Child and Adolescent Psychiatry Milestones

ACGME International, Inc. (ACGME-I)



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Child and Adolescent Psychiatry Milestones

The Milestones are designed only for use in evaluation of residents and fellows in the context of their participation in ACGME-I-accredited residency and fellowship programs. The Milestones provide a framework for the assessment of the development of the resident or fellow in key dimensions of the elements of physician competence in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competence, nor are they designed to be relevant in any other context.

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Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of resident or fellow performance, and then report to the ACGME-I. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME-I Competencies organized in a developmental framework. The narrative descriptions are targets for resident/fellow performance throughout the educational program.

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident or fellow in the specialty or subspecialty. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each subcompetency.

These levels *do not* correspond with post-graduate year of education. Depending on previous experience, more junior residents/fellows may achieve higher levels early in their educational program just as more senior residents/fellows may be at a lower level later in their educational program. There is no predetermined timing for a resident or fellow to attain any particular level. Residents and fellows may also regress in achievement of their milestones. This may happen for many reasons, such as over-scoring in a previous review, a disjointed experience in a particular procedure, or a significant act by the resident/fellow.

Selection of a level implies the resident/fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v).

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Additional Notes

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using the Milestones as a sole assessment in high-stakes decisions. Level 5 is designed to represent an expert resident or fellow whose achievements in a subcompetency are greater than the expectation. Milestones are primarily designed for formative, developmental purposes to support continuous quality improvement for individual learners, education programs, and the specialty. ACGME-I and its partners will continue to evaluate and perform research on the Milestones to assess their impact and value.

Examples are provided for some milestones within this document. Note: The examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformance with ACGME-I supervision guidelines as described in the applicable Program Requirements, as well as with institutional and program policies. For example, a resident who performs a procedure independently must, at a minimum, be supervised through oversight.

A Supplemental Guide is also available to provide more context regarding the intent of each subcompetency, as well as examples for each level, assessment methods or tools, and other resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee; it is not meant to demonstrate any required element or outcome.

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The diagram below presents an example set of milestones for one subcompetency in the same format as the ACGME-I Report Worksheet. For each reporting period, a resident's/fellow's performance on the milestones within each subcompetency will be indicated by selecting the Milestones Level that best describes that individual's performance in relation to those milestones.

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and their families (simulated or actual)	Discloses patient safety events to patients and their families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
		\overline{R} \Box \overline{C}		
Comments:			Not Yet C	Completed Level 1
middle of a leve milestones in th	Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s).			

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Version 2

Patient Care 1: Psychiatric Evaluation

Level 1	Level 2	Level 3	Level 4	Level 5
For adolescents, acquires accurate history and mental status examination findings, customized to the chief complaints	For adolescents, obtains information that is sensitive and not readily offered by the patient	Uses hypothesis-driven information gathering to obtain a complete, accurate, and relevant history from child and adolescent patients and their families/caregivers	Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's developmental level, patient's family context, and complexity of the patient's clinical presentation	Incorporates therapeutic interventions into the initial evaluation interview and collateral sources and creatively uses both verbal and non-verbal evaluation techniques
Collects relevant information from collateral sources	Selects appropriate laboratory and diagnostic tests, including standardized assessment tools	Interprets collateral information, test results, and standardized assessment tools to determine necessary additional steps	Evaluates the structure and functioning of the patient's family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child/adolescent patient	
Screens patients for risk of harm to self, to others, or by others	Engages in a basic risk assessment and basic safety planning for children and adolescents	Incorporates risk and protective factors into the assessment of imminent, short-term, and long-term patient safety and the safety of others	Incorporates risk and protective factors into the assessment of complex patient and patient family presentations, including eliciting information not readily offered by the patient and utilizing standard risk assessments scales	Serves as a role model for risk assessment in all clinical settings

