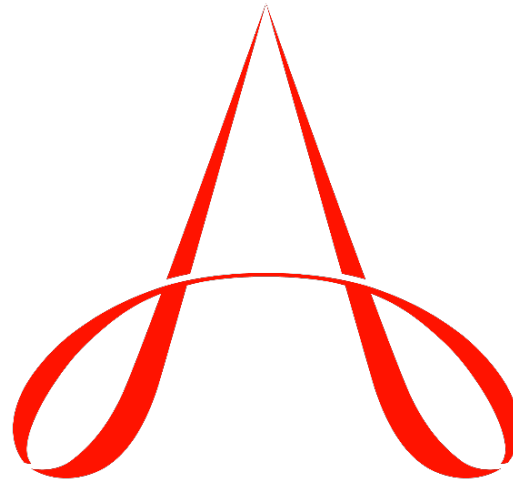




# Child and Adolescent Psychiatry Milestones

The Accreditation Council for Graduate Medical Education



**ACGME**

Implementation Date: July 2022

Second Revision: March 2022

First Revision: July 2015

# Child and Adolescent Psychiatry Milestones

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 fellow in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

## **Child and Adolescent Psychiatry Milestones**

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American Board of Psychiatry and Neurology

ACGME Review Committee for Psychiatry

## Understanding Milestone Levels and Reporting

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

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

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

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

## Additional Notes

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

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

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

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

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 fellow’s performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow’s performance in relation to those milestones.

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and summarize available evidence for routine conditions	Formulates clinical questions and completes literature searches to provide evidence-based care	Critically appraises and compares the best available evidence and applies to patient care using a hierarchy of evidence	Critically appraises and applies evidence to guide care tailored to the patient and family, even in the face of uncertainty and conflicting evidence	Coaches other learners to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines
<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).

<b>Patient Care 1: Psychiatric Evaluation</b> <b>A:</b> Gathers and organizes findings from the patient interview and mental status examination in a manner appropriate to the developmental stage of the child <b>B:</b> Gathers and organizes data from collateral sources, including parents and other caregivers <b>C:</b> Screens for risk and integrates risk assessment into the patient evaluation				
Level 1	Level 2	Level 3	Level 4	Level 5
For adolescents, acquires accurate history and mental status examination findings, customized to the chief complaints  Collects relevant information from collateral sources  Screens patients for risk of harm to self, to others, or by others	For adolescents, obtains information that is sensitive and not readily offered by the patient  Selects appropriate laboratory and diagnostic tests, including standardized assessment tools  Engages in a basic risk assessment and basic safety planning for children and adolescents	Uses hypothesis-driven information-gathering to obtain a complete, accurate, and relevant history from child and adolescent patients and their family/caregivers  Interprets collateral information, test results, and standardized assessment tools to determine necessary additional steps  Incorporates risk and protective factors into the assessment of imminent, short-term, and long-term patient safety and the safety of others	Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's developmental level, patient's family context, and complexity of the patient's clinical presentation  Evaluates the structure and functioning of the patient's family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child/adolescent patient  Incorporates risk and protective factors into the assessment of complex patient and patient family presentations, including eliciting information not readily offered by the patient and utilizing standard risk assessments scales	Incorporates therapeutic interventions into the initial evaluation interview and collateral sources and creative use of both verbal and non-verbal evaluation techniques  Serves as a role model for risk assessment in all clinical settings
<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 a 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	Integrates and prioritizes information obtained from the patient, patient's caregivers, other health care practitioners; and education, welfare, and legal systems to develop a clinical impression	Incorporates the significance of a patient's and patient's family's adverse childhood experiences; patient's intersecting gender, sexual, ethnic, and racial identities; and experiences into the clinical impression	Reconciles information from different collateral sources, recognizing when information varies or conflicts, and integrates information into a comprehensive formulation	Serves as a role model in the development of accurate and complete differential diagnoses and formulations
Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation	Identifies specific biological factors, including heredity, genomics, nutrition, gender, race, and substances, that play a role in a patient's presentation	Identifies specific psychosocial factors, including relationships, home environment, advancement opportunities, and social determinants of health that contribute to a patient's presentation	Identifies the role of psychological, cognitive, social, sexual, and moral developmental level in a patient's presentation	Serves as a role model to others for identifying how biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation
Recognizes that clinicians have emotional responses to patients	Recognizes that the clinician's emotional responses to patients may have diagnostic value	Differentiates emotional responses that are related to the clinician's history and those that are induced by a patient	Attends to and appropriately uses feelings elicited in the patient and psychiatrist to develop a diagnostic picture	Consults to others when emotional responses are impeding treatment
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<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 a treatment plan <b>B:</b> Monitors and revises treatment when indicated <b>C:</b> Incorporates the use of school and community resources and culturally appropriate virtual/online resources				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies potential biopsychosocial treatment options	Informs the patient/patient's family of the available evidence-based biopsychosocial treatments, recognizing that co-occurring conditions and side effects impact treatment	Applies an understanding of psychiatric, substance use, neurologic, and medical co-occurring disorders in the management of common presentations	Develops individualized treatment plans for complex presentations; integrates multiple biopsychosocial modalities and input from other care practitioners in a comprehensive approach	Supervises treatment planning by other learners and multidisciplinary practitioners
Recognizes that acuity and complexity affect level of care and treatment monitoring	Recommends the most appropriate level of care based on acuity and complexity, and monitors treatment adherence and response	In common presentations, considers family and sociocultural factors, recommends the most appropriate interventions/treatments, and adjusts as indicated	In complex presentations, considers family and sociocultural factors, recommends the most appropriate interventions/treatment, and adjusts as indicated	
Gives examples of types of community resources	Coordinates care with community resources	Incorporates support and advocacy services/groups in treatment planning	Locates and connects patients to community resources in complex and difficult situations	Matches patient and family needs and preferences to specific local or virtual/online resources and advocates for the creation of resources when gaps are identified
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<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

