The Pediatric Rehabilitation Medicine Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Physical Medicine and Rehabilitation

July 2015
The Pediatric Rehabilitation Medicine 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.
Pediatric Rehabilitation Medicine Milestones

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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.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On www.acgme.org, choose the applicable specialty under the “Specialties” menu, then select the “Milestones” link in the lower navigation bar.

The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow’s performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow’s performance in relation to those milestones.

| Patient Care — History and Physical Examination for Pediatric Rehabilitation Patients (appropriate for age and impairment) |
|---|---|---|---|---|---|
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| **Acquires a basic psychiatric history, including medical, functional, and psychosocial elements** | **Utilizes knowledge of childhood development to acquire a history and perform a physical exam and functional evaluation in children with common medical conditions and disabilities** | **Utilizes knowledge of childhood development to acquire a history and perform a physical exam and functional evaluation in children with complex medical conditions and disabilities** | **Efficiently acquires and presents a relevant history and targeted physical exam in a prioritized and hypothesis-driven fashion across a spectrum of ages, impairments and clinical settings** | **Serves as an exemplary model for the gathering of subtle and difficult information from the patient and/or families** |
| **Performs a basic physical exam and functional assessment that identifies impairments (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments)** | **Documents and presents a complete history and physical exam in an organized manner** | **Modifies history and exam to accommodate the patient’s behavior, developmental level and impairments to optimize assessment** | **Identifies and correctly interprets subtle or atypical physical findings** | **Serves as an exemplary model for physical exam skills in complex patients** |
| **Documents and presents key findings of the history and physical exam in an organized manner** | | | | |

Comments:

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 demonstrated as well as some milestones in the higher level(s).
### Patient Care – History and Physical Examination for Pediatric Rehabilitation Patients (appropriate for age and impairment)

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<tr>
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<tbody>
<tr>
<td>Acquires a basic physiatric history, including medical, functional, and psychosocial elements</td>
<td>Utilizes knowledge of childhood development to acquire a history and perform a physical exam and functional evaluation in children with common medical conditions and disabilities</td>
<td>Utilizes knowledge of childhood development to acquire a history and perform a physical exam and functional evaluation in children with complex medical conditions and disabilities</td>
<td>Efficiently acquires and presents a relevant history and targeted physical exam in a prioritized and hypothesis-driven fashion across a spectrum of ages, impairments, and clinical settings</td>
<td>Serves as an exemplary model for the gathering of subtle and difficult information from patients and/or families</td>
</tr>
<tr>
<td>Performs a basic physical exam and functional assessment that identifies impairments (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments)</td>
<td>Documents and presents a complete history and physical exam in an organized manner</td>
<td>Modifies history and exam to accommodate the patient’s behavior, developmental level, and impairments to optimize assessment</td>
<td>Elicits subtleties and information that may not be readily volunteered by patients and/or families</td>
<td>Serves as an exemplary model for physical exam skills in complex patients</td>
</tr>
<tr>
<td>Documents and presents key findings of the history and physical exam in an organized manner</td>
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**Comments:**
## Patient Care – Diagnostic Evaluation of Pediatric Rehabilitation Medicine Patients

This includes:

- Differential diagnosis of primary and secondary conditions
- Laboratory studies, imaging, electrodiagnostic studies, bowel, and bladder studies, neuropsychological testing, etc.
- Pediatric rehabilitation medicine assessment tools and outcome measures (e.g., WeeFIM, PEDI, GMFCS, COAT)

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<tbody>
<tr>
<td>Produces a differential diagnosis for common medical conditions</td>
<td>Generates a differential diagnosis that includes conditions commonly seen in pediatric physiatry</td>
<td>Develops a comprehensive differential diagnosis, including less common conditions</td>
<td>Produces a focused and prioritized differential diagnosis across a spectrum of ages and impairments</td>
<td>Efficiently produces a focused and prioritized differential diagnosis accounting for rare conditions</td>
</tr>
<tr>
<td>Orders appropriate diagnostic studies for common medical conditions (e.g., fever)</td>
<td>Orders appropriate diagnostic studies for conditions commonly seen in pediatric physiatry (e.g., dysplastic hip)</td>
<td>Appropriately prioritizes the sequence and urgency of diagnostic testing</td>
<td>Orders diagnostic testing and assessment tools based on cost effectiveness and likelihood that results will influence clinical management</td>
<td>Streamlines testing for maximal cost effectiveness and minimal patient and family burden</td>
</tr>
<tr>
<td>Demonstrates knowledge of common pediatric assessment tools and outcome measures</td>
<td>Integrates knowledge of functional goals, results of pediatric assessment tools, and prognosis to optimize patient management</td>
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Comments:
### Patient Care – Medical Management of Pediatric Rehabilitation Medicine Patients

