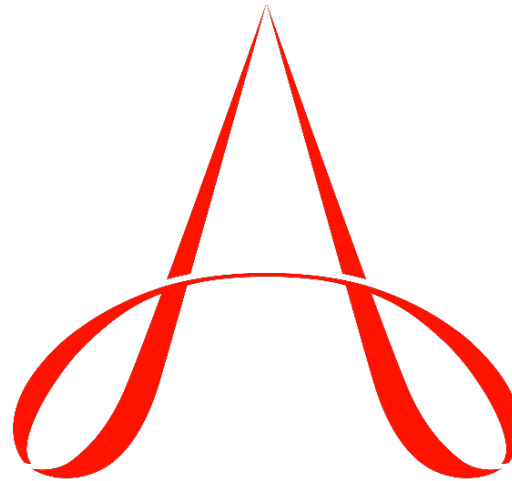




# Supplemental Guide: Complex Family Planning



ACGME

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## **Milestones Supplemental Guide**

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

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

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

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the [Resources](#) page of the Milestones section of the ACGME website.

| <b>Patient Care 1: Complex Procedural Management: Uterine Evacuation</b>  |  |
|---|--|
| <b>Overall Intent:</b> To safely provide surgical uterine evacuation for patients with medically complex conditions, including identification, management, and prevention of risk factors and complications |  |
| <b>Milestones</b>   | <b>Examples</b>  |
| <p><b>Level 1</b> <i>Performs uncomplicated procedural uterine evacuations</i></p> <p><i>Identifies common procedural complications</i></p>   | <ul style="list-style-type: none"> <li>● Identifies the appropriate venue for termination, e.g., at an outpatient center versus in a hospital</li> <li>● Provides appropriate pre-operative and cervical ripening medications and counseling for patients seeking surgical uterine evacuation</li> <li>● Identifies uterine abnormalities, fetal demise, parity, previous uterine surgery, infection, and other risk factors for complications</li> <li>● Appropriately uses cervical ripening and uterotonics to prevent complications</li> </ul> |
| <p><b>Level 2</b> <i>Independently performs uncomplicated procedural uterine evacuations</i></p> <p><i>Manages common complications</i></p>   | <ul style="list-style-type: none"> <li>● Recognizes complex comorbidities including maternal disease (cardiac, renal, autoimmune, infection, etc.), anatomic factors (uterine abnormalities, previous uterine surgery), and fetal factors (demise, multiple gestation, placentation), and manages with hands-on direct supervision</li> <li>● Recognizes complications including hemorrhage, infection, uterine perforation, cervical laceration, and incomplete procedure/failure with need for intervention, with direct supervision</li> </ul>  |
| <p><b>Level 3</b> <i>Performs complex procedural uterine evacuations</i></p> <p><i>Takes steps to prevent complications, including using ultrasound guidance, in patients with complex conditions</i></p>   | <ul style="list-style-type: none"> <li>● Recognizes complex comorbidities as described in Level 2, with guidance</li> <li>● Anticipates risk of hemorrhage, infection, or incomplete/failure and applies appropriate risk mitigation (uterotonics, antibiotics, prostaglandin regimen), with guidance</li> <li>● Appropriately uses steps including cervical ripening and ultrasound guidance to prevent complications, with guidance</li> <li>● Recognizes when to include interdisciplinary teams</li> </ul>                                     |
| <p><b>Level 4</b> <i>Independently performs complex procedural uterine evacuations</i></p> <p><i>Manages complex complications</i></p>  | <ul style="list-style-type: none"> <li>● Recognizes and manages complex comorbidities including maternal disease (cardiac, renal, autoimmune, infection, etc.), anatomic factors (uterine abnormalities, previous uterine surgery) and fetal factors (demise, multiple gestation, placentation) independently</li> <li>● Manages complications including hemorrhage, infection, uterine perforation, cervical laceration, and incomplete/failed procedure independently</li> </ul>   |
| <p><b>Level 5</b> <i>Serves as an intra-operative consultant for an obstetric generalist</i></p>  | <ul style="list-style-type: none"> <li>● Provides consultation to other services/physicians regarding complex patients undergoing uterine evacuation</li> </ul>  |

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| <i>Leads an interdisciplinary team to manage complex complications</i> | <ul style="list-style-type: none"> <li>● Coordinates pre-operative preparation with consulting services (maternal fetal medicine, anesthesiology, cardiology, pulmonology, etc.)</li> </ul>  |
| Assessment Models or Tools   | <ul style="list-style-type: none"> <li>● Clinical case assessment</li> <li>● Direct observation</li> <li>● End-of-rotation evaluation</li> <li>● Medical record audit</li> <li>● Multisource feedback</li> </ul>   |
| Curriculum Mapping   | <ul style="list-style-type: none"> <li>● See "<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>":             <ul style="list-style-type: none"> <li>○ In "Milestone 6: 1st tri surg PC," see listed resources</li> <li>○ In Milestones 7: 2nd tri surg PC," see listed resources</li> </ul> </li> </ul> |
| Notes or Resources   | <ul style="list-style-type: none"> <li>● See resources listed per Curriculum Mapping</li> <li>● Note: the term procedural is being used in place of surgical.</li> </ul>   |

| <b>Patient Care 2: Peri-Procedural Care</b>   |  |
|---|--|
| <b>Overall Intent:</b> To safely provide peri-operative pain management and cervical preparation and to choose the most appropriate setting for patient care (i.e., outpatient versus inpatient)                                  |  |
| <b>Milestones</b>   | <b>Examples</b>  |
| <p><b>Level 1</b> <i>Identifies the indications and options for cervical preparation</i></p> <p><i>Identifies the options for pain management</i></p> <p><i>Identifies the options for the procedural setting</i></p>             | <ul style="list-style-type: none"> <li>● Identifies osmotic dilators, misoprostol, mifepristone, and cervical ripening balloon</li> <li>● Discusses oral, intravenous anxiolytics (e.g., lorazepam, midazolam) and pain medications (e.g., non-steroidal anti-inflammatory drugs (NSAIDs), opioids); local anesthetic (e.g., bupivacaine, lidocaine); nonpharmacological techniques (e.g., deep breathing, verbal communication, support person); and recognizes patient factors associated with increased pain during uterine aspiration (e.g., anxiety, age)</li> <li>● Identifies outpatient (clinic) versus inpatient (hospital/surgery center)</li> </ul>                     |
| <p><b>Level 2</b> <i>Plans and performs routine cervical preparation</i></p> <p><i>Provides routine pain management</i></p> <p><i>Identifies the setting based on the complexity of the procedure</i></p>                         | <ul style="list-style-type: none"> <li>● Chooses cervical preparation based on gestational age, cervical exam and parity and can place with guidance</li> <li>● Correctly orders/administers (in appropriate doses) pre-medication, oral anxiolytic, and pain medications; local anesthetic; intravenous (IV) moderate sedation (e.g., fentanyl, midazolam)</li> <li>● Identifies patients at risk for complications (e.g., hemorrhage)</li> </ul>   |
| <p><b>Level 3</b> <i>Plans and performs complex cervical preparation</i></p> <p><i>Takes steps to prevent and manage complications from pain management</i></p> <p><i>Independently selects the setting for the procedure</i></p> | <ul style="list-style-type: none"> <li>● Anticipates patients at risk for challenging dilation and can choose/place method(s) of cervical preparation with guidance</li> <li>● Monitors respiratory, cardiovascular (e.g., vital signs), and consciousness levels during moderate sedation and demonstrates preparedness to provide respiratory support to patients</li> <li>● Minimizes systemic absorption of local anesthetic (e.g., aspirate prior to injection, mix anesthetic with vasoconstrictor, dilute with saline, superficial and deep injections)</li> <li>● Correctly chooses setting for procedure based on risk factors, history, and anticipated needs</li> </ul> |
| <p><b>Level 4</b> <i>Independently plans and performs complex cervical preparation</i></p>  | <ul style="list-style-type: none"> <li>● Identifies patients at risk for challenging dilation and correctly chooses and places method(s) of cervical prep and understands reasoning for choice without guidance</li> </ul>   |

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| <p><i>Manages complex complications from pain management</i></p> <p><i>Identifies when to transfer a patient to a higher level of care</i></p> | <ul style="list-style-type: none"> <li>● Provides respiratory support if conscious sedation leads to deep sedation (e.g., ambubag, jaw thrust)</li> <li>● Knows correct dosages and indications for antidotes (e.g., naloxone, flumazenil)</li> <li>● Develops plan for patients with higher tolerance for opioid medications</li> <li>● Identifies signs/symptoms of inadvertent intravascular injection of local anesthetic</li> <li>● Identifies procedural complications, accurately estimates blood loss, and can stabilize patient for transfer; has plan for further care of patient at higher level of care</li> </ul> |
| <p><b>Level 5</b> <i>Develops a protocol for peri-procedural care</i></p>  | <ul style="list-style-type: none"> <li>● Develops and implements institutional protocols for sedation with an interdisciplinary team</li> </ul>  |
| <p>Assessment Models or Tools</p>  | <ul style="list-style-type: none"> <li>● Clinical case assessment</li> <li>● Direct observation</li> <li>● End-of-rotation evaluation</li> <li>● Medical record audit</li> <li>● Multisource feedback</li> </ul>   |
| <p>Curriculum Mapping</p>  | <ul style="list-style-type: none"> <li>● See <a href="#">“Fellowship in Family Planning Curriculum Resources 2019”</a>:             <ul style="list-style-type: none"> <li>○ In “Milestone 6: 1st tri surg PC,” see listed resources</li> <li>○ In “Milestone 7: 2nd tri surg PC,” see listed resources</li> </ul> </li> </ul>   |
| <p>Notes or Resources</p>  | <ul style="list-style-type: none"> <li>● See resources listed per Curriculum Mapping</li> <li>● Note: the term procedural is being used in place of surgical.</li> </ul>   |

| <b>Patient Care 3: Complex Medication Management of Uterine Evacuation</b>  |  |
|---|--|
| <b>Overall Intent:</b> To safely provide medication uterine evacuation for patients with medically complex conditions, including identification, management, and prevention of risk factors and complications               |  |
| <b>Milestones</b>   | <b>Examples</b>  |
| <p><b>Level 1</b> <i>Provides routine evaluation and management</i></p> <p><i>Identifies risk factors for complications</i></p>   | <ul style="list-style-type: none"> <li>● Identifies the appropriate venue for termination, e.g., at home versus in a hospital</li> <li>● Provides appropriate medications and counseling for patients seeking medication uterine evacuation</li> <li>● Identifies uterine abnormalities, fetal demise, parity, previous uterine surgery, infection, and other risk factors for complications</li> </ul>  |
| <p><b>Level 2</b> <i>Evaluates and manages patients with complex comorbidities, with supervision</i></p> <p><i>Recognizes complications, with supervision</i></p>   | <ul style="list-style-type: none"> <li>● Recognizes complex comorbidities including maternal disease (cardiac, renal, autoimmune, infection, etc.), anatomic factors (uterine abnormalities, previous uterine surgery), and fetal factors (demise, multiple gestation, placentation) and manages them, with hands-on direct supervision</li> <li>● Recognizes complications including hemorrhage, infection, and incomplete / failed procedure with need for surgical intervention, with direct supervision</li> </ul>   |
| <p><b>Level 3</b> <i>Evaluates and manages patients with complex comorbidities, with guidance</i></p> <p><i>Anticipates and takes steps to prevent complications, with guidance</i></p>                                     | <ul style="list-style-type: none"> <li>● Recognizes complex comorbidities as described in Level 2, with guidance</li> <li>● Anticipates risk of hemorrhage, infection, or incomplete/failed procedure and applies appropriate risk mitigation (uterotonics, antibiotics, prostaglandin regimen), with guidance</li> </ul>  |
| <p><b>Level 4</b> <i>Independently evaluates and manages patients with complex comorbidities</i></p> <p><i>Independently identifies and manages complications; anticipates and takes steps to prevent complications</i></p> | <ul style="list-style-type: none"> <li>● Recognizes and manages complex comorbidities including maternal disease (cardiac, renal, autoimmune, infection, etc.), anatomic factors (uterine abnormalities, previous uterine surgery), and fetal factors (demise, multiple gestation, placentation) independently</li> <li>● Provides consultation to other services/physicians regarding complex patients undergoing medication uterine evacuation</li> <li>● Manages complications including hemorrhage, infection, incomplete/failed procedure independently</li> <li>● Provides prophylactic medications and appropriate pre-procedure evaluation to avoid complications</li> </ul> |
| <p><b>Level 5</b> <i>Develops or designs protocols for complex medication management</i></p>  | <ul style="list-style-type: none"> <li>● Develops and implements institution clinical protocols for medication uterine evacuation</li> <li>● Decreases need for further intervention to improve safety</li> </ul>  |
| <p>Assessment Models or Tools</p>   | <ul style="list-style-type: none"> <li>● Clinical case assessment</li> <li>● Direct observation</li> <li>● End-of-rotation evaluation</li> </ul>   |