Patient Care 4: Psychotherapy				
A: Recognizes unique aspects of psychotherapy with children and adolescents and how they differ from psychotherapy with adults				
B: Selects, sets goals, and provides individual psychotherapy				
C: Selects, sets goals, and provides multi-person psychotherapy				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates empathy, respect, and interest in both the identified patient and the patient's family/caregiving system	Builds and maintains a therapeutic alliance with a patient and patient's family, and identifies potential boundary violations and crossings in a psychotherapeutic relationship	Recognizes the value of family involvement while maintaining the ethical and legal limits on confidentiality of psychotherapy with a minor patient	Maintains a dual alliance with patients of all ages and their families, and maintains appropriate and culturally-informed boundaries and professional relationships	Mentors other learners in psychotherapy and seeks additional psychotherapy education and collaboration when needed
Develops familiarity with a range of therapeutic modalities for individual psychotherapy with children and adolescents	Selects appropriate modality for individual psychotherapy, including the needs, goals, culture, and resources of the patient and the patient's family system	Creatively uses techniques from play and expressive therapies to facilitate individual psychotherapy	Provides individual psychotherapy from beginning to termination to youth at various developmental stages	
Develops familiarity with a range of therapeutic modalities for multi-person psychotherapy, including dyadic, family, and group psychotherapies	Selects the appropriate modality for multi-person psychotherapy, including the needs, goals, culture, and resources of the patient and the patient's family system	With supervision, manages complex interactions and therapeutic process in multi-person psychotherapy	Provides multi-person psychotherapy to youth at various developmental stages	
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<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>
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<b>Patient Care 5: Psychopharmacology and Other Somatic Treatments</b> <b>A:</b> Educates patients and parents about psychopharmacologies and other somatic therapies, including access to accurate psychoeducational resources <b>B:</b> Appropriately monitors patient’s response to treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
Reviews general indications and common adverse effects for commonly prescribed drugs and other somatic treatments with a patient’s parent/guardian and the patient  Identifies necessary key baseline assessments before initiating somatic treatments to ensure patient safety	Uses resources to provide psychoeducation to the patient and patient’s parents/guardians to optimize their understanding and adherence, including discussion of when medication is not indicated or is unlikely to be helpful  Obtains necessary baseline assessments before initiating treatment with commonly used somatic treatments	Explains mechanisms of action, risks, and benefits of commonly prescribed drugs and other somatic treatments to patients and their families  Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy	Explains less common somatic treatment choices to patients and their families in terms of proposed mechanisms of action, impact of development, potential risks and benefits, and the evidence base  Manages adverse effects and safety concerns in complex or treatment refractory cases, including de-prescribing medication	Mentors other learners by developing novel patient educational processes or materials  Incorporates new evidence-based developments into treatment to optimize safety, minimize adverse effects, and improve response
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				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

