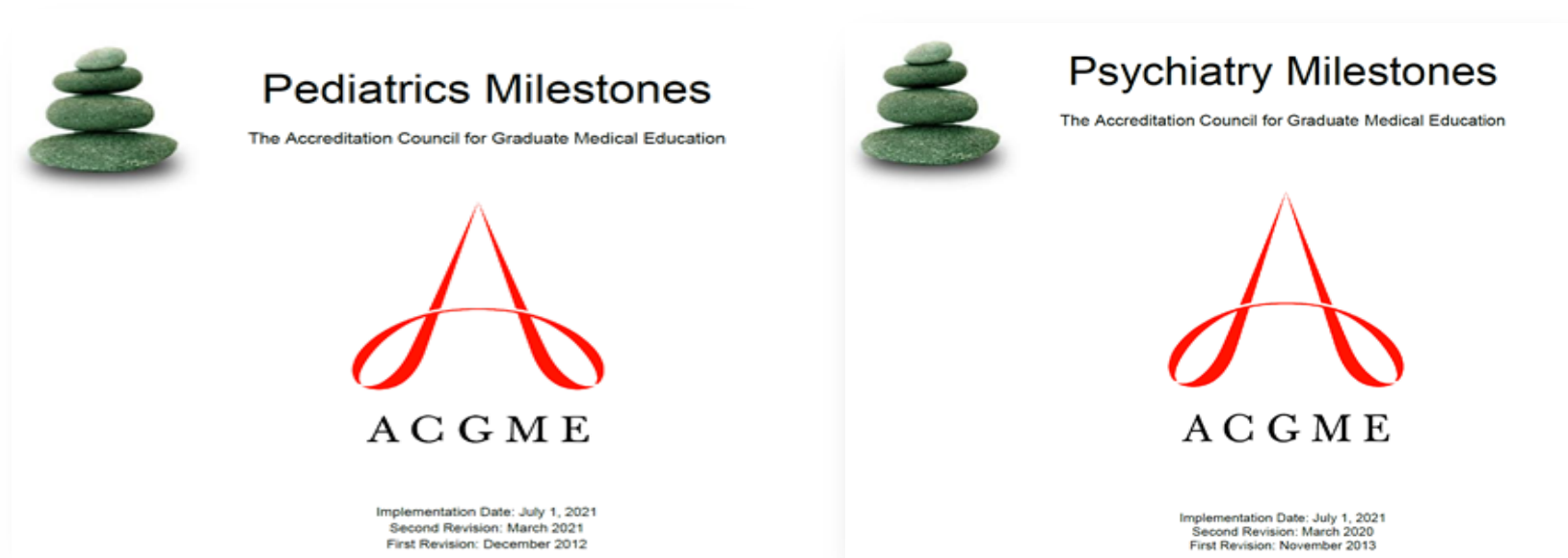


Pediatrics, Psychiatry, and Child & Adolescent Psychiatry  
(combined) programs must annually report on **each** set of  
Milestones.



### The Child & Adolescent Psychiatry Milestone Project

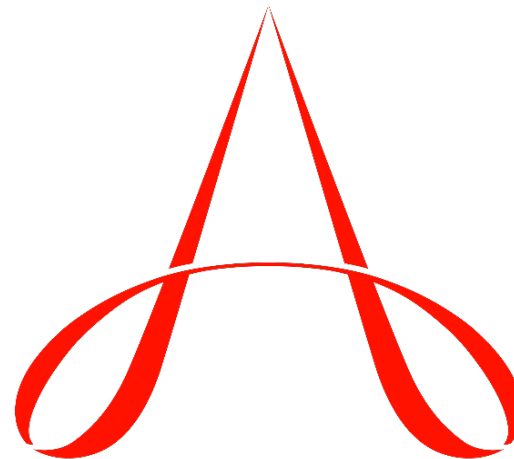
*A Joint Initiative of*  
The Accreditation Council for Graduate Medical Education  
and  
The American Board of Psychiatry and Neurology





# Pediatrics Milestones

The Accreditation Council for Graduate Medical Education



**A C G M E**

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.

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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 (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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="float: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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

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



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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>
				Not Yet Assessable <input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="float: right; text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				



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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

Systems-Based Practice 3: System Navigation for Patient Centered Care – Coordination of Care				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
				Not Yet Completed Level 1 <input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				



Professionalism 2: Ethical Principles				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/> </div>				

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 well-being, the mechanisms by which those factors impact 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
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

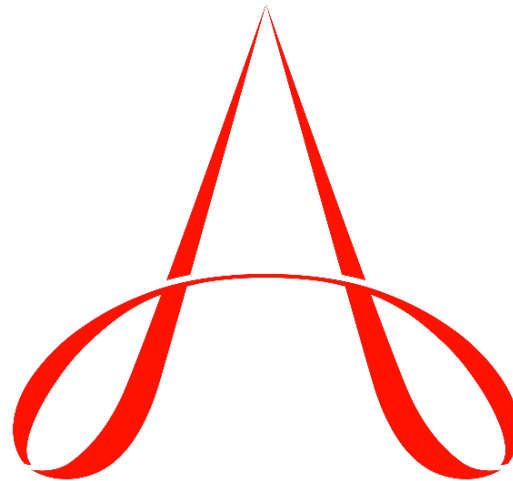
Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation, with guidance	Clearly and concisely requests consultation by communicating patient information	Formulates a specific question for consultation 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

Interpersonal and Communication Skills 3: Communication within Health Care Systems				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>



# Psychiatry Milestones

The Accreditation Council for Graduate Medical Education



ACGME

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

# Psychiatry Milestones

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## **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

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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/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.

Additional resources are available in the [Milestones](#) section of the ACGME website. Follow the links under “What We Do” at [www.acgme.org](http://www.acgme.org).

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 care				
B: Safely transitions care				
C: Appropriately adapts care to meet community 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 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
				Not Yet Completed Level 1 <input type="checkbox"/>

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

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

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

<b>Patient Care 2: Psychiatric Formulation and Differential Diagnosis</b> <b>A:</b> Organizes and summarizes findings and generates differential diagnosis <b>B:</b> Identifies contributing factors and contextual features and creates a formulation <b>C:</b> 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  Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation  Recognizes that clinicians have emotional responses to patients	Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations  Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient's presentation  Recognizes that clinicians' emotional responses have diagnostic value	Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of patient presentations  Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, and developmental/life cycle factors  Begins to use the clinician's emotional responses to the patient to aid formulation	Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings  Develops formulations based on multiple conceptual models  Integrates clinician's and patient's emotional responses into the diagnosis and formulation	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                         Not Yet Completed Level 1 <input type="checkbox"/>                          Not Yet Assessable <input type="checkbox"/> </div>				

<b>Patient Care 3: Treatment Planning and Management</b> <b>A:</b> Creates treatment plan <b>B:</b> Monitors and revises treatment when indicated <b>C:</b> Incorporates the use of community resources				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