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|                    |   |
|--------------------|---|
|                    | <ul style="list-style-type: none"><li>• Medical record audit</li><li>• Multisource feedback</li></ul>   |
| Curriculum Mapping | <ul style="list-style-type: none"><li>• See <a href="#">“Fellowship in Family Planning Curriculum Resources 2019:”</a><ul style="list-style-type: none"><li>○ In “Milestone 4: 1st tri med MK, PC,” see listed resources</li><li>○ In “Milestone 5: 2nd tri med PC,” see listed resources</li></ul></li></ul> |
| Notes or Resources | <ul style="list-style-type: none"><li>• See resources listed per Curriculum Mapping</li></ul>   |

| <b>Patient Care 4: Complex Contraception Provision</b>   |   |
|--|---|
| <b>Overall Intent:</b> To safely provide contraception for patients with medically complex conditions, including identification, management, and prevention of risk factors and complications  |   |
| <b>Milestones</b>  | <b>Examples</b>   |
| <p><b>Level 1</b> <i>Provides contraceptive counseling and initiation for patients without comorbidities</i></p> <p><i>Provides contraceptive surveillance and management of complications in patients without comorbidities</i></p>   | <ul style="list-style-type: none"> <li>● Counsels patients without comorbidities on the range of contraceptive methods using a shared decision making, trauma-informed approach</li> <li>● Counsels on non-contraceptive benefits of contraceptives like reduction in cancer risk, improvement of acne, and reduction of heavy menstrual bleeding; counsels on and manages common adverse effects including hormonal, bleeding, and weight change side effects; counsels on and manages complications such as non-fundal intrauterine device (IUD) and missing IUD strings</li> </ul>   |
| <p><b>Level 2</b> <i>Provides contraceptive counseling and initiation for patients with complex comorbidities, with supervision</i></p> <p><i>Provides contraceptive surveillance and management of complications in patients with complex comorbidities, with supervision</i></p> | <ul style="list-style-type: none"> <li>● With supervision, counsels on and initiates contraception for patients with a single complex comorbidity, such as a uterine anomaly, coagulation disorders, cardiovascular conditions, solid organ transplant, end-stage renal disease, and/or patients with human immunodeficiency virus (HIV) and/or epilepsy requiring management of medication interactions; recognizes and counsels on contraindications</li> <li>● With supervision, provides surveillance/management of side effects/complications, including irregular bleeding, IUD expulsion, new onset hypertension, worsening of renal disease, and identification of anti-phospholipid syndrome</li> <li>● With supervision, provides hysteroscopic removal of embedded IUDs</li> <li>● With supervision, removes deep/non-palpable implants</li> </ul>                     |
| <p><b>Level 3</b> <i>Provides contraceptive counseling and initiation for patients with complex comorbidities, with guidance</i></p> <p><i>Provides contraceptive surveillance and management of complications in patients with complex comorbidities, with guidance</i></p>       | <ul style="list-style-type: none"> <li>● After conferring with a faculty member, counsels on and initiates contraception for patients with multiple complex comorbidities, such as uterine anomaly, coagulation disorders, cardiovascular conditions, solid organ transplant, end-stage renal disease, and/or patients with HIV and/or epilepsy requiring management of medication interactions; recognizes and counsels on contraindications</li> <li>● After conferring with a faculty member, provides surveillance/management of side effects/complications including irregular bleeding, IUD expulsion, new onset hypertension, worsening of renal disease, and identification of anti-phospholipid syndrome</li> <li>● With verbal guidance, provides hysteroscopic removal of embedded IUDs</li> <li>● With verbal guidance, removes deep/non-palpable implants</li> </ul> |
| <p><b>Level 4</b> <i>Independently provides contraceptive counseling and initiation for patients with complex comorbidities</i></p>  | <ul style="list-style-type: none"> <li>● Independently counsels on and initiates contraception for patients with multiple complex comorbidities, such as uterine anomaly, coagulation disorders, cardiovascular conditions, solid organ transplant, end-stage renal disease, and patients with HIV and/or epilepsy</li> </ul>   |

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| <p><i>Independently provides contraceptive surveillance and management of complications in patients with complex comorbidities</i></p>   | <p>requiring management of medication interactions; recognizes and counsels on contraindications</p> <ul style="list-style-type: none"> <li>● Independently provides surveillance/management of side effects/complications, including irregular bleeding, IUD expulsion, new onset hypertension, worsening of renal disease, and identification of anti-phospholipid syndrome</li> <li>● Independently provides hysteroscopic removal of embedded IUDs</li> <li>● Independently removes deep/non-palpable implants</li> </ul>                    |
| <p><b>Level 5</b> <i>Provides expert consultation regarding initiation and management of contraception in patients with complex comorbidities</i></p> <p><i>Contributes to the literature regarding contraception initiation and management in patients with complex comorbidities</i></p> | <ul style="list-style-type: none"> <li>● Acts as an expert resource to colleagues providing contraception to patients with complex comorbidities</li> <li>● Develops and implements institutional protocols for initiation and management of contraception in patients with complex comorbidities</li> <li>● Conducts contraceptive research in patients with complex comorbidities</li> <li>● Writes clinical reviews, chapters, modules regarding initiation and management of contraception in patients with complex comorbidities</li> </ul> |
| <p>Assessment Models or Tools</p>  | <ul style="list-style-type: none"> <li>● Clinical case assessment</li> <li>● Direct observation</li> <li>● End-of-rotation evaluation</li> <li>● Medical record audit</li> <li>● Multisource feedback</li> </ul>   |
| <p>Curriculum Mapping</p>  | <ul style="list-style-type: none"> <li>● See <a href="#">“Fellowship in Family Planning Curriculum Resources 2019.”</a> <ul style="list-style-type: none"> <li>○ In “Milestone 3: Contracep PC,,: see listed resources</li> </ul> </li> </ul>  |
| <p>Notes or Resources</p>  | <ul style="list-style-type: none"> <li>● See resources listed per Curriculum Mapping</li> <li>● Allen RH, Cwiak CA. <i>Contraception for the Medically Challenging Patient</i>. New York. NY: Springer; 2014. ISBN:978-1493912322.</li> </ul>  |

| <b>Patient Care 5: Management of Complex Abnormal Pregnancy</b>   |   |
|---|---|
| <b>Overall Intent:</b> To correctly manage complex abnormal pregnancy in especially difficult to manage locations (ovarian, cervical, abdominal, cesarean scar) |   |
| <b>Milestones</b>   | <b>Examples</b>   |
| <b>Level 1</b> <i>Obtains clinical information pertaining to complex abnormal pregnancy</i>   | <ul style="list-style-type: none"> <li>● Identifies symptoms and signs of abnormal pregnancy and risk factors that contribute to abnormal pregnancy</li> <li>● Differentiates various locations of ectopic pregnancy (particularly difficult to manage locations e.g., ovarian, cervical, abdominal, cesarean scar, pregnancy of unknown location)</li> <li>● Is aware of appropriate laboratory tests and imaging to be ordered</li> </ul>   |
| <b>Level 2</b> <i>Interprets tests and imaging to accurately diagnose complex abnormal pregnancy, with supervision</i>  | <ul style="list-style-type: none"> <li>● Recognizes trend of beta human chorionic gonadotropin (<math>\beta</math>-HCG) results in various ectopic pregnancy locales</li> <li>● Identifies sonographic criteria for abnormal pregnancy including pregnancy of unknown location, molar pregnancy, ectopic pregnancy, and anembryonic gestation</li> </ul>  |
| <b>Level 3</b> <i>Manages complex abnormal pregnancy and complications, with guidance</i>   | <ul style="list-style-type: none"> <li>● Identifies treatment approaches (surgical versus medical versus expectant management) for abnormal pregnancy</li> <li>● Manages complex treatment of non-tubal ectopic pregnancy including multi-dose methotrexate, intra-sac methotrexate, double balloon, and procedural management</li> <li>● Works with teams for management and surveillance of cervical, abdominal, or Caesarean scar pregnancy, with supervision</li> <li>● Assists with surgical treatment of abnormal pregnancy with supervision</li> </ul> |
| <b>Level 4</b> <i>Independently manages complex abnormal pregnancy and complications</i>  | <ul style="list-style-type: none"> <li>● Independently manages complex abnormal pregnancy and complications as described in Level 3</li> </ul>  |
| <b>Level 5</b> <i>Develops or designs protocols for management of complex abnormal pregnancy</i>  | <ul style="list-style-type: none"> <li>● Develops and implements institutional protocols for use of multi-dose methotrexate</li> <li>● Develops guidelines for sonographic assessment and diagnosis of failed early pregnancy and anembryonic gestation</li> </ul>  |
| Assessment Models or Tools  | <ul style="list-style-type: none"> <li>● Clinical case assessment</li> <li>● Direct observation</li> <li>● End-of rotation evaluation</li> <li>● Medical record audit</li> <li>● Multisource feedback</li> </ul>  |
| Curriculum Mapping  | <ul style="list-style-type: none"> <li>● See <a href="#">“Fellowship in Family Planning Curriculum Resources 2019:”</a> <ul style="list-style-type: none"> <li>○ In “Milestone 8: PUL PC,” see listed resources</li> </ul> </li> </ul>  |
| Notes or Resources  | <ul style="list-style-type: none"> <li>● See resources listed per Curriculum Mapping</li> </ul>   |

| <b>Patient Care 6: Serving as a Consultant</b>   |   |
|--|---|
| <b>Overall Intent:</b> To correctly provide consultation for patients with medically complex conditions, including the management of contraception, uterine evacuation, and abnormal pregnancies |   |
| <b>Milestones</b>  | <b>Examples</b>   |
| <b>Level 1</b> <i>Triages consult requests</i>   | <ul style="list-style-type: none"> <li>● Obtains relevant information and consults attending physician regarding routine (contraception for a patient with an organ transplant) and acute consultations (transfer patient with pre-term premature rupture of membranes (PROM) at 21 weeks)</li> </ul>   |
| <b>Level 2</b> <i>Provides consultations (to include coordination of care) requiring intervention, including complex procedural options, with supervision</i>                                    | <ul style="list-style-type: none"> <li>● Coordinates transfer of care and performs options counseling and consent in patient with non-emergent condition, and coordinates/performs surgical management of a patient with pre-term PROM at 21 weeks, with direct attending supervision</li> <li>● Prioritizes simultaneous consultation requests by order of complexity</li> </ul>   |
| <b>Level 3</b> <i>Provides consultations (to include coordination of care) requiring intervention, including complex procedural options, with guidance</i>                                       | <ul style="list-style-type: none"> <li>● Provides overnight consultation on an urgent actively bleeding, non-laboring 18-week placental abruption patient on labor and delivery, including operative management and transfer to a critical care setting, with attending guidance</li> <li>● Arranges post-procedural contraception and surgical follow-up as indicated</li> </ul>   |
| <b>Level 4</b> <i>Independently provides consultations (to include coordination of care) requiring intervention, including complex procedural options</i>  | <ul style="list-style-type: none"> <li>● Provides intra-operative consultation for challenging dilation and curettage (D and C) or post-placental IUD placement</li> <li>● Provides telephone consultation for outside providers with questions regarding medical abortion regimens, induction for intrauterine fetal death (IUFD), or complex contraception patients</li> <li>● Accepts and manages transfers of care from outpatient abortion providers with complicated patients or surgical complications</li> </ul>                                    |
| <b>Level 5</b> <i>Oversees the consultation process and manages interdisciplinary systems issues affecting patient care</i>  | <ul style="list-style-type: none"> <li>● Establishes interdisciplinary protocols for managing patients with abnormally adherent placenta or complicated ectopic pregnancy requiring uterine evacuation</li> <li>● Establishes transfer-of-care protocols for patients from outpatient clinics or smaller hospitals requiring transfer to a higher level of care</li> </ul>  |
| Assessment Models or Tools   | <ul style="list-style-type: none"> <li>● Chart review</li> <li>● Direct observation</li> <li>● Simulation/Mock evaluations</li> <li>● Solicited feedback from consulting services</li> </ul>  |
| Curriculum Mapping   | <ul style="list-style-type: none"> <li>●</li> </ul>   |
| Notes or Resources   | <ul style="list-style-type: none"> <li>● Committee on Ethics of American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion Number 365: Seeking and giving consultation. <i>Obstet Gynecol.</i> 2007;109(5):1255-60. <a href="https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2007/05/seeking-and-giving-consultation.pdf">https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2007/05/seeking-and-giving-consultation.pdf</a>. 2021.</li> </ul> |