<b>Patient Care 6: Clinical Consultation</b> <b>A:</b> Requests consultation <b>B:</b> Receives consultation <b>C:</b> Demonstrates understanding of consultation models				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully, clearly, and concisely requests the appropriate consultation  Respectfully receives a consultation request and asks for additional information needed to respond to the request	Requests the appropriate consultation for a pediatric setting  Respectfully, clearly, and concisely communicates recommendations to the consulting team  Demonstrates understanding of the consultation model, including direct/indirect care and system/individual care	Applies consultant recommendations judiciously to patient care  Assists the consulting team in identifying unrecognized clinical care issues and provides relevant recommendations, checking for understanding  Distinguishes models of integrated interprofessional care across medical and non-medical settings	Critically appraises and integrates diverse recommendations  Manages complicated and challenging consultation requests  Develops complex treatment plans in collaboration with the interprofessional team in medical and non-medical settings	Contributes to identifying and improving potential deficiencies in the consultation system  Leads consultation liaison psychiatry teams across medical and non-medical settings  Serves as a leader of interprofessional care teams
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<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 7: Digital Health</b> <b>A:</b> Uses the electronic health record (EHR) appropriately for patient care and quality improvement <b>B:</b> Conducts telehealth visits appropriately using HIPAA-compliant software and recognizes when in-person care is needed <b>C:</b> Uses digital technology to augment patient care				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses the EHR for routine patient care activities  Identifies the required components for a telehealth visit and identifies clinical situations that can be managed through a telehealth visit  Describes how technology can augment face-to-face visits with patients (e.g., apps, websites, online therapies)	Expands use of the EHR to include and reconcile secondary data sources in patient care activities  Performs assigned telehealth visits using approved technology  Evaluates the pros and cons of integrating specific digital technologies into treatment	Effectively uses EHR capabilities in managing acute and chronic care of patients  Integrates telehealth effectively into clinical practice for medication management, psychotherapy, and consultation and recognizes limitations of telehealth  Incorporates at least one digital technology into clinical care appropriately	Uses the EHR to facilitate achievement of quality targets for patient panels  Integrates telehealth effectively into clinical practice for evaluation and treatment of new and complex patients  Integrates multiple different digital technologies to augment clinical experience appropriately	Leads improvements to the EHR  Leads innovation of the telehealth system  Develops innovative and transformative digital technologies for use in pediatric mental health
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<b>Medical Knowledge 1: Development in Infancy, Childhood, and Adolescence, including the Impact of Psychopathology on the Trajectory of Development and the Impact of Development on the Expression of Psychopathology</b> <b>A:</b> Demonstrates knowledge of typical human development <b>B:</b> Demonstrates knowledge of pathological and atypical developmental trajectories <b>C:</b> Demonstrates knowledge of biologic and environmental influences on development				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Describes the basic stages of typical biological, sociocultural, sexual, moral, and cognitive development from infancy to young adulthood</p> <p>Recognizes major deviations from typical development, including disruptions and regressions</p> <p>Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that may influence developmental processes</p>	<p>Demonstrates basic knowledge of the major developmental theories across all developmental domains</p> <p>Describes appropriate evaluation and testing methods (genetic, psychological, neuropsychological, or other) to evaluate for specific developmental deficits and disorders</p> <p>Describes the effects of developmental trauma and neglect and other adverse experiences, including social determinants</p>	<p>Explains developmental tasks and transitions throughout the life cycle using multiple conceptual models</p> <p>Describes how developmental level can influence the expression of psychopathology</p> <p>Describes the potential harmful and protective influence of biological, psychological, sociocultural, cognitive, and sexual factors on atypical personality development and psychopathology</p>	<p>Describes developmental stages in detail and articulates an integrated understanding of typical development</p> <p>Recognizes subtle deviations from typical development, including disruptions and regressions</p> <p>Describes how risk factors can be mitigated and resilience promoted</p>	<p>Serves as a role model regarding educating patients, patients' families, and other learners about normal and abnormal development of children and adolescents</p> <p>Identifies and teaches new theories of typical and atypical development</p>
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<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>				