<b>Patient Care 4: Psychotherapy</b> <b>A:</b> Establishes therapeutic alliance and manages boundaries <b>B:</b> Selects, sets goals, and provides psychotherapies including supportive, psychodynamic, and cognitive-behavioral <b>C:</b> Manages therapeutic process				
Level 1	Level 2	Level 3	Level 4	Level 5
Establishes a working relationship with patients demonstrating interest and empathy  Lists the three core psychotherapies  Accurately identifies patient emotions, particularly sadness, anger, and fear	Establishes a bounded therapeutic alliance with patients with uncomplicated problems  Uses the common factors of psychotherapy in providing supportive therapy to patients  Identifies and reflects the core feelings and key issues for the patient during the session	Establishes and maintains a therapeutic alliance with patients with uncomplicated problems, and can recognize and avoid boundary violations  Provides selected psychotherapies (including supportive, psychodynamic, and cognitive-behavioral), sets goals and integrates therapy with other treatment modalities  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	Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations  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  Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions	Assesses and can help repair troubled alliances and/or boundary difficulties between junior residents and their patients  Tailors psychotherapeutic treatment based on awareness of own skill sets, strengths, and limitations  Links feelings, recurrent/central themes/schemas and their meaning to the patient as they shift within and across sessions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>



<b>Patient Care 5: Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies)</b> <b>A:</b> Understands the mechanisms of action, indications, and evidence base for somatic therapies and appropriately applies them to patient care <b>B:</b> Educates patients about somatic therapies including access to accurate psychoeducational resources <b>C:</b> Appropriately monitors patient's response to treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms</p> <p>Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments</p> <p>Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety</p>	<p>Appropriately prescribes commonly used somatic therapies and understands their mechanism of action</p> <p>Appropriately uses educational and other resources to support the patient and optimize understanding and adherence</p> <p>Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies</p>	<p>Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies</p> <p>Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families</p> <p>Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy</p>	<p>Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases</p> <p>Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base</p> <p>Manages adverse effects and safety concerns in complex or treatment refractory cases</p>	<p>Manages complex combinations of somatic therapies and considers novel approaches</p> <p>Leads the development of novel patient educational processes or materials</p> <p>Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">           Not Yet Completed Level 1 <input type="checkbox"/>            Not Yet Assessable <input type="checkbox"/> </div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

<b>Medical Knowledge 1: Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology)</b> <b>A: Knowledge of human development</b> <b>B: Knowledge of pathological and environmental influences on development</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
Conceptualizes development as occurring in stages throughout the life cycle  Recognizes major deviations from typical development	Describes the basic stages of typical biological, sociocultural, sexual, and cognitive development throughout the life cycle  Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that contribute to a shift towards an atypical developmental trajectory	Explains developmental tasks and transitions throughout the life cycle, using multiple conceptual models  Describes the influence of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology	Articulates an integrated understanding of typical development  Describes how acquiring and losing specific capacities can influence the expression of psychopathology	Incorporates new knowledge into own understanding of typical and atypical development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

<b>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)</b> <b>A:</b> Knowledge to identify and treat psychiatric conditions <b>B:</b> Knowledge at the interface of psychiatry and the rest of medicine				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the major psychiatric diagnostic categories  Gives examples of interactions between medical and psychiatric symptoms and disorders	Demonstrates sufficient knowledge to identify and assess common psychiatric conditions  Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients	Demonstrates sufficient knowledge to identify and treat common psychiatric conditions throughout the life cycle  Applies knowledge to identify and treat common psychiatric symptoms due to other medical illness	Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle  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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

<b>Medical Knowledge 3: Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings)</b> <b>A:</b> Neurodiagnostic and neuropsychological testing <b>B:</b> Neuropsychiatric comorbidity <b>C:</b> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

<b>Medical Knowledge 4: Psychotherapy</b> <b>A: Fundamentals</b> <b>B: Practice and indications</b> <b>C: Evidence base</b>				
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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

Systems-Based Practice 1: Patient Safety and Quality Improvement				
<b>A:</b> Analyzes patient safety events <b>B:</b> Appropriately discloses patient safety events <b>C:</b> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

Systems-Based Practice 2: System Navigation for Patient-Centered Care				
A: Coordinates patient care				
B: Safely transitions care				
C: Population and community 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				



<b>Systems-Based Practice 3: Physician Role in Health Care Systems</b> <b>A: Understanding and working within the health care system</b> <b>B: Health care financing and advocacy</b> <b>C: Transition to practice</b>				
Level 1	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors which contribute to gap(s) between one's expected and actual performance</p> <p>Actively seeks opportunities to improve</p>	<p>Demonstrates openness to performance data (feedback and other input) in order to inform goals</p> <p>Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance</p> <p>Designs and implements a learning plan, with prompting</p>	<p>Seeks performance data episodically, with openness and humility</p> <p>Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance</p> <p>Independently creates and implements a learning plan</p>	<p>Intentionally seeks performance data consistently with openness and humility</p> <p>Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected and actual performance</p> <p>Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it</p>	<p>Role models consistently seeking performance data with openness and humility</p> <p>Coaches others on reflective practice</p> <p>Facilitates the design and implementation of learning plans for others</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

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)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future</p> <p>Introduces self as patient's resident physician</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations</p> <p>Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider</p>	<p>Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving</p> <p>Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care</p>	<p>Takes ownership of system outcomes</p> <p>Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge 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
<p>Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport</p> <p>Identifies common barriers to effective communication; accurately communicates own role within the health care system</p> <p>Recognizes communication strategies may need to be adjusted based on clinical context</p>	<p>Establishes a therapeutic relationship in straightforward encounters using active listening and clear language</p> <p>Identifies complex barriers to effective communication</p> <p>Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation</p>	<p>Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively</p> <p>When prompted, reflects on personal biases that may contribute to communication barriers</p> <p>With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences; acknowledges uncertainty and conflict</p>	<p>Effectively establishes and sustains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity</p> <p>Independently recognizes personal biases and attempts to proactively minimize their contribution to communication barriers</p> <p>Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan</p>	<p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Role models self-awareness practice while identifying and teaching a contextual approach to minimize communication barriers</p> <p>Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

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



Interpersonal and Communication Skills 3: Communication within Health Care 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>

# The Child & Adolescent Psychiatry Milestone Project

*A Joint Initiative of*

The Accreditation Council for Graduate Medical Education

and

The American Board of Psychiatry and Neurology



July 2015

## The Child and Adolescent Psychiatry Milestone Project

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

# **Child and Adolescent Psychiatry Milestone Group**

**Psychiatry Subspecialty Milestones Chair: Christopher R. Thomas, MD**

## **Working Group**

**Chair: Jeffrey Hunt, MD**

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## Milestone Reporting

This document presents Milestones designed for programs to use in semi-annual review of performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

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

- Level 1:** The fellow demonstrates milestones expected of an incoming fellow.
- Level 2:** The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.
- Level 3:** The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.
- Level 4:** The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.
- Level 5:** The fellow has advanced beyond performance targets set for fellowship and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.

## **Additional Notes**

Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

### **Definitions used in this document:**

*Systems* – includes schools, courts, community based organizations (advocacy, community mental health), governmental agencies (e.g. child protective agencies), health care (primary care, etc.).

*Families* – includes parents, foster parents, legal guardians

*Developmental domains* – includes social/emotional, cognitive, behavioral, gross motor, fine motor, speech and language development

*Answers to Frequently Asked Questions about Milestones are available on the Milestones web page:*

<http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf>.

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.