- Cunningham FG, Leveno K, Bloom S, et al. *Williams Obstetrics*. 25th ed. New York: McGraw Hill; 2018. ISBN:978-1259644320.
- Gershenson DM, Lentz GM, Valea FA, Lobo RA. *Comprehensive Gynecology*. 8th ed. Philadelphia, PA: Elsevier; 2021. ISBN:978-0323653992.

| <b>Medical Knowledge 1: Anatomy and Physiology</b>   |   |
|--|---|
| <b>Overall Intent:</b> To apply knowledge of reproductive anatomy and physiology to medically complex patients to provide safe contraception and abortion care and prevent complications   |   |
| <b>Milestones</b>  | <b>Examples</b>   |
| <p><b>Level 1</b> <i>Demonstrates fundamental knowledge of normal reproductive physiology</i></p> <p><i>Demonstrates fundamental knowledge of normal reproductive anatomy</i></p>  | <ul style="list-style-type: none"> <li>● Describes pertinent anatomy including cervical canal and uterine cavity, fallopian tubes, ovaries, and the organs surrounding them, including vascular and neurological supply</li> <li>● Describes genetic, anatomic, and surgical anatomical variations</li> <li>● Describes the physiology of the menstrual cycle</li> </ul>  |
| <p><b>Level 2</b> <i>Demonstrates comprehensive knowledge of reproductive physiologic variations</i></p> <p><i>Demonstrates comprehensive knowledge of reproductive anatomic variations</i></p>  | <ul style="list-style-type: none"> <li>● Includes anomalies, functional/hormonal hypothalamic-pituitary-ovarian (HPO) axis, and other reasons for anovulation</li> <li>● Describes concepts of conception, pregnancy maintenance, placenta development, and maternal physiologic adaptations</li> <li>● Draws a spectrum of various abnormalities</li> </ul>  |
| <p><b>Level 3</b> <i>Integrates comprehensive knowledge of reproductive physiology variations in patients with complex comorbidities</i></p> <p><i>Integrates comprehensive knowledge of reproductive anatomic variations in patients with complex comorbidities</i></p>         | <ul style="list-style-type: none"> <li>● Reviews evidence to propose options for a patient with cardiovascular comorbidities who needs contraception and treatment for abnormal uterine bleeding</li> <li>● Discusses how errors and disorders of the menstrual cycle, conception, pregnancy maintenance, placenta development, and maternal physiologic adaptations can affect the provision of contraception and family planning</li> <li>● Integrates knowledge to consider options for a patient with HIV and uterus didelphys who desires contraception and treatment for abnormal uterine bleeding</li> </ul> |
| <p><b>Level 4</b> <i>Applies comprehensive knowledge of reproductive physiology variations to manage patients with complex comorbidities</i></p> <p><i>Applies comprehensive knowledge of reproductive anatomic variations to manage patients with complex comorbidities</i></p> | <ul style="list-style-type: none"> <li>● Applies knowledge to independently manage a patient with cardiovascular disease and Mullerian anomalies who needs contraception and treatment for abnormal uterine bleeding</li> <li>● Applies knowledge to independently manage a patient with HIV and uterus didelphys who desires contraception and treatment for abnormal uterine bleeding</li> </ul>  |
| <p><b>Level 5</b> <i>Teaches emerging concepts and develops innovative curricula for reproductive physiology and anatomy</i></p>   | <ul style="list-style-type: none"> <li>● Contributes to medical education via lectures, texts, etc.</li> <li>● Develops curricula for simulation activities for complex IUD insertions</li> </ul>   |
| <p>Assessment Models or Tools</p>  | <ul style="list-style-type: none"> <li>● Clinical case assessment</li> <li>● Direct observation</li> </ul>  |

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|                    | <ul style="list-style-type: none"><li>● Simulation</li></ul>  |
| Curriculum Mapping | <ul style="list-style-type: none"><li>● See "<a href="#">Fellowship in Family Planning Curriculum Resources 2019:</a>"<ul style="list-style-type: none"><li>○ In "Milestone 1: MK," see listed resources</li></ul></li></ul>                        |
| Notes or Resources | <ul style="list-style-type: none"><li>● See resources listed per Curriculum Mapping</li><li>● Gershenson DM, Lentz GM, Valea FA, Lobo RA. <i>Comprehensive Gynecology</i>. 8th ed. Philadelphia, PA: Elsevier; 2021. ISBN:978-0323653992.</li></ul> |



| <b>Medical Knowledge 2: Pharmacology</b>  |  |
|---|--|
| <b>Overall Intent:</b> To apply pharmacologic knowledge of therapies for contraception to medically complex patients  |  |
| <b>Milestones</b>   | <b>Examples</b>  |
| <b>Level 1</b> <i>Demonstrates knowledge of mechanism of action and medication interactions of commonly used hormonal therapies</i>                                       | <ul style="list-style-type: none"> <li>• Describes commonly used hormonal contraceptives, basic pharmacokinetics and mechanism of action, and the US Medical Eligibility Criteria for Contraceptive Use (US MEC) as a source for candidate selection, common uses, side effects and relative/absolute contraindications to each method</li> </ul>  |
| <b>Level 2</b> <i>Demonstrates comprehensive knowledge of pharmacokinetics and medication interactions of hormonal therapies in patients with complex comorbidities</i>   | <ul style="list-style-type: none"> <li>• Prepares a didactic for more junior learners about the use of hormonal contraceptives in patients with epilepsy; demonstrates the ability to search the literature for studies and systematic reviews to gain knowledge and convey it to learners regarding pharmacokinetics and medical interactions of anti-convulsant drugs and hormonal contraceptives</li> </ul> |
| <b>Level 3</b> <i>Integrates comprehensive knowledge of pharmacokinetics and medication interactions of hormonal therapies in patients with complex comorbidities</i>     | <ul style="list-style-type: none"> <li>• Integrates knowledge of medication interactions while considering contraceptive options for patients with systemic illness, such as epilepsy</li> </ul>   |
| <b>Level 4</b> <i>Applies comprehensive knowledge of pharmacokinetics and medication interactions of hormonal therapies to manage patients with complex comorbidities</i> | <ul style="list-style-type: none"> <li>• Synthesizes the patient’s history/physical exam/studies to determine overall medical status and independently manage contraception planning for patients with complex comorbidities</li> </ul>  |
| <b>Level 5</b> <i>Contributes to the literature in pharmacokinetics, mechanism of action, and medication interactions of hormonal therapies</i>                           | <ul style="list-style-type: none"> <li>• Contributes to medical education via texts or performs basic science or clinical studies to advance understanding of pharmacokinetics, mechanism of action and/or medication interactions of hormonal therapies</li> </ul>  |
| Assessment Models or Tools  | <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• E-module multiple choice test</li> <li>• End-of-rotation evaluation</li> <li>• Medical record audit</li> </ul>  |
| Curriculum Mapping  | <ul style="list-style-type: none"> <li>• See <a href="#">“Fellowship in Family Planning Curriculum Resources 2019”</a>:             <ul style="list-style-type: none"> <li>◦ In “Milestone 2: Contracep MK,” see listed resources</li> </ul> </li> </ul>   |
| Notes or Resources  | <ul style="list-style-type: none"> <li>• See resources listed per Curriculum Mapping</li> <li>• Jensen JT, Creinin MD. <i>Speroff &amp; Darney’s Clinical Guide to Contraception</i>. 6th ed. China: Wolters Kluwer; 2019. ISBN:978-1975107284.</li> </ul>   |

| <b>Medical Knowledge 3: Complex Contraception</b>   |  |
|---|--|
| <b>Overall Intent:</b> To apply contraceptive knowledge of available methods to medically complex patients to provide appropriate management and avoid complications  |  |
| <b>Milestones</b>   | <b>Examples</b>  |
| <p><b>Level 1</b> <i>Demonstrates awareness of evidence-based guidelines for contraception use</i></p> <p><i>Demonstrates awareness of non-contraceptive uses of commonly used contraceptive methods</i></p> <p><i>Demonstrates awareness of biopsychosocial aspects of contraceptive use</i></p>                             | <ul style="list-style-type: none"> <li>● Identifies evidence-based guidelines for contraceptive use: US MEC, United States Practice Recommendations for Contraceptive Use (US SPR), HHS Office of Population Affairs (OPA), Quality Family Planning (QFP), Society of Family Planning (SFP) Guidelines</li> <li>● Understands non-contraceptive uses include menstrual control or suppression; management of polycystic ovarian syndrome, anovulation, abnormal uterine bleeding, and/or perimenopause; and ovarian or endometrial cancer prevention</li> <li>● Discusses biopsychosocial aspects of contraception including patient preferences or need for privacy, contraceptive coercion or sabotage, provider bias, human trafficking, and intimate partner violence</li> </ul> |
| <p><b>Level 2</b> <i>Demonstrates comprehensive knowledge of evidence-based guidelines for contraception use</i></p> <p><i>Demonstrates comprehensive knowledge of non-contraceptive uses of contraceptive methods</i></p> <p><i>Demonstrates comprehensive knowledge of biopsychosocial aspects of contraceptive use</i></p> | <ul style="list-style-type: none"> <li>● Discusses evidence-based guidelines and non-contraceptive uses, with recognition of patient-specific biopsychosocial aspects</li> <li>● Uses combined oral contraceptives as a means of ovarian cancer prevention in breast cancer gene (BRCA) positive patients</li> <li>● Provides didactics regarding non-medical aspects of contraception provision, i.e., differential provision based on provider bias</li> </ul>   |
| <p><b>Level 3</b> <i>Integrates comprehensive knowledge of evidence-based guidelines for contraception use</i></p> <p><i>Integrates comprehensive knowledge of non-contraceptive uses of contraceptive methods</i></p> <p><i>Integrates comprehensive knowledge of biopsychosocial aspects of contraceptive use</i></p>       | <ul style="list-style-type: none"> <li>● Provides contraceptive management for patients without complex medical problems per evidence-based guidelines and non-contraceptive uses, with recognition of patient-specific biopsychosocial aspects</li> <li>● Provides patient education and management per evidence-based guidance for extended use for IUD and implant</li> <li>● Identifies and works to mitigate personal biases in contraception provision</li> </ul>  |
| <p><b>Level 4</b> <i>Applies comprehensive knowledge of evidence-based guidelines for contraception to manage patients with complex comorbidities</i></p>   | <ul style="list-style-type: none"> <li>● Provides contraceptive recommendations for patients with complex medical problems (e.g., severe cardiac disease, diabetes with kidney failure) per evidence-based guidelines and non-contraceptive uses, with recognition of patient-specific biopsychosocial aspects</li> </ul>  |

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| <p><i>Applies comprehensive knowledge of non-contraceptive uses of contraceptive methods to manage patients with complex comorbidities</i></p> <p><i>Applies comprehensive knowledge of biopsychosocial aspects of contraceptive use to manage patients with complex comorbidities</i></p> | <ul style="list-style-type: none"> <li>● Provides education (lectures, grand rounds) and consultation to other services/physicians regarding contraception for patients with complex comorbidities</li> <li>● Integrates detection and resource referral of sexual coercion, trafficking or abuse in contraception provision including methods that ensure contraception privacy</li> </ul> |
| <p><b>Level 5</b> <i>Contributes to evidence-based guidelines for complex contraception</i></p>  | <ul style="list-style-type: none"> <li>● Participates in committees for contraceptive guideline development</li> <li>● Performs basic science, behavioral, or clinical studies that contribute to contraceptive guideline development</li> </ul>  |
| <p>Assessment Models or Tools</p>  | <ul style="list-style-type: none"> <li>● Clinical case assessment</li> <li>● Direct observation</li> <li>● End-of-rotation evaluation</li> <li>● Medical record audit</li> </ul>  |
| <p>Curriculum Mapping</p>  | <ul style="list-style-type: none"> <li>● See <a href="#">“Fellowship in Family Planning Curriculum Resources 2019”</a>:             <ul style="list-style-type: none"> <li>○ In “Milestone 2: Contracep MK,” see listed resources</li> </ul> </li> </ul>  |
| <p>Notes or Resources</p>  | <ul style="list-style-type: none"> <li>● See resources listed per Curriculum Mapping</li> <li>● Allen RH, Cwiak CA. <i>Contraception for the Medically Challenging Patient</i>. New York. NY: Springer; 2014. ISBN:978-1493912322.</li> </ul>   |