<b>Medical Knowledge 2: Psychopathology, including Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Co-Occurring Disorders, and Differential Diagnosis of Psychiatric Disorders, to include Substance Use Disorders (SUDs) and Presentation of Psychiatric Disorders across Development and in Diverse Patient Populations)</b> <b>A:</b> Demonstrates knowledge to identify and treat psychiatric conditions <b>B:</b> Demonstrates knowledge at the interface of psychiatry and the rest of medicine <b>C:</b> Demonstrates knowledge of sociocultural factors contributing to psychopathology				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Identifies the major psychiatric diagnostic categories across the lifespan</p> <p>Gives examples of interactions between medical, substance use, and psychiatric symptoms and disorders</p> <p>Describes relevant sociocultural factors that contribute to patient presentations</p>	<p>Demonstrates knowledge to identify and assess common psychiatric conditions in childhood and adolescence</p> <p>Demonstrates knowledge to identify common medical conditions in patients with psychiatric illness</p> <p>Identifies social determinants of health relevant to patient presentations</p>	<p>Demonstrates knowledge to treat common psychiatric conditions, incorporating developmental factors</p> <p>Integrates knowledge to identify and treat common psychiatric symptoms due to other medical illness, including chronic pain and SUDs</p> <p>Formulates psychopathology drawing upon patients' sociocultural context</p>	<p>Demonstrates knowledge to identify and treat atypical and complex psychiatric conditions across a developmental spectrum</p> <p>Integrates knowledge to identify and treat a wide range of psychiatric conditions in patients with co-occurring medical and SUDs</p> <p>Demonstrates knowledge to address the drivers of social determinants of health, including inequities, in formulating psychopathology</p>	<p>Applies knowledge to identify and manage uncommon conditions at the interface of psychiatry and the rest of medicine</p>
<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"/>            Not Yet Assessable <input type="checkbox"/> </div>				

