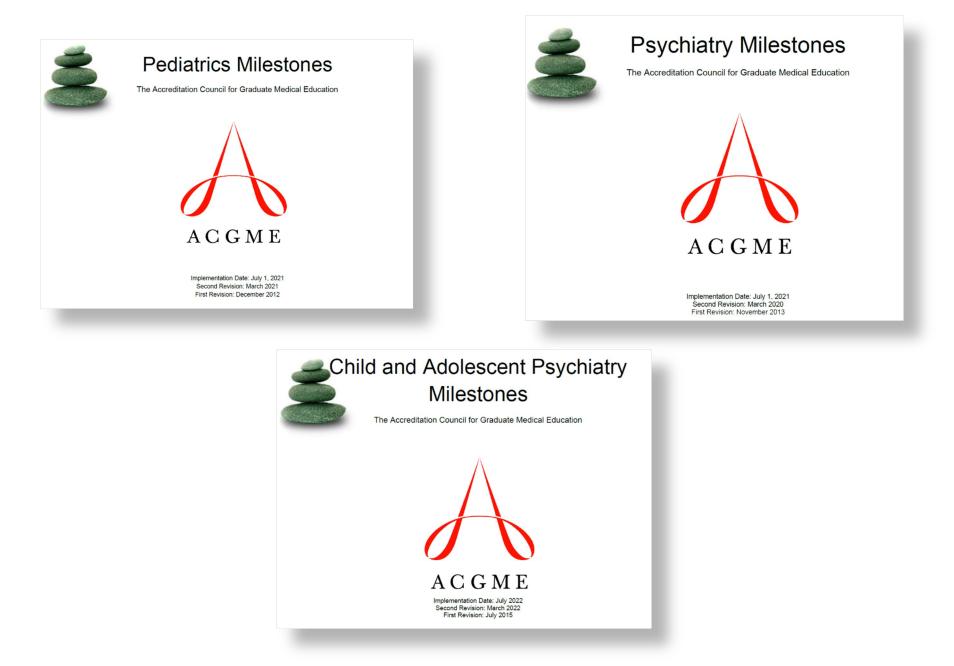
Pediatrics, Psychiatry, and Child and Adolescent Psychiatry (combined) programs must annually report on **each** set of Milestones.





## **Pediatrics Milestones**

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: March 2021 First Revision: December 2012

## **Pediatrics Milestones**

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident 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 competency, nor are they designed to be relevant in any other context.

### **Pediatrics Milestones**

### Work Group

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The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Board of Pediatrics Association of American Medical Colleges Association of Osteopathic Directors and Medical Educators Association of Pediatric Program Directors Council of Pediatric Subspecialties Review Committee for Pediatrics

### **Understanding Milestone Levels and Reporting**

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

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident 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, a junior resident may achieve higher levels early in his/her educational program just as a senior resident may be at a lower level later in his/her educational program. There is no predetermined timing for a resident to attain any particular level. Residents 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.

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

### **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 Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert resident 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. The ACGME 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. Please note: the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

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

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On <u>www.acgme.org</u>, choose the applicable specialty under the "Specialties" menu, then select the "Milestones" link in the lower navigation bar. The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that resident's performance in relation to those milestones.

1: Patient Safety			
Level 2	Level 3	Level 4	Level 5
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
Reports patient safety events through institutional reporting systems (actual or simulated)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
		Not Yet C	ompleted Level 1
onse box in the	Selecting a re	esponse box on the line	e in
middle of a level implies that			
			ally
substantially			
	Level 2 Identifies system factors that lead to patient safety events Reports patient safety events through institutional reporting systems (actual or simulated)	Level 2     Level 3       Identifies system factors that lead to patient safety events     Participates in analysis of patient safety events (simulated or actual)       Reports patient safety events through institutional reporting systems (actual or simulated)     Participates in disclosure of patient safety events to patients and families (simulated or actual)       Image: Description of the institutional reporting systems (actual or simulated)     Participates in disclosure of patient safety events to patients and families (simulated or actual)       Image: Description of the implies that t level and in lower substantially     Image: Description of the in lower level demonstrated	Level 2Level 3Level 4Identifies system factors that lead to patient safety eventsParticipates in analysis of patient safety events (simulated or actual)Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)Reports patient safety events through institutional reporting systems (actual or simulated)Participates in disclosure of patient safety events to patients and families (simulated or actual)Discloses patient safety events to patient safety events to patient safety events to patient sand families (simulated or actual)Not Yet C onse box in the implies that t level and in lowerNot Yet C between levels indicates that milesto in lower levels have been substantia

Patient Care 1: History					
Level 1	Level 2	Level 3	Level 4	Level 5	
Gathers information strictly following a template	Adapts template to filter and prioritize pertinent positives and negatives based on broad diagnostic categories or possible diagnoses	Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real-time for uncomplicated or typical presentations	Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations	Recognizes and probes subtle clues from patients and families; distinguishes nuances among diagnoses to efficiently drive further information gathering	
Comments: Not Yet Completed Level 1					

Patient Care 2: Physical Exam				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs fundamental physical examination	Performs complete physical examination and identifies variants and abnormal findings	Performs complete or focused physical examination, as indicated, and interprets normal variants and abnormal findings	Performs complete or focused physical examination, as indicated, and selects advanced maneuvers to distinguish between diagnoses	Detects, pursues, and integrates key physical examination findings to distinguish nuances among competing, often similar diagnoses
Performs a rote physical examination using a strict head-to-toe approach	Performs a physical examination considering appropriate adaptation for age and development	Performs a physical examination with consistent use of a developmentally appropriate approach	Performs a physical examination using strategies to maximize patient cooperation and comfort	Performs a physical examination that consistently and positively engages the patient
Comments: Not Yet Completed Level 1				