| <b>Systems-Based Practice 1: Patient Safety</b>   |   |
|---|---|
| <b>Overall Intent:</b> To engage in the analysis and management of patient safety events, including relevant communication with patients, families, and health care professionals   |   |
| <b>Milestones</b>   | <b>Examples</b>   |
| <p><b>Level 1</b> <i>Demonstrates knowledge of common patient safety events</i></p> <p><i>Demonstrates knowledge of how to report patient safety events</i></p>   | <ul style="list-style-type: none"> <li>● Lists patient misidentification or medication errors as common patient safety events</li> <li>● Describes how to report a medication error in your environment</li> <li>● Identifies that the interdisciplinary team is part of the safety event review process</li> </ul>   |
| <p><b>Level 2</b> <i>Identifies system factors that lead to patient safety events</i></p> <p><i>Reports patient safety events through institutional reporting systems (simulated or actual)</i></p>                                     | <ul style="list-style-type: none"> <li>● Identifies lack of hand sanitizer dispenser at each clinical exam room may lead to increased infection rates</li> <li>● Reports lack of hand sanitizer dispenser at each clinical exam room to the medical director</li> </ul>   |
| <p><b>Level 3</b> <i>Participates in analysis of patient safety events (simulated or actual)</i></p> <p><i>Participates in disclosure of patient safety events to patients and their families (simulated or actual)</i></p>             | <ul style="list-style-type: none"> <li>● Prepares for morbidity and mortality presentations</li> <li>● Through simulation, communicates with patients/families about a surgical error</li> </ul>  |
| <p><b>Level 4</b> <i>Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)</i></p> <p><i>Discloses patient safety events to patients and their families (simulated or actual)</i></p> | <ul style="list-style-type: none"> <li>● Collaborates with a team to participate in root cause analysis of a surgical error and can effectively communicate with patients/families about those events</li> <li>● Explains adverse outcomes (i.e., surgical complication) to patients and family members including a clear explanation of events; addresses their concerns and questions empathetically</li> <li>● Participates in a family meeting with risk analysis and the interdisciplinary team after completion of a root cause analysis of a safety event</li> </ul> |
| <p><b>Level 5</b> <i>Actively engages teams and processes to modify systems to prevent patient safety events</i></p> <p><i>Role models or mentors others in the disclosure of patient safety events</i></p>                             | <ul style="list-style-type: none"> <li>● Assumes a leadership role at the departmental or institutional level for patient safety to define peer review metrics or department dashboard</li> <li>● Participates in a juvenile chronic arthritis prep team</li> <li>● Leads a simulation for disclosing patient safety events</li> </ul>  |
| <b>Assessment Models or Tools</b>   | <ul style="list-style-type: none"> <li>● Assessment of reflection</li> </ul>  |

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|                    | <ul style="list-style-type: none"> <li>● Direct observation</li> <li>● E-module multiple choice tests</li> <li>● Global evaluation</li> <li>● Multisource feedback</li> <li>● Portfolio</li> <li>● Simulation assessment</li> </ul>  |
| Curriculum Mapping | <ul style="list-style-type: none"> <li>●</li> </ul>  |
| Notes or Resources | <ul style="list-style-type: none"> <li>● Institute for Healthcare Improvement. <a href="http://www.ihl.org/Pages/default.aspx">http://www.ihl.org/Pages/default.aspx</a>. 2021.</li> <li>● Skochelak SE, Hammoud MM, Lomis KD, et al. <i>[American Medical Association] AMA Education Consortium: Health Systems Science</i>. 2nd ed. Elsevier; 2021. ISBN:9780323694629.</li> </ul> |

| <b>Systems-Based Practice 2: Quality Improvement (QI)</b><br><b>Overall Intent:</b> To demonstrate the skills necessary to participate in quality improvement |  |
|---|--|
| Milestones  | Examples   |
| <b>Level 1</b> <i>Demonstrates knowledge of basic quality improvement methodologies and metrics</i>   | <ul style="list-style-type: none"> <li>• Describes fishbone tool or Plan Do Act Study (PDSA) cycle</li> </ul>  |
| <b>Level 2</b> <i>Describes local quality improvement initiatives</i>   | <ul style="list-style-type: none"> <li>• Summarizes protocols to standardize treatment of ectopic pregnancy</li> </ul>   |
| <b>Level 3</b> <i>Participates in an established local quality improvement initiative</i>   | <ul style="list-style-type: none"> <li>• Participates in project identifying better throughput in the operating room or office/clinic</li> </ul>   |
| <b>Level 4</b> <i>Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project</i>                             | <ul style="list-style-type: none"> <li>• Participates in the completion of a QI project to improve same day contraceptive provision within the practice, including assessing the problem, articulating a broad goal, developing a Specific, Measurable, Attainable, Relevant, Time-bound (SMART) objective plan, and monitoring progress and challenges</li> </ul> |
| <b>Level 5</b> <i>Creates, implements, and assesses quality improvement initiatives at the institutional or community level</i>                               | <ul style="list-style-type: none"> <li>• Initiates and completes a QI project to improve same-day contraceptive provision in collaboration with the county health department and shares results with stakeholders</li> </ul>   |
| Assessment Models or Tools  | <ul style="list-style-type: none"> <li>• Assessment of reflection</li> <li>• Direct observation</li> <li>• E-module multiple choice tests</li> <li>• Multisource feedback</li> <li>• Portfolio</li> <li>• Simulation assessment</li> </ul>   |
| Curriculum Mapping  | <ul style="list-style-type: none"> <li>•</li> </ul>  |
| Notes or Resources  | <ul style="list-style-type: none"> <li>• Institute for Healthcare Improvement. <a href="http://www.ihl.org/Pages/default.aspx">http://www.ihl.org/Pages/default.aspx</a>. 2021.</li> </ul>   |

| <b>Systems-Based Practice 3: System Navigation for Patient-Centered Care</b>  |   |
|---|---|
| <b>Overall Intent:</b> To effectively navigate the health care system, including the interdisciplinary team and other care providers; to adapt care to a specific patient population to ensure high-quality patient outcomes  |   |
| <b>Milestones</b>   | <b>Examples</b>   |
| <p><b>Level 1</b> <i>Demonstrates knowledge of care coordination</i></p> <p><i>Identifies key elements for safe and effective transitions of care and hand-offs</i></p>   | <ul style="list-style-type: none"> <li>● For a patient with nonpalpable implant removal, identifies the interventional radiologist as members of the team</li> <li>● Lists the essential components of a standardized sign-out checklist and care transition and hand-offs</li> </ul>   |
| <p><b>Level 2</b> <i>Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional team members</i></p> <p><i>Performs safe and effective transitions of care/hand-offs in routine clinical situations</i></p> | <ul style="list-style-type: none"> <li>● Coordinates care with the patient’s interdisciplinary team at the time of identified need for a complex abortion</li> <li>● Routinely uses a standardized sign-out checklist for a stable patient during service sign-out</li> </ul>   |
| <p><b>Level 3</b> <i>Coordinates care of patients in complex clinical situations effectively utilizing the roles of the interprofessional team members</i></p> <p><i>Performs safe and effective transitions of care/hand-offs in complex clinical situations</i></p> | <ul style="list-style-type: none"> <li>● Works to coordinate care for a medically complex, post-procedural patient that will ensure follow-up to care after discharge from the hospital</li> <li>● Routinely uses a standardized sign-out checklist when transferring a patient to a higher level of care</li> </ul>  |
| <p><b>Level 4</b> <i>Identifies concerns with current systems and identifies opportunities for improvement</i></p> <p><i>Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems</i></p>        | <ul style="list-style-type: none"> <li>● Presents a case at the morbidity and mortality (M and M) conference demonstrating communication issues between two members of an interdisciplinary team</li> <li>● Identifies breakdowns in communication, transitions of care that potentially adversely affect patient outcome, experience, or access to care and addresses the relevant services</li> <li>● Prior to going on vacation, proactively informs the covering fellow about a plan of care for a complex family planning patient</li> </ul> |
| <p><b>Level 5</b> <i>Analyzes the process of care coordination and leads in the design and implementation of improvements</i></p> <p><i>Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes</i></p>   | <ul style="list-style-type: none"> <li>● Develops a communication tree to streamline transfer of complex patients from the outpatient to the inpatient setting</li> <li>● Develops and implements institutional protocols for transitioning patients to a higher level of care</li> </ul>   |
| <b>Assessment Models or Tools</b>   | <ul style="list-style-type: none"> <li>● Direct observation</li> </ul>  |

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|                    | <ul style="list-style-type: none"> <li>● Global assessment</li> <li>● Medical record (chart) audit</li> <li>● Multisource feedback</li> <li>● Observed Structured Clinical Exam (OCSE)</li> <li>● Portfolio</li> <li>● Review of sign-out tools, use and review of checklists</li> </ul>   |
| Curriculum Mapping | <ul style="list-style-type: none"> <li>●</li> </ul>  |
| Notes or Resources | <ul style="list-style-type: none"> <li>● Centers for Disease Control and Prevention. Population Health Training. <a href="https://www.cdc.gov/pophealthtraining/whatis.html">https://www.cdc.gov/pophealthtraining/whatis.html</a>. 2021.</li> <li>● Kaplan KJ. In pursuit of patient-centered care. <i>Tissue Pathology</i>; 2016. <a href="http://tissuepathology.com/2016/03/29/in-pursuit-of-patient-centered-care/#axzz5e7nSsAns">http://tissuepathology.com/2016/03/29/in-pursuit-of-patient-centered-care/#axzz5e7nSsAns</a>. 2021.</li> <li>● Skochelak SE, Hammoud MM, Lomis KD, et al. <i>AMA Education Consortium: Health Systems Science</i>. 2nd ed. Elsevier; 2021. ISBN:9780323694629.</li> </ul> |



| <b>Systems-Based Practice 4: Community and Population Health</b>  |  |
|---|--|
| <b>Overall Intent:</b> To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes          |  |
| <b>Milestones</b>   | <b>Examples</b>  |
| <p><b>Level 1</b> <i>Demonstrates knowledge of population and community health needs and disparities</i></p> <p><i>Demonstrates an awareness of reproductive health care advocacy as a professional responsibility</i></p>            | <ul style="list-style-type: none"> <li>● Acknowledges that patients in rural areas may have different needs than urban patients</li> <li>● Identifies differences in maternal mortality based on race</li> <br/> <li>● Identifies the need for patient advocacy for care</li> <li>● Demonstrates awareness of professional organizations' legislative priorities (e.g., ACOG, AMA) regarding reproductive health care access</li> </ul>  |
| <p><b>Level 2</b> <i>Identifies individual, community, and population health needs and inequities</i></p> <p><i>Identifies individual, community, and population health needs for reproductive health care advocacy</i></p>           | <ul style="list-style-type: none"> <li>● Identifies that limited transportation options may be a factor in patients getting to contraception appointments</li> <li>● Identifies how patient geography and local legal care restrictions affect patient access to care</li> <br/> <li>● Identifies local limitations to reproductive health care access and advocates for individual patients; understands how community organizations work to improve reproductive health care inequities</li> </ul>   |
| <p><b>Level 3</b> <i>Uses local resources effectively to meet the needs of a patient population and community</i></p> <p><i>Demonstrates knowledge of how national, state, and local policies impact reproductive health care</i></p> | <ul style="list-style-type: none"> <li>● Refers patients to abortion funds to offset the cost of abortion care</li> <li>● Refers minors to judicial bypass resources to obtain abortion care</li> <br/> <li>● Demonstrates knowledge of state gestational age, waiting period, ultrasound requirements, and other restrictive laws that affect patient and community access to timely care</li> </ul>  |
| <p><b>Level 4</b> <i>Participates in changing and adapting practice to provide for the needs of specific populations</i></p> <p><i>Participates in advocacy or health policy for reproductive health care</i></p>                     | <ul style="list-style-type: none"> <li>● Assists in implementing protocols for prescribing telehealth medication abortion</li> <li>● Works with other healthcare providers to develop an evening clinic for working patients</li> <li>● Participates in obtaining institutional interpretation services and culturally aligned materials for diverse patients</li> <br/> <li>● Participates in advocacy for local, regional, or national legislation</li> <li>● Provides out-facing education on complex family planning, including op-eds, letters to the editor, social media, etc.</li> </ul> |
| <p><b>Level 5</b> <i>Leads innovations and advocates for populations and communities with health care inequities</i></p>  | <ul style="list-style-type: none"> <li>● Leads development of telehealth contraceptive services for a clinic</li> </ul>  |