<b>Medical Knowledge 3: Clinical Neuroscience, including Knowledge of Neurology and Developmental Neuropsychiatry</b> <b>A:</b> Demonstrates knowledge of neurodiagnostic and neuropsychological testing <b>B:</b> Demonstrates an understanding of the interface of neurology, psychiatry, and development <b>C:</b> Demonstrates an understanding of pediatric neurologic and neurodevelopmental disorders and their potential psychiatric sequelae				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists commonly available neuroimaging, neurophysiologic, and neuropsychological tests	Describes indications for common neuroimaging, neurophysiologic, and neuropsychological tests	Identifies the significance of findings in routine neuroimaging, neurophysiologic, and neuropsychological tests	Correlates significant findings of neuroimaging, neurophysiological, and neuropsychological tests to case formulation and treatment planning	Integrates new research in neuroimaging, neurophysiologic, and neuropsychological testing into understanding of psychopathology
Appreciates that neurobiological processes interact dynamically with the developing brain	Describes major neurobiological processes in child and adolescent development and in common psychiatric presentations	Includes atypical neurobiological findings in case formulations	Integrates neurobiological findings into case formulation and treatment planning	Engages in scholarly activity related to neuroscience and psychiatric disorders
Describes basic phenomenology of common neurologic and neurodevelopmental disorders	Describes the common psychiatric sequelae of neurologic and neurodevelopmental disorders	Identifies common co-occurrences between psychiatric and neurologic and neurodevelopmental disorders	Synthesizes knowledge of psychiatric and neurologic/neurodevelopmental co-occurring disorders for case formulation and treatment	Integrates recent research into an understanding of the interface between neurology/neurodevelopment and psychiatry
<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:</b> Demonstrates knowledge of fundamentals <b>B:</b> Demonstrates knowledge of practice and indications <b>C:</b> Demonstrates knowledge of the evidence base				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Identifies the major evidence-based individual, dyadic, family, and group therapies in treating children and adolescents</p> <p>Describes short-term, intermediate, and long-term goals of psychotherapy for patients across the developmental spectrum</p> <p>Compares the evidence base for various forms of psychotherapy from different theoretical frameworks</p>	<p>Describes the common elements across psychotherapeutic modalities, including the dual alliance and limits of confidentiality</p> <p>Identifies the indications of various psychotherapeutic modalities, including developmental level of the patient and cultural context</p> <p>Describes the importance of the concepts of fidelity and flexibility of manualized treatments</p>	<p>Describes the adaptations of commonly used psychotherapy modalities for children and adolescents</p> <p>Identifies the contraindications of various psychotherapeutic modalities, including developmental level of the patient and cultural context</p> <p>Describes clinical factors, such as patient preferences and the patient-doctor relationship, that affect the clinical response to evidence-based psychotherapies</p>	<p>Describes the theoretical mechanisms of change in various forms of psychotherapy and how they vary with developmental level</p> <p>Integrates knowledge of child and adolescent development, resilience, and protective factors in psychotherapy with children and adolescents</p> <p>Continuously analyzes the evidence for using psychotherapy alone or in combination with pharmacotherapy and how best to communicate this to patients and their families/caregiving systems</p>	<p>Continues to critically evaluate new forms of psychotherapy based on evidence of efficacy, cultural relevance, and developmental appropriateness</p> <p>Critically evaluates new forms of psychotherapy and potential future directions as the science matures</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>Medical Knowledge 5: Somatic Therapies</b> <b>A. Demonstrates knowledge of fundamentals</b> <b>B. Demonstrates knowledge of indications and treatments</b> <b>C. Demonstrates knowledge of the evidence base</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accesses practice guidelines and resources to answer questions about somatic treatments</p> <p>Describes indications and side effects for commonly prescribed psychopharmacologic agents for children and adolescents</p> <p>Identifies the indications of different somatic therapies for specific child/adolescent psychiatric disorders</p>	<p>Describes hypothesized mechanisms of action and metabolism for commonly prescribed psychopharmacologic agents</p> <p>Describes the physical findings and lab studies necessary to initiate and monitor treatment with commonly prescribed medications</p> <p>Discusses appropriate evidence-based somatic therapies when indicated</p>	<p>Demonstrates knowledge of developmental impacts on pharmacokinetics and pharmacodynamic agent interactions</p> <p>Demonstrates knowledge of psychotropic selection based on practice guidelines or treatment algorithms for common psychiatric disorders in children and adolescents</p> <p>Researches and cites the evidence base when developing treatment plans that include both FDA-approved and off-label somatic treatments</p>	<p>Describes the strengths and limitations of the evidence supporting the use of medications and other somatic therapies in treatment situations in children and adolescents</p> <p>Demonstrates knowledge of the potential risks and appropriate management for children and adolescents when using off-label somatic therapies</p> <p>Integrates evidence, including emerging studies, into treatment plans for complex cases</p>	<p>Effectively mentors other learners on the concepts and usability of evidence-based or best somatic treatment practices</p>
<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>Systems-Based Practice 1: Patient Safety and Quality Improvement</b> <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 their families (simulated or actual)	Discloses patient safety events to patients and their families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., reduced restraint rates, suicide rates)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