PC3 — Treatment Planning and Management				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Sets treatment goals in collaboration with the patient and family	2.1 Incorporates a clinical practice guideline or treatment algorithm when available	3.1 Applies an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection	4.1 Devises individualized, developmentally sensitive, and systems-informed treatment plan for complex presentations	5.1 Supervises treatment planning of other learners and multidisciplinary providers
1.2 Manages patient crises and safety concerns with supervision	2.2 Links treatment to formulation	3.2 Applies an understanding of family strengths and vulnerabilities in the treatment plan	4.2 Integrates multiple modalities and systems as appropriate in a comprehensive approach	5.2 Integrates emerging neurobiological and genetic knowledge into treatment plan
1.3 Monitors treatment adherence and response	2.3 Recognizes need for consultation and supervision for complicated or refractory cases		4.3 Integrates neurobiological and genetic knowledge into treatment plan*	5.3 Demonstrates ability to mobilize appropriate systems of care to optimize patient outcomes
	2.4 Re-evaluates and revises treatment approach based on new information and or response to treatment		4.4 Appropriately modifies treatment techniques and flexibly applies practice guidelines to fit patient need	
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Comments:				Not yet achieved Level 1 <input type="checkbox"/>

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

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

PC1 — Psychiatric Evaluation				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 For adolescents, acquires accurate history and mental status examination findings, customized to the patient's complaints</p> <p>1.2 Assesses patient safety, including suicidal and homicidal ideation, and considers the potential for trauma, abuse, aggression, and high-risk behaviors</p> <p>1.3 Demonstrates a respectful manner with children and adolescents and their families</p> <p>1.4 Seeks supervision appropriately</p>	<p>2.1 For adolescents, obtains information that is sensitive and not readily offered by the patient</p> <p>2.2 Considers the structure and functioning of the family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child</p> <p>2.3 Conducts assessment that includes observation of child's interaction with caretakers</p> <p>2.4 Conducts basic assessment of the child's development</p> <p>2.5 Selects laboratory and diagnostic tests (medical work-up) appropriate to the clinical presentation</p> <p>2.6 Uses hypothesis-driven information-gathering techniques</p> <p>2.7 Begins to use the clinician's emotional responses to the patient and family as a diagnostic tool</p>	<p>3.1 Evaluates the structure and functioning of the family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child</p> <p>3.2 Assesses development across all domains</p> <p>3.3 For school-age and adolescent patients, obtains information that is sensitive and not readily offered by the patient</p> <p>3.4 Selects and uses appropriate diagnostic tests (screening instruments, rating scales, psychoeducational testing) appropriate to the clinical presentation</p> <p>3.5 Regularly uses the clinician's emotional responses to the patient and family as a diagnostic tool</p> <p>3.6 Demonstrates ability to shift focus when verbal and non-verbal information is conflicting</p>	<p>4.1 Acquires efficient, accurate, thorough and relevant history for preschool, school-age, and adolescent patients, customized to each patient's complaints</p> <p>4.2 Modifies interview approach to assess patients at different developmental levels, including use of non-verbal techniques and play</p> <p>4.3 Effectively assesses development, including atypical development (intellectual disability, etc.)</p> <p>4.4 Collects information from the pertinent systems</p> <p>4.5 Assesses the family in a sophisticated and culturally-sensitive manner</p>	<p>5.1 Incorporates therapeutic interventions as part of the evaluation patients and families</p> <p>5.2 Utilizes creative use of evaluation techniques, both verbal and non-verbal</p> <p>5.3 Serves as a role model for gathering subtle and reliable information from the patient</p> <p>5.4 Independently teaches and supervises other learners in clinical evaluation</p>
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PC2 — Psychiatric Formulation and Differential Diagnosis <sup>1</sup>				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Organizes and accurately summarizes, reports, and presents information from the patient, family, and collateral sources to colleagues</p> <p>1.2 Develops a working diagnosis based on patient evaluation</p>	<p>2.1 Develops comprehensive differential diagnosis for common syndromes, synthesizing data from the patient, family, and collateral sources</p> <p>2.2 Describes patients' symptoms and problems, precipitating stressors or events, predisposing life events or stressors, perpetuating and protective factors, and prognosis</p>	<p>3.1 Describes how development influences the presentation of psychopathology</p> <p>3.2 Develops a comprehensive differential diagnosis while avoiding premature closure</p> <p>3.3 Organizes formulation in a systematic manner that follows a conceptual model<sup>2</sup></p>	<p>4.1 Efficiently synthesizes all information into a concise but comprehensive formulation</p> <p>4.2 Incorporates subtle, unusual, or conflicting reports into hypotheses and formulations, including developmental, family, and systems factors</p> <p>4.3 Includes the interaction between contributing factors in the diagnostic formulation</p>	<p>5.1 Formulates a case based on different conceptual models</p> <p>5.2 Expands the differential diagnosis to include subtle or rare presentations or disorders</p> <p>5.3 Serves as a role model of efficient and accurate formulation</p> <p>5.4 Teaches formulation to advanced learners</p>
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<p><b>Footnotes:</b></p> <p><sup>1</sup>A psychiatric formulation is a theoretically-based conceptualization of the patient's mental disorder(s). It provides an organized summary of those individual factors thought to contribute to the patient's unique psychopathology. This includes elements of possible etiology, as well as those that modify or influence presentation, such as risk and protective factors. It is therefore distinct from a differential diagnosis that lists the possible diagnoses for a patient, or an assessment that summarizes the patient's signs and symptoms, as it seeks to understand the underlying mechanisms of the patient's unique problems by proposing a hypothesis as to the causes of mental disorders.</p> <p><sup>2</sup>Models of formulation include those based on either major theoretical systems of the etiology of mental disorders (such as behavioral, biological, cognitive, cultural, psychological, psychoanalytic, sociological, or traumatic), or comprehensive frameworks of understanding (such as bio-psycho-social or predisposing, precipitating, perpetuating, protective, and prognostic outlines). Models of formulation set forth a hypothesis about the unique features of a patient's illness that can serve to guide further evaluation or develop individualized treatment plans.</p>				