This includes inpatient, outpatient, and consultative management of:

- Current co-morbidities (e.g., gastroesophageal reflux, seizure disorders, obesity, malnutrition)
- Secondary conditions (e.g., restrictive lung disease, neurogenic bladder and bowel, neurobehavioral disorder, autonomic dysfunction, pain)
- Potential complications (e.g., contractures, DVT, UTI, aspiration pneumonia, pressure ulcer)

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<tr>
<td>Evaluates general medical problems and initiates treatment</td>
<td>Identifies and manages common medical co-morbidities and secondary conditions</td>
<td>Manages patients with complex medical co-morbidities and secondary conditions</td>
<td>Develops and implements a comprehensive treatment plan that identifies and addresses all active medical co-morbidities, secondary conditions, and potential complications</td>
<td>Consistently performs evidence-based medical management in an efficient and effective manner</td>
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<td>Identifies level of medical acuity and triages appropriately</td>
<td>Identifies individual risk factors for medical complications and institutes preventive care</td>
<td>Counsels patients and families regarding treatment risks and benefits, outcomes, and prognosis</td>
<td>Evaluates and appropriately applies emerging treatments in individual patients</td>
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<td>Uses appropriate medical consultations to guide treatment plan</td>
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<td>Provides effective consultation services addressing complex or rare rehabilitation related medical conditions</td>
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**Comments:**

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### Patient Care – Rehabilitation/Functional Management of Pediatric Rehabilitation Medicine Patients

Includes rehabilitation interventions in inpatient, outpatient, and consultative management, such as:
- Rehabilitation therapies (e.g., therapeutic exercise, modalities)
- Prosthetics and orthotics
- Equipment/devices (e.g., adaptive equipment, seating systems, assistive technologies)

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<tr>
<td>Describes domains of body structure and function, activities, and participation resulting from disease or injury</td>
<td>Prescribes appropriate, commonly used adaptive devices and mobility aids (e.g., standing frames, gait trainer)</td>
<td>Provides detailed therapy prescription for specific conditions with appropriate precautions</td>
<td>Coordinates therapy across systems of care</td>
<td>Serves as a resource to orthotists, therapists, and other health care professionals for problem solving unusual clinical and functional challenges</td>
</tr>
<tr>
<td>Prescribes appropriate rehabilitation therapies by discipline based on functional need</td>
<td>Prescribes appropriate rehabilitation therapies by discipline based on developmental need with appropriate goals</td>
<td>Prescribes appropriate commonly used orthotics</td>
<td>Prescribes appropriate orthotics for a variety of complex conditions</td>
<td>Integrates cutting edge technology into therapy plan (e.g., robotics)</td>
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<tr>
<td>Identifies key structural components of wheelchairs and how modifications to the wheelchair can influence function</td>
<td>Prescribes assistive technologies, seating systems, and mobility devices in partnership with the interdisciplinary team</td>
<td>Utilizes growth and development when prescribing durable medical assistive technology</td>
<td>Effectively problem solves when medical equipment is ineffective or poorly tolerated</td>
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<td>Provides effective consultation to other services addressing commonly seen conditions</td>
<td>Incorporates changes in status when prescribing equipment and assistive technology</td>
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<td>Provides effective consultation services addressing complex or rare functional management issues</td>
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**Comments:**
### Patient Care – Procedural Skills in Pediatric Rehabilitation Medicine

This includes:

- **Spasticity interventions (e.g., chemodenervation, neurolytic procedures, intrathecal baclofen pump)**

