Pediatrics and Physical Medicine and Rehabilitation (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



## Physical Medicine and Rehabilitation Milestones

The Accreditation Council for Graduate Medical Education





## **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**

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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.

Additional resources are available in the <u>Milestones</u> section of the ACGME website. Follow the links under "What We Do" at <u>www.acgme.org</u>.

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
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middle of a level implies that		between levels indicates that milestones	
			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: Evide	ence-Based and Informed F	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: Profe	essional 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:			Not Yet C	ompleted 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: Acco	untability/Conscientiousne	ess		
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	Maintains a collaborative relationship with referring providers that maximizes adherence to practice recommendations
Identifies the members of the interprofessional team	Participates within the interprofessional team	Uses bi-directional communication within the interprofessional team	Facilitates interprofessional team communication	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



# Physical Medicine and Rehabilitation Milestones

The Accreditation Council for Graduate Medical Education



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

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### **Physical Medicine and Rehabilitation Milestones**

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#### **Physical Medicine and Rehabilitation 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 Physical Medicine and Rehabilitation American Osteopathic Board of Physical Medicine and Rehabilitation Review Committee for Physical Medicine and Rehabilitation

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

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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 v).

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#### **Additional Notes**

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using 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.

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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 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
Selecting a responsible middle of a level milestones in that levels have been demonstrated.	implies that t level and in lower	k ii c	Selecting a response b between levels indicate n lower levels have be demonstrated as well a nilestones in the highe	es that milestones een substantially as <b>some</b>

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Patient Care 1: Physiatric History, Appropriate for Age and Impairment				
Level 1	Level 2	Level 3	Level 4	Level 5
Acquires a history with a basic functional and psychosocial assessment	Acquires a comprehensive physiatric history identifying all components of functioning including impairments, activities, participation, and contextual factors	Acquires a relevant history in a prioritized fashion, integrating components of functioning	Elicits key history, including subtleties, in a prioritized and efficient fashion across a spectrum of ages and impairments	Role models the effective gathering of subtle and salient history from patients across a spectrum of ages and impairments
Comments:				Completed Level 1 Image: Completed Level 1   Assessable Image: Completed Level 1

Patient Care 2: Physical Examination				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs a general physical examination	Performs a physiatric examination, including functional assessment	Performs a hypothesis- driven physiatric examination, with identification of subtle or atypical findings	Efficiently performs a hypothesis-driven physiatric examination that identifies subtle or atypical findings over a spectrum of ages and impairments	Role models a hypothesis-driven physiatric examination that identifies subtle or atypical findings over a spectrum of ages and impairments
Comments:				Completed Level 1

Patient Care 3: Medical Management (e.g., Inpatient, Outpatient, Consultative Settings)					
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies and manages general medical conditions and their complications	Identifies and manages complications related to complex medical, neurological, and musculoskeletal disorders	Develops and implements a comprehensive treatment plan that anticipates and addresses complications related to neurological and musculoskeletal disorders	Develops and implements a comprehensive treatment plan that anticipates, identifies, and addresses complications related to neurological and musculoskeletal disorders over a spectrum of ages and conditions	Role models the development and implementation of a comprehensive treatment plan including consideration of emerging treatments	
Comments: Not Yet Completed Level 1 Not Yet Assessable					

Patient Care 4: Procedural Skills: Injections for Abnormalities of Tone or Movement (e.g., Chemodenervation, Neurolysis) Performed under Guidance (e.g., Anatomic, Electromyography, Electrical Stimulation, Ultrasound)						
Level 1	Level 2	Level 3	Level 4	Level 5		
Identifies indications and contraindications for the procedure	Performs some components of the procedure, with supervision	Performs all components of the procedure, with supervision	Performs all components of the procedure across a spectrum of presentations	Role models the performance of the procedure across a spectrum of presentations		
Comments: Not Yet Completed Level 1						

Patient Care 5: Procedural Skills: Joint and Soft Tissue Injections (e.g., Intra-articular, Trigger Point, Bursal, Perineural, Tendon Sheath), Including Those Performed under Guidance (e.g., Ultrasound, Fluoroscopy)					
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies indications for the procedure	Performs some components of the procedure, with supervision	Performs all components of the procedure, with supervision	Performs all components of the procedure across a spectrum of diagnoses	Role models the performance of all components of the procedure, across a spectrum of diagnoses	
Comments:			Not Yet Co Not Yet As	ompleted Level 1	