<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: Addresses population and community health needs</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Effectively coordinates routine clinical care in individual and interprofessional care situations	Effectively coordinates complex care in individual and interprofessional care situations	Role models effective coordination of patient-centered care among different professionals and systems	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care and hand-offs in routine clinical situations	Performs safe and effective transitions of care and hand-offs in complex clinical situations	Role models and serves as a patient advocate for safe and effective transitions of care and hand-offs within and across health care delivery systems, including outpatient settings	Improves quality of transitions of care within and across health care delivery systems and non-medical settings to optimize patient outcomes
Demonstrates knowledge of population and community health determinants, needs, and inequities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively to meet the needs of a patient population and community	Adapts practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
<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 and Non-Medical Settings (Schools, Legal System, and Others)</b> <b>A:</b> Understands and works within the health care system and non-medical settings in which children, adolescents, and families present <b>B:</b> Understands health care financing and advocacy <b>C:</b> Prepares for transition to practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of health care systems and non-medical settings in which children, adolescents, and families present  Describes practice models and basic mental health payment systems  Identifies basic knowledge domains for effective transition to practice	Describes how components of complex health care systems and non-medical settings are interrelated, and how these impact patient care  Identifies resources and options for accessing care in different health care and non-health care systems  Demonstrates compliant use of basic administrative systems (documentation, billing, scheduling, etc.)	Discusses how individual practice affects broader systems  Engages with patients in shared decision-making and advocates for appropriate care and parity  Describes the core administrative knowledge needed for transition to practice	Manages various components of complex health care systems and other non-medical settings to provide high-value, efficient, and effective patient care and transitions of care  Advocates for patient care needs, including mobilizing community resources  Analyzes individual practice patterns and professional requirements in preparation for practice	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transitions of care  Participates in advocacy activities for access to care in mental health and reimbursement  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	Formulates clinical questions and completes literature searches to provide evidence-based care	Critically appraises and compares the best available evidence and applies to patient care using a hierarchy of evidence	Critically appraises and applies evidence to guide care tailored to the patient and patient's family, even in the face of uncertainty and conflicting evidence	Coaches other learners to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines
<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				
A. Accepts feedback B. Identifies performance gaps C. Develops and implements learning plans				
Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing personalized goals at the beginning of the educational program  Identifies the factors that contribute to gap(s) between one's expected and actual performance  Seeks and accepts opportunities to improve professional growth	Demonstrates openness to performance data (feedback and other input) to inform goals  Analyzes and reflects on the factors that contribute to gap(s) between one's expected and actual performance  Designs and implements a learning plan, with prompting	Seeks performance data episodically, with openness and humility  Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between one's expected and actual performance  Independently creates and implements a personalized learning plan	Uses feedback data to promptly change practice and improve performance  Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between expected and actual performance  Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	Role models consistently seeking performance data with openness and humility  Mentors other learners on reflective practice  Facilitates the design and implementation of learning plans for other learners
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<b>Professionalism 1: Professional Behavior and Ethical Principles</b> <b>A. Demonstrates professional behavior</b> <b>B. Identifies professionalism lapses</b> <b>C. Understands and demonstrates ethical principles</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes core professional behavior, including adherence to legal requirements  Recognizes that one's behavior in professional settings affects others  Demonstrates knowledge of core ethical principles	Demonstrates professional behavior in routine situations  Takes responsibility for one's own professionalism lapses and responds appropriately  Analyzes straightforward situations using ethical principles	Demonstrates professional behavior in complex or stressful situations  Describes when and how to appropriately report professionalism lapses in others, including strategies for addressing common barriers to reporting  Analyzes complex situations using ethical principles and recognizes when help is needed	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others  Responds appropriately to professionalism lapses of colleagues  Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)	Role-models professionalism through behavior and produces academic materials  Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution  Participates in generating codes of ethics and writing of laws involved in the practice of child and adolescent psychiatry
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<b>Professionalism 2: Accountability/Conscientiousness</b> <b>A. Completes tasks and responsibilities</b> <b>B. Understands one's role</b>				
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 oneself as a fellow physician</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Accepts one's role as the patient's physician and takes responsibility (under supervision) for ensuring 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 oneself, the patient, the patient's family, and professional staff members as the patient's psychiatrist</p>	<p>Anticipates tasks and responsibilities and proactively prepares for unmet needs</p> <p>Displays increasing autonomy and leadership in taking responsibility for ensuring 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>
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<p><b>Comments:</b></p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