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<tr>
<td>Complies with safety protocols regarding procedures</td>
<td>Demonstrates basic understanding of which spasticity intervention should be used to treat specific conditions</td>
<td>Makes appropriate choices regarding medication options, dosing, and guidance methods (e.g., baclofen pump programming, botulin toxin injection)</td>
<td>Troubleshoots spasticity interventions that are ineffective or when complications arise (e.g., acute baclofen withdrawal)</td>
<td>Skillfully performs a wide variety of procedures and teaches others in the safe performance of these procedures</td>
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<tr>
<td>Provides basic education to patients and families regarding procedure-specific information and treatment options</td>
<td>Obtains informed consent, confirming patient and family understanding and inviting questions</td>
<td>Modifies procedure to accommodate the patient’s impairment and minimize discomfort (e.g., sedation)</td>
<td>Consistently performs procedures without attending intervention</td>
<td>Ensures follow-up to maximize the effects of the procedure</td>
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<td>Performs procedures with direct supervision; may need attending intervention during procedure</td>
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**Comments:**
### Medical Knowledge – Physiatric knowledge (medical, functional, and psychosocial) in the care of pediatric rehabilitation medicine patients

This includes:
- Epidemiology and etiology
- Anatomy and pathophysiology
- Therapeutic and diagnostic options
- Prognosis and outcomes

**Core Areas Include:** brain disorders, musculoskeletal disorders, neuromuscular disorders, pain disorders, and spinal cord disorders

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<tr>
<td>Demonstrates basic knowledge of common rehabilitation disorders</td>
<td>Demonstrates basic knowledge of common pediatric medical conditions and basic preventive care (e.g., normal pediatric vital signs, weight-based dosing, nutrition, pediatric bladder volume)</td>
<td>Synthesizes physiatric knowledge of common pediatric rehabilitation disorders, secondary conditions, treatment options, and complications</td>
<td>Predicts developmental and functional outcome and prognosis based on impairments</td>
<td>Synthesizes physiatric knowledge of complex pediatric rehabilitation disorders, secondary conditions, treatment options, and complications across a spectrum of impairments and clinical settings</td>
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<tr>
<td>Demonstrates basic physiatric knowledge of common pediatric rehabilitation disorders</td>
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<td>Possesses the physiatric knowledge required to successfully diagnose and treat uncommon, ambiguous, and complex pediatric conditions (e.g., neuromuscular impairment with unclear diagnosis, rare metabolic disorder, pump complication)</td>
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**Comments:**
### Medical Knowledge – Growth and Development

This includes:
- **Personal-social**
- **Cognitive communicative**
- **Fine motor**
- **Gross motor**

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<tr>
<td>Demonstrates knowledge of basic developmental milestones</td>
<td>Demonstrates knowledge of anatomy and physiology during growth (e.g., metabolism of drugs, bladder volume, skeletal structure, pubertal maturation)</td>
<td>Applies knowledge of pathophysiology to the growth and development of a child (e.g., precocious puberty in brain disorders, hip dysplasia with cerebral palsy)</td>
<td>Synthesizes the knowledge of anatomy and physiology in the context of prevention and treatment (e.g., use of practice guidelines for osteopenia or hip dysplasia)</td>
<td>Demonstrates knowledge of the scientific basis of neuroplasticity</td>
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<td>Demonstrates detailed knowledge of normal developmental milestones and growth</td>
<td>Recognizes atypical growth or development (e.g., recognition of persistent primitive reflexes)</td>
<td>Applies knowledge of developmental abilities to diagnose, treat, and provide a prognosis for function and independence</td>
<td>Publishes original article on growth and development in a peer-review journal</td>
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<td>Demonstrates understanding that age and developmental level impact function and recovery</td>
<td>Demonstrates knowledge of neuroplasticity and implication on recovery and function</td>
<td>Demonstrates knowledge of neuroplasticity as it applies to treatment</td>
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**Comments:**
### Systems-based Practice – Systems Thinking: demonstrates awareness of and responsiveness to larger context and system of care in pediatric rehabilitation medicine

This includes:

- Coordinating patient care within the health care system
- Advocating for quality patient care and optimal patient care systems