PC3 — Treatment Planning and Management				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Sets treatment goals in collaboration with the patient and family  1.2 Manages patient crises and safety concerns with supervision  1.3 Monitors treatment adherence and response	2.1 Incorporates a clinical practice guideline or treatment algorithm when available  2.2 Links treatment to formulation  2.3 Recognizes need for consultation and supervision for complicated or refractory cases  2.4 Re-evaluates and revises treatment approach based on new information and or response to treatment	3.1 Applies an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection  3.2 Applies an understanding of family strengths and vulnerabilities in the treatment plan and its implementation	4.1 Devises individualized, developmentally-sensitive, and systems-informed treatment plans for complex presentations  4.2 Integrates multiple modalities and systems, as appropriate, with a comprehensive approach  4.3 Integrates neurobiological and genetic knowledge into treatment plan  4.4 Appropriately modifies treatment techniques and flexibly applies practice guidelines to fit patient needs	5.1 Supervises treatment planning of other learners and multidisciplinary providers  5.2 Integrates emerging neurobiological and genetic knowledge into treatment plan  5.3 Demonstrates ability to mobilize appropriate systems of care to optimize patient outcomes
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PC4 — Psychotherapy				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 For all child and adolescent age groups, approaches the therapeutic encounter with curiosity and empathy, and substantially recognizes and starts to manage own anxiety</p> <p>1.2 Begins to identify patient emotions across the developmental spectrum</p> <p>1.3 Able to use non-verbal techniques to start to build an alliance with children and adolescents</p> <p>1.4 Establishes appropriate professional boundaries and avoids boundary violations</p>	<p>2.1 Recognizes that overt affect and behavior may mask underlying feelings</p> <p>2.2 Selects and implements a psychotherapeutic modality based on an appropriate formulation</p> <p>2.3 Discusses the structure/frame of psychotherapy, including the limits of confidentiality, with patient and family</p> <p>2.4 Maintains developmentally-appropriate professional boundaries in psychotherapeutic relationships while being responsive to the patient and family</p> <p>2.5 Establishes and maintains a therapeutic alliance with both patients and families</p>	<p>3.1 Establishes and maintains a therapeutic alliance with, and provides psychotherapies to, patients with uncomplicated problems</p> <p>3.2 Uses verbal and non-verbal strategies to access internal processes of the patient</p> <p>3.3 Links feelings, behavior, recurrent/central themes/schemas, and their meaning to the patient as they shift within and across sessions</p> <p>3.4 Successfully guides the patient and family through the different phases of psychotherapy in a developmentally-appropriate way</p> <p>3.5 Balances autonomy with need for consultation and supervision</p> <p>3.6 Integrates the selected psychotherapy with other treatment modalities and other treatment providers</p>	<p>4.1 For all child and adolescent age groups, demonstrates capacity to listen and observe and use information obtained this way in psychotherapy</p> <p>4.2 Substantially manages the structure/frame of psychotherapy with patient and/or family</p> <p>4.3 Anticipates and appropriately manages potential boundary crossings and avoids boundary violations</p> <p>4.4 Consistently uses developmentally-appropriate psychotherapeutic techniques, including non-verbal strategies</p> <p>4.5 Provides different modalities of psychotherapy (including family or supportive therapy and at least one psychodynamic or cognitive behavioral therapy) to patients with moderately complicated problems</p> <p>4.6 Recognizes and manages treatment impasses</p> <p>4.7 Appropriately manages own feelings elicited by work with patients and families</p>	<p>5.1 Creatively integrates different therapy modalities tailored to the individual patient and family</p> <p>5.2 Provides psychotherapies to patients with very complicated and/or refractory disorders/problems</p> <p>5.3 Personalizes treatment based on awareness of one's own skill set, strengths, and limitations</p> <p>5.4 Provides psychotherapy supervision to others</p>
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PC5 — Somatic Therapies, including Psychopharmacology and Other Somatic Treatments				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 With supervision, selects and prescribes commonly used psychopharmacologic agents targeting specific child and adolescent psychiatric disorders</p> <p>1.2 Engages in an informed consent/assent process with family and patient, including general indications, dosing parameters, and common side effects for commonly prescribed medications</p> <p>1.3 Obtains basic physical exam and lab studies necessary to initiate treatment with commonly prescribed medications</p>	<p>2.1 Discusses medication use with children in a developmentally-appropriate manner</p> <p>2.2 Applies appropriate judgment about off-label use of somatic treatments with supervision</p> <p>2.3 Describes contraindications and adverse effects of commonly prescribed medications</p> <p>2.4 Titrates medication dosage and prevents or manages side effects with a single medication</p> <p>2.5 Incorporates basic knowledge of mechanisms of action and metabolism across development in treatment selection</p> <p>2.6 Monitors and responds to relevant lab studies throughout treatment</p>	<p>3.1 Independently applies appropriate judgment about off-label use of somatic treatments</p> <p>3.2 Manages pharmacokinetic and pharmacodynamic drug interactions when using multiple medications concurrently</p> <p>3.3 Appropriately selects evidence-based somatic treatment options and incorporates evidence into psychoeducation of patient and family</p> <p>3.4 With supervision, uses evidenced-based augmentation strategies when primary pharmacological interventions are only partially successful</p>	<p>4.1 Appropriately titrates dosage and prevents and manages side effects, including when patients are on multiple medications</p> <p>4.2 Appropriately selects evidence-based somatic treatment options and safely manages patients when the evidence base is limited</p> <p>4.3 Follows practice guidelines for management of multiple medications, and if deviating from guidelines, provides appropriate rationale</p> <p>4.4 Engages in a fully-informed consent/assent process with families and patients, including off-label use, specific contraindications, level of evidence, etc.</p> <p>4.5 Recognizes limitations of psychopharmacological treatment</p>	<p>5.1 Integrates emerging studies of somatic treatments into clinical practice</p> <p>5.2 Skillfully demonstrates management of complex patients using multimodal somatic treatments</p>
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MK1 — Development in Infancy, Childhood, and Adolescence, Including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Describes the basic stages of normal physical, social, and cognitive development from infancy to young adulthood	2.1 Demonstrates basic knowledge of the major developmental theories across all developmental domains  2.2 Describes the effects of trauma, neglect, and early adverse events on development  2.3 Recognizes deviation from normal development, including arrests and regressions  2.4 Utilizes developmental concepts in case formulation  2.5 Describes family development	3.1 Explains developmental tasks and transitions throughout the life cycle, utilizing multiple conceptual models  3.2 Gives examples of gene-environment interaction influences on development and psychopathology  3.3 Describes the influence of psychosocial factors (gender, ethnic, cultural, economic), medical conditions, perinatal factors, and neurological illness on development  3.4 Describes interaction between family organization and development and developmental stages of all family members	4.1 Describes in detail the stages of normal physical, social/emotional, speech and language, sexual, gender identity, and cognitive development from infancy to young adulthood  4.2 Describes how developmental capacities and limitations influence the differing presentation of psychopathology from infancy to young adulthood  4.3 Describes the impact of cultural factors on development  4.4 Interprets the impact of major life events in the context of the patient’s developmental stage	5.1 Teaches or develops curricula on the stages of normal physical (gross motor, fine motor, sensory integration), social/emotional, speech and language, sexual, gender identity, and cognitive development from infancy to young adulthood  5.2 Incorporates new neuroscientific knowledge into his/her understanding of development
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MK2 — Psychopathology and Wellness, including Knowledge of Diagnostic Criteria, Epidemiology, Risk and Protective Factors, Pathophysiology, Course of Illness, Co-morbidities, and Differential Diagnosis of Psychiatric Disorders				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Lists common Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnoses that begin in infancy, childhood, and adolescence</p> <p>1.2 Lists major risk and protective factors for danger to self and others and abuse/neglect</p> <p>1.3 Gives examples of interactions between medical and psychiatric symptoms and disorders</p> <p>1.4 Lists examples of interactions between psychiatric symptoms and psychosocial stressors</p>	<p>2.1 Demonstrates sufficient knowledge to identify and treat common psychiatric conditions in youth in a variety of settings</p> <p>2.2 Demonstrates sufficient knowledge to identify co-morbid medical conditions in psychiatric patients</p> <p>2.3 Identifies factors that contribute to wellness</p>	<p>3.1 Demonstrates sufficient knowledge to identify and treat most psychiatric conditions from infancy to young adulthood and in a variety of settings</p> <p>3.2 Displays knowledge to conduct a risk assessment and determine the appropriate level of care for older children and adolescents</p> <p>3.3 Shows sufficient knowledge to identify and treat common psychiatric manifestations of medical illness</p> <p>3.4 Demonstrates sufficient knowledge to include relevant medical and neurological conditions in the differential diagnoses of psychiatric patients</p>	<p>4.1 Demonstrates sufficient knowledge to identify and treat complex psychiatric conditions from infancy through young adulthood and in a range of settings</p> <p>4.2 Demonstrates the knowledge of the appropriate level of care for patients at risk of harm to self or others from infancy to young adulthood and in a full range of treatment settings</p> <p>4.3 Shows knowledge sufficient to identify and treat a wide range of psychiatric conditions in patients with medical disorders</p>	<p>5.1 Displays knowledge sufficient to teach risk assessment</p> <p>5.2 Demonstrates a sophisticated understanding of current controversies in diagnosis</p> <p>5.3 Shows sufficient knowledge to identify and treat uncommon psychiatric conditions in patients with medical disorders</p>
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MK3 — Clinical Neuroscience and Genetics, including Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Demonstrates knowledge of commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them</p> <p>1.2 Lists common factors in neural development that may impact the overall development and the presentation of psychiatric symptoms</p>	<p>2.1 Demonstrates knowledge of general indications for structural neuroimaging, magnetic resonance imaging [MRI], and neurophysiological testing</p> <p>2.2 Describes common neuropsychological tests and their indications</p> <p>2.3 Describes psychiatric disorders co-morbid with common neurologic disorders and neurological disorders frequently seen in psychiatric patients</p> <p>2.4 Identifies the brain areas thought to be important in social and emotional behavior</p>	<p>3.1 Describes neural development from infancy to young adulthood</p> <p>3.2 Recognizes the significance of abnormal findings in routine neurodiagnostic test reports in psychiatric patients</p> <p>3.3 Demonstrates knowledge of indications for specific neuropsychological tests and understands meaning of common abnormal findings</p> <p>3.4 Describes neurobiological and genetic hypotheses of common psychiatric disorders and their limitations</p>	<p>4.1 Explains the significance of routine neuroimaging, neurophysiological, neuropsychological testing, and genetic abnormalities to patients and families</p> <p>4.2 Demonstrates knowledge of clinical indications and limitations of functional neuroimaging</p> <p>4.3 Explains neurobiological hypotheses and genetic risks of common psychiatric disorders to patients</p> <p>4.4 Describes psychiatric co-morbidities of less common neurologic and genetic disorders and less common neurologic co-morbidities of psychiatric disorders</p> <p>4.5 Demonstrates sufficient knowledge to incorporate pertinent neuroscientific and genetic hypotheses of emotions and social behaviors into case formulation</p>	<p>5.1 Integrates recent neurodiagnostic research into understanding of psychopathology</p> <p>5.2 Flexibly applies knowledge of neuropsychological findings to the differential diagnoses of complex patients</p> <p>5.3 Explains neurobiological hypotheses and genetic risks of less common psychiatric disorders to patients</p> <p>5.4 Integrates knowledge of neurobiology into advocacy for psychiatric patient care, prevention, and stigma reduction</p>
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MK4 — Psychotherapy: Refers to knowledge regarding: 1) individual psychotherapies, including psychodynamic <sup>1</sup> , IPT, cognitive-behavioral <sup>2</sup> , and supportive therapies <sup>3</sup> ; 2) family and group therapies; 3) dyadic therapies (PCIT, etc.); and 4) integrating psychotherapy and psychopharmacology				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Identifies psychodynamic, cognitive-behavioral, family, dyadic, and supportive therapies as major psychotherapeutic modalities in relationship to child and adolescent patients</p> <p>1.2 Recognizes the core differences in therapeutic approaches when working with children vs. adults</p>	<p>2.1 Describes the basic principles of each of the psychotherapy modalities<sup>4</sup></p> <p>2.2 Discusses common factors across psychotherapy modalities<sup>5</sup></p> <p>2.3 Lists the basic indications, contraindications, benefits, and risks of each of the psychotherapy modalities, including whether to use individual vs. family-based approaches</p>	<p>3.1 Describes the basic techniques of the core psychotherapy modalities<sup>4</sup></p> <p>3.2 Summarizes the evidence base for the core psychotherapy modalities<sup>4</sup></p>	<p>4.1 Describes proposed mechanisms of therapeutic change</p> <p>4.2 Discusses the evidence base for combining different psychotherapies and psychopharmacology</p> <p>4.3 Critically appraises the evidence for efficacy of the core psychotherapies</p>	<p>5.1 Incorporates new theoretical developments into knowledge base</p> <p>5.2 Demonstrates sufficient knowledge of psychotherapy to teach and supervise others effectively</p>
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<b>Comments:</b>				<b>Not yet achieved Level 1</b> <input type="checkbox"/>
<p><b>Footnotes:</b></p> <p><sup>1</sup>This includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to understand the concepts of resistance/defenses, and transference/countertransference.</p> <p><sup>2</sup>This includes the capacity to generate a case formulation, and to demonstrate techniques of intervention, including behavior change, skills acquisition, and addressing cognitive distortions.</p> <p><sup>3</sup>This includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to strengthen the patient’s adaptive defenses, resilience, and social supports.</p> <p><sup>4</sup>Throughout this subcompetency, the three “major” or “core” individual psychotherapies refer to supportive, psychodynamic, and cognitive-behavioral therapies.</p> <p><sup>5</sup>“Common factors” refers to elements that different psychotherapeutic modalities have in common and that are considered central to the efficacy of psychotherapy. These include accurate empathy, therapeutic alliance, and appropriate professional boundaries.</p>				