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| <p><i>Leads advocacy efforts for reproductive health care</i></p> | <ul style="list-style-type: none"> <li>• Testifies as an expert consultant for local, regional, or national legislation</li> </ul>   |
| <p>Assessment Models or Tools</p>                                 | <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Medical record (chart) audit</li> <li>• Multisource feedback</li> <li>• OSCE</li> <li>• Quality metrics and goals mined from electronic health records (EHRs)</li> </ul>  |
| <p>Curriculum Mapping</p>   | <ul style="list-style-type: none"> <li>• See “<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>”:             <ul style="list-style-type: none"> <li>○ In “Milestone 12: Policy SBP,” see listed resources</li> </ul> </li> </ul>  |
| <p>Notes or Resources</p>   | <ul style="list-style-type: none"> <li>• CDC. Population Health Training. <a href="https://www.cdc.gov/pophealthtraining/whatis.html">https://www.cdc.gov/pophealthtraining/whatis.html</a>. 2021.</li> <li>• Kaplan KJ. In Pursuit of Patient-Centered Care. Tissue Pathology; 2016. <a href="http://tissuepathology.com/2016/03/29/in-pursuit-of-patient-centered-care/#axzz5e7nSsAns">http://tissuepathology.com/2016/03/29/in-pursuit-of-patient-centered-care/#axzz5e7nSsAns</a>. 2021.</li> <li>• Skochelak SE, Hammoud MM, Lomis KD, et al. <i>AMA Education Consortium: Health Systems Science</i>. 2nd ed. Elsevier; 2021. ISBN:9780323694629.</li> </ul> |

| <b>Systems-Based Practice 5: Physician Role in Health Care Systems</b>   |   |
|--|---|
| <b>Overall Intent:</b> To understand the physician’s role in the complex health care system and how to optimize the system to improve patient care and the health system’s performance   |   |
| <b>Milestones</b>  | <b>Examples</b>   |
| <p><b>Level 1</b> <i>Identifies key components of the complex reproductive health care system (e.g., hospital, clinic, finance, personnel, technology)</i></p> <p><i>Describes the role of reimbursement in reproductive health care access, including types of payors</i></p>   | <ul style="list-style-type: none"> <li>● Understands the impact of health plan coverage or lack thereof on reproductive health services</li> <li>● Identifies how payor status affects same day access to contraception and abortion services</li> </ul>  |
| <p><b>Level 2</b> <i>Describes how components of a complex reproductive health care system are inter-related, and how this impacts patient care</i></p> <p><i>Identifies how reimbursement restrictions create barriers to providing reproductive health care</i></p>            | <ul style="list-style-type: none"> <li>● Explains that improving patient satisfaction impacts patient adherence to recommendations</li> <li>● Thinks through clinical redesign to improve quality; sometimes modifies personal practice to enhance outcomes</li> <li>● Takes into consideration patient’s insurance coverage when choosing a contraceptive or abortion method</li> <li>● Understands the limitations of the Hyde Amendment</li> </ul>             |
| <p><b>Level 3</b> <i>Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)</i></p> <p><i>Describes the technical and professional components of billing and identifies relative costs of treatment</i></p> | <ul style="list-style-type: none"> <li>● Discusses risks and benefits of same-day discharge after complex abortion</li> <li>● Understands, accesses, and analyzes own individual performance data</li> <li>● Identifies the current procedural terminology (CPT) codes used for procedures</li> <li>● Provides optimal documentation for appropriate coding and billing</li> <li>● Navigates funding resources for uninsured or under-insured patients</li> </ul> |
| <p><b>Level 4</b> <i>Manages various components of the complex reproductive health care system to provide efficient and effective patient care</i></p> <p><i>Describes the revenue cycle and productivity measurements (e.g., relative value units)</i></p>                      | <ul style="list-style-type: none"> <li>● Works collaboratively to improve patient assistance resources for a patient with complex family planning needs and limited resources</li> <li>● Works with a patient navigator for a patient with complex family planning issues</li> <li>● Recognizes the multiple, often competing forces, in the health care system (e.g., names systems and providers involved, test ordering, and payment)</li> </ul>               |
| <p><b>Level 5</b> <i>Advocates for or leads systems change that enhances high-value, efficient, and effective patient care</i></p>   | <ul style="list-style-type: none"> <li>● Works with community or professional organizations to advocate for awareness of reproductive health access</li> <li>● Participates in local or state health initiatives</li> <li>● Implements a system change process to improve access to care</li> </ul>   |
| <b>Assessment Models or Tools</b>  | <ul style="list-style-type: none"> <li>● Direct observation</li> </ul>  |

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|                    | <ul style="list-style-type: none"> <li>● Medical record (chart) audit</li> <li>● Patient satisfaction data</li> <li>● Portfolio</li> </ul>   |
| Curriculum Mapping | <ul style="list-style-type: none"> <li>●</li> </ul>  |
| Notes or Resources | <ul style="list-style-type: none"> <li>● Agency for Healthcare Research and Quality (AHRQ). Major Physician Measurement Sets. <a href="https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/measurementsets.html">https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/measurementsets.html</a>. 2021.</li> <li>● AHRQ. Measuring the Quality of Physician Care. <a href="https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/challenges.html">https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/challenges.html</a>. 2021.</li> <li>● American Board of Internal Medicine (ABIM). QI/PI Activities. <a href="https://www.abim.org/maintenance-of-certification/earning-points/qi-pi-activities/">https://www.abim.org/maintenance-of-certification/earning-points/qi-pi-activities/</a>. 2021.</li> <li>● The Commonwealth Fund. Health System Data Center. <a href="http://datacenter.commonwealthfund.org/?_ga=2.110888517.1505146611.1495417431-1811932185.1495417431#ind=1/sc=1">http://datacenter.commonwealthfund.org/?_ga=2.110888517.1505146611.1495417431-1811932185.1495417431#ind=1/sc=1</a>. 2021.</li> <li>● Dzaou VJ, McClellan MB, McGinnis JM, et al. Vital directions for health and health care: Priorities from a National Academy of Medicine initiative. <i>JAMA</i>. 2017;317(14):1461-1470. <a href="https://nam.edu/vital-directions-for-health-health-care-priorities-from-a-national-academy-of-medicine-initiative/">https://nam.edu/vital-directions-for-health-health-care-priorities-from-a-national-academy-of-medicine-initiative/</a>. 2021.</li> <li>● The Kaiser Family Foundation. <a href="http://www.kff.org">www.kff.org</a>. 2021.</li> <li>● The Kaiser Family Foundation: Topic: Health Reform. <a href="https://www.kff.org/topic/health-reform/">https://www.kff.org/topic/health-reform/</a>. 2021.</li> </ul> |

| <b>Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice</b><br><b>Overall Intent:</b> To incorporate evidence and patient values into clinical practice |  |
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| Milestones   | Examples   |
| <b>Level 1</b> <i>Demonstrates how to access and use available evidence, and incorporate patient preferences and values to the care of routine patients</i>                        | <ul style="list-style-type: none"> <li>• Understands how to access “Summary Chart of US Medical Eligibility Criteria for Contraceptive Use”</li> <li>• Uses systematic reviews of contraceptive methods to inform care of routine patients</li> </ul>  |
| <b>Level 2</b> <i>Articulates clinical questions and elicits patient preferences and values to guide evidence-based care</i>   | <ul style="list-style-type: none"> <li>• In a patient with a fibroid uterus, asks about the impact of fibroids and available treatments on the patient’s contraceptive use</li> <li>• Understands and appropriately uses clinical practice guidelines in participating in shared decision making</li> </ul>  |
| <b>Level 3</b> <i>Identifies and applies evidence-based best practices, integrated with patient preferences, to the care of complex patients</i>                                   | <ul style="list-style-type: none"> <li>• Obtains, discusses, and applies evidence for abortion planning for a patient with abnormal uterine bleeding and co-existing hypertension or obesity</li> <li>• In a patient with complex medical condition (e.g., lupus), identifies and discusses potential contraception options, and solicits patient perspective</li> <li>• Searches and incorporates available evidence and patient’s preferences to determine best treatment plan for a patient with a history of multiple Caesarian sections (C-sections)</li> </ul> |
| <b>Level 4</b> <i>Independently appraises conflicting and uncertain evidence and applies it to guide the care of complex patients</i>  | <ul style="list-style-type: none"> <li>• Accesses the primary literature to identify alternative treatments for contraception in a patient with large uterine fibroids</li> </ul>  |
| <b>Level 5</b> <i>Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines</i>                          | <ul style="list-style-type: none"> <li>• Leads clinical teaching on application of best practices in critical appraisal of septic abortion</li> <li>• As part of a team, develops a standard protocol for second trimester induction termination</li> </ul>  |
| <b>Assessment Models or Tools</b>  | <ul style="list-style-type: none"> <li>• Direct observation/clinical evaluations</li> <li>• Fresno Test</li> <li>• Journal club evaluation</li> <li>• Oral or written examinations</li> <li>• OSCE</li> <li>• Presentation evaluation (rounds or patient care conferences)</li> <li>• Research portfolio</li> </ul>  |
| <b>Curriculum Mapping</b>  | <ul style="list-style-type: none"> <li>•</li> </ul>  |
| <b>Notes or Resources</b>  | <ul style="list-style-type: none"> <li>• Institutional Institutional Review Board (IRB) guidelines</li> <li>• Various journal submission guidelines</li> <li>• Council on Resident Education in Obstetrics and Gynecology (CREOG). CREOG Milestone Tools Task Force. Journal Club Assessment. <a href="https://www.acog.org/">https://www.acog.org/</a></li> </ul>   |

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|  | <p><a href="#">/media/project/acog/acogorg/files/creog/milestones-journal-club-assessment.docx?la=en&amp;hash=E2E284E59639C04EF8F526A0CB97A699</a>. 2021.</p> <ul style="list-style-type: none"><li>• Committee on Patient Safety and Quality Improvement. ACOG Committee Opinion Number 792: Clinical guidelines and standardization of practice to improve outcomes. <i>Obstet Gynecol</i>. 2019;134(4):e122-e125. <a href="https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/10/clinical-guidelines-and-standardization-of-practice-to-improve-outcomes">https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/10/clinical-guidelines-and-standardization-of-practice-to-improve-outcomes</a>. 2021.</li><li>• U.S. National Library of Medicine. PubMed Online Training. <a href="https://learn.nlm.nih.gov/documentation/training-packets/T0042010P/">https://learn.nlm.nih.gov/documentation/training-packets/T0042010P/</a>. 2021.</li></ul> |
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| <b>Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth</b>  |  |
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| <b>Overall Intent:</b> To seek clinical performance information with the intent to improve care; reflects on all domains of practice, personal interactions, and behaviors, and their impact on colleagues and patients (reflective mindfulness); develop clear objectives and goals for improvement in some form of a learning plan |  |
| <b>Milestones</b>  | <b>Examples</b>  |
| <p><b>Level 1</b> <i>Identifies gap(s) between expectations and performance</i></p> <p><i>Establishes goals for personal and professional development</i></p>  | <ul style="list-style-type: none"> <li>● Incorporates evaluations from nursing, patients, peers, and faculty members to identify opportunities for improvement</li> <li>● Sets a personal practice goal of documenting prophylactic antibiotic use for all surgical patients</li> <li>● Establishes a goal to incorporate screening questions for reproductive coercion at all visits</li> </ul>   |
| <p><b>Level 2</b> <i>Analyzes and reflects on the factors that contribute to gap(s) between expectations and performance</i></p> <p><i>Identifies opportunities for performance improvement; designs a learning plan</i></p>   | <ul style="list-style-type: none"> <li>● Integrates feedback to adjust the documentation of personal practice goals from Level 1</li> <li>● Identifies time management skills as a contributing factor to performance and makes a detailed plan for more timely completion of indicated screening and completion of clinic notes</li> <li>● When prompted, develops individual education plan to improve their evaluation of contraindications to estrogen-containing contraceptive methods</li> <li>● Identifies specific knowledge base deficits and develops a detailed, structured reading plan over a six-month period</li> </ul> |
| <p><b>Level 3</b> <i>Institutes behavioral change(s) to narrow the gap(s) between expectations and performance</i></p> <p><i>Integrates practice data and feedback with humility to implement a learning plan</i></p>  | <ul style="list-style-type: none"> <li>● Using web-based resources, creates a personal curriculum to improve evaluation of reproductive coercion</li> <li>● Completes a literature review prior to patient encounters</li> <li>● Develops a reminder to review patients' results one week following surgical procedures</li> <li>● Performs a chart audit to determine the percent of surgical patients documented to receive prophylactic antibiotics and uses results to implement a learning plan</li> </ul>  |
| <p><b>Level 4</b> <i>Continuously reflects on remaining gaps and institutes behavioral adjustments to narrow them</i></p> <p><i>Uses performance data to measure the effectiveness of the learning plan and adapts when necessary</i></p>  | <ul style="list-style-type: none"> <li>● Solicits patient feedback on newly implemented screening tools</li> <li>● After patient encounter, debriefs with the attending and other patient care team members to optimize future collaboration in the care of the patient and family</li> <li>● Completes a quarterly chart audit to ensure documentation of screening questions/prophylactic antibiotic use</li> <li>● Uses patient comments and quality metrics to inform practice changes</li> </ul>  |
| <p><b>Level 5</b> <i>Coaches others on reflective practice</i></p>   | <ul style="list-style-type: none"> <li>● Models practice improvement and adaptability</li> <li>● Develops educational module for collaboration with other patient care team members</li> </ul>   |