Patient Care 3: Organize	and Prioritize Patient Care	)		
Level 1	Level 2	Level 3	Level 4	Level 5
Completes tasks for an individual patient, when prompted	Organizes patient care responsibilities by focusing on individual (rather than multiple) patients	Organizes and prioritizes the simultaneous care of patients with efficiency	Organizes, prioritizes, and delegates patient care responsibilities even when patient volume approaches the capacity of the individual or facility; anticipates and triages urgent and emergent issues	Serves as a role model and coach for patient care responsibilities
Comments:				Completed Level 1

Patient Care 4: Clinical Reasoning					
Level 1	Level 2	Level 3	Level 4	Level 5	
Presents clinical facts (e.g., history, exam, tests, consultations) in the order they were elicited	Generates an unfocused differential diagnosis based on the clinical facts	Organizes clinical facts to compare and contrast diagnoses being considered, resulting in a prioritized differential diagnosis	Integrates clinical facts into a unifying diagnosis(es); reappraises in real time to avoid diagnostic error	Role models and coaches the organization of clinical facts to develop a prioritized differential diagnosis, including life threatening diagnoses, atypical presentations, and complex clinical presentations	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Patient Care 5: Patient Management					
Level 1	Level 2	Level 3	Level 4	Level 5	
Reports management plans developed by others	Participates in the creation of management plans	Develops an interdisciplinary management plan for common and typical diagnoses	Develops and implements informed management plans for complicated and atypical diagnoses, with the ability to modify plans as necessary	Serves as a role model and coach for development of management plans for complicated and atypical diagnoses, with the ability to modify plans as necessary	
Comments: Not Yet Completed Level 1					

Medical Knowledge 1: Clinical Knowledge					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates basic medical knowledge	Links basic medical knowledge to clinical scenarios	Applies medical knowledge to common and typical scenarios to guide patient care	Integrates a breadth of medical knowledge that includes complicated and atypical conditions to guide patient care	Teaches at multiple levels, drawing from a breadth of medical knowledge that spans the continuum of simple to complex problems	
Comments:				ompleted Level 1	

Medical Knowledge 2: Diagnostic Evaluation				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists basic evaluation (e.g., diagnostic testing and consultation) for common diagnoses, with prompting	Recommends broad evaluation based on an unfocused differential diagnosis	Recommends focused evaluation based on a prioritized differential diagnosis	Prioritizes and optimizes evaluation based on risks, benefits, indications, and alternatives to clarify the diagnosis(es)	Educates others about risks, benefits, indications, and alternatives to guide diagnostic decision making
Reports results of diagnostic studies	Identifies clinically significant diagnostic study results, with guidance	Interprets clinical significance of diagnostic study results	Interprets clinical significance of diagnostic study results while considering study limitations	Teaches others to interpret clinically significant results and consider study limitations
Comments: Not Yet Completed Level 1				

Systems-Based Practice 1: Patient Safety				
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 families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Comments:			Not Yet C	ompleted Level 1

Systems-Based Practice 2: Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
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:			Not Yet C	ompleted Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Lists the various interprofessional individuals involved in the patient's care coordination	Coordinates care of patients in routine clinical situations, incorporating interprofessional teams with consideration of patient and family needs	Coordinates care of patients in complex clinical situations, effectively utilizing the roles of interprofessional teams, and incorporating patient and family needs and goals	Coordinates interprofessional, patient-centered care among different disciplines and specialties, actively assisting families in navigating the health- care system	Coaches others in interprofessional, patient- centered care coordination

Systems-Based Practice 4: System Navigation for Patient-Centered Care – Transitions in Care					
Level 1	Level 2	Level 3	Level 4	Level 5	
Uses a standard template for transitions of care/hand-offs	Adapts a standard template, recognizing key elements for 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, and ensures closed-loop communication	Performs and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including transitions to adult care	Coaches others in improving transitions of care within and across health care delivery systems to optimize patient outcomes	
Comments: Not Yet Completed Level 1					

Systems-Based Practice 5: Population and Community Health						
Level 1	Level 2	Level 3	Level 4	Level 5		
Demonstrates awareness of population and community health needs and disparities	Identifies specific population and community health needs and disparities; identifies local resources	Uses local resources effectively to meet the needs and reduce health disparities of a patient population and community	Adapts practice to provide for the needs of and reduce health disparities of a specific population	Advocates at the local, regional, or national level for populations and communities with health care disparities		
Comments:			Not Yet C	ompleted Level 1		

Systems-Based Practice 6: Physician Role in Health Care Systems						
Level 1	Level 2	Level 3	Level 4	Level 5		
Engages with patients and other providers in discussions about cost- conscious care and key components of the health care delivery system	Identifies the relationships between the delivery system and cost- conscious care and the impact on the patient care	Discusses the need for changes in clinical approaches based on evidence, outcomes, and cost-effectiveness to improve care for patients and families	Advocates for the promotion of safe, quality, and high-value care	Coaches others to promote safe, quality, and high-value care across health care systems		
Comments:			Not Yet C	ompleted Level 1		

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice						
Level 1	Level 2	Level 3	Level 4	Level 5		
Develops an answerable clinical question and demonstrates how to access available evidence, with guidance	Independently articulates clinical question and accesses available evidence	Locates and applies the evidence, integrated with patient preference, to the care of 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		
Comments:			Not Yet C	completed Level 1		

Level 1	Level 2	Level 3	Level 4	Level 5
Participates in feedback sessions	Demonstrates openness to feedback and performance data	Seeks and incorporates feedback and performance data episodically	Seeks and incorporates feedback and performance data consistently	Role models and coaches others in seeking and incorporating feedback and performance data
Develops personal and professional goals, with assistance	Designs a learning plan based on established goals, feedback, and performance data, with assistance	Designs and implements a learning plan by analyzing and reflecting on the factors which contribute to gap(s) between performance expectations and actual performance	Adapts a learning plan using long-term professional goals, self- reflection, and performance data to measure its effectiveness	Demonstrates continuous self-reflection and coaching of others on reflective practice