Drganizes and accurately summarizes	Integrates and prioritizes			
nformation obtained rom the patient evaluation to develop a clinical impression	information obtained from the patient, patient's caregivers, other health care practitioners, and the education, welfare, and legal systems to develop a clinical impression	Incorporates the significance of a patient's and patient's family's adverse childhood experiences; patient's intersecting gender, sexual, ethnic, and racial identities; and experiences into the clinical impression	Reconciles information from different collateral sources, recognizing when information varies or conflicts, and integrates information into a comprehensive formulation	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
Recognizes that piological, psychosocial, and developmental/life cycle factors play a role n a patient's presentation	Identifies specific biological factors, including heredity, genomics, nutrition, gender, race, and substances, that play a role in a patient's presentation	Identifies specific psychosocial factors, including relationships, home environment, advancement opportunities, and social determinants of health that contribute to a patient's presentation	Identifies the role of psychological, cognitive, social, sexual, and moral developmental level in a patient's presentation	Serves as a role model to others for identifying how biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation
Recognizes that clinicians have emotional esponses to patients	Recognizes that the clinician's emotional responses to patients may have diagnostic value	Differentiates emotional responses that are related to the clinician's history and those that are induced by a patient	Attends to and appropriately uses feelings elicited in the patient and psychiatrist to develop a diagnostic picture	Consults to others when emotional responses are impeding treatment

Version 2

Patient Care 3: Treatmen	t Planning and Managem	ont				
A: Creates a treatment		ient.				
	treatment when indicated					
C: Incorporates the use	of school and community r	esources and cultura	ly appropri	riate virtual/onli	ne resourc	ces
Level 1	Level 2	Level 3	Le	evel 4		Level 5
Identifies potential biopsychosocial treatment options	Informs the patient/ patient's family of the available evidence- based biopsychosocial treatments, recognizing that co-occurring conditions and side effects impact treatment	Applies an understanding of psychiatric, substa use, neurologic, ar medical co-occurrin disorders in the management of co presentations	nce co d int ng bio mmon oti in	Develops individ reatment plans omplex presen ntegrates multip iopsychosocial nodalities and in ther care praction of a comprehens pproach	for tations; le nput from tioners	Supervises treatment planning by other learners and multidisciplinary practitioners
Recognizes that acuity and complexity affect level of care and treatment monitoring	Recommends the most appropriate level of care based on acuity and complexity, and monitors treatment adherence and response	In common presentations, con- family and sociocu factors, recommen most appropriate interventions/treatr and adjusts as indi	siders protocological tural fail ds the fail mo- nents, int	n complex resentations, c amily and socio actors, recomm nost appropriate nterventions/tre nd adjusts as in	cultural ends the e atments,	
Gives examples of types of community resources	Coordinates care with community resources	Incorporates support advocacy services, groups in treatment planning	pa t re	ocates and cor atients to comr esources in cor nd difficult situa	nunity nplex	Matches patient and family needs and preferences to specific local or virtual/online resources and advocates for the creation of resources when gaps are identified
				\neg		
Comments:						
					Not Vet (Completed Level 1
						Assessable

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates empathy, respect, and interest in both the identified patient and the patient's family/caregiving system	Builds and maintains a therapeutic alliance with a patient and patient's family, and identifies potential boundary violations and crossings in a psychotherapeutic relationship	Recognizes the value of family involvement while maintaining the ethical and legal limits on confidentiality of psychotherapy with a minor patient	Maintains a dual alliance with patients of all ages and their families, and maintains appropriate and culturally informed boundaries and professional relationships	Mentors other learners in psychotherapy and seeks additional psychotherapy education and collaboration when needed
Develops familiarity with a range of therapeutic modalities for individual psychotherapy with children and adolescents	Selects appropriate modality for individual psychotherapy, including the needs, goals, culture, and resources of the patient and the patient's family system	Creatively uses techniques from play and expressive therapies to facilitate individual psychotherapy	Provides individual psychotherapy from beginning to termination to youths at various developmental stages	
Develops familiarity with a range of therapeutic modalities for multi- person psychotherapy, including dyadic, family, and group psychotherapies	Selects the appropriate modality for multi-person psychotherapy, including the needs, goals, culture, and resources of the patient and the patient's family system	With supervision, manages complex interactions and therapeutic process in multi-person psychotherapy	Provides multi-person psychotherapy to youths at various developmental stages	