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<tr>
<td>Describes and differentiates between the various systems of care in which rehabilitation is provided (e.g., acute care, inpatient rehabilitation facility [IRF], skilled nursing facility [SNF], outpatient, home health care, etc.)</td>
<td>Coordinates care within the hospital system (e.g., inpatient, outpatient, consultative)</td>
<td>Incorporates patient-specific rehabilitation needs, social factors, cost/benefit, and resources into decision making (e.g., inpatient admission, length of stay, discharge destination, equipment, essential outpatient services, medical management)</td>
<td>Efficiently manages and coordinates safe and effective patient transitions between various settings and into the adult system of care</td>
<td>Serves as an expert resource in care coordination and advocacy for improved systems of care</td>
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<td></td>
<td>Effectively communicates with past and future caregivers to ensure continuity of care</td>
<td>Demonstrates knowledge of eligibility criteria and mechanisms to access to commonly used community and governmental programs</td>
<td>Optimally coordinates care and advocates to improve care provided through health care, social/community, and governmental systems</td>
<td>Participates in state or national advocacy efforts</td>
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<td>Demonstrates knowledge of commonly used community and governmental programs available to provide support and rehabilitative services (e.g., SSI, IDEA, early intervention)</td>
<td>Advocates for and provides high-quality, safe, well-coordinated, patient-centered care across the health care system</td>
<td>Organizes appeals for coverage and advocates for patient and family in complex situations</td>
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<td>Demonstrates knowledge of regulatory compliance, including accurate coding and billing</td>
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**Comments:**
### Systems-based Practice – Patient Safety: Understands ways to improve health care safety through participation in identifying system errors and implementing potential systems solutions

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<tr>
<td>Recognizes the impact of process and systems failures on patient safety</td>
<td>Applies a structured process to foster clear, concise, accurate, and specific communication during patient hand-offs</td>
<td>Identifies health system factors that increase risk for errors, (e.g., errors in the Electronic Medical Record, lack of health information exchange)</td>
<td>Partners with others in activities to improve patient safety</td>
<td>Leads systems-level patient safety interventions</td>
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<tr>
<td>Participates in established safety initiatives (e.g., use of approved abbreviations, isolation precautions, hand washing)</td>
<td>Utilizes existing processes and procedures for reporting problematic events</td>
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<td>understands and utilizes formal system resources to investigate or mitigate real or potential system error</td>
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<tr>
<td>Acknowledges gaps in personal knowledge</td>
<td>Actively participates in and seeks out educational offerings and clinical learning opportunities</td>
<td>Develops and follows a learning plan that addresses gaps in knowledge establishing the foundation for lifelong learning</td>
<td>Engages in a deliberate process to maintain up-to-date knowledge and skills in pediatric rehabilitation medicine</td>
<td>Serves as a primary author in a peer-reviewed paper or chapter</td>
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<tr>
<td>Utilizes information technology and/or clinical supervisors for immediate information needs</td>
<td>Identifies diagnosis-specific knowledge gaps and uses information technology to optimize self-directed learning</td>
<td>Actively seeks out feedback and utilizes it to improve areas of deficiency</td>
<td>Independently identifies areas of deficiency and effectively implements a plan for self-improvement</td>
<td>Presents as an invited speaker at a national meeting</td>
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<td></td>
<td>Accepts feedback and utilizes it to improve areas of deficiency</td>
<td>Participates in effective teaching of residents and students</td>
<td>Engages in teaching of colleagues and other medical professionals</td>
<td>Engages in self-initiated pursuit of excellence</td>
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Comments:
<table>
<thead>
<tr>
<th>Practice-based Learning and Improvement – Locates, appraises, assimilates, and applies evidence from scientific studies to the practice of pediatric rehabilitation medicine</th>
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<tr>
<td>Formulates clinically relevant questions that guide the search for specific knowledge to inform clinical decisions</td>
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| Comments: |

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## Practice-based Learning and Improvement – Quality Improvement (QI)
Systematically analyzes the practice of pediatric rehabilitation medicine using QI methods, and implements changes with the goals of improving systems of care, reducing health care disparities, and improving patient outcomes.

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<tr>
<td>Understands basic QI principles</td>
<td>Demonstrates active involvement in processes aimed at improving patient care and decreasing inefficiency and waste in everyday practice</td>
<td>Identifies opportunities for process improvement in the delivery of care</td>
<td>Actively participates in a project that involves the application of QI principles</td>
<td>Teaches QI principles</td>
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<td>Identifies specific care processes in need of improvement</td>
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Comments:
**Professionalism** – Demonstrates compassion, integrity, and respect for others, as well as sensitivity and responsiveness to diverse patient populations, including to diversity in gender, age, culture, race, religion, disabilities, developmental level, and sexual orientation, and an adherence to ethical principles