Professionalism 1: Professional Behavior					
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies expected professional behaviors and potential triggers for lapses	Demonstrates professional behavior with occasional lapses	Maintains professional behavior in increasingly complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Models professional behavior and coaches others when their behavior fails to meet professional expectations	
Identifies the value and role of pediatrics as a vocation/career	Demonstrates accountability for patient care as a pediatrician, with guidance	Fully engages in patient care and holds oneself accountable	Exhibits a sense of duty to patient care and professional responsibilities	Extends the role of the pediatrician beyond the care of patients by engaging with the community, specialty, and medical profession as a whole	
Comments:	Comments: Not Yet Completed Level 1				

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics	Applies ethical principles in common situations	Analyzes complex situations using ethical principles to address conflict/controversy; seeks help when needed to manage and resolve complex ethical situations	Manages and seeks to resolve ethical dilemmas using appropriate resources (e.g., ethics consultations, literature review, risk management/legal consultation)	Called upon by others to consult in cases of complex ethical dilemmas; identifies and seeks to address system- level factors that induce or exacerbate

Professionalism 3: Accountability/Conscientiousness					
Level 1	Level 2	Level 3	Level 4	Level 5	
Performs tasks and responsibilities, with prompting	Performs tasks and responsibilities in a timely manner in routine situations	Performs tasks and responsibilities in a thorough and timely manner in complex or stressful situations	Coaches others to ensure tasks and responsibilities are completed in a thorough and timely manner in complex or stressful situations	Creates strategies to enhance others' ability to efficiently complete tasks and responsibilities	
Comments:			Not Yet C	ompleted Level 1	

Professionalism 4: Well-Being					
Level 1	Level 2	Level 3	Level 4	Level 5	
Recognizes the importance of addressing personal and professional well-being	Describes institutional resources that are meant to promote well-being	Recognizes institutional and personal factors that impact well-being	Describes interactions between institutional and personal factors that impact well-being	Coaches and supports colleagues to optimize well-being at the team, program, or institutional level	
Comments:			Not Yet C	ompleted Level 1	

This subcompetency is not intended to evaluate a resident's well-being, but to ensure each resident has the fundamental knowledge of factors that impact wellbeing, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.

Level 1	Level 2 Level 3 Level 4		Level 5		
Demonstrates respect and attempts to establish rapport	Establishes a therapeutic relationship in straightforward encounters	Establishes a culturally competent and therapeutic relationship in most encounters	Establishes a therapeutic relationship in straightforward and complex encounters, including those with ambiguity and/or conflict	Mentors others to develop positive therapeutic relationships	
Attempts to adjust communication strategies based upon patient/family expectations	Adjusts communication strategies as needed to mitigate barriers and meet patient/family expectations	Communicates with sensitivity and compassion, elicits patient/family values, and acknowledges uncertainty and conflict	Uses shared decision making with patient/family to make a personalized care plan	Models and coaches others in patient- and family-centered communication	

Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation, with guidance	Clearly and concisely requests consultation by communicating patient information	Formulates a specific question for consultation and tailors communication strategy	Coordinates consultant recommendations to optimize patient care adherence to prac- recommendations	
Identifies the members of the interprofessional team	Participates within the interprofessional team	Uses bi-directional communication within the interprofessional team	interprofessional team effect communication within	Coaches others in effective communication within the interprofessional team

Level 1	Level 2	Level 3	Level 4	Level 5
Records accurate information in the patient record	Records accurate and timely information in the patient record	Concisely documents updated, prioritized, diagnostic and therapeutic reasoning in the patient record	Documents diagnostic and therapeutic reasoning, including anticipatory guidance	Models and coaches others in documenting diagnostic and therapeutic reasoning
Identifies the importance of and responds to multiple forms of communication (e.g., in- person, electronic health record (EHR), telephone, email)	Selects appropriate method of communication, with prompting	Aligns type of communication with message to be delivered (e.g., direct and indirect) based on urgency and complexity	Demonstrates exemplary written and verbal communication	Coaches others in written and verbal communication



# **Psychiatry Milestones**

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: March 2020 First Revision: November 2013

## **Psychiatry Milestones**

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident 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.

### **Psychiatry Milestones Work Group**

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The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Association of Directors of Psychiatric Residency Training American Board of Psychiatry and Neurology American College of Osteopathic Neurologists and Psychiatrists American Osteopathic Board of Psychiatry and Neurology ACGME Review Committee for Psychiatry

### **Understanding Milestone Levels and Reporting**

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

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident 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, a junior resident may achieve higher levels early in his/her educational program just as a senior resident may be at a lower level later in his/her educational program. There is no predetermined timing for a resident to attain any particular level. Residents 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.

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 vi).

### **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 Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert resident 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. The ACGME 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. Please 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 conformity to ACGME supervision guidelines as described in the Program Requirements, as well as to 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 the intent of each subcompetency, examples for each level, assessment methods or tools, and other available resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee, and is not meant to demonstrate any required element or outcome.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On <u>www.acgme.org</u>, choose the applicable specialty under the "Specialties" menu, then select the "Milestones" link in the lower navigation bar. The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that resident's performance in relation to those milestones.