Level 1	Level 2	Level 3	Level 4	Level 5
Reviews general indications and common adverse effects for commonly prescribed drugs and other somatic treatments with a patient's parent/guardian and the patient	Uses resources to provide psychoeducation to the patient and patient's parents/ guardians to optimize their understanding and adherence, including discussion of when medication is not indicated or is unlikely to be helpful	Explains mechanisms of action, risks, and benefits of commonly prescribed drugs and other somatic treatments to patients and their families	Explains less common somatic treatment choices to patients and their families in terms of proposed mechanisms of action, impact of development, potential risks and benefits, and the evidence base	Mentors other learners by developing novel patient educational processes or materials
Identifies necessary key baseline assessments before initiating somatic treatments to ensure patient safety	Obtains necessary baseline assessments before initiating treatment with commonly used somatic treatments	Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy	Manages adverse effects and safety concerns in complex or treatment refractory cases, including de-prescribing medication	Incorporates new evidence-based developments into treatment to optimize safety, minimize adverse effects, and improve response

Patient Care 6: Clinical C	onsultation			
A: Requests consultatio B: Receives consultation				
	standing of consultation mod	dels		
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully, clearly, and concisely requests the appropriate consultation	Requests the appropriate consultation for a pediatric setting	Applies consultant recommendations judiciously to patient care	Critically appraises and integrates diverse recommendations	Contributes to identifying and improving potential deficiencies in the consultation system
Respectfully receives a consultation request and asks for additional information needed to respond to the request	Respectfully, clearly, and concisely communicates recommendations to the consulting team	Assists the consulting team in identifying unrecognized clinical care issues and provides relevant recommendations, checking for understanding	Manages complicated and challenging consultation requests	Leads consultation liaison psychiatry teams across medical and non- medical settings
	Demonstrates understanding of the consultation model, including direct/indirect care and system/ individual care	Distinguishes models of integrated interprofessional care across medical and non- medical settings	Develops complex treatment plans in collaboration with the interprofessional team in medical and non-medical settings	Serves as a leader of interprofessional care teams
Comments:				
				Completed Level 1

Version 2

Detient Care 7, Digital Ha					
Patient Care 7: Digital He A: Uses the electronic h	ealth record (EHR) appropri	iately for patient care and qu	uality improvement		
	B: Conducts telehealth visits using appropriate software and recognizes when in-person care is needed				
C: Uses digital technolo	gy to augment patient care				
Level 1	Level 2	Level 3	Level 4	Level 5	
Uses the EHR for routine patient care activities	Expands use of the EHR to include and reconcile secondary data sources in patient care activities	Effectively uses EHR capabilities in managing acute and chronic care of patients	Uses the EHR to facilitate achievement of quality targets for patient panels	Leads improvements to the EHR	
Identifies the required components for a telehealth visit and identifies clinical situations that can be managed through a telehealth visit	Performs assigned telehealth visits using approved technology	Integrates telehealth effectively into clinical practice for medication management, psychotherapy, and consultation, and recognizes limitations of telehealth	Integrates telehealth effectively into clinical practice for evaluation and treatment of new and complex patients	Leads innovation of the telehealth system	
Describes how technology can augment face-to-face visits with patients (e.g., apps, websites, online therapies)	Evaluates the pros and cons of integrating specific digital technologies into treatment	Incorporates at least one digital technology into clinical care appropriately	Integrates multiple different digital technologies to augment clinical experience appropriately	Develops innovative and transformative digital technologies for use in pediatric mental health	
Comments:					
				Completed Level 1	