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| <p><i>Coaches others in the design and implementation of learning plans</i></p> | <ul style="list-style-type: none"> <li>● Assists more junior residents and medical students in developing their individualized learning plans</li> </ul>   |
| <p>Assessment Models or Tools</p>   | <ul style="list-style-type: none"> <li>● Chart reviews</li> <li>● Clinical evaluations</li> <li>● Direct observation</li> <li>● Multisource feedback</li> <li>● Patient care ratings</li> <li>● Review of learning plan</li> <li>● Semi-annual evaluations</li> <li>●</li> </ul>   |
| <p>Curriculum Mapping</p>   | <ul style="list-style-type: none"> <li>●</li> </ul>  |
| <p>Notes or Resources</p>   | <ul style="list-style-type: none"> <li>● Achilles SL, Reeves MF, Society of Family Planning. Prevention of infection after induced abortion. <i>Contraception</i>. 2011;83(4):295-309. <a href="https://www.contraceptionjournal.org/article/S0010-7824(10)00644-X/fulltext">https://www.contraceptionjournal.org/article/S0010-7824(10)00644-X/fulltext</a>. 2021.</li> <li>● Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: Practice-based learning and improvement. <i>Acad Pediatr</i>. 2014;14(2 Suppl):S38-S54. <a href="https://www.academicpedsjnl.net/article/S1876-2859(13)00333-1/fulltext">https://www.academicpedsjnl.net/article/S1876-2859(13)00333-1/fulltext</a>. 2021.</li> <li>● Committee on Practice Bulletins—Gynecology. ACOG Practice Bulletin Number 195: Prevention of infection after gynecologic procedures. <i>Obstet Gynecol</i>. 2018;131(6):e172-e189. <a href="https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/06/prevention-of-infection-after-gynecologic-procedures">https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/06/prevention-of-infection-after-gynecologic-procedures</a>. 2021.</li> <li>● Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. <i>Acad Med</i>. 2009;84(8):1066-74. <a href="https://insights.ovid.com/crossref?an=00001888-200908000-00021">https://insights.ovid.com/crossref?an=00001888-200908000-00021</a>. 2021.</li> <li>● Lockspeiser TM, Schmitter PA, Lane JL, Hanson JL, Rosenberg AA, Park YS. Assessing residents' written learning goals and goal writing skill: Validity evidence for the learning goal scoring rubric. <i>Acad Med</i>. 2013;88(10):1558-1563. <a href="https://insights.ovid.com/article/00001888-201310000-00039">https://insights.ovid.com/article/00001888-201310000-00039</a>. 2021.</li> </ul> |



| <b>Practice-Based Learning and Improvement 3: Reflective Practice and Commitment to Personal Growth</b>  |   |
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| <b>Overall Intent:</b> To seek clinical performance information with the intent to improve care; reflects on all domains of practice, personal interactions, and behaviors, and their impact on colleagues and patients (reflective mindfulness); develop clear objectives and goals for improvement in some form of a learning plan |   |
| Milestones   | Examples  |
| <b>Level 1</b> <i>Identifies areas worthy of scholarly investigation</i>   | <ul style="list-style-type: none"> <li>● Identifies basic principles of study design methodologies and statistical analysis</li> <li>● Identifies and critiques key clinical studies in the complex contraception and abortion literature</li> </ul>  |
| <b>Level 2</b> <i>Designs a hypothesis-driven or hypothesis-generating scholarly thesis, under the direction of a research mentor</i>  | <ul style="list-style-type: none"> <li>● Identifies a hypothesis for a fellow-driven thesis in complex contraception or abortion care</li> <li>● Completes a review of the literature relevant to the hypothesis and identifies gaps</li> <li>● Develops a proposal for studying the hypothesis</li> <li>● Acts as principal investigator to implement and complete the study, including statistical analysis, under research mentorship</li> </ul>   |
| <b>Level 3</b> <i>Presents products of scholarly activity at local, regional, or national meetings, and/or submits an abstract to regional, state, or national meetings</i>  | <ul style="list-style-type: none"> <li>● Presents the completed study locally at a department or district meeting</li> <li>● Submits an abstract for presentation at a national academic meeting</li> </ul>   |
| <b>Level 4</b> <i>Completes and defends a comprehensive written scholarly thesis that demonstrates advanced research methodology, design, and statistical analysis</i>   | <ul style="list-style-type: none"> <li>● Defends the thesis to a designated research committee</li> <li>● Submits a final written manuscript of the thesis to the committee</li> </ul>  |
| <b>Level 5</b> <i>Publishes independent research that has generated new medical knowledge, educational programs, or process improvement</i>  | <ul style="list-style-type: none"> <li>● Submits a manuscript, with the research team as co-authors, for publication</li> <li>● Publishes final manuscript</li> </ul>   |
| Assessment Models or Tools   | <ul style="list-style-type: none"> <li>● Assessment of quality of presentations and/or research</li> <li>● Assessment of quality of publications, protocols, and/or grants</li> <li>● Direct observation</li> <li>● Portfolio</li> </ul>  |
| Curriculum Mapping   | <ul style="list-style-type: none"> <li>●</li> </ul>   |
| Notes or Resources   | <ul style="list-style-type: none"> <li>● Blome C, Sondermann H, Augustin M. Accepted standards on how to give a medical research presentation: A systematic review of expert opinion papers. <i>GMS Journal for Medical Education</i>. 2017;34(1):Doc11. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5327661/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5327661/</a>. 2021.</li> <li>● National Cancer Institute (NIH). Clinical Trials Information for Patients and Caregivers. <a href="https://www.cancer.gov/about-cancer/treatment/clinical-trials">https://www.cancer.gov/about-cancer/treatment/clinical-trials</a>. 2021.</li> <li>● Schünemann HJ, Wiercioch W, Brozek J, et al. GRADE Evidence to Decision (EtD) frameworks for adoption, adaption, and de novo development of trustworthy</li> </ul> |

recommendations: GRADE-ADOLOPMENT. *Journal of Clinical Epidemiology*. 2017;81:101-110. [https://www.jclinepi.com/article/S0895-4356\(16\)30482-6/fulltext](https://www.jclinepi.com/article/S0895-4356(16)30482-6/fulltext). 2021.

- ACGME requirement: Fellows must demonstrate the ability to: design and implement a prospective data base; conduct clinical cancer research, especially prospective clinical trials; use statistical methods to properly evaluate results of published research studies; guide other learners or other personnel in laboratory or clinical oncology research; and navigate the interface of basic science with clinical cancer care to facilitate translational research

| <b>Professionalism 1: Professional Behavior</b>  |   |
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| <b>Overall Intent:</b> To recognize and address lapses in ethical and professional behavior, demonstrates ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas |   |
| <b>Milestones</b>  | <b>Examples</b>   |
| <b>Level 1</b> <i>Identifies and describes potential triggers for professionalism lapses and how to appropriately report them</i>  | <ul style="list-style-type: none"> <li>• Understands the effect on patient care and on professional relationships with respect to repeated tardiness</li> <li>• Understands personal stressors such as fatigue may contribute to lapses in professionalism</li> <li>• Explains the institutions pathways for reporting lapses in professionalism</li> </ul>   |
| <b>Level 2</b> <i>Demonstrates insight into professional behavior in routine situations and takes responsibility for one’s own professionalism lapses</i>  | <ul style="list-style-type: none"> <li>• Respectfully approaches a team member who is late to sign-out about the importance of being on time and explores barriers to timeliness</li> <li>• Notifies appropriate supervisor when a team member is repeatedly late to sign-out</li> </ul>  |
| <b>Level 3</b> <i>Demonstrates professional behavior in complex or stressful situations</i>  | <ul style="list-style-type: none"> <li>• Appropriately responds to a patient’s distraught family member, following post-abortion hemorrhage</li> <li>• Understands inappropriate uses of social media</li> </ul>  |
| <b>Level 4</b> <i>Recognizes situations that may trigger professionalism lapses and intervenes to prevent these in oneself and others</i>  | <ul style="list-style-type: none"> <li>• Actively considers the perspectives of others in stressful situations</li> <li>• Models respect for patients and promotes the same from colleagues, when a patient has been waiting an excessively long time to be seen</li> </ul>   |
| <b>Level 5</b> <i>Coaches others when their behavior fails to meet professional expectations</i>   | <ul style="list-style-type: none"> <li>• Coaches others when their behavior fails to meet professional expectations and creates a performance improvement plan to prevent recurrence</li> </ul>   |
| Assessment Models or Tools   | <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Global evaluation</li> <li>• Multisource feedback</li> <li>• Oral or written self-reflection</li> <li>• Simulation</li> </ul>  |
| Curriculum Mapping   | <ul style="list-style-type: none"> <li>• See “<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>”:               <ul style="list-style-type: none"> <li>◦ In “Milestone 11: Prof ethics P,” see listed resources</li> </ul> </li> </ul>  |
| Notes or Resources   | <ul style="list-style-type: none"> <li>• ABIM Foundation. American Board of Internal Medicine. Medical professionalism in the new millennium: A physician charter. <i>Annals of Internal Medicine</i>. 2002;136(3):243-246. <a href="https://annals.org/aim/fullarticle/474090/medical-professionalism-new-millennium-physician-charter">https://annals.org/aim/fullarticle/474090/medical-professionalism-new-millennium-physician-charter</a>. 2021.</li> <li>• AMA. Ethics. <a href="https://www.ama-assn.org/delivering-care/ethics">https://www.ama-assn.org/delivering-care/ethics</a>. 2021.</li> <li>• Bynny RL, Paauw DS, Papadakis MA, Pfeil S. <i>Medical Professionalism Best Practices: Professionalism in the Modern Era</i>. Aurora, CO: Alpha Omega Alpha Medical Society; 2017. <i>Medical Professionalism Best Practices: Professionalism in the Modern Era</i>.</li> </ul> |

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<http://alphaomegalpha.org/pdfs/Monograph2018.pdf>. 2021.

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<https://meridian.allenpress.com/aplm/article/141/2/215/132523/Professionalism-in-Pathology-A-Case-Based-Approach>. 2021.
- Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 1st ed. New York, NY: McGraw-Hill Education; 2014. ISBN:978-0071807432.

| <b>Professionalism 2: Ethical Principles</b>  |   |
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| <b>Overall Intent:</b> To recognize and address lapses in ethical and professional behavior, demonstrate ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas |   |
| <b>Milestones</b>   | <b>Examples</b>   |
| <b>Level 1</b> <i>Demonstrates knowledge of ethical principles</i>  | <ul style="list-style-type: none"> <li>Articulates how the principle of “do no harm” applies to a patient during contraception and abortion counseling</li> </ul>   |
| <b>Level 2</b> <i>Analyzes straightforward situations using ethical principles</i>  | <ul style="list-style-type: none"> <li>Identifies and applies ethical principles involved in informed consent when the patient is unclear of all the risks</li> </ul>   |
| <b>Level 3</b> <i>Manages ethical conflicts and seeks guidance when appropriate</i>   | <ul style="list-style-type: none"> <li>Offers contraceptive and abortion counseling, free of coercion, while recognizing own limitations, and consistently honoring the patient’s choice</li> </ul>   |
| <b>Level 4</b> <i>Utilizes appropriate resources for managing and resolving ethical dilemmas and identifies systems issues that contribute to ethical conflicts</i>   | <ul style="list-style-type: none"> <li>Recognizes and uses ethics consults, literature, risk-management/legal counsel to resolve ethical dilemmas related to abortion provision</li> </ul>  |
| <b>Level 5</b> <i>Addresses systems issues that contribute to ethical conflicts or impede their resolution</i>  | <ul style="list-style-type: none"> <li>Engages stakeholders to address excessive wait times in the clinic to decrease patient and provider frustrations that lead to unprofessional behavior</li> </ul>   |
| Assessment Models or Tools  | <ul style="list-style-type: none"> <li>Direct observation</li> <li>Global evaluation</li> <li>Multisource feedback</li> <li>Oral or written self-reflection</li> <li>Simulation</li> </ul>  |
| Curriculum Mapping  | <ul style="list-style-type: none"> <li>See “<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>”:                             <ul style="list-style-type: none"> <li>In “Milestone 11: Prof ethics P,” see listed resources</li> </ul> </li> </ul>  |
| Notes or Resources  | <ul style="list-style-type: none"> <li>ABIM Foundation. American Board of Internal Medicine. Medical professionalism in the new millennium: A physician charter. <i>Annals of Internal Medicine</i>. 2002;136(3):243-246. <a href="https://annals.org/aim/fullarticle/474090/medical-professionalism-new-millennium-physician-charter">https://annals.org/aim/fullarticle/474090/medical-professionalism-new-millennium-physician-charter</a>. 2021.</li> <li>ACOG. Code of Professional Ethics of the American College of Obstetricians and Gynecologists. <a href="https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/acog-policies/code-of-professional-ethics-of-the-american-college-of-obstetricians-and-gynecologists.pdf">https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/acog-policies/code-of-professional-ethics-of-the-american-college-of-obstetricians-and-gynecologists.pdf</a>. 2021.</li> <li>AMA. Ethics. <a href="https://www.ama-assn.org/delivering-care/ethics">https://www.ama-assn.org/delivering-care/ethics</a>. 2021.</li> <li>Bynny RL, Paauw DS, Papadakis MA, Pfeil S. <i>Medical Professionalism Best Practices: Professionalism in the Modern Era</i>. Aurora, CO: Alpha Omega Alpha Medical Society; 2017. <i>Medical Professionalism Best Practices: Professionalism in the Modern Era</i>.</li> </ul> |