Systems-based Practice 2: System Navigation for Patient Centered Care					
A: Coordinates patient c B: Safely transitions care	are				
	= care to meet community n	eeds			
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 their 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 handoffs	Performs safe and effective transitions of care/handoffs in routine clinical situations	Performs safe and effective transitions of care/handoffs in complex clinical situations		Role models and serves as a patient advocate for safe and effective transitions of care/handoffs within and across healthcare delivery systems including outpatient settings	Improves quality of transitions of care within and across healthcare delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses local resources effectively to meet the needs of a patient population and community		Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
		$\checkmark$			
Comments:				Not Yet	Completed Level 1
	\	-	`	<u></u>	
Selecting a response	se box in the		Selecting a re	sponse box on the l	ine in
middle of a level im	plies that		between leve	Is indicates that mile	estones
milestones in that l	evel and in lower		in lower levels	s have been substar	ntially
levels have been s	ubstantially		demonstrated	l as well as <b>some</b>	
demonstrated.			milestones in	the higher level(s).	

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<ul> <li>Patient Care 1: Psychiatric Evaluation</li> <li>A: Gathers and organizes findings from the patient interview and mental status examination</li> <li>B: Gathers and organizes data from collateral sources</li> <li>C: Screens for risk and integrates risk assessment into the patient evaluation</li> </ul>					
Level 1	Level 2	Level 3	Level 4	Level 5	
Collects general medical and psychiatric history and completes a mental status examination	Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's presentation	Uses hypothesis-driven information gathering to obtain complete, accurate, and relevant history	Elicits and observes subtle and unusual findings	Serves as a role model for gathering subtle and accurate findings from the patient and collateral	
Collects relevant information from collateral sources	Selects appropriate laboratory and diagnostic tests	Interprets collateral information and test results to determine necessary additional steps	Interprets collateral information and test results to determine necessary additional steps in the evaluation of complex conditions	sources	
Screens for risk of harm to self, to others, or by others	Engages in a basic risk assessment and basic safety planning	Incorporates risk and protective factors into the assessment of imminent, short, and long-term patient safety and the safety of others	Incorporates risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient	Serves as a role model for risk assessment	
Comments:	Comments: Not Yet Completed Level 1				

Patient Care 2: Psychiatric Formulation and Differential Diagnosis         A: Organizes and summarizes findings and generates differential diagnosis         B: Identifies contributing factors and contextual features and creates a formulation         C: Uses the emotional responses of clinician and patient as diagnostic information				
Level 1	Level 2	Level 3	Level 4	Level 5
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations	Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of patient presentations	Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation	Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient's presentation	Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, and developmental/life cycle factors	Develops formulations based on multiple conceptual models	
Recognizes that clinicians have emotional responses to patients	Recognizes that clinicians' emotional responses have diagnostic value	Begins to use the clinician's emotional responses to the patient to aid formulation	Integrates clinician's and patient's emotional responses into the diagnosis and formulation	
Comments:				Completed Level 1

A: Creates treatment plan B: Monitors and revises tre C: Incorporates the use of		211L		
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies potential biopsychosocial treatment options	Engages the patient in the selection of evidence-based biopsychosocial treatment, recognizing that comorbid conditions and side effects impact treatment	Applies an understanding of psychiatric, neurologic, and medical comorbidities in the management of common presentations	Devises individualized treatment plan for complex presentations; integrates multiple modalities and providers in a comprehensive approach	Supervises treatment planning of other learners and multidisciplinary providers
Recognizes that acuity affects level of care and treatment monitoring	Selects the most appropriate level of care based on acuity and monitors treatment adherence and response	Selects the most appropriate interventions, treatments, and adjustments in treatment in common presentations based on consideration of patient factors and acuity	Selects the most appropriate interventions, treatments, and adjustments in treatment in complex presentations based on consideration of patient factors and acuity	
Gives examples of community resources	Coordinates care with community resources	Incorporates support and advocacy groups in treatment planning	Locates and connects patients to community resources in complex and difficult situations	Participates in the creation or administration of community-based programs
Comments:				Completed Level 1

	c alliance and manages bou d provides psychotherapies	ndaries including supportive, psycho	odynamic, and cognitive-beł	navioral
Level 1	Level 2	Level 3	Level 4	Level 5
Establishes a working relationship with patients demonstrating interest and empathy	Establishes a bounded therapeutic alliance with patients with uncomplicated problems	Establishes and maintains a therapeutic alliance with patients with uncomplicated problems, and can recognize and avoid boundary violations	Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations	Assesses and can help repair troubled alliances and/or boundary difficulties between junior residents and their patients
Lists the three core psychotherapies	Uses the common factors of psychotherapy in providing supportive therapy to patients	Provides selected psychotherapies (including supportive, psychodynamic, and cognitive-behavioral), sets goals and integrates therapy with other treatment modalities	Selects appropriate psychotherapeutic modality based on case formulation, tailors the therapy to the patient, and provides psychotherapy (at least supportive and one of psychodynamic or cognitive-behavioral) to complex patients	Tailors psychotherapeutic treatment based on awareness of own skill sets, strengths, and limitations
Accurately identifies patient emotions, particularly sadness, anger, and fear	Identifies and reflects the core feelings and key issues for the patient during the session	Identifies and reflects the core feelings, key issues and what the issues mean to the patient during the session, while managing the emotional content and feelings elicited	Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions	Links feelings, recurrent/central themes/schemas and their meaning to the patient as they shift within and across sessions
Comments: Not Yet Completed Level 1				

Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms	Appropriately prescribes commonly used somatic therapies and understands their mechanism of action	Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies	Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases	Manages complex combinations of somatic therapies and considers novel approaches
Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments	Appropriately uses educational and other resources to support the patient and optimize understanding and adherence	Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families	Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base	Leads the development of novel patient educational processes of materials
Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety	Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies	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	Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response

Patient Care 6: Clinical (	Consultation			
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Applies consultant recommendations judiciously to patient care	Critically appraises and integrates diverse recommendations	Contributes to identifying and rectifying flaws of consultation system
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Assists 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
	Demonstrates understanding of the consultation model, including liaison function	Demonstrates understanding of models of integrated multidisciplinary mental health and primary care	Collaborates skillfully with practitioners from other disciplines in medical settings	Serves as a leader of integrated care teams or implementation projects
Comments: Not Yet Completed Level 1				

