Pediatrics Milestones

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

Work Group

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The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:

- American Board of Pediatrics
- Association of American Medical Colleges
- Association of Osteopathic Directors and Medical Educators
- Association of Pediatric Program Directors
- Council of Pediatric Subspecialties
- Review Committee for Pediatrics
This document presents the Milestones, which programs use in a semi-annual review of resident performance, and then report to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME Competencies organized in a developmental framework. The narrative descriptions are targets for resident performance throughout their educational program.

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Systems-Based Practice 1: Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Demonstrates knowledge of common patient safety events</td>
</tr>
<tr>
<td>Demonstrates knowledge of how to report patient safety events</td>
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</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).
### Patient Care 1: History

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<tr>
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<tbody>
<tr>
<td>Gathers information strictly following a template</td>
<td>Adapts template to filter and prioritize pertinent positives and negatives based on broad diagnostic categories or possible diagnoses</td>
<td>Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real-time for uncomplicated or typical presentations</td>
<td>Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations</td>
<td>Recognizes and probes subtle clues from patients and families; distinguishes nuances among diagnoses to efficiently drive further information gathering</td>
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**Comments:**

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## Patient Care 2: Physical Exam

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<tbody>
<tr>
<td>Performs fundamental physical examination</td>
<td>Performs complete physical examination and identifies variants and abnormal findings</td>
<td>Performs complete or focused physical examination, as indicated, and interprets normal variants and abnormal findings</td>
<td>Performs complete or focused physical examination, as indicated, and selects advanced maneuvers to distinguish between diagnoses</td>
<td>Detects, pursues, and integrates key physical examination findings to distinguish nuances among competing, often similar diagnoses</td>
</tr>
<tr>
<td>Performs a rote physical examination using a strict head-to-toe approach</td>
<td>Performs a physical examination considering appropriate adaptation for age and development</td>
<td>Performs a physical examination with consistent use of a developmentally appropriate approach</td>
<td>Performs a physical examination using strategies to maximize patient cooperation and comfort</td>
<td>Performs a physical examination that consistently and positively engages the patient</td>
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## Patient Care 3: Organize and Prioritize Patient Care

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<tbody>
<tr>
<td>Completes tasks for an individual patient, when prompted</td>
<td>Organizes patient care responsibilities by focusing on individual (rather than multiple) patients</td>
<td>Organizes and prioritizes the simultaneous care of patients with efficiency</td>
<td>Organizes, prioritizes, and delegates patient care responsibilities even when patient volume approaches the capacity of the individual or facility; anticipates and triages urgent and emergent issues</td>
<td>Serves as a role model and coach for patient care responsibilities</td>
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### Patient Care 4: Clinical Reasoning

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<tbody>
<tr>
<td>Presents clinical facts (e.g., history, exam, tests, consultations) in the order they were elicited</td>
<td>Generates an unfocused differential diagnosis based on the clinical facts</td>
<td>Organizes clinical facts to compare and contrast diagnoses being considered, resulting in a prioritized differential diagnosis</td>
<td>Integrates clinical facts into a unifying diagnosis(es); reappraises in real time to avoid diagnostic error</td>
<td>Role models and coaches the organization of clinical facts to develop a prioritized differential diagnosis, including life threatening diagnoses, atypical presentations, and complex clinical presentations</td>
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## Patient Care 5: Patient Management

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<tbody>
<tr>
<td>Reports management plans developed by others</td>
<td>Participates in the creation of management plans</td>
<td>Develops an interdisciplinary management plan for common and typical diagnoses</td>
<td>Develops and implements informed management plans for complicated and atypical diagnoses, with the ability to modify plans as necessary</td>
<td>Serves as a role model and coach for development of management plans for complicated and atypical diagnoses, with the ability to modify plans as necessary</td>
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<tbody>
<tr>
<td>Demonstrates basic medical knowledge</td>
<td>Links basic medical knowledge to clinical scenarios</td>
<td>Applies medical knowledge to common and typical scenarios to guide patient care</td>
<td>Integrates a breadth of medical knowledge that includes complicated and atypical conditions to guide patient care</td>
<td>Teaches at multiple levels, drawing from a breadth of medical knowledge that spans the continuum of simple to complex problems</td>
</tr>
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## Medical Knowledge 2: Diagnostic Evaluation

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<tr>
<td>Lists basic evaluation (e.g., diagnostic testing and consultation) for common diagnoses, with prompting</td>
<td>Recommends broad evaluation based on an unfocused differential diagnosis</td>
<td>Recommends focused evaluation based on a prioritized differential diagnosis</td>
<td>Prioritizes and optimizes evaluation based on risks, benefits, indications, and alternatives to clarify the diagnosis(es)</td>
<td>Educates others about risks, benefits, indications, and alternatives to guide diagnostic decision making</td>
</tr>
<tr>
<td>Reports results of diagnostic studies</td>
<td>Identifies clinically significant diagnostic study results, with guidance</td>
<td>Interprets clinical significance of diagnostic study results</td>
<td>Interprets clinical significance of diagnostic study results while considering study limitations</td>
<td>Teaches others to interpret clinically significant results and consider study limitations</td>
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<tbody>
<tr>
<td>Demonstrates knowledge of common patient safety events</td>
<td>Identifies system factors that lead to patient safety events</td>
<td>Participates in analysis of patient safety events (simulated or actual)</td>
<td>Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)</td>
<td>Actively engages teams and processes to modify systems to prevent patient safety events</td>
</tr>
<tr>
<td>Demonstrates knowledge of how to report patient safety events</td>
<td>Reports patient safety events through institutional reporting systems (simulated or actual)</td>
<td>Participates in disclosure of patient safety events to patients and families (simulated or actual)</td>
<td>Discloses patient safety events to patients and families (simulated or actual)</td>
<td>Role models or mentors others in the disclosure of patient safety events</td>
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## Systems-Based Practice 2: Quality Improvement

