The Epilepsy Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education
and

The American Board of Psychiatry and Neurology

July 2015
The Epilepsy Milestone Project

The Milestones are designed only for use in evaluation of the fellow in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for assessment of the development of the fellow in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.
Epilepsy Milestones
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*Acknowledgement: Special thanks to Steven Lewis, MD, who was an active member of both the Working and Advisory Groups.
Milestone Reporting

This document presents Milestones designed for programs to use in semi-annual review of fellow 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 a 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.

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.

Examples are provided with some milestones. Please note that 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 the ACGME supervision guidelines, as well as institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

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.

### History — Patient Care

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Obtains a relevant and organized neurologic history</td>
<td>• Obtains a relevant and organized history, recognizing significant risk factors for seizures, epilepsy, and seizure mimics</td>
<td>• Efficiently obtains a relevant and organized history relevant to patient’s acuity and clinical setting (e.g., clinic, emergency room)</td>
<td>• Consistently obtains a history sufficient to guide subsequent examination, investigation, and treatment</td>
<td>• Serves as a role model for obtaining a neurological history related to seizures and epilepsy</td>
</tr>
<tr>
<td></td>
<td>• Incorporates historical information from external sources (e.g., parents, care givers, school personnel)</td>
<td>• Efficiently obtains an interval history during follow-up visits</td>
<td>• Obtains history that identifies unusual causes of seizures and epilepsy</td>
<td></td>
</tr>
</tbody>
</table>

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).
<table>
<thead>
<tr>
<th>History — Patient Care</th>
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</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Obtains a relevant and organized neurologic history</td>
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<td>Comments:</td>
</tr>
<tr>
<td>Neurological Examination — Patient Care</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Performs a complete neurologic examination</td>
</tr>
<tr>
<td>Examines patients for common side-effects of antiepileptic treatment</td>
</tr>
</tbody>
</table>

**Comments:**

Not yet achieved Level 1 ☐

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### Medical Management — Patient Care

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<tr>
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</thead>
<tbody>
<tr>
<td>Provides antiepileptic drug treatment for patients with common seizure disorders</td>
<td>Provides antiepileptic drug treatment for patients with uncommon seizure disorders</td>
<td>Identifies patients who are pharmacoresistant</td>
<td>Provides medical management of patients with seizure disorders and other complex medical issues (e.g., dialysis, transplant, diabetes)</td>
<td>Engages in scholarly activity (e.g., teaching, participating in clinical trials) related to medical management of patients with seizure disorders</td>
</tr>
<tr>
<td>Selects appropriate antiepileptic drug relative to patient’s genetic background and comorbidities</td>
<td>Manages uncommon and rare side-effects of pharmacologic therapy</td>
<td>Identifies patients who are candidates for nonpharmacologic therapy (e.g., ketogenic diet, hormonal therapy, surgery)</td>
<td>Provides specific medical management based on age, gender, and other relevant demographic variables</td>
<td></td>
</tr>
<tr>
<td>Manages common side-effects of pharmacologic therapy</td>
<td>Identifies patients who are appropriate candidates for antiepileptic drug titration, change, weaning, and withdrawal</td>
<td>Appropriately utilizes laboratory and other diagnostic modalities to monitor therapy</td>
<td>Manages patients using nonpharmacologic therapy, including surgical evaluation</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Appropriately titrates, changes, weans, and withdraws antiepileptic treatment</td>
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Comments: Not yet achieved Level 1
## Surgical Management — Patient Care

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</thead>
<tbody>
<tr>
<td>Lists indications for surgical intervention</td>
<td>Applies knowledge of various types of surgical interventions</td>
<td>Plans and manages Phase 1 surgical evaluation</td>
<td>Plans and manages Phase 2 surgical evaluation (e.g., cortical stimulation, placement of invasive electroencephalography [EEG] electrodes)</td>
<td>Engages in scholarly activity (e.g., publishes in peer-reviewed journal) related to surgical management of patients with seizure disorders</td>
</tr>
<tr>
<td>Identifies patients who are appropriate candidates for surgical evaluation</td>
<td>Actively participates in epilepsy surgery conference</td>
<td>Leads epilepsy surgery case discussion regarding routine surgical evaluation (e.g., Phase 1)</td>
<td>Collaborates with the interdisciplinary epilepsy surgery team in refining the management plan</td>
<td>Participates in research related to novel surgical approaches</td>
</tr>
<tr>
<td></td>
<td>Identifies diagnostic modalities essential for surgical planning</td>
<td>Synthesizes pre-surgical planning process and data to establish surgical management plan</td>
<td>Manages neurologic issues in the post-operative patient</td>
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<td></td>
<td>Manages and programs medical devices approved for treatment of epilepsy</td>
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### Comments:

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## Emergent and Critical Care Management — Patient Care

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</thead>
<tbody>
<tr>
<td>Diagnoses and manages convulsive and non-convulsive status epilepticus</td>
<td>Recognizes and manages uncommon types of non-convulsive status epilepticus</td>
<td>Recognizes the role of continuous EEG monitoring in critically-ill patients</td>
<td>Utilizes and interprets continuous EEG monitoring data in critically-ill patients</td>
<td>Engages in scholarly activity (e.g., publishes in peer-reviewed journal) related to emergent management of patients with seizure disorders</td>
</tr>
<tr>
<td>Recognizes the role of continuous EEG monitoring in patients with non-convulsive status epilepticus</td>
<td>Interprets continuous EEG monitoring data in patients with non-convulsive status epilepticus</td>
<td>Manages patients with refractory status epilepticus</td>
<td>Manages neurologic complications associated with convulsive and non-convulsive status epilepticus</td>
<td>Establishes novel protocols for emergent management of patients with seizure disorders</td>
</tr>
<tr>
<td>Recognizes primary and secondary causes of status epilepticus</td>
<td>Recognizes patients with refractory status epilepticus</td>
<td>Prescribes and educates patients and care givers on the use of rescue medications</td>
<td>Collaborates with the interdisciplinary team in the management of critically-ill patients with seizures and status epilepticus</td>
<td>Discusses prognosis of patients with status epilepticus with care givers</td>
</tr>
<tr>
<td>Educates patients and care givers regarding seizure first aid</td>
<td>Recognizes life threatening complications of antiepileptic therapy</td>
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### Cognitive, Behavioral, and Psychiatric Disorders Associated with Seizure Disorders — Patient Care

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<tbody>
<tr>
<td>Recognizes when a patient may have a cognitive, behavioral, or psychiatric disorder associated with epilepsy</td>
<td>Identifies cognitive, behavioral, or psychiatric disorder in patients with epilepsy</td>
<td>Manages complex combinations of medications with central nervous system effects</td>
<td>Collaborates with psychiatrist and psychologist to manage cognitive, behavioral, or psychiatric comorbidities in patients with epilepsy</td>
<td>Engages in scholarly activity (e.g., teaching, research) in cognitive, behavioral, or psychiatric disorders</td>
</tr>
<tr>
<td>Obtains an appropriate cognitive, behavioral, and psychiatric history in patients being evaluated for seizures</td>
<td>Identifies major cognitive, behavioral, or psychiatric side effects of antiepileptic medications</td>
<td>Appropriately refers for neuropsychological testing in evaluating patients with cognitive, behavioral, and psychiatric disorders</td>
<td>Manages cognitive, behavioral, or psychiatric side effects of medical and surgical therapy</td>
<td>Selects and utilizes advanced neuropsychological testing related to cognitive, behavioral, or psychiatric disorders in patients with epilepsy</td>
</tr>
<tr>
<td>Recognizes when a patient’s neurological symptoms are of psychiatric origin</td>
<td>Identifies psychiatric co-morbidities in patients with non-epileptic seizures</td>
<td>Recognizes when a patient’s psychiatric symptoms are of neurologic origin (e.g., post-ictal psychosis)</td>
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<tbody>
<tr>
<td>Demonstrates basic knowledge of neuroanatomy and neurophysiology relevant to localization of the epileptic focus</td>
<td>Localizes epileptic lesions to specific regions of the brain based on history and examination</td>
<td>Demonstrates detailed knowledge of neuroanatomy and neurophysiology relevant to localization of the epileptic focus</td>
<td>Consistently demonstrates sophisticated and detailed knowledge of neuroanatomy and neurophysiology relevant to localization of the epileptic focus</td>
<td>Participates in scholarly activity (e.g., publication in peer-reviewed literature) related to localization of epileptic focus</td>
</tr>
<tr>
<td>Formulates a reasonable localization based on the history and examination</td>
<td>Selects appropriate diagnostic modalities to further localize the epileptic focus</td>
<td>Interprets results of routine diagnostic studies (e.g., EEG, video EEG, magnetic resonance imaging [MRI]) to further localize the epileptic focus</td>
<td>Appropriately utilizes results from more sophisticated diagnostic modalities (e.g., intracranial electrodes, positron emission tomography [PET], single-photon emission computerized tomography [SPECT]) to further localize the epileptic focus</td>
<td></td>
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**Comments:** Not yet achieved Level 1
### Diagnostic Investigation — Medical Knowledge