<b>Development and Devel</b> <b>A:</b> Knowledge of human d	evelopment through the Li opment on the Expression levelopment ical and environmental influe	of Psychopathology)	pact of Psychopathology	on the Trajectory of
Level 1	Level 2	Level 3	Level 4	Level 5
Conceptualizes development as occurring in stages throughout the life cycle	Describes the basic stages of typical biological, sociocultural, sexual, and cognitive development throughout the life cycle	Explains developmental tasks and transitions throughout the life cycle, using multiple conceptual models	Articulates an integrated understanding of typical development	Incorporates new knowledge into own understanding of typical and atypical development
Recognizes major deviations from typical development	Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that contribute to a shift towards an atypical developmental trajectory	Describes the influence of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology	Describes how acquiring and losing specific capacities can influence the expression of psychopathology	
Comments:				Completed Level 1

<ul> <li>Medical Knowledge 2: Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations)</li> <li>A: Knowledge to identify and treat psychiatric conditions</li> <li>B: Knowledge at the interface of psychiatry and the rest of medicine</li> </ul>				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the major psychiatric diagnostic categories	Demonstrates sufficient knowledge to identify and assess common psychiatric conditions	Demonstrates sufficient knowledge to identify and treat common psychiatric conditions throughout the life cycle	Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle	
Gives examples of interactions between medical and psychiatric symptoms and disorders	Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients	Applies knowledge to identify and treat common psychiatric symptoms due to other medical illness	Applies knowledge to identify and treat a wide range of psychiatric conditions in patients with comorbid medical disorders and ensures treatment of medical conditions in psychiatric patients	Applies knowledge to identify and manage uncommon conditions at the interface of psychiatry and medicine
Comments: Not Yet Completed Level 1				

Medical Knowledge 3: Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) A: Neurodiagnostic and neuropsychological testing B: Neuropsychiatric comorbidity C: Application of neuroscientific findings in psychiatry					
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 the significance of neuroimaging, neurophysiological, and neuropsychological testing results to case formulation and treatment planning	Integrates recent neuroimaging, neurophysiologic, and neuropsychological tests research into understanding of psychopathology	
Describes basic components and functions of the nervous system	Describes major neurobiological processes underlying common psychiatric illness	Explains how neurobiological processes are included in a case formulation	Correlates neurobiological processes into case formulation and treatment planning	Engages in scholarly activity related to neuroscience and psychiatric disorders	
Describes basic features of common neurologic disorders	Describes with the interplay between psychiatric and neurologic disorders	Identifies common comorbidities of between psychiatric and neurologic disorders	Synthesizes knowledge of psychiatric and neurologic comorbidities for case formulation and treatment	Integrates recent research into understanding of the interface between neurology and psychiatry	
Comments:	Comments: Not Yet Completed Level 1				

C: Evidence base				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies psychotherapy as an effective modality of treatment	Describes the common elements across psychotherapeutic modalities	Identifies the central theoretical principles across the three core psychotherapeutic modalities: supportive, psychodynamic, cognitive-behavioral	Explains the theoretical mechanisms of therapeutic change in each of the three core modalities	Incorporates new theoretical developments into knowledge base
Describes the basic framework of a psychotherapeutic experience	Lists the basic indications and benefits of using psychotherapy	Identifies the techniques of the three core individual psychotherapies	Compares the selection criteria and potential risks, and benefits of the three core individual psychotherapies	Demonstrates sufficient evidence-based knowledge of core individual therapies to teach others
Lists the three core psychotherapy modalities	Describes the evidence for one core psychotherapy modality	Summarizes the evidence base for the three core individual psychotherapies	Analyzes the evidence base for combining psychotherapy and pharmacotherapy	

Systems-Based Practice 1: Patient Safety and Quality Improvement         A: Analyzes patient safety events         B: Appropriately discloses patient safety events         C: Participates in 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 improve 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 families (simulated or actual)	Discloses patient safety events to patients and 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., reduced restraint rates, falls risk, suicide rates)	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: Not Yet Completed Level 1				

Systems-Based Practice 2: System Navigation for Patient-Centered Care A: Coordinates patient care B: Safely transitions care				
<b>C:</b> Population and commu	nity health needs			
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively using the roles of their 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 serves as a patient advocate 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
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
Comments:			Not Yet 0	Completed Level 1

C: Transition to practice	Level 2	Level 3	Level 4	Level 5
Identifies key components of the complex health care system	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	Manages various components of the complex health care system to provide high- value, 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 practice models and basic mental health payment systems	Identifies barriers to care in different health care systems	Engages with patients in shared decision making and advocates for appropriate care and parity	Advocates for patient care needs including mobilizing community resources	Participates in advocacy activities for access to care in mental health and reimbursement
Identifies basic knowledge domains for effective transition to residency	Demonstrates use of information technology and documentation required for medical practice	Describes core administrative knowledge needed for transition to practice	Analyzes individual practice patterns and professional requirements in preparation for practice	Educates others to prepare them for transition to practice

Practice-Based Learning	and Improvement 1: Evid	ence-Based and Informed	I Practice	
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and summarize available evidence for routine conditions	Articulates clinical questions and initiates literature searches to provide evidence-based care	Locates and applies the best available evidence to the care of patients applying a hierarchy of evidence	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	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 openness and humility	Intentionally seeks performance data consistently with openness and humility	Role models consistently seeking performance data with openness and humility
Identifies the factors which contribute to gap(s) between one's expected and actual performance	Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance	Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected 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 core professional behavior	Demonstrates 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	Role models professional behavior and ethical principles
Recognizes that one's behavior in professional settings affects others	Takes responsibility for own professionalism lapses and responds appropriately	Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting	Responds appropriately to professionalism lapses of colleagues	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Demonstrates knowledge of core ethical principles	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles and recognizes when help is needed	Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed. (e.g., ethics consultations, literature review, risk management/legal consultation)	
Comments:			Not Yet (	Completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, 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 when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving	Takes ownership of system outcomes
Introduces self as patient's resident physician	Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care	Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider	Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care	Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care