MK5 — Somatic Therapies: Medical Knowledge of Somatic Therapies, including Psychopharmacology, ECT, and Emerging Somatic Therapies, such as Transcranial Magnetic Stimulation (TMS) and Vagal Nerve Stimulation (VNS)				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Describes general indications and common side effects for commonly prescribed psychopharmacologic agents for children and adolescents</p> <p>1.2 Accesses practice parameters and other appropriate resources to answer questions about somatic treatments</p>	<p>2.1 Describes hypothesized mechanisms of action and metabolism for commonly prescribed psychopharmacologic agents</p> <p>2.2 Describes less frequent, but potentially serious, adverse effects for commonly prescribed psychopharmacological agents</p> <p>2.3 Describes practical issues for initiation or maintenance of medications for children and adolescents</p> <p>2.4 Describes the physical and lab studies necessary to initiate treatment with commonly prescribed medications</p>	<p>3.1 Demonstrates an understanding of developmental impacts on pharmacokinetics and pharmacodynamic drug interactions</p> <p>3.2 Demonstrates an understanding of the potential impact of medication on development</p> <p>3.3 Demonstrates an understanding of psychotropic selection based on current practice guidelines or treatment algorithms for common psychiatric disorders in children and adolescents</p> <p>3.4 Describes indications for second- and third-line pharmacologic agents</p> <p>3.5 Lists indications, evidence-base, and how to implement non-medication somatic treatments</p>	<p>4.1 Describes the strengths and limitations of the evidence supporting the use of medications and other somatic therapies in certain treatment situations in children and adolescents</p> <p>4.2 When deviating from practice guidelines, demonstrates knowledge of the potential risks and appropriate management for children and adolescents</p>	<p>5.1 Integrates emerging studies of somatic treatments into knowledge base</p> <p>5.2 Effectively teaches evidence-based or best somatic treatment practices</p>
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MK6 — Practice of Psychiatry				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Lists common ethical issues in child and adolescent psychiatry  1.2 Recognizes and describes institutional policies and procedures	2.1 Demonstrates knowledge of the regulatory compliance requirements of his/her own jurisdiction (e.g., mandatory reporting, age of consent, etc.)  2.2 Lists and discusses sources of professional standards of ethical practice  2.3 Describes how to keep current on regulatory and practice management issues  2.4 Demonstrates knowledge of telehealth as a modality of care	3.1 Discusses potential conflicts of interest related to having multiple professional roles  3.2 Discusses potential conflicting interests and obligations of the patient, family, and systems of care  3.3 Describes applicable regulations for billing and reimbursement  3.4 Demonstrates familiarity with the American Academy of Child and Adolescent Psychiatry (AACAP) Code of Ethics  3.5 Demonstrates knowledge of educational laws	4.1 Understands that there are state and regional differences regarding practice, involuntary treatment, health regulations, and psychiatric forensic evaluation  4.2 Describes ways to advocate for patients and the profession  4.3 Describes how to seek out and integrate new information on the practice of child and adolescent psychiatry	5.1 Describes evolving issues regarding practice, involuntary treatment, and health regulations  5.2 Proposes advocacy activities, policy development, or scholarly contributions related to professional standards
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SBP1 — Patient Safety and the Health Care Team				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Describes the common system causes for errors</p> <p>1.2 Follows institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses</p> <p>1.3 Actively participates in conferences focusing on systems-based errors in patient care</p>	<p>2.1 Describes systems and procedures that promote patient safety</p> <p>2.2 Effectively and regularly utilizes all appropriate forms of communication to ensure safe transitions of care and optimize communication across systems and the continuum of care</p> <p>2.3 Follows regulatory requirements related to prescribing practices</p>	<p>3.1 Recognizes special patient or family circumstances that will affect discharge planning</p> <p>3.2 Negotiates patient-centered care among multiple care providers and systems</p>	<p>4.1 Participates in a team-based approach to medical error or root-cause analysis, including quality improvement projects</p> <p>4.2 Takes a leadership role in ensuring safe transitions of care and optimizing communication across systems and the continuum of care</p> <p>4.3 Participates in a patient safety presentation or a critical case conference focusing on systems-based errors in patient care</p>	<p>5.1 Leads multidisciplinary teams (e.g., human factors engineers, social scientists) to address patient safety issues</p> <p>5.2 Provides consultation to organizations to improve the health care team and patient safety</p>
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<b>Comments:</b>				Not yet achieved Level 1 <input type="checkbox"/>