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| <b>Professionalism 3: Accountability/Conscientiousness</b>   |  |
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| <b>Overall Intent:</b> To take responsibility for one’s own actions and the impact on patients and other members of the health care team                 |  |
| <b>Milestones</b>  | <b>Examples</b>  |
| <b>Level 1</b> <i>Takes responsibility for completion of tasks and responsibilities and describes barriers and strategies for timely task completion</i> | <ul style="list-style-type: none"> <li>● Acknowledges that end-of-rotation evaluations were not completed</li> <li>● Responds promptly to reminders from program administrator to complete work hour logs</li> </ul>   |
| <b>Level 2</b> <i>Completes tasks and responsibilities in a timely manner with attention to detail in routine situations</i>                             | <ul style="list-style-type: none"> <li>● Completes administrative tasks such as annual Health Insurance Portability and Accountability Act (HIPAA) modules, licensing requirements, etc. by specified due date</li> <li>● Before going out of town, completes tasks in anticipation of lack of computer access while traveling</li> </ul>                        |
| <b>Level 3</b> <i>Completes tasks and responsibilities in a timely manner with attention to detail in complex or stressful situations</i>                | <ul style="list-style-type: none"> <li>● Notifies attending of multiple competing demands on call, appropriately triages tasks, and asks for assistance from other team members as needed</li> <li>● In preparation for being out of the office, arranges coverage for assigned clinical tasks on patients and ensures appropriate continuity of care</li> </ul> |
| <b>Level 4</b> <i>Works with an interdisciplinary team to complete tasks and responsibilities in a timely manner</i>                                     | <ul style="list-style-type: none"> <li>● Takes responsibility for inadvertently omitting key follow-up plans and professionally discusses with the interprofessional team</li> </ul>   |
| <b>Level 5</b> <i>Coaches team members to ensure optimal patient care, including prioritizing tasks</i>  | <ul style="list-style-type: none"> <li>● Supervises and mentors residents, assisting with prioritization of clinical tasks in order to achieve completion in safest, most efficient manner</li> <li>● Works with interdisciplinary team to rectify systems-based issues</li> </ul>   |
| Assessment Models or Tools   | <ul style="list-style-type: none"> <li>● Compliance with deadlines and timelines</li> <li>● Direct observation</li> <li>● Global evaluations</li> <li>● Multisource feedback</li> <li>● Self-evaluations and reflective tools</li> <li>● Simulation</li> </ul>   |
| Curriculum Mapping   | <ul style="list-style-type: none"> <li>●</li> </ul>  |
| Notes or Resources   | <ul style="list-style-type: none"> <li>● Code of conduct from /resident/fellow institutional manual</li> <li>● Expectations of residency program regarding accountability and professionalism</li> </ul>   |

| <b>Professionalism 4: Self-Awareness and Help-Seeking</b><br><b>Overall Intent:</b> To identify, use, manage, improve, and seek help for personal and professional well-being for self and others |   |
|---|---|
| Milestones  | Examples  |
| <b>Level 1</b> <i>Recognizes status of personal and professional well-being and resilience, with assistance</i>   | <ul style="list-style-type: none"> <li>● Discusses with preceptor personal response to patient’s fetal fatal genetic diagnosis</li> <li>● Implements change after mentoring and feedback on missed emotional cues after a challenging patient/family meeting</li> </ul>   |
| <b>Level 2</b> <i>Independently recognizes status of personal and professional well-being and resilience</i>  | <ul style="list-style-type: none"> <li>● Independently identifies and communicates to supervisor the impact of a personal family tragedy and need for personal time</li> <li>● Recognizes a pattern of missing emotional cues during challenging patient/family meetings and asks for feedback</li> </ul>   |
| <b>Level 3</b> <i>Develops a plan to optimize personal and professional well-being and resilience, with assistance</i>  | <ul style="list-style-type: none"> <li>● With a mentor, develops a reflective response to deal with personal impact of difficult patient encounters and disclosures</li> <li>● Integrates feedback from the multidisciplinary team to develop a plan for identifying and responding to emotional cues during the next patient/family meeting</li> </ul>   |
| <b>Level 4</b> <i>Independently develops and implements a plan to optimize personal and professional well-being and resilience</i>  | <ul style="list-style-type: none"> <li>● Independently identifies ways to manage personal stress</li> <li>● Self-assesses and seeks additional feedback on skills responding to emotional cues during a family meeting</li> <li>● Implements plan to disconnect from work after hours and while on annual leave</li> </ul>  |
| <b>Level 5</b> <i>Develops local or institutional initiatives to optimize personal and professional well-being and resilience</i>   | <ul style="list-style-type: none"> <li>● Assists in organizational efforts to address clinician well-being after patient diagnosis/prognosis/death</li> <li>● Works with multidisciplinary team to develop a feedback framework for learners around family meetings</li> <li>● Leads system initiatives for personal well-being and maintaining work-life balance</li> </ul>  |
| Assessment Models or Tools  | <ul style="list-style-type: none"> <li>● Direct observation</li> <li>● Group interview or discussions for team activities</li> <li>● Individual interview</li> <li>● Institutional online training modules</li> <li>● Self-assessment and personal learning plan</li> </ul>   |
| Curriculum Mapping  | <ul style="list-style-type: none"> <li>●</li> </ul>   |
| Notes or Resources  | <ul style="list-style-type: none"> <li>● This subcompetency is not intended to evaluate a fellow’s well-being. Rather, the intent is to ensure that each fellow has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.</li> <li>● Local resources, including Employee Assistance Programs</li> <li>● ACGME. “Well-Being Tools and Resources.” <a href="https://dl.acgme.org/pages/well-being-tools-resources">https://dl.acgme.org/pages/well-being-tools-resources</a>. Accessed 2022.</li> </ul> |



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| <b>Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication</b><br><b>Overall Intent:</b> To deliberately use language and behaviors to form constructive relationships with patients, to identify communication barriers including self-reflection on personal biases, and minimize them in the doctor-patient relationships; organize and lead communication around shared decision making |   |
|--|---|
| Milestones   | Examples  |
| <p><b>Level 1</b> <i>Demonstrates respect and establishes rapport with patients and their families</i></p> <p><i>Communicates with patients and their families in an understandable and respectful manner</i></p>  | <ul style="list-style-type: none"> <li>● Introduces self and faculty member, identifies patient and others in the room, and engages all parties in health care discussion with cultural competency; discusses fellow role within the health care team</li> <li>● Identifies need and uses trained interpreters with non-English-speaking patients</li> <li>● Uses age-appropriate language when discussing family planning care with adolescent and pediatric patients</li> </ul>   |
| <p><b>Level 2</b> <i>Establishes therapeutic relationships in straightforward encounters</i></p> <p><i>Identifies barriers to effective communication</i></p>  | <ul style="list-style-type: none"> <li>● Avoids medical jargon and restates patient perspective and values when discussing contraception</li> <li>● Inquires whether patient needs prescription instructions written in a different language</li> <li>● Uses a trauma-informed approach in discussing family planning care and with physical exam and procedures</li> <li>● Recognizes the differences to how patients absorb knowledge, such as the need for handouts with diagrams and pictures and electronic resources and videos to communicate information</li> </ul> |
| <p><b>Level 3</b> <i>Establishes therapeutic relationships in complex encounters</i></p> <p><i>When prompted, reflects on personal biases while attempting to minimize communication barriers</i></p>  | <ul style="list-style-type: none"> <li>● Discusses all treatment options for a patient with ruptured membranes at 18 weeks gestation and incorporates their preferences in developing a shared decision-making care plan</li> <li>● In a discussion with the faculty member, acknowledges discomfort in caring for a patient with Class 3 obesity and a substance use disorder who needs a second-trimester termination</li> </ul>  |
| <p><b>Level 4</b> <i>Facilitates complex discussions specific to patient and family conferences</i></p> <p><i>Independently recognizes personal biases while attempting to proactively minimize communication barriers</i></p>   | <ul style="list-style-type: none"> <li>● Continues to engage representative family members with disparate goals in the care of a patient with developmental delay and needs contraception</li> <li>● Reflects on personal bias of a patient who seeks abortion for sex selection</li> </ul>   |
| <p><b>Level 5</b> <i>Mentors others in situational awareness and critical self-reflection</i></p>  | <ul style="list-style-type: none"> <li>● Leads a discussion group on personal experience of moral distress</li> </ul>   |

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| <p><i>Coaches others in the facilitation of complex conversations</i></p> | <ul style="list-style-type: none"> <li>• Develops a residency curriculum on social justice which addresses unconscious bias and how it contributes to health disparities</li> <li>• Serves on a hospital bioethics committee</li> </ul>  |
| <p>Assessment Models or Tools</p>   | <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Kalamazoo Essential Elements Communication Checklist (Adapted)</li> <li>• OSCE</li> <li>• Self-assessment including self-reflection exercises</li> <li>• Skills needed to Set the state, Elicit information, Give information, Understand the patient, and End the encounter (SEGUE)</li> <li>• Standardized patients</li> </ul>  |
| <p>Curriculum Mapping</p>   | <ul style="list-style-type: none"> <li>• See "<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>":             <ul style="list-style-type: none"> <li>◦ In "Milestone 9: Pt centered Communication ICS," see listed resources</li> </ul> </li> </ul>  |
| <p>Notes or Resources</p>   | <ul style="list-style-type: none"> <li>• Laidlaw A, Hart J. Communication skills: An essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51. <i>Med Teach</i>. 2011;33(1):6-8. <a href="https://www.tandfonline.com/doi/abs/10.3109/0142159X.2011.531170?journalCode=imte20">https://www.tandfonline.com/doi/abs/10.3109/0142159X.2011.531170?journalCode=imte20</a>. 2021.</li> <li>• Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. <i>Acad Med</i>. 2001;76(4):390-393. <a href="https://journals.lww.com/academicmedicine/Fulltext/2001/04000/Essential_Elements_of_Communication_in_Medical.21.aspx">https://journals.lww.com/academicmedicine/Fulltext/2001/04000/Essential_Elements_of_Communication_in_Medical.21.aspx</a>. 2021.</li> <li>• Makoul G. The SEGUE Framework for teaching and assessing communication skills. <i>Patient Educ Couns</i>. 2001;45(1):23-34. <a href="https://www.sciencedirect.com/science/article/abs/pii/S0738399101001367?via%3Dihub">https://www.sciencedirect.com/science/article/abs/pii/S0738399101001367?via%3Dihub</a>. 2021.</li> <li>• Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in residents. <i>BMC Med Educ</i>. 2009; 9:1. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631014/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631014/</a>. 2021.</li> </ul> |

| <b>Interpersonal and Communication Skills 2: Patient Counseling and Shared Decision Making</b>  |   |
|---|---|
| <b>Overall Intent:</b> To demonstrate the ability/role to explain treatments and alternatives to patients and help them choose treatment options that best aligns with their preferences as well as their unique cultural and personal beliefs  |   |
| <b>Milestones</b>   | <b>Examples</b>   |
| <p><b>Level 1</b> <i>Demonstrates basic understanding of informed consent process</i></p> <p><i>Demonstrates basic understanding of pregnancy options counseling</i></p>  | <ul style="list-style-type: none"> <li>● Identifies the components of the informed consent, including the indication for the procedure, alternatives to management, and risks/ benefits of management choices</li> <li>● Acknowledges that pre-operative patients need informed consent before undergoing procedures</li> <li>● Identifies the components of the pregnancy options counseling process, including recognition of patient values</li> </ul>   |
| <p><b>Level 2</b> <i>Answers questions about a treatment plan, including contraceptive options, with supervision</i></p> <p><i>Answers questions about pregnancy options, including types of abortion, with supervision</i></p>   | <ul style="list-style-type: none"> <li>● Discusses all safe and available methods and assesses patient preference, including the option to not use any method, of contraception, with supervision</li> <li>● Discusses parenting, adoption, abortion, including medical and procedural methods of abortion, with supervision</li> </ul>   |
| <p><b>Level 3</b> <i>Counsels a patient through shared decision-making, including responding to questions about contraceptive options, for non-complex family planning, with guidance</i></p> <p><i>Counsels a patient through shared decision-making, including responding to questions about abortion options, for non-complex pregnancies, with guidance</i></p> | <ul style="list-style-type: none"> <li>● Provides alternative contraceptive methods when providing informed consent to someone planning bilateral tubal surgery, but is unsure about future fertility desires</li> <li>● Counsels patient regarding risks/benefits of risk-reducing salpingectomy</li> <li>● Counsels patient with severe anemia about benefits and risks of medical versus procedural abortion</li> </ul>  |
| <p><b>Level 4</b> <i>Independently counsels a patient through shared decision-making, including responding to questions, for complex family planning</i></p> <p><i>Independently counsels a patient through shared decision-making, including responding to questions about abortion options, for complex pregnancies</i></p>                                       | <ul style="list-style-type: none"> <li>● For a patient with obesity and a large fibroid uterus, discusses surgical approaches (laparoscopic, laparotomy), risks and benefits to each, and helps determine the safest surgical approach</li> <li>● Counsels patient with a history of breast cancer regarding risks/ benefits of contraception</li> <li>● Counsels patient, along with maternal-fetal medicine, with periviable fetus on management options for her severe preeclampsia</li> </ul> |