Professionalism 3: Well-	Being			
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of addressing personal and professional well-being	Lists available resources for personal and professional well-being Describes institutional resources designed to promote well-being	With assistance, proposes a plan to promote personal and professional well-being Recognizes which institutional factors affect well-being	Independently develops a plan to promote personal and professional well-being Describes institutional factors that positively and/or negatively affect well-being	Creates institutional level interventions that promote colleagues' well-being Describes institutional programs designed to examine systemic contributors to burnout
Comments:	ended to evaluate a resident's	well-being. Rather, the intent is		Completed Level 1

of factors that affect well-being, the mechanisms by which those factors affect well-being, and available resources and tools to improve well-being.

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively	Effectively establishes and sustains 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; accurately communicates own role within the health care system	Identifies complex barriers to effective communication	When prompted, reflects on personal biases that may contribute to communication barriers	Independently recognizes personal biases and attempts to proactively minimize their contribution to communication barriers	Role models self- awareness practice while identifying and teaching a contextual approach to minimize communication barriers
Recognizes communication strategies may need to be adjusted based on clinical context	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; 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
Comments:			Not Yet (	Completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
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	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
Recognizes the need for ongoing feedback with the health care team	Solicits feedback on performance as a member of the health care team	Communicates concerns and provides feedback to peers and learners	Respectfully communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations

Interpersonal and Comm	unication Skills 3: Comm	unication within Health Ca	are Systems	
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 and concisely, in an organized written form, including anticipatory guidance	Contributes to departmental or organizational initiatives to improve communication systems
Safeguards patient personal health information	Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication	Appropriately selects forms of communication based on context	Achieves written or verbal communication that serves as an example for others to follow	
Communicates about administrative issues through appropriate channels, as required by institutional policy	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
Comments:			Not Yet (	Completed Level 1

# Child and Adolescent Psychiatry Milestones

The Accreditation Council for Graduate Medical Education



Implementation Date: July 2022 Second Revision: March 2022 First Revision: July 2015

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## Child and Adolescent Psychiatry Milestones

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

### **Child and Adolescent Psychiatry Milestones**

### **Working Group**

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The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

American Board of Psychiatry and Neurology ACGME Review Committee for Psychiatry

### **Understanding Milestone Levels and Reporting**

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

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert 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, a junior fellow may achieve higher levels early in the educational program just as a senior fellow may be at a lower level later in the educational program. There is no predetermined timing for a resident to attain any particular level. 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).

#### **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 Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert 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. The ACGME 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. Please 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 conformity to ACGME supervision guidelines as described in the Program Requirements, as well as to 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 the intent of each subcompetency, examples for each level, assessment methods or tools, and other available resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee, and is not meant to demonstrate any required element or outcome.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On <u>www.acgme.org</u>, choose the applicable specialty under the "Specialties" menu, then select the "Milestones" link in the lower navigation bar. The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow's performance in relation to those milestones.

Practice-Based Learning	and Improvement 1: Evid	lence-Based and Informed	Practice	
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and summarize available evidence for routine conditions	Formulates clinical questions and completes literature searches to provide evidence-based care	Critically appraises and compares the best available evidence and applies to patient care using a hierarchy of evidence	Critically appraises and applies evidence to guide care tailored to the patient and family, even in the face of uncertainty and conflicting evidence	Coaches other learners to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines
Comments: Not Yet Completed Level 1				
Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.			between levels ind	

Patient Care 1: Psychiatric A: Gathers and organizes		iew and mental status examination	ation in a manner appropriate t	o the developmental stage of
the child				
	data from collateral sources, in egrates risk assessment into th		egivers	
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 family/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 creative use of 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
Comments:				
				Completed Level 1
			Not Yet /	Assessable

accurately summarizes information obtained from the patient evaluation to develop a clinical impressioninformation obtained from the patient, patient's caregivers, other health care practitioners; and education, welfare, and legal systems to develop a clinical impressionsignificance of a patient's family's adverse childhood experiences; patient's intersecting gender, sexual, ethnic, and racial identifies specific biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentationinformation obtained from the patient, patient's caregivers, other health care practitioners; and education, welfare, and legal systems to develop a clinical impressionsignificance of a patient's and patient's family's adverse childhood experiences; patient's intersecting gender, sexual, ethnic, and racial identifies specific psychosocial factors, including heredity, genomics, nutrition, gender, race, and substances, that play asignificance of a patient's significance of a patient's and patient's family's adverse childhood experiences; patient's intersecting gender, sexual, ethnic, and racial identifies specific psychosocial factors, including heredity, genomics, nutrition, gender, race, and substances, that play asignificance of a patient's family's adverse childhood experiences; patient's providenties; and experiences into the clinical impressionfrom different collateral sources, recognizing when information varies formulationin the develop accurate and outcurs intersecting gender, sexual, ethnic, and racial identifies specific psychosocial factors, including relationships, home environment, advancement opportunities, and socialfrom d	_evel 1	Level 2	Level 3	Level 4	Level 5
biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation biological factors, including heredity, genomics, nutrition, presentation biological factors, including relationships, home environment, advancement opportunities, and social that contribute to a	accurately summarizes nformation obtained from the patient evaluation to develop a	information obtained from the patient, patient's caregivers, other health care practitioners; and education, welfare, and legal systems to develop	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	from different collateral sources, recognizing when information varies or conflicts, and integrates information into a comprehensive	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
	biological, psychosocial, and developmental/life cycle factors play a role n a patient's	biological factors, including heredity, genomics, nutrition, gender, race, and substances, that play a role in a patient's	psychosocial factors, including relationships, home environment, advancement opportunities, and social determinants of health that contribute to a	psychological, cognitive, social, sexual, and moral developmental level in a	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
clinicians have emotional clinician's emotional responses that are appropriately uses emotional responses that are	clinicians have emotional	clinician's emotional responses to patients may have diagnostic	responses that are related to the clinician's history and those that	appropriately uses feelings elicited in the patient and psychiatrist to develop a diagnostic	Consults to others when emotional responses are impeding treatment