SBP2 — Resource Management				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Recognizes disparities in health care access at individual and community levels  1.2 Knows the relative costs of care and reimbursement	2.1 Coordinates, or oversees the coordination of, patient access to community and system resources  2.2 Is aware of health care funding and regulations related to organization of health care services	3.1 Balances the best interests of the patient and family with the availability of resources  3.2 Uses available resources (e.g., Electronic Medical Record [EMR]) to improve patient safety and quality	4.1 Practices cost-effective, high-value clinical care, using evidence-based tools and information technologies to support decision making	5.1 Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement  5.2 Advocates for improved access to and additional resources within systems of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			<b>Not yet achieved Level 1</b> <input type="checkbox"/>	

SBP3 — Community-based Care				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Understands the local health care delivery systems and other community organizations, including advocacy groups	2.1 Understands cultural and community differences in use of systems  2.2 Recognizes role and explains importance of self-help groups and community resource groups (e.g., family-based and disorder-specific support and advocacy groups)  2.3 Identifies community-based systems of care for the chronically mentally ill and disabled	3.1 Participates in planning care with community mental health agencies, schools, and community organizations  3.2 Incorporates self-help groups, community resources, and social networks in treatment and clinical care	4.1 Demonstrates capacity to provide medical-psychiatric leadership to health care facilities  4.2 Assists families in coordinating long-term treatment and care of patients in a community setting	5.1 Participates in the administration of community-based treatment programs  5.2 Participates in creating new community-based programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			<b>Not yet achieved Level 1</b> <input type="checkbox"/>	

SBP4 — Consultation to and Integration with Non-psychiatric Medical Providers and Non-medical Systems (e.g., primary care providers, schools, community-based agencies, forensics)				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Describes various consultative approaches and the basic consultative frame	2.1 Provides basic consultation to non-psychiatric medical providers  2.2 Discusses methods for integrating mental health and medical care in treatment planning	3.1 Describes consultative frames across a variety of community-based systems  3.2 Identifies systems issues and provides basic recommendations for change in the settings where consultation occurs	4.1 Skillfully provides consultation to non-psychiatric medical providers, including in complex cases  4.2 Provides integrated care for psychiatric patients and families through collaboration with physicians and other health care providers at community-based sites  4.3 Skillfully provides consultation to a variety of community-based systems (e.g., schools, courts)	5.1 Designs novel ways to improve mental health care delivery to other systems  5.2 Leads a consultation team  5.3 Supervises junior learners in consultation to other systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				Not yet achieved Level 1 <input type="checkbox"/>

PBL1 — Development and Execution of Lifelong Learning through Constant Self-evaluation, including Critical Evaluation of Research and Clinical Evidence				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Regularly seeks and incorporates feedback to improve performance  1.2 Identifies self-directed learning goals and periodically reviews them with supervisory guidance  1.3 Formulates a searchable question from a clinical practice problem [see 3.3] and conducts a basic online search to answer it	2.1 Demonstrates a balanced and accurate self-assessment of competence, using clinical outcomes to identify areas for continued improvement  2.2 Selects an appropriate, evidence-based information tool to meet self-identified learning goals	3.1 Critically appraises different types of research, including randomized controlled trials (RCTs), systematic reviews, meta-analyses, and practice guidelines  3.2 Demonstrates improvement in clinical practice based on continual self-assessment and evidence-based information  3.3 Independently searches for and discriminates among evidence relevant to clinical practice problems	4.1 Identifies and meets self-directed learning goals with little external guidance  4.2 Demonstrates use of a system or process for keeping up with relevant changes in medicine  4.3 Sustains a practice of self-assessment and keeping up with relevant changes in medicine, and applies the evidence appropriately to practice	5.1 Teaches others techniques to efficiently incorporate evidence gathering into clinical workflow  5.2 Contributes to the knowledge base and disseminates new information through peer-reviewed publication and other scholarly activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			<b>Not yet achieved Level 1</b> <input type="checkbox"/>	

PBLI2 — Teaching				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Assumes a role in the clinical teaching of early learners  1.2 Communicates goals and objectives for instruction of early learners	2.1 Participates in activities designed to develop and improve teaching skills  2.2 Provides feedback to early and advanced-level learners  2.3 Describes basic principles of adult learning	3.1 Teaches groups and individuals in clinical settings  3.2 Teaches in formal didactic presentations to groups (e.g., grand rounds, departmental case conference)  3.3 Participates in and contributes to educational program review (e.g., resident retreat, annual program evaluation, education committees)	4.1 Develops and gives specialty- and subspecialty-specific presentations to groups  4.2 Effectively uses feedback on teaching to improve teaching methods and approaches  4.3 Implements basic principles of adult learning in his/her teaching	5.1 Educates broader professional community and/or public (e.g., presents at regional or national meeting)  5.2 Organizes, develops, and delivers curricular materials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <span style="float: right;">Not yet achieved Level 1 <input type="checkbox"/></span>				



PROF1 — Compassion, Integrity, Respect for Others, Sensitivity to Diverse Patient Populations, Adherence to Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Demonstrates respect for trainees and other members of the treatment team</p> <p>1.2 Demonstrates capacity for self-reflection, empathy, curiosity about patient and family, and openness to different beliefs and points of view</p> <p>1.3 Provides examples of the importance of attention to diversity in psychiatric evaluation and treatment</p> <p>1.4 Recognizes basic ethical conflicts in practice and seeks supervision to manage them</p>	<p>2.1 Elicits beliefs, values, and diverse cultural practices of patients and their families, and understands their potential impact on patient care</p> <p>2.2 Routinely displays sensitivity to diversity in psychiatric evaluation and treatment</p> <p>2.3 Recognizes ethical issues in practice and is able to discuss, analyze, and manage them in common clinical situations</p>	<p>3.1 Discusses, in educational settings, his/her own cultural background and beliefs and the ways in which these affect interactions with patients</p> <p>3.2 Recognizes ethical conflicts in child psychiatry practice and seeks supervision to manage them</p>	<p>4.1 Adapts clinical approach to meet the needs of diverse patients and populations</p> <p>4.2 Incorporates ethical issues into case discussion and clinical care</p> <p>4.3 Recognizes and skillfully manages ethical conflicts in child psychiatry practice and seeks consultation appropriately</p> <p>4.4 Develops a mutually agreeable care plan in the context of conflicting physician and patient and/or family values and beliefs</p>	<p>5.1 Leads educational activities and case discussions regarding ethical issues specific to child psychiatry</p> <p>5.2 Serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations</p> <p>5.3 Identifies emerging ethical issues within subspecialty practice, and can discuss opposing viewpoints</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not yet achieved Level 1 <input type="checkbox"/>