Trajectory of Developme A: Demonstrates knowl	ent and the Impact of Deve edge of typical human deve	•	n of Psychopathology	Psychopathology on the
		pical developmental trajector mental influences on develo		
Level 1	Level 2	Level 3	Level 4	Level 5
Describes the basic stages of typical biological, sociocultural, sexual, moral, and cognitive development from infancy to young adulthood	Demonstrates basic knowledge of the major developmental theories across all developmental domains	Explains developmental tasks and transitions throughout the life cycle using multiple conceptual models	Describes developmental stages in detail and articulates an integrated understanding of typical development	Serves as a role model regarding educating patients, patients' families and other learners about normal and abnormal development of children and adolescents
Recognizes major deviations from typical development, including disruptions and regressions	Describes appropriate evaluation and testing methods (genetic, psychological, neuropsychological, or other) to evaluate for specific developmental deficits and disorders	Describes how developmental level can influence the expression of psychopathology	Recognizes subtle deviations from typical development, including disruptions and regressions	Identifies and teaches new theories of typical and atypical development
Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that may influence developmental processes	Describes the effects of developmental trauma and neglect and other adverse experiences, including social determinants	Describes the potential harmful and protective influences of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology	Describes how risk factors can be mitigated and resilience promoted	
Comments:				Completed Level 1

Medical Knowledge 2: Psychopathology, including Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Co-Occurring Disorders, and Differential Diagnosis of Psychiatric Disorders, to include Substance Use Disorders (SUDs) and Presentation of Psychiatric Disorders across Development and in Diverse Patient Populations)

A: Demonstrates knowledge to identify and treat psychiatric conditions

B: Demonstrates knowledge of the interface of psychiatry and the rest of medicine

C: Demonstrates knowledge of sociocultural factors contributing to psychopathology

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the major psychiatric diagnostic categories across the lifespan	Demonstrates knowledge to identify and assess common psychiatric conditions in childhood and adolescence	Demonstrates knowledge to treat common psychiatric conditions, incorporating developmental factors	Demonstrates knowledge to identify and treat atypical and complex psychiatric conditions across a developmental spectrum	
Gives examples of interactions between medical, substance use, and psychiatric symptoms and disorders	Demonstrates knowledge to identify common medical conditions in patients with psychiatric illness	Integrates knowledge to identify and treat common psychiatric symptoms due to other medical illness, including chronic pain and SUDs	Integrates knowledge to identify and treat a wide range of psychiatric conditions in patients with co-occurring medical and SUDs	Applies knowledge to identify and manage uncommon conditions at the interface of psychiatry and the rest of medicine
Describes relevant sociocultural factors that contribute to patient presentations	Identifies social determinants of health relevant to patient presentations	Formulates psychopathology drawing upon patients' sociocultural context	Demonstrates knowledge to address the drivers of social determinants of health, including inequities, in formulating psychopathology	
Comments:				
				Completed Level 1 Assessable

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Medical Knowledge 3: Clinical Neuroscience, including Knowledge of Neurology and Developmental Neuropsychiatry

A: Demonstrates knowledge of neurodiagnostic and neuropsychological testing

B: Demonstrates an understanding of the interface of neurology, psychiatry, and development

C: Demonstrates an understanding of pediatric neurologic and neurodevelopmental disorders and their potential psychiatric sequelae

Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly available neuroimaging, neurophysiologic, and neuropsychological tests	Describes indications for common neuroimaging, neurophysiologic, and neuropsychological tests	Identifies the significance of findings in routine neuroimaging, neurophysiologic, and neuropsychological tests	Correlates significant findings of neuroimaging, neurophysiological, and neuropsychological tests to case formulation and treatment planning	Integrates new research in neuroimaging, neurophysiologic, and neuropsychological testing into understanding of psychopathology
Appreciates that neurobiological processes interact dynamically with the developing brain	Describes major neurobiological processes in child and adolescent development and in common psychiatric presentations	Includes atypical neurobiological findings in case formulations	Integrates neurobiological findings into case formulation and treatment planning	Engages in scholarly activity related to neuroscience and psychiatric disorders
Describes basic phenomenology of common neurologic and neurodevelopmental disorders	Describes the common psychiatric sequelae of neurologic and neurodevelopmental disorders	Identifies common co- occurrences between psychiatric and neurologic and neurodevelopmental disorders	Synthesizes knowledge of psychiatric and neurologic/ neurodevelopmental co- occurring disorders for case formulation and treatment	Integrates recent research into an understanding of the interface between neurology/ neurodevelopment and psychiatry
Comments:				Completed Level 1

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Level 1	edge of the evidence base Level 2	Level 3	Level 4	Level 5
Identifies the major evidence-based individual, dyadic, family, and group therapies in treating children and adolescents	Describes the common elements across psychotherapeutic modalities, including the dual alliance and limits of confidentiality	Describes the adaptations of commonly used psychotherapy modalities for children and adolescents	Describes the theoretical mechanisms of change in various forms of psychotherapy and how they vary with developmental level	Continues to critically evaluate new forms of psychotherapy based on evidence of efficacy, cultural relevance, and developmental appropriateness
Describes short-term, intermediate, and long- term goals of psychotherapy for patients across the developmental spectrum	Identifies the indications of various psychotherapeutic modalities, including developmental level of the patient and cultural context	Identifies the contraindications of various psychotherapeutic modalities, including developmental level of the patient and cultural context	Integrates knowledge of child and adolescent development, resilience, and protective factors in psychotherapy with children and adolescents	
Compares the evidence base for various forms of psychotherapy from different theoretical frameworks	Describes the importance of the concepts of fidelity and flexibility of manualized treatments	Describes clinical factors, such as patient preferences and the patient-doctor relationship, that affect the clinical response to evidence-based psychotherapies	Continuously analyzes the evidence for using psychotherapy alone or in combination with pharmacotherapy and how best to communicate this to patients and their families/caregiving systems	Critically evaluates new forms of psychotherapy and potential future directions as the science matures

Version 2

B. Demonstrates know	omatic Therapies wledge of fundamentals wledge of indications and tre wledge of the evidence base			
Level 1	Level 2	Level 3	Level 4	Level 5
Accesses practice guidelines and resources to answer questions about somatic treatments	Describes hypothesized mechanisms of action and metabolism for commonly prescribed psychopharmacologic agents	Demonstrates knowledge of developmental impacts on pharmacokinetics and pharmacodynamic agent interactions	Describes the strengths and limitations of the evidence supporting the use of medications and other somatic therapies in treatment situations in children and adolescents	
Describes indications and side effects for commonly prescribed psychopharmacologic agents for children and adolescents	Describes the physical findings and lab studies necessary to initiate and monitor treatment with commonly prescribed medications	Demonstrates knowledge of psychotropic selection based on practice guidelines or treatment algorithms for common psychiatric disorders in children and adolescents	Demonstrates knowledge of the potential risks and appropriate management for children and adolescents when using off-label somatic therapies	Effectively mentors other learners on the concepts and usability of evidence-based or best somatic treatment practices
Identifies the indications of different somatic therapies for specific child/adolescent psychiatric disorders	Discusses appropriate evidence-based somatic therapies when indicated	Researches and cites the evidence base when developing treatment plans	Integrates evidence, including emerging studies, into treatment plans for complex cases	
Comments:				Completed Level 1

Systems-Based Practice	e 1: Patient Safety and Qual	ity Improvement		
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and their families (simulated or actual)	Discloses patient safety events to patients and their families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
Comments:	Comments:			

Systems-Based Practice	2: System Navigation for F	Patient-Centered Care		
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations, effectively utilizing the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations, effectively utilizing the roles of the interprofessional teams	Role models effective coordination of patient- centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Comments:			Not Yet C	completed Level 1