Patient Care 3: Treatmen	t Planning and Manageme	ent		
A: Creates a treatment plan				
<ul> <li>B: Monitors and revises treatment when indicated</li> <li>C: Incorporates the use of school and community resources and culturally appropriate virtual/online resources</li> </ul>				
Level 1	Level 2	Level 3	Level 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, substance use, neurologic, and medical co-occurring disorders in the management of common presentations	Develops individualized treatment plans for complex presentations; integrates multiple biopsychosocial modalities and input from other care practitioners in a comprehensive approach	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, considers family and sociocultural factors, recommends the most appropriate interventions/treatments, and adjusts as indicated	In complex presentations, considers family and sociocultural factors, recommends the most appropriate interventions/treatment, and adjusts as indicated	
Gives examples of types of community resources	Coordinates care with community resources	Incorporates support and advocacy services/groups in treatment planning	Locates and connects patients to community resources in complex and difficult situations	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
Comments:				
Not Yet Completed Level 1				

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 youth 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 youth at various developmental stages	

Level 1	rs patient's response to trea	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 Consultation A: Requests consultation B: Receives consultation					
<b>C</b> : Demonstrates understanding of consultation models					
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: Not Yet Completed Level 1					

Patient Care 7: Digital He	alth				
A: Uses the electronic health record (EHR) appropriately for patient care and quality improvement					
B: Conducts telehealth visits appropriately using HIPAA-compliant software and recognizes when in-person care is needed					
C: Uses digital technology 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:					
Not Yet Completed Level 1       Not Yet Assessable					

Medical Knowledge 1: Development in Infancy, Childhood, and Adolescence, including the Impact of Psychopathology on the Trajectory of Development and the Impact of Development on the Expression of Psychopathology				
A: Demonstrates knowledge of typical human development				
<ul> <li>B: Demonstrates knowledge of pathological and atypical developmental trajectories</li> <li>C: Demonstrates knowledge of biologic and environmental influences on development</li> </ul>				
Level 1		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 influence 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:				
Not Yet 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 at 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:				
Not Yet Completed Level 1     Not Yet 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/neurodevelop mental co-occurring disorders for case formulation and treatment	Integrates recent research into an understanding of the interface between neurology/neurodevelop ment and psychiatry
Comments:				Completed Level 1

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Level 1	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

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 that include both FDA-approved and off- label somatic treatments	Integrates evidence, including emerging studies, into treatment plans for complex cases	
Comments:				Completed Level 1

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 improve 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., reduced restraint rates, suicide rates)	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

Systems-Based Practice 2: System Navigation for Patient-Centered Care A: Coordinates patient care B: Safely transitions care C: Addresses population and community health needs				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Effectively coordinates routine clinical care in individual and interprofessional care situations	Effectively coordinates complex care in individual and interprofessional care situations	Role models effective coordination of patient- centered care among different professionals and systems	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 and hand-offs in routine clinical situations	Performs safe and effective transitions of care and hand-offs in complex clinical situations	Role models and serves as a patient advocate for safe and effective transitions of care and 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 and non-medical settings to optimize patient outcomes
Demonstrates knowledge of population and community health determinants, needs, and inequities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively to meet the needs of a patient population and community	Adapts practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
Comments:			Not Yet (	Completed Level 1

present B: Understands health o C: Prepares for transitio	•	cacy		
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of health care systems and non- medical settings in which children, adolescents, and families present	Describes how components of comple health care systems ar non-medical settings a interrelated, and how these impact patient ca	nd systems re	I Manages various components of complex health care systems and other non-medical settings to provide high- value, efficient, and effective patient care and transitions of care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transitions of care
Describes practice models and basic mental health payment systems	Identifies resources an options for accessing care in different health care and non-health ca systems	shared decision-making and advocates for	Advocates for patient care needs, including mobilizing community resources	Participates in advocacy activities for access to care in mental health and reimbursement
Identifies basic knowledge domains for effective transition to practice	Demonstrates complia use of basic administrative systems (documentation, billing scheduling, etc.)	administrative knowledge needed for	Analyzes individual practice patterns and professional requirements in preparation for practice	Educates others to prepare them for transition to practice

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates how to access and summarize available evidence for routine conditions	Formulates clinical questions and completes literature searches to provide evidence-based care	Critically appraises and compares the best available evidence and applies to patient care using a hierarchy of evidence	Critically appraises and applies evidence to guide care tailored to the patient and patient's family, even in the face of uncertainty and conflicting evidence	Coaches other learners to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines	
Comments:			Not Yet	Completed Level 1	

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing personalized goals at the beginning of the educational program	Demonstrates openness to performance data (feedback and other input) to inform goals	Seeks performance data episodically, with openness and humility	Uses feedback data to promptly change practice and improve performance	Role models consistently seeking performance data with openness and humility
Identifies the factors that contribute to gap(s) between one's expected and actual performance	Analyzes and reflects on the factors that contribute to gap(s) between one's expected and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance	Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between expected and actual performance	Mentors other learners on reflective practice
Seeks and accepts opportunities to improve professional growth	Designs and implements a learning plan, with prompting	Independently creates and implements a personalized 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 other learners