PROF2 — Accountability to Self, Patients, Colleagues, and the Profession				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Follows procedures for coverage for clinical and non-clinical responsibilities</p> <p>1.2 Follows institutional policies for physician conduct and responsibility</p> <p>1.3 Accepts the role as the patient’s physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care</p> <p>1.4 Demonstrates ability to accept professional feedback from supervisors</p>	<p>2.1 Identifies and manages situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed</p> <p>2.2 Describes the importance of participating in one’s professional community</p> <p>2.3 Is recognized by self, patient, patient’s family, and medical staff members as an active member of the clinical team</p> <p>2.4 Displays increasing autonomy and leadership in taking primary responsibility for patient care</p>	<p>3.1 Knows appropriate steps for addressing impairment in self and colleagues</p> <p>3.2 Prepares for obtaining and maintaining board certification</p> <p>3.3 Covers professional duties for colleagues when appropriate</p>	<p>4.1 Appropriately prioritizes and balances conflicting interests of patient, family, self, co-workers, and others to optimize clinical care and the work environment</p> <p>4.2 Participates in the professional community (e.g., house officer association, professional societies, patient advocacy groups, community service organizations)</p> <p>4.3 When relevant, takes appropriate steps in addressing impairment in self and colleagues</p> <p>4.4 Applies ethical principles to practice based on AACAP’s Code of Ethics</p>	<p>5.1 Demonstrates leadership in covering professional duties for colleagues when appropriate</p> <p>5.2 Participates in physician wellness programs or interventions and organizations that address physician wellness</p> <p>5.3 Develops professionalism policies, programs, or curricula for child psychiatry</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p>				<p>Not yet achieved Level 1 <input type="checkbox"/></p>

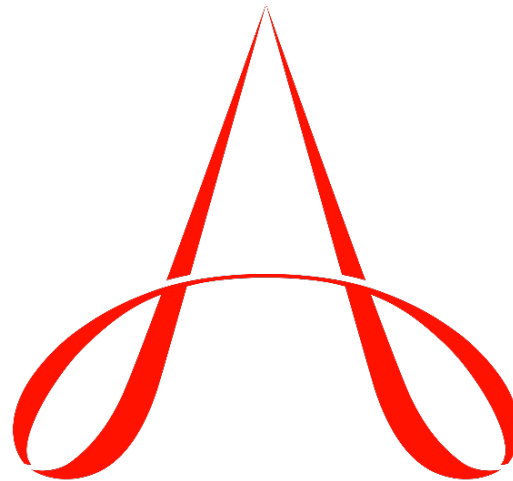
ICS1 — Relationship Development and Conflict Management with Patients and Families, Colleagues, Members of the Health Care team, and Other Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Develops therapeutic relationship with patients and their families in uncomplicated situations  1.2 Describes and respects cultural and linguistic diversity in communicating with people of different backgrounds  1.3 Recognizes communication conflicts in work relationships	2.1 Develops working relationships across specialties and systems in uncomplicated situations  2.2 Manages simple patient/family-related conflicts  2.3 Actively participates in and supports activities of team-based care	3.1 Develops therapeutic relationships with patients and families in complicated situations  3.2 Sustains working relationships with co-workers in the face of conflict  3.3 Takes a leadership role in a multidisciplinary care team  3.4 Recognizes differing philosophies within and between different disciplines in care provision	4.1 Skillfully manages therapeutic and working relationships during complex and challenging situations, including transitions of care  4.2. Sustains relationships across systems of care and with patients and families during long-term follow-up  4.3 Takes a leadership role in managing team conflicts  4.4 Effectively leads multidisciplinary patient care and family meetings	5.1 Develops models/approaches to managing difficult communications  5.2 Effectively mentors other health care providers in leadership, communication skills, and conflict management  5.3 Leads and facilitates meetings within the organization/system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not yet achieved Level 1 <input type="checkbox"/>

ICS2 — Information Sharing and Record Keeping				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Ensures transitions of care are optimally communicated across systems and continuums of care</p> <p>1.2 Sufficiently documents clinical encounters in the medical record in an accurate and timely way consistent with institutional policies</p> <p>1.3 Effectively communicates information with patients and families in clinical encounters</p> <p>1.4 Maintains appropriate boundaries in sharing information by electronic communication and in the use of social media</p>	<p>2.1 Uses developmentally-appropriate language in all phases of communication with patients</p> <p>2.2 Communicates with families at an appropriate level of sophistication</p> <p>2.3 Consistently demonstrates communication strategies to ensure patient and family understanding</p>	<p>3.1 Demonstrates written communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent</p> <p>3.2 Appropriately balances patient confidentiality and the family’s right to know information</p> <p>3.3 Appropriately balances patient confidentiality and communication with the treatment team</p> <p>3.4 Consistently engages patients and families in shared decision making</p> <p>3.5 Demonstrates appropriate face-to-face interaction while using EMR</p>	<p>4.1 Demonstrates skillful communication that is appropriate, efficient, concise, and pertinent with patients and families, colleagues, and co-workers</p> <p>4.2 Recruits appropriate assistance from external sources when cultural differences create barriers to patient care</p> <p>4.3 Thoroughly and efficiently documents patient encounters and uses discretion and judgment in the inclusion of sensitive patient material in the medical record</p> <p>4.4 Uses discretion and judgment in electronic communication with patients, families, and colleagues</p>	<p>5.1 Participates in the development of changes in rules, policies, and procedures related to technology</p> <p>5.2 Engages in scholarly activity regarding effective communication and documentation</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not yet achieved Level 1 <input type="checkbox"/>



# Psychiatry Milestones

The Accreditation Council for Graduate Medical Education



ACGME

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.

Additional resources are available in the [Milestones](#) section of the ACGME website. Follow the links under “What We Do” at [www.acgme.org](http://www.acgme.org).