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies sites for nerve stimulation, recording, and electromyography needle insertion	Plans and performs some components of the electrodiagnostic procedure, with supervision	Plans and performs all components of the electrodiagnostic procedure, with supervision	Plans and performs all components of the electrodiagnostic procedure across a spectrum of diagnoses	Role models the planning and performance of all components of the electrodiagnostic procedures across a spectrum of diagnoses
Describes nerve physiology and instrumentation involved in nerve conduction studies and electromyography	Distinguishes normal from abnormal electrodiagnostic findings with guidance	Independently recognizes abnormal electrodiagnostic findings	Interprets electrodiagnostic data and modifies the study as it is being performed	
	Generates elements of an electrodiagnostic report, with assistance	Generates clear and concise electrodiagnostic reports that do not require substantive correction	Generates tailored electrodiagnostic reports meeting the needs of the referring provider	Makes treatment recommendations to referring provider based on electrodiagnostic findings

Patient Care 7: Assistive Technologies (e.g., Prosthetics and Orthotics, Adaptive Equipment, Mobility Devices, Seating Systems, Communication Technologies)				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes assistive technologies and their indications	Evaluates patient need for common assistive technologies based on impairments	Evaluates patient need for a full range of assistive technologies based on impairments, taking into account barriers, contraindications, comorbidities, and input from other professionals	Generates a detailed prescription, in consultation with other professionals, for a full range of assistive technologies including justification and advocacy where needed	Serves as a resource to other professionals for clinical problem solving and functional challenges related to assistive technology
Comments: Not Yet Completed Level 1 Not Yet Assessable				

Patient Care 8: Rehabilitation Interventions					
Level 1	Level 2	Level 3	Level 4	Level 5	
Describes common modalities and general rehabilitation therapies by discipline	Prescribes common modalities and general rehabilitation therapies by discipline based on impairments	Provides detailed therapy prescriptions for specific conditions with appropriate precautions	Integrates comprehensive knowledge of impairments, activity limitations, and participation restrictions to prescribe rehabilitation interventions	Demonstrates the ability to direct and implement rehabilitation interventions in challenging clinical conditions	
Comments:			Not Yet C Not Yet As	ompleted Level 1	

Medical Knowledge 1: Foundational Principles of Physiatric Practice (Anatomy, Pathophysiology, Kinesiology, Pharmacology)					
Level 1	Level 2	Level 3	Level 4	Level 5	
Describes scientific knowledge for general medical conditions	Describes foundational knowledge relevant to physiatric practice	Integrates foundational knowledge into physiatric practice	Integrates foundational knowledge into physiatric practice across a spectrum of ages, impairments, and clinical settings	Serves as a resource for others for new and emerging concepts relevant to foundational principles of physiatric practice	
Comments: Not Yet Completed Level 1					

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies salient elements of a patient presentation to inform clinical reasoning	Develops a prioritized differential diagnosis for common presentations	Develops a prioritized differential diagnosis for complex presentations	Synthesizes information to reach high-probability diagnoses with continuous re-appraisal to minimize clinical reasoning errors	
Identifies diagnostic studies for common medical conditions	Identifies diagnostic studies for conditions commonly seen in physiatric practice	Prioritizes the sequence and urgency of diagnostic testing	Considers diagnostic testing based on cost effectiveness and likelihood that results will influence clinical management	Role models identification of cost-effective diagnostic testing
Describes common causes of clinical reasoning error	Identifies types of clinical reasoning errors within patient care, with guidance	Demonstrates a structured approach to personally identify clinical reasoning errors	Anticipates and accounts for errors and biases	Coaches others to minimize clinical reasoning errors

## Version 2

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

## Version 2

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 quality improvement initiatives	Participates in 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	

Systems-Based Practice	3: System Navigation for F	Patient-Centered Care		
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively collaborating with members of the interprofessional teams	Role models effective coordination of patient- centered care among different professions and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems and 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 while minimizing health care inequities	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocacy in partnership with populations and communities experiencing health care inequities
Comments:			Not Yet C	ompleted Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the complex health care system including the various venues for post- acute care	Describes how components of a complex health care system are inter-related, and how this impacts patient care	Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)	Navigates the various components of the complex health care system to provide efficient and effective patient care and transition of care	Advocates for or leads systems change that enhances high value, efficient and effective patient care, and transition of care
Describes basic health payment systems (e.g., government, private, public, uninsured care) and practice models	Delivers care with consideration of each patient's payment model (e.g., insurance type)	Engages with patients in shared decision making, informed by each patient's payment models	Advocates for patient care needs (e.g., community resources, patient assistance resources) with consideration of the limitations of each patient's payment model	Participates in health policy advocacy activities
Identifies basic knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)	Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding)	Describes core administrative knowledge needed for transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance)	Analyzes individual practice patterns and professional requirements in preparation for independent practice	Educates others to prepare them for transition to practice
Comments:				

Practice-Based Learning	and Improvement 1: Evide	ence-Based and Informed P	Practice	
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and use available evidence	Locates and applies the best available evidence, integrated with patient preference, to the care of straightforward patients	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines
Comments:			Not Yet C	ompleted Level 1