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<tr>
<td>Demonstrates compassion, integrity, respect, sensitivity, and responsiveness in routine interactions with patients, families, and team members</td>
<td>Displays understanding of diverse patient groups and their support systems</td>
<td>Applies knowledge about the beliefs and values of individual patients to provide patient-centered care</td>
<td>Exhibits compassion, integrity, and respect in challenging interactions with patients and families, including when beliefs and choices vary from those of the treatment team</td>
<td>Participates in ethics scholar program</td>
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<tr>
<td>Demonstrates awareness of how personal values and beliefs can impact patient care</td>
<td>Identifies ethical issues in clinical situations (e.g., declining a feeding tube, requests for unnecessary durable medical equipment or treatments, disparity in goal setting)</td>
<td>Exhibits compassion with patients and families when discussing prognosis</td>
<td>Effectively manages ethical issues in clinical situations</td>
<td>Leads and mentors others regarding application of bioethical principles</td>
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<td>Analyzes common ethical issues and seeks guidance when appropriate (e.g., ethics consult, pastoral counseling, compliance)</td>
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Comments:
### Professionalism – Professional Behaviors and Accountability to Self, Patients, Society, and the Profession

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<tr>
<td>Complies with HIPPA guidelines in all clinical situations</td>
<td>Demonstrates that the responsibility of patient care supersedes self-interest (e.g., ensures all patient care hand-offs are completed before leaving the hospital)</td>
<td>Recognizes conflicts of interest and how they affect clinical decision-making, teaching, or research activities</td>
<td>Actively participates in service activities, such as community service, professional organizations, or institutional committees</td>
<td>Contributes to regional- or national-level service</td>
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<tr>
<td>Demonstrates professional accountability (e.g., shows up on time, timely completion of professional responsibilities), including administrative tasks</td>
<td>Establishes appropriate boundaries with patients and families (e.g., social media, personal relationships)</td>
<td>Willingly assumes professional responsibility and prioritizes multiple competing demands to ensure the best patient care</td>
<td>Exhibits self-awareness of how one is perceived by others and uses this knowledge to effectively manage professional relationships</td>
<td>Models altruism and professional behaviors</td>
</tr>
<tr>
<td>Demonstrates awareness of the influence of personal health and wellness, including the effect of fatigue and sleep deprivation on safe and effective patient care</td>
<td>Utilizes effective individual strategies and local resources as necessary to limit stress or burnout</td>
<td>Recognizes and demonstrates steps to address impairment in colleagues</td>
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**Comments:**
### Interpersonal and Communication Skills – Relationship Management

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<td>Identifies factors that affect communication (e.g., language, speech, hearing, vision, developmental level, and cognitive impairments)</td>
<td>Utilizes effective verbal and non-verbal communication strategies, including active listening, augmentative communication devices, interpreters, and play</td>
<td>Effectively educates and counsels patients and families, utilizing strategies to ensure understanding</td>
<td>Consistently anticipates the need for, and effectively facilitates, family meetings, including all relevant disciplines</td>
<td>Uses knowledge to lead complex discussions, education, and counseling with patients and families regarding life-changing effects of disability and sequelae</td>
</tr>
<tr>
<td>Develops positive working relationships with patients, families, and health care providers in uncomplicated situations</td>
<td>Collaborates effectively and respectfully with patients, families, multiple providers, and the interdisciplinary team to develop patient-centered goals</td>
<td>Engages patients in shared decision making</td>
<td>Sustains positive relationships with patients, families, and health care providers during challenging situations</td>
<td>Serves as an expert resource in complex relationship management</td>
</tr>
</tbody>
</table>

**Comments:**

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## Interpersonal and Communication Skills – Information Gathering and Sharing

<table>
<thead>
<tr>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describes the positive and negative effects of information technology on accuracy of information. Ensures medical records are accurate and complete, with attention to preventing confusion and error (e.g., makes appropriate modifications when using copy-and-paste function).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
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<tbody>
<tr>
<td>Utilizes most effective form of communication in various clinical situations (e.g., telephone, face-to-face, electronic). Regularly updates the medical record communicating clinical reasoning as care evolves (e.g., on-call evaluations, patient preferences, team/family meetings, conflict resolution, and advance directives).</td>
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<table>
<thead>
<tr>
<th>Level 3</th>
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<tbody>
<tr>
<td>Demonstrates effective integration and dissemination of information between all available sources to facilitate patient-centered care.</td>
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<tr>
<th>Level 4</th>
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<tbody>
<tr>
<td>Independently documents information in compliance with current regulatory requirements (e.g., CMS, Joint Commission, institutional requirements).</td>
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<tr>
<th>Level 5</th>
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<tbody>
<tr>
<td>Serves as an expert resource in communication technology. Role models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific.</td>
</tr>
</tbody>
</table>

### Comments:

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