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<tbody>
<tr>
<td>Demonstrates knowledge of and indications for ordering routine diagnostic tests</td>
<td>Demonstrates knowledge of and indications for ordering advanced diagnostic tests (e.g., PET, SPECT, MR-Spectroscopy)</td>
<td>Demonstrates knowledge of and indications for ordering invasive diagnostic tests (e.g., intracranial electrodes, Wada, cortical stimulation)</td>
<td>Recognizes indications and implications of less common testing (e.g., genetic, immunologic)</td>
<td>Participates in scholarly activity (e.g., publication in peer-reviewed literature) related to diagnostic investigation</td>
</tr>
<tr>
<td></td>
<td>Lists risks and benefits of diagnostic tests</td>
<td>Individualizes diagnostic approach to the specific patient</td>
<td>Accurately interprets results of advanced and invasive diagnostic testing</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Accurately interprets results of routine diagnostic tests</td>
<td>Explains limitations, diagnostic yield, and cost-effectiveness of various tests</td>
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<th>Level 4</th>
<th>Level 5</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates knowledge of common types of seizures and epilepsy, including epilepsy syndromes</td>
<td>Demonstrates knowledge of uncommon types of seizures and epilepsy, including epilepsy syndromes</td>
<td>Demonstrates basic knowledge of clinical and diagnostic findings in common and uncommon seizures and epilepsy</td>
<td>Demonstrates detailed knowledge of clinical and diagnostic findings in common and uncommon seizures and epilepsy</td>
<td>Engages in scholarly activity related to clinical and diagnostic findings in seizures and epilepsy</td>
</tr>
<tr>
<td>Demonstrates basic knowledge of seizure and epilepsy classification</td>
<td>Demonstrates knowledge of common electroclinical syndromes</td>
<td>Demonstrates knowledge of uncommon or rare electroclinical syndromes</td>
<td>Demonstrates advanced knowledge of seizure and epilepsy classification</td>
<td>Demonstrates advanced knowledge of natural history of epilepsy syndromes</td>
</tr>
<tr>
<td>Demonstrates advanced knowledge of seizure and epilepsy classification</td>
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**Comments:**

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## Work in Interprofessional Teams to Enhance Patient Safety — Systems-based Practice

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<tbody>
<tr>
<td>Describes team members’ roles in maintaining patient safety</td>
<td>Identifies and reports errors and near-misses</td>
<td>Describes potential sources of system failure in clinical care such as minor, major, and sentinel events</td>
<td>Participates in a team-based approach to medical error analysis</td>
<td>Engages in scholarly activity regarding error analysis and patient safety in epilepsy</td>
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**Comments:**

## Systems Thinking, Including Cost- and Risk-Effective Practice — Systems-based Practice

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<tbody>
<tr>
<td>Describes basic cost and risk implications of care</td>
<td>Describes cost- and risk-benefit ratios in patient care</td>
<td>Makes clinical decisions that balance cost- and risk-benefit ratios</td>
<td>Incorporates available quality measures in patient care</td>
<td>Engages in scholarly activity (e.g., teaching, research) regarding cost- and risk-effective practice in epilepsy</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Completes and presents a quality improvement project</td>
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**Comments:**

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### Advocacy, Continuum of Care, and Community Resources — Systems-based Practice

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<tr>
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</thead>
<tbody>
<tr>
<td>Identifies responsibilities and duties of allied health professionals involved in the care of patients with seizure disorders</td>
<td>Appropriately utilizes and consults with allied health professionals and community resources involved in the care of patients with seizure disorders</td>
<td>Understands the differences in expectations of care in comprehensive epilepsy centers vs. other health care centers</td>
<td>Consistently demonstrates competency in referring and coordinating services</td>
<td>Engages in scholarly activity regarding continuum of care of patients with epilepsy</td>
</tr>
<tr>
<td>Aware of state driving laws as they relate to patients with seizures</td>
<td>Identifies community resources for care givers</td>
<td>Advocates for patient care in all aspects (e.g., work, school)</td>
<td>Provides anticipatory guidance regarding further services across the lifespan</td>
<td>Participates in leadership role in education of patients and care givers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Participates in education of other health professionals (e.g., EEG technician)</td>
<td>Develops resources for community support services</td>
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<tr>
<td></td>
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<td></td>
<td>Understands the practice and responsibilities of allied health professionals in the continuum of care</td>
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</tbody>
</table>

**Comments:**
## Self-directed learning — Practice-based Learning and Improvement

- Identify strengths, deficiencies, and limits in one’s knowledge and expertise
- Set learning and improvement goals
- Identify and perform appropriate learning activities
- Use information technology to optimize learning