Practice-Based Learning	and Improvement 2: Refle	ctive Practice and Commitr	ment to Professional Gro	wth
Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for professional development	Demonstrates openness to verbal feedback and other performance data	Seeks and incorporates verbal feedback and other performance data intermittently, with humility and adaptability	Seeks and incorporates verbal feedback and other performance data consistently, with humility and adaptability	Role models consistent incorporation of verbal feedback and other performance data
Identifies and/or acknowledges gaps between expectations and actual performance	Analyzes and reflects on the factors which contribute to performance gaps	Analyzes, reflects on, and institutes behavioral changes to narrow performance gaps	Uses data to measure the effectiveness of the learning plan to address performance gaps and	Coaches others on reflective practice, including the design and implementation of
Actively seeks	Designs and implements	Independently designs	modifies it when	learning plans
opportunities to improve	a learning plan, with assistance	and implements a learning plan	necessary	
Comments:			Not Yet C	ompleted Level 1

Level 1	Level 2	Level 3	Level 4	Level 5
Approaches clinical care and educational duties with actions consistent with core ethical principles	Demonstrates consistent application of ethical principles in routine clinical practice, such as informed consent, surrogate decision making, advance directives, confidentiality, error reporting and disclosure, and stewardship of limited resources	Recognizes tensions between conflicting ethical principles in complex situations and seeks appropriate guidance to help resolve ethical dilemmas	Manages ethical dilemmas, using appropriate resources as needed to facilitate resolution (e.g., ethics consultations, literature review, risk management/legal consultation)	Serves as a resource for others to resolve complex ethical dilemmas

## Version 2

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies professionalism lapses in self and others	Demonstrates professional behavior in routine situations	Anticipates situations that may trigger professionalism lapses	Demonstrates professional behavior across situations and settings	Coaches others when their behavior fails to meet professional expectations
Describes when and how to appropriately report lapses	Takes responsibility for own professionalism lapses when applicable and identifies contributing factors	Takes remedial action to address lapses when applicable	Proactively intervenes to prevent lapses	Addresses system issues to minimize potential for professionalism lapses

Professionalism 3: Acco	untability			
Level 1	Level 2	Level 3	Level 4	Level 5
Responds promptly to requests or reminders to complete responsibilities	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	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met in a timely manner	Coaches others to optimize timely task completion
Comments:			Not Yet C	ompleted Level 1

Professionalism 4: Patie	nt Care Etiquette with Patie	ents of All Abilities			
Level 1	Level 2	Level 3	Level 4	Level 5	
Recognizes the need to respect the dignity of all patients regardless of impairments or disabilities	Demonstrates specific elements of verbal and physical communication that reflect respect for people with impairments or disabilities	Proactively maintains patient's comfort and dignity during history taking and physical examination for those with mild impairments or disabilities	Proactively maintains patient's comfort and dignity during history taking and physical examination for those with severe impairments or disabilities	Serves as a role model and as a resource for others by coaching them in behaviors and actions that optimize the comfort, dignity, and respect of people with impairments or disabilities	
Comments:			Not Yet	Completed Level 1	

Professionalism 5: Resid	lent Well-Being and Help-S	eeking		
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being and demonstrates appropriate help seeking behaviors	With assistance, proposes, implements, and refines a plan to optimize personal and professional well-being	Independently develops, implements, and refines a plan to optimize personal and professional well-being	Coaches others and addresses system barriers and facilitators to optimize personal and professional well-being
Comments:	ended to evaluate a resident's w	ell-being Rather the intent is t		ompleted Level 1

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

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

members of the health care team members with all health care team members of the health care team members of team needs communication style to fit team needs communication from the health care team to optimize patient care team team needed the health care team team team team team team team tea	Level 1	Level 2	Level 3	Level 4	Level 5
performance as a and provides feedback to feedback and care team-based	language that values all members of the health	information effectively with all health care team	understanding while listening to adapt communication style to fit	recommendations and communication from different members of the health care team to	communication strategies that value input from all health care team members, resolving
care team care team superiors situations		performance as a member of the health	and provides feedback to members of the health	feedback and constructive criticism to	feedback in complex

Level 1	Level 2	Level 3	Level 4	Level 5
Accurately records information in the patient record while safeguarding patient personal health information	Demonstrates organized and complete diagnostic and therapeutic reasoning through notes in the patient record, including appropriate modifications when using copy-and- paste function	Communicates clearly, concisely, timely, and in an organized written form, including anticipatory recommendations	Provides feedback to improve others' written communication	Models feedback to improve others' written communication
Demonstrates basic knowledge of appropriate channels of communication within the institution (e.g., pager callback, timely response to emails)	Communicates through appropriate channels as required by institutional policy (e.g. patient safety reports)	Appropriately selects direct (e.g. telephone, in- person) and indirect (e.g. progress notes, text messages) forms of communication based on context	Achieves written or verbal communication that serves as an example for others to follow	Guides departmental or institutional communication around policies and procedures