Systems-Based Practice	3: Physician Role in Health	h Care Systems			
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)	Manages various components of the complex health care system to provide efficient and effective patient care and transition of care	Advocates for or leads systems change that enhances high value, efficient, and effective patient care and transition of care	
Describes the principles of cost-effective care	Delivers care with consideration of each patient's payment model	Engages with patients in shared decision making, informed by cost-effective care principles	Advocates for patient care needs (e.g., community resources, patient assistance resources) regardless of ability to pay	Participates in health policy advocacy activities	
Comments:			Not Yet C	ompleted Level 1	

Practice-Based Learning	and Improvement 1: Evide	ence-Based and Informed P	Practice	
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines
Comments:			Not Yet C	completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) in order to inform goals	Seeks performance data episodically, with adaptability and humility	Intentionally seeks performance data consistently, with adaptability and humility	Role models consistently seeking performance data with adaptability and humility
Identifies the factors which contribute to gap(s) between expectations and actual performance	Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	Facilitates the design and implementation of learning plans for others

Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes potential triggers for professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Coaches others when their behavior fails to meet professional expectations
Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers	Takes responsibility for own professionalism lapses	Recognizes need to seek help in managing and resolving complex ethical situations	Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their
Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles	review, risk management/legal consultation)	resolution
Comments:			Not Yet C	ompleted Level 1

Professionalism 2: Acco	untability/Conscientiousne	SS		
Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations	Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner	Takes ownership of system outcomes
Responds promptly to requests or reminders to complete tasks and responsibilities	Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met		
Comments:			Not Yet C	completed Level 1

Professionalism 3: Self-A	Awareness and Help-Seekir	ng			
Level 1	Level 2	Level 3	Level 4	Level 5	
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being	With assistance, proposes a plan to optimize personal and professional well-being	Independently develops a plan to optimize personal and professional well-being	Coaches others when emotional responses or limitations in knowledge/ skills do not meet professional expectations	
Recognizes limits in the knowledge/skills of self or team, with assistance	Independently recognizes limits in the knowledge/ skills of self or team and demonstrates appropriate help-seeking behaviors	With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team	Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team		
Comments:			Not Yet C	ompleted Level 1	

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal behavior to demonstrate respect and establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters	Easily establishes therapeutic relationships, with attention to patient/ family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system	Identifies complex barriers to effective communication (e.g., health literacy, cultural)	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Role models self- awareness while identifying a contextual approach to minimize communication barriers
Identifies the need to adjust communication strategies based on assessment of patient/ family expectations and understanding of their health status and treatment options	Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation	With guidance, sensitively and compassionately delivers medical information, elicits patient/ family values, goals, and preferences, and acknowledges uncertainty and conflict	Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication, including those with a high degree of uncertainty/conflict

Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Checks own understanding of consultant recommendations	Coordinates recommendations from different members of the health care team to optimize patient care	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Checks understanding of recommendations when providing consultation		
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	Uses active listening to adapt communication style to fit team needs		
	Solicits feedback on performance as a member of the health care team	Communicates concerns and provides feedback to peers and learners	Communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations

Level 1	Level 2	Level 3	Level 4	Level 5
Accurately records information in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Concisely reports diagnostic and therapeutic reasoning in the patient record	Communicates clearly, concisely, timely, and in an organized written form, including anticipatory guidance	Models feedback to improve others' written communication
Safeguards patient personal health information	Demonstrates accurate, timely, and appropriate use of documentation shortcuts Documents required data in formats specified by institutional policy	Appropriately selects direct (e.g., telephone, in- person) and indirect (e.g., progress notes, text messages) forms of communication based on context	Achieves written or verbal communication (e.g., patient notes, email) that serves as an example for others to follow	Guides departmental or institutional communication around policies and procedures
Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage)	Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions to improve the system	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field)