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Acknowledges gaps in knowledge and expertise in epilepsy</td>
<td>Incorporates feedback</td>
<td>Develops an appropriate learning plan based upon clinical experience</td>
<td>Completes an appropriate learning plan based upon clinical experience</td>
<td>Engages in scholarly activity regarding practice-based learning and improvement in epilepsy</td>
</tr>
</tbody>
</table>

**Comments:**

## Locate, Appraise, and Assimilate Evidence from Scientific Studies Related to Patient’s Health Problems – Practice-based Learning and Improvement

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<tbody>
<tr>
<td>Uses information technology to search and access relevant medical information</td>
<td>Uses scholarly articles and guidelines to answer patient care issues</td>
<td>Critically evaluates scientific literature</td>
<td>Incorporates appropriate evidence-based information into patient care</td>
<td>Engages in scholarly activity regarding evidence-based medicine in epilepsy</td>
</tr>
<tr>
<td>Uses information technology to search and access relevant medical information</td>
<td>Uses scholarly articles and guidelines to answer patient care issues</td>
<td>Critically evaluates scientific literature</td>
<td>Incorporates appropriate evidence-based information into patient care</td>
<td>Engages in scholarly activity regarding evidence-based medicine in epilepsy</td>
</tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates compassion, sensitivity, and responsiveness to patients</td>
<td>Describes effects of sleep deprivation and substance abuse on performance</td>
<td>Demonstrates compassionate practice of medicine, even in context of disagreement with patient beliefs</td>
<td>Mentors others in the compassionate practice of medicine, even in context of disagreement with patient beliefs</td>
<td>Engages in scholarly activity regarding professionalism in epilepsy</td>
</tr>
<tr>
<td>and families</td>
<td>Demonstrates appropriate steps to address impairment in self</td>
<td>Incorporates patients’ socio-cultural needs and beliefs into patient care</td>
<td>Mentors others in sensitivity and responsiveness to diverse and vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>Demonstrates non-discriminatory behavior in all interactions, including</td>
<td>Consistently demonstrates professional behavior, including dress and</td>
<td>Demonstrates appropriate steps to address impairment in colleagues</td>
<td>Advocates for quality patient care</td>
<td></td>
</tr>
<tr>
<td>with diverse and vulnerable populations</td>
<td>timeliness</td>
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Comments:
### Knowledge about, Respect for, and Adherence to the Ethical Principles Relevant to the Practice of Medicine, remembering in particular that responsiveness to patients that supersedes self-interest is an essential aspect of medical practice — Professionalism

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<tbody>
<tr>
<td>Describes basic ethical principles</td>
<td>Determines presence of ethical issues in practice</td>
<td>Analyzes and manages ethical issues in straightforward clinical situations</td>
<td>Analyzes and manages ethical issues in complex clinical situations</td>
<td>Demonstrates leadership and mentorship in applying ethical principles in settings related to epilepsy</td>
</tr>
</tbody>
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**Comments:**

### Relationship Development, Teamwork, and Managing Conflict — Interpersonal and Communication Skills

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<tbody>
<tr>
<td>Develops a positive relationship with patients in uncomplicated situations</td>
<td>Manages simple patient/family-related conflicts</td>
<td>Manages conflict in complex situations</td>
<td>Manages conflict across specialties and systems of care</td>
<td>Engages in scholarly activity regarding teamwork and conflict management</td>
</tr>
<tr>
<td>Actively participates in team-based care</td>
<td>Engages patients in shared decision-making</td>
<td>Uses easy-to-understand language in all phases of communication</td>
<td>Leads epilepsy team-based patient care activities</td>
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**Comments:**
## Information Sharing, Gathering, and Technology — Interpersonal and Communication Skills

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<tbody>
<tr>
<td>Effectively communicates during patient hand-overs using a structured communication tool</td>
<td>Effectively communicates during team meetings, discharge planning, and other transitions of care</td>
<td>Effectively communicates the results of a neurologic consultation in a timely manner</td>
<td>Effectively leads family meetings</td>
<td>Develops patient education materials regarding epilepsy</td>
</tr>
<tr>
<td>Accurately documents transitions of care</td>
<td>Educates patients about their disease and management, including risks and benefits of treatment options</td>
<td>Effectively gathers information from collateral sources when necessary</td>
<td>Effectively and ethically uses all forms of communication</td>
<td>Engages in scholarly activity regarding interpersonal communication in epilepsy</td>
</tr>
<tr>
<td>Completes documentation in a timely fashion</td>
<td>Completes all documentation accurately, including use of electronic health records (EHR), to promote patient safety</td>
<td>Demonstrates synthesis, formulation, and thought process in documentation</td>
<td>Mentors colleagues in timely, accurate, and efficient documentation</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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