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 care				
B: Safely transitions care				
C: Appropriately adapts care to meet community 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 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
				Not Yet Completed Level 1 <input type="checkbox"/>

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

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

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

<b>Patient Care 2: Psychiatric Formulation and Differential Diagnosis</b> <b>A:</b> Organizes and summarizes findings and generates differential diagnosis <b>B:</b> Identifies contributing factors and contextual features and creates a formulation <b>C:</b> 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  Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation  Recognizes that clinicians have emotional responses to patients	Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations  Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient's presentation  Recognizes that clinicians' emotional responses have diagnostic value	Develops a thorough and prioritized differential diagnosis while avoiding premature closure for a range of patient presentations  Synthesizes all information into a concise but comprehensive formulation, taking into account biological, psychosocial, and developmental/life cycle factors  Begins to use the clinician's emotional responses to the patient to aid formulation	Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings  Develops formulations based on multiple conceptual models  Integrates clinician's and patient's emotional responses into the diagnosis and formulation	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">           Not Yet Completed Level 1 <input type="checkbox"/>            Not Yet Assessable <input type="checkbox"/> </div>				

<b>Patient Care 3: Treatment Planning and Management</b> <b>A:</b> Creates treatment plan <b>B:</b> Monitors and revises treatment when indicated <b>C:</b> Incorporates the use of community resources				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

<b>Patient Care 4: Psychotherapy</b> <b>A:</b> Establishes therapeutic alliance and manages boundaries <b>B:</b> Selects, sets goals, and provides psychotherapies including supportive, psychodynamic, and cognitive-behavioral <b>C:</b> Manages therapeutic process				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Establishes a working relationship with patients demonstrating interest and empathy</p> <p>Lists the three core psychotherapies</p> <p>Accurately identifies patient emotions, particularly sadness, anger, and fear</p>	<p>Establishes a bounded therapeutic alliance with patients with uncomplicated problems</p> <p>Uses the common factors of psychotherapy in providing supportive therapy to patients</p> <p>Identifies and reflects the core feelings and key issues for the patient during the session</p>	<p>Establishes and maintains a therapeutic alliance with patients with uncomplicated problems, and can recognize and avoid boundary violations</p> <p>Provides selected psychotherapies (including supportive, psychodynamic, and cognitive-behavioral), sets goals and integrates therapy with other treatment modalities</p> <p>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</p>	<p>Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations</p> <p>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</p> <p>Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions</p>	<p>Assesses and can help repair troubled alliances and/or boundary difficulties between junior residents and their patients</p> <p>Tailors psychotherapeutic treatment based on awareness of own skill sets, strengths, and limitations</p> <p>Links feelings, recurrent/central themes/schemas and their meaning to the patient as they shift within and across sessions</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">           Not Yet Completed Level 1 <input type="checkbox"/>            Not Yet Assessable <input type="checkbox"/> </div>				

<b>Patient Care 5: Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies)</b> <b>A:</b> Understands the mechanisms of action, indications, and evidence base for somatic therapies and appropriately applies them to patient care <b>B:</b> Educates patients about somatic therapies including access to accurate psychoeducational resources <b>C:</b> Appropriately monitors patient's response to treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms</p> <p>Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments</p> <p>Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety</p>	<p>Appropriately prescribes commonly used somatic therapies and understands their mechanism of action</p> <p>Appropriately uses educational and other resources to support the patient and optimize understanding and adherence</p> <p>Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies</p>	<p>Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies</p> <p>Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families</p> <p>Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy</p>	<p>Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases</p> <p>Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base</p> <p>Manages adverse effects and safety concerns in complex or treatment refractory cases</p>	<p>Manages complex combinations of somatic therapies and considers novel approaches</p> <p>Leads the development of novel patient educational processes or materials</p> <p>Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">                     Not Yet Completed Level 1 <input type="checkbox"/>                      Not Yet Assessable <input type="checkbox"/> </div>				



<b>Medical Knowledge 1: Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology)</b> <b>A: Knowledge of human development</b> <b>B: Knowledge of pathological and environmental influences on development</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
Conceptualizes development as occurring in stages throughout the life cycle  Recognizes major deviations from typical development	Describes the basic stages of typical biological, sociocultural, sexual, and cognitive development throughout the life cycle  Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that contribute to a shift towards an atypical developmental trajectory	Explains developmental tasks and transitions throughout the life cycle, using multiple conceptual models  Describes the influence of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology	Articulates an integrated understanding of typical development  Describes how acquiring and losing specific capacities can influence the expression of psychopathology	Incorporates new knowledge into own understanding of typical and atypical development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

<b>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)</b> <b>A:</b> Knowledge to identify and treat psychiatric conditions <b>B:</b> Knowledge at the interface of psychiatry and the rest of medicine				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the major psychiatric diagnostic categories  Gives examples of interactions between medical and psychiatric symptoms and disorders	Demonstrates sufficient knowledge to identify and assess common psychiatric conditions  Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients	Demonstrates sufficient knowledge to identify and treat common psychiatric conditions throughout the life cycle  Applies knowledge to identify and treat common psychiatric symptoms due to other medical illness	Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle  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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="float: right; text-align: right;">                         Not Yet Completed Level 1 <input type="checkbox"/>                          Not Yet Assessable <input type="checkbox"/> </div>				

<b>Medical Knowledge 3: Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings)</b> <b>A:</b> Neurodiagnostic and neuropsychological testing <b>B:</b> Neuropsychiatric comorbidity <b>C:</b> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">           Not Yet Completed Level 1 <input type="checkbox"/>            Not Yet Assessable <input type="checkbox"/> </div>				

<b>Medical Knowledge 4: Psychotherapy</b> <b>A: Fundamentals</b> <b>B: Practice and indications</b> <b>C: Evidence base</b>				
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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

Systems-Based Practice 1: Patient Safety and Quality Improvement				
<b>A:</b> Analyzes patient safety events <b>B:</b> Appropriately discloses patient safety events <b>C:</b> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

<b>Systems-Based Practice 2: System Navigation for Patient-Centered Care</b> <b>A: Coordinates patient care</b> <b>B: Safely transitions care</b> <b>C: Population and community health needs</b>				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

<b>Systems-Based Practice 3: Physician Role in Health Care Systems</b> <b>A: Understanding and working within the health care system</b> <b>B: Health care financing and advocacy</b> <b>C: Transition to practice</b>				
Level 1	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

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	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>



Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors which contribute to gap(s) between one's expected and actual performance</p> <p>Actively seeks opportunities to improve</p>	<p>Demonstrates openness to performance data (feedback and other input) in order to inform goals</p> <p>Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance</p> <p>Designs and implements a learning plan, with prompting</p>	<p>Seeks performance data episodically, with openness and humility</p> <p>Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance</p> <p>Independently creates and implements a learning plan</p>	<p>Intentionally seeks performance data consistently with openness and humility</p> <p>Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected and actual performance</p> <p>Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it</p>	<p>Role models consistently seeking performance data with openness and humility</p> <p>Coaches others on reflective practice</p> <p>Facilitates the design and implementation of learning plans for others</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

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)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future</p> <p>Introduces self as patient's resident physician</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations</p> <p>Is recognized by self, patient, patient's family, and medical staff members as the patient's primary psychiatric provider</p>	<p>Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving</p> <p>Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care</p>	<p>Takes ownership of system outcomes</p> <p>Serves as a role model in demonstrating responsibility for ensuring that patients receive the best possible care</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge 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
<p>Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport</p> <p>Identifies common barriers to effective communication; accurately communicates own role within the health care system</p> <p>Recognizes communication strategies may need to be adjusted based on clinical context</p>	<p>Establishes a therapeutic relationship in straightforward encounters using active listening and clear language</p> <p>Identifies complex barriers to effective communication</p> <p>Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation</p>	<p>Establishes a therapeutic relationship in challenging patient encounters; uses nonverbal communication skills effectively</p> <p>When prompted, reflects on personal biases that may contribute to communication barriers</p> <p>With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences; acknowledges uncertainty and conflict</p>	<p>Effectively establishes and sustains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity</p> <p>Independently recognizes personal biases and attempts to proactively minimize their contribution to communication barriers</p> <p>Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan</p>	<p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Role models self-awareness practice while identifying and teaching a contextual approach to minimize communication barriers</p> <p>Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				



Interpersonal and Communication Skills 3: Communication within Health Care 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>