<ul><li>A. Demonstrates prof</li><li>B. Identifies profession</li></ul>				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes core professional behavior, including adherence to legal requirements	Demonstrates 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 oneself and others	Role-models professionalism through behavior and produces academic materials
Recognizes that one's behavior in professional settings affects others	Takes responsibility for one's own professionalism lapses and responds appropriately	Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting	Responds appropriately to professionalism lapses of colleagues	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Demonstrates knowledge of core ethical principles	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles and recognizes when help is needed	Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)	Participates in generating codes of ethics and writing of laws involved in the practice of child and adolescent psychiatry
Comments:			Not Yet (	Completed Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, 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	Anticipates tasks and responsibilities and proactively prepares for unmet needs	Takes ownership of system outcomes
Introduces oneself as a fellow physician	Accepts one's role as the patient's physician and takes responsibility (under supervision) for ensuring the patient receives the best possible care	Is recognized by oneself, the patient, the patient's family, and professional staff members as the patient's psychiatrist	Displays increasing autonomy and leadership in taking responsibility for ensuring patients receive the best possible care	Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care

Professionalism 3: Well- A. Understands indivi B. Understands one's C. Understands institu	dual responsibility responsibility to the team			-
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes limits in knowledge/skills in promoting one's own well-being, with assistance	Independently recognizes limitations in one's own knowledge/skills in promoting well-being and demonstrates appropriate help-seeking behavior	Proposes a plan to promote personal and professional well-being, including addressing limitations in one's own knowledge and skills, with assistance	Independently develops a plan to promote personal and professional well-being and improve upon limitations in one's own knowledge and skills	Is considered by faculty members and peers as a model of promoting one's own well-being while maintaining professional altruism
	Recognizes one's own responsibility towards the well-being of the team	Monitors and raises appropriate concerns about the well-being of team members and the team as a whole	Promotes the well-being of the whole team in an ongoing way while maintaining professional altruism	Creates systemic interventions that promote colleagues' well-being
	Describes institutional resources designed to promote well-being	Recognizes which institutional factors affect well-being	Describes institutional factors that positively and/or negatively affect well-being	Describes institutional programs designed to examine systemic contributors to burnout
Comments:			Not Yet 0	Completed Level 1

This subcompetency is not intended to evaluate a fellow's well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.

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## Interpersonal and Communication Skills 1: Child/Adolescent- and Family-Centered Therapeutic Alliance

- A. Develops rapport and therapeutic alliance
- B. Is able to identify and surmount barriers to an effective alliance
- C. Guides treatment planning/shared decision-making process

Level 1	Level 2	Level 3	Level 4	Level 5
Uses verbal and non- verbal communication to demonstrate empathy, curiosity, and respect	Establishes therapeutic communication using active listening and clear language with adolescent patients and their families	Establishes therapeutic communication and relationships using verbal and non-verbal methods in treatment with school- age and adolescent patients and their families	Establishes therapeutic communication and relationships using verbal and non-verbal methods in treatment with preschool through adolescent patients and their families	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies personal biases that may become barriers to therapeutic relationships	Identifies complex barriers to forming a therapeutic alliance, including differences in power, identity, culture, and lived experience	When prompted, takes steps to surmount communication barriers and obstacles to a therapeutic alliance	Independently takes steps to surmount communication barriers and obstacles to a therapeutic alliance	Role models cultural humility and successfully forming relationships with patients and patients' families of all identities, cultures, lived experiences, and family configurations
Recognizes communication strategies may need to be adjusted based on clinical, family, or cultural context	Organizes and initiates communication with child/adolescent and 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 the patient's/patient's family's values, goals, and preferences; acknowledges uncertainty and conflict	Independently uses shared decision-making to align the patient's/patient's family's values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision-making, including in situations with a high degree of uncertainty, conflict, or even hostility from the child/adolescent and the family
Comments:			Not Yet (	Completed Level 1

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Interpersonal and Communication Skills 2: Interprofessional and Team Communication A. Uses communication strategies B. Solicits and provides team feedback						
Level 1	Level 2	Level 3	Level 4	Level 5		
Uses language that demonstrates respect and value for all members of the professional care team	Communicates information effectively with all professional care team members	Uses active listening to adapt communication style to fit team needs	Integrates recommendations from different members of the professional care team to optimize patient care	Role models flexible communication strategies that value input from all professional care team members, resolving conflict when needed		
Recognizes the need for ongoing feedback with the professional care team	Solicits feedback on performance as a member of the professional care team	Communicates concerns and provides feedback to peers and learners	Respectfully communicates feedback and constructive criticism to superiors	Facilitates regular professional care team- based feedback in complex situations		
Comments: Not Yet Completed Level 1						

Interpersonal and Communication Skills 3: Communication within Health Care Systems and other Systems of Care

A. Completes written documentation within the medical record

**B.** Honors confidentiality and chooses the most effective form of communication

C. Respectfully collaborates with systems to improve care

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 and concisely and in an organized written form, including providing anticipatory guidance	Creates documentation templates or other written content that can be used by multiple providers to educate the patient and patient's family/caregivers, and to improve coordination of care	
Obtains patient and family/caregiver assent/consent prior to seeking out collateral information	Respects specific confidentiality across clinical situations and settings	Uses multiple modes of communication (in- person, telephone, email) to seek out collateral information and coordinate care	Selects the mode of communication most likely to strike the optimal balance between patient confidentiality and sharing information to facilitate effective collaboration	Contributes to departmental or organizational initiatives to improve communication systems within the health care system and between multiple systems of care	
Communicates about administrative issues through appropriate channels, as required by institutional policy	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	
Comments: Not Yet Completed Level 1					

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