<b>Professionalism 3: Well-Being</b> <b>A. Understands individual responsibility</b> <b>B. Understands one’s responsibility to the team</b> <b>C. Understands institutional factors</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes limits in knowledge/skills in promoting one’s own well-being, with assistance	Independently recognizes limitations in one’s own knowledge/skills in promoting well-being and demonstrates appropriate help-seeking behavior  Recognizes one’s own responsibility towards the well-being of the team  Describes institutional resources designed to promote well-being	Proposes a plan to promote personal and professional well-being, including addressing limitations in one’s own knowledge and skills, with assistance  Monitors and raises appropriate concerns about the well-being of team members and the team as a whole  Recognizes which institutional factors affect well-being	Independently develops a plan to promote personal and professional well-being and improve upon limitations in one’s own knowledge and skills  Promotes the well-being of the whole team in an ongoing way while maintaining professional altruism  Describes institutional factors that positively and/or negatively affect well-being	Is considered by faculty members and peers as a model of promoting one’s own well-being while maintaining professional altruism  Creates systemic 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"/>
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This subcompetency is not intended to evaluate a fellow’s well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.

<b>Interpersonal and Communication Skills 1: Child/Adolescent- and Family-Centered Therapeutic Alliance</b> <b>A. Develops rapport and therapeutic alliance</b> <b>B. Is able to identify and surmount barriers to an effective alliance</b> <b>C. Guides treatment planning/shared decision-making process</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Uses verbal and non-verbal communication to demonstrate empathy, curiosity, and respect</p> <p>Identifies personal biases that may become barriers to therapeutic relationships</p> <p>Recognizes communication strategies may need to be adjusted based on clinical, family, or cultural context</p>	<p>Establishes therapeutic communication using active listening and clear language with adolescent patients and their families</p> <p>Identifies complex barriers to forming a therapeutic alliance, including differences in power, identity, culture, and lived experience</p> <p>Organizes and initiates communication with child/adolescent and family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation</p>	<p>Establishes therapeutic communication and relationships using verbal and non-verbal methods in treatment with school-age and adolescent patients and their families</p> <p>When prompted, takes steps to surmount communication barriers and obstacles to a therapeutic alliance</p> <p>With guidance, sensitively and compassionately delivers medical information, elicits the patient's/patient's family's values, goals, and preferences; acknowledges uncertainty and conflict</p>	<p>Establishes therapeutic communication and relationships using verbal and non-verbal methods in treatment with preschool through adolescent patients and their families</p> <p>Independently takes steps to surmount communication barriers and obstacles to a therapeutic alliance</p> <p>Independently uses shared decision-making to align the patient's/patient's family's values, goals, and preferences with treatment options to make a personalized care plan</p>	<p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Role models cultural humility and successfully forming relationships with patients and patients' families of all identities, cultures, lived experiences, and family configurations</p> <p>Role models shared decision-making, including in situations with a high degree of uncertainty, conflict, or even hostility from the child/adolescent and the family</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Interpersonal and Communication Skills 2: Interprofessional and Team Communication</b> <b>A. Uses communication strategies</b> <b>B. Solicits and provides team feedback</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language that demonstrates respect and value for all members of the professional care team  Recognizes the need for ongoing feedback with the professional care team	Communicates information effectively with all professional care team members  Solicits feedback on performance as a member of the professional care team	Uses active listening to adapt communication style to fit team needs  Communicates concerns and provides feedback to peers and learners	Integrates recommendations from different members of the professional care team to optimize patient care  Respectfully communicates feedback and constructive criticism to superiors	Role models flexible communication strategies that value input from all professional care team members, resolving conflict when needed  Facilitates regular professional care team-based feedback in complex situations
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<b>Comments:</b>				Not Yet Completed Level 1 <input type="checkbox"/>

<b>Interpersonal and Communication Skills 3: Communication within Health Care Systems and other Systems of Care</b> <b>A. Completes written documentation within the medical record</b> <b>B. Honors confidentiality and chooses the most effective form of communication</b> <b>C. Respectfully collaborates with systems to improve care</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accurately records information in the patient record</p> <p>Obtains patient and family/caregiver assent/consent prior to seeking out collateral information</p> <p>Communicates about administrative issues through appropriate channels, as required by institutional policy</p>	<p>Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record</p> <p>Respects specific confidentiality across clinical situations and settings</p> <p>Respectfully communicates concerns about the system</p>	<p>Concisely reports diagnostic and therapeutic reasoning in the patient record</p> <p>Uses multiple modes of communication (in-person, telephone, email) to seek out collateral information and coordinate care</p> <p>Uses appropriate channels to offer clear and constructive suggestions to improve the system</p>	<p>Communicates clearly and concisely and in an organized written form, including providing anticipatory guidance</p> <p>Selects the mode of communication most likely to strike the optimal balance between patient confidentiality and sharing information to facilitate effective collaboration</p> <p>Initiates difficult conversations with appropriate stakeholders to improve the system</p>	<p>Creates documentation templates or other written content that can be used by multiple providers to educate the patient and patient's family/caregivers, and to improve coordination of care</p> <p>Contributes to departmental or organizational initiatives to improve communication systems within the health care system and between multiple systems of care</p> <p>Facilitates dialogue regarding systems issues among larger community stakeholders</p>
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