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| <p><b>Level 5</b> <i>Provides education to interdisciplinary learners about shared decision-making for contraceptive counseling</i></p> <p><i>Provides education to interdisciplinary learners about shared decision-making for pregnancy options counseling</i></p> | <ul style="list-style-type: none"> <li>● Appropriately determines that a patient previously consented for a laparoscopic procedure requires psychiatry evaluation for decision making capacity</li> <li>● Provides a lecture to family medicine and nursing colleagues about pregnancy options counseling and values clarification</li> </ul>  |
| <p>Assessment Models or Tools</p>  | <ul style="list-style-type: none"> <li>● Chart, stimulated recall</li> <li>● Direct observation</li> <li>● Global assessment</li> <li>● Medical record (chart) audit</li> <li>● Multisource feedback</li> <li>● Simulation</li> </ul>  |
| <p>Curriculum Mapping</p>  | <ul style="list-style-type: none"> <li>● See "<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>":             <ul style="list-style-type: none"> <li>○ In "Milestone 9: Pt centered Communication ICS," see listed resources</li> </ul> </li> </ul>  |
| <p>Notes or Resources</p>  | <ul style="list-style-type: none"> <li>● Alston C, Berger Z, Brownlee S, et al. <i>Shared Decision-Making Strategies for Best Care: Patient Decision Aids</i>. Washington, DC: NAM Perspectives; 2014. <a href="https://nam.edu/perspectives-2014-shared-decision-making-strategies-for-best-care-patient-decision-aids/">https://nam.edu/perspectives-2014-shared-decision-making-strategies-for-best-care-patient-decision-aids/</a>. 2021.</li> <li>● Elwyn G, Frosch D, Thomson R, et al. Shared decision making: A model for clinical practice. <i>J Gen Intern Med</i>. 2012;27(10):1361-1367. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445676/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445676/</a>. 2021.</li> </ul> |

| <b>Interpersonal and Communication Skills 3: Interprofessional and Team Communication</b><br><b>Overall Intent:</b> To effectively communicate with the health care team, including consultants, in both straightforward and complex situations |   |
|---|---|
| Milestones  | Examples  |
| <b>Level 1</b> <i>Understands and respects the roles of interprofessional and multidisciplinary team members</i>  | <ul style="list-style-type: none"> <li>● Receives consult request for a patient with heart transplant who desires an abortion, asks clarifying questions politely, and expresses gratitude for the consult</li> <li>● Acknowledges the contribution of each member of the health care team to the patient, acknowledging personal bias in soliciting input</li> <li>● Acknowledges the need for consult</li> </ul>  |
| <b>Level 2</b> <i>Solicits insights from and uses language that values all interprofessional and multidisciplinary team members</i>   | <ul style="list-style-type: none"> <li>● Sends a message in the EHR to the cardiologist to request records regarding a patient who had a heart transplant and desires an abortion</li> <li>● Documents in the medical record the collaboration with the cardiologist</li> <li>● Consistently uses inclusive language such as “colleague,” and respects the input of all members of the team (nurses, nurse practitioners, physician assistants, residents, etc.)</li> </ul> |
| <b>Level 3</b> <i>Integrates contributions from the interprofessional and multidisciplinary team members into the care plan</i>   | <ul style="list-style-type: none"> <li>● Uses recommendations of the cardiologist in preparing for the abortion procedure</li> <li>● Uses closed-loop communication with team members including cardiology and anesthesiology to prepare for an abortion under anesthesia</li> </ul>  |
| <b>Level 4</b> <i>Prevents and mediates conflict among the interprofessional and multidisciplinary team members</i>   | <ul style="list-style-type: none"> <li>● Demonstrates active listening with all team members during patient rounds</li> <li>● Initiates a pre-operative discussion among anesthesiology and cardiology to prevent peri-operative complications</li> <li>● Devises a clear discharge plan with all team members</li> </ul>   |
| <b>Level 5</b> <i>Fosters a culture of open communication and effective teamwork within the interprofessional and multidisciplinary team</i>  | <ul style="list-style-type: none"> <li>● Mediates conflict resolution between different members of the health care team, solicits other team member’s opinions when making clinical decisions</li> <li>● Meets with cardiology and anesthesiology in the weeks that follow to discuss how the case could have gone more smoothly</li> </ul>   |
| Assessment Models or Tools  | <ul style="list-style-type: none"> <li>● Direct observation</li> <li>● Global assessment</li> <li>● Medical record (chart) audit</li> <li>● Multi-source feedback</li> <li>● Simulation</li> </ul>  |
| Curriculum Mapping  | <ul style="list-style-type: none"> <li>● See “<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>”:               <ul style="list-style-type: none"> <li>○ In “Milestone 10: Comm w pt care teams ICS,” see listed resources</li> </ul> </li> </ul>   |
| Notes or Resources  | <ul style="list-style-type: none"> <li>● Braddock CH, Edwards KA, Hasenberg NM, Laidley TL, Levinson W. Informed decision making in outpatient practice: Time to get back to basics. <i>JAMA</i>. 1999;282:2313-2320. <a href="https://jamanetwork.com/journals/jama/fullarticle/192233">https://jamanetwork.com/journals/jama/fullarticle/192233</a>. 2021.</li> </ul>   |

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| <b>Interpersonal and Communication Skills 4: Communication within Health Care Systems</b><br><b>Overall Intent:</b> To effectively communicate using a variety of methods  |  |
|--|--|
| Milestones   | Examples   |
| <b>Level 1</b> <i>Accurately records information in the patient record</i><br><br><i>Safeguards patients' personal health information</i>  | <ul style="list-style-type: none"> <li>● Fills in all elements of a documentation template with the most up-to-date information available</li> <li>● Shreds patient list after rounds; avoids talking about patients in the elevator</li> </ul>  |
| <b>Level 2</b> <i>Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record</i><br><br><i>Documents required data in formats specified by institutional, state, or national policy</i>               | <ul style="list-style-type: none"> <li>● Creates accurate, original notes without extraneous information and concisely summarizes the assessment and plan</li> <li>● Documents clinical reasoning in an accurate and organized manner that supports the treatment plan</li> <li>● Uses documentation templates, smart-phrases, and clinical smart sets</li> </ul>  |
| <b>Level 3</b> <i>Reports diagnostic and therapeutic reasoning concisely and efficiently in the patient record</i><br><br><i>Selects direct and indirect forms of communication based on context</i>                                       | <ul style="list-style-type: none"> <li>● Concisely documents complex clinical thinking</li> <li>● Calls patient or sends electronic request to have nursing staff contact patient immediately about potentially critical test results</li> </ul>   |
| <b>Level 4</b> <i>Communicates clearly, concisely, timely, and in an organized written form, including anticipatory guidance</i><br><br><i>Demonstrates written or verbal communication that serves as an example for others to follow</i> | <ul style="list-style-type: none"> <li>● Ensures documentation is consistently accurate, organized, and concise, and frequently incorporates anticipatory guidance</li> <li>● Notes are exemplary and used as an example when teaching learners</li> </ul>   |
| <b>Level 5</b> <i>Models feedback to improve others' written communication</i><br><br><i>Guides local or institutional communication policies and procedures</i>   | <ul style="list-style-type: none"> <li>● Leads a task force established by the hospital QI committee to develop a plan to improve house staff hand-off checklists</li> <li>● Participates in a committee to examine community emergency response systems including obstetric emergencies</li> <li>● Participates in a committee to improve clinical notes, including terminology, billing compliance, conciseness, and inclusion of all required elements</li> </ul> |
| <b>Assessment Models or Tools</b>  | <ul style="list-style-type: none"> <li>● Direct observation</li> <li>● Medical record (chart) audit</li> <li>● Multisource feedback</li> </ul>   |



|                           |  |
|---------------------------|--|
|                           | <ul style="list-style-type: none"> <li>● Review of sign out-tools, use and review of checklists</li> </ul>   |
| <p>Curriculum Mapping</p> | <ul style="list-style-type: none"> <li>● See "<a href="#">Fellowship in Family Planning Curriculum Resources 2019</a>":             <ul style="list-style-type: none"> <li>○ In "Milestone 10: Comm w pt care teams ICS," see listed resources</li> </ul> </li> </ul>  |
| <p>Notes or Resources</p> | <ul style="list-style-type: none"> <li>● Bierman JA, Hufmeyer KK, Liss DT, Weaver AC, Heiman HL. Promoting responsible electronic documentation: Validity evidence for a checklist to assess progress notes in the electronic health record. <i>Teach Learn Med.</i> 2017;29(4):420-432. <a href="https://www.tandfonline.com/doi/full/10.1080/10401334.2017.1303385">https://www.tandfonline.com/doi/full/10.1080/10401334.2017.1303385</a>. 2021.</li> <li>● Haig KM, Sutton S, Whittington J. SBAR: A shared mental model for improving communication between clinicians. <i>Jt Comm J Qual Patient Saf.</i> 2006;32(3):167-175. <a href="https://www.jointcommissionjournal.com/article/S1553-7250(06)32022-3/fulltext">https://www.jointcommissionjournal.com/article/S1553-7250(06)32022-3/fulltext</a>. 2021.</li> <li>● Starmer AJ, Spector ND, Srivastava R, et al. I-pass, a mnemonic to standardize verbal handoffs. <i>Pediatrics.</i> 2012;129.2:201-204. <a href="https://pediatrics.aappublications.org/content/129/2/201.long?sso=1&amp;sso_redirect_count=1&amp;nfstatus=401&amp;nftoken=00000000-0000-0000-0000-000000000000&amp;nfstatusdescription=ERROR%3a+No+local+token">https://pediatrics.aappublications.org/content/129/2/201.long?sso=1&amp;sso_redirect_count=1&amp;nfstatus=401&amp;nftoken=00000000-0000-0000-0000-000000000000&amp;nfstatusdescription=ERROR%3a+No+local+token</a>. 2021.</li> </ul> |

### Available Milestones Resources

*Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021* - <https://meridian.allenpress.com/jgme/issue/13/2s>

*Milestones Guidebooks:* <https://www.acgme.org/milestones/resources/>

- *Assessment Guidebook*
- *Clinical Competency Committee Guidebook*
- *Clinical Competency Committee Guidebook Executive Summaries*
- *Implementation Guidebook*
- *Milestones Guidebook*

*Milestones Guidebook for Residents and Fellows:* <https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/>

- *Milestones Guidebook for Residents and Fellows*
- *Milestones Guidebook for Residents and Fellows Presentation*
- *Milestones 2.0 Guide Sheet for Residents and Fellows*

*Milestones Research and Reports:* <https://www.acgme.org/milestones/research/>

- *Milestones National Report*, updated each fall
- *Milestones Predictive Probability Report*, updated each fall
- *Milestones Bibliography*, updated twice each year

*Developing Faculty Competencies in Assessment courses* - <https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/>

Assessment Tool: Direct Observation of Clinical Care (DOCC) - <https://dl.acgme.org/pages/assessment>

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - <https://team.acgme.org/>

Improving Assessment Using Direct Observation Toolkit - <https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation>

Remediation Toolkit - <https://dl.acgme.org/courses/acgme-remediation-toolkit>

Learn at ACGME has several courses on Assessment and Milestones - <https://dl.acgme.org/>