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<tbody>
<tr>
<td>Demonstrates knowledge of basic quality improvement methodologies and metrics</td>
<td>Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)</td>
<td>Participates in local quality improvement initiatives</td>
<td>Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project</td>
<td>Creates, implements, and assesses quality improvement initiatives at the institutional or community level</td>
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## Systems-Based Practice 3: System Navigation for Patient Centered Care – Coordination of Care

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<tr>
<td>Lists the various interprofessional individuals involved in the patient’s care coordination</td>
<td>Coordinates care of patients in routine clinical situations, incorporating interprofessional teams with consideration of patient and family needs</td>
<td>Coordinates care of patients in complex clinical situations, effectively utilizing the roles of interprofessional teams, and incorporating patient and family needs and goals</td>
<td>Coordinates interprofessional, patient-centered care among different disciplines and specialties, actively assisting families in navigating the health-care system</td>
<td>Coaches others in interprofessional, patient-centered care coordination</td>
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# Systems-Based Practice 4: System Navigation for Patient-Centered Care – Transitions in Care

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<tbody>
<tr>
<td>Uses a standard template for transitions of care/hand-offs</td>
<td>Adapts a standard template, recognizing key elements for safe and effective transitions of care/hand-offs in routine clinical situations</td>
<td>Performs safe and effective transitions of care/hand-offs in complex clinical situations, and ensures closed-loop communication</td>
<td>Performs and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including transitions to adult care</td>
<td>Coaches others in improving transitions of care within and across health care delivery systems to optimize patient outcomes</td>
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## Systems-Based Practice 5: Population and Community Health

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<tbody>
<tr>
<td>Demonstrates awareness of population and community health needs and disparities</td>
<td>Identifies specific population and community health needs and disparities; identifies local resources</td>
<td>Uses local resources effectively to meet the needs and reduce health disparities of a patient population and community</td>
<td>Adapts practice to provide for the needs of and reduce health disparities of a specific population</td>
<td>Advocates at the local, regional, or national level for populations and communities with health care disparities</td>
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### Systems-Based Practice 6: Physician Role in Health Care Systems

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<tbody>
<tr>
<td>Engages with patients and other providers in discussions about cost-conscious care and key components of the health care delivery system</td>
<td>Identifies the relationships between the delivery system and cost-conscious care and the impact on the patient care</td>
<td>Discusses the need for changes in clinical approaches based on evidence, outcomes, and cost-effectiveness to improve care for patients and families</td>
<td>Advocates for the promotion of safe, quality, and high-value care</td>
<td>Coaches others to promote safe, quality, and high-value care across health care systems</td>
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<tr>
<td>Develops an answerable clinical question and demonstrates how to access available evidence, with guidance</td>
<td>Independently articulates clinical question and accesses available evidence</td>
<td>Locates and applies the evidence, integrated with patient preference, to the care of patients</td>
<td>Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence to guide care tailored to the individual patient</td>
<td>Coaches others to critically appraise and apply evidence for complex patients</td>
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## Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

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<tr>
<td>Participates in feedback sessions</td>
<td>Demonstrates openness to feedback and performance data</td>
<td>Seeks and incorporates feedback and performance data episodically</td>
<td>Seeks and incorporates feedback and performance data consistently</td>
<td>Role models and coaches others in seeking and incorporating feedback and performance data</td>
</tr>
<tr>
<td>Develops personal and professional goals, with assistance</td>
<td>Designs a learning plan based on established goals, feedback, and performance data, with assistance</td>
<td>Designs and implements a learning plan by analyzing and reflecting on the factors which contribute to gap(s) between performance expectations and actual performance</td>
<td>Adapts a learning plan using long-term professional goals, self-reflection, and performance data to measure its effectiveness</td>
<td>Demonstrates continuous self-reflection and coaching of others on reflective practice</td>
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<tr>
<td>Identifies expected professional behaviors and potential triggers for</td>
<td>Demonstrates professional behavior with occasional lapses</td>
<td>Maintains professional behavior in increasingly complex or stressful</td>
<td>Recognizes situations that may trigger professionalism lapses and</td>
<td>Models professional behavior and coaches others when their behavior</td>
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<tr>
<td>lapses</td>
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<td>situations</td>
<td>intervenes to prevent lapses in self and others</td>
<td>fails to meet professional expectations</td>
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<tr>
<td>Identifies the value and role of pediatrics as a vocation/career</td>
<td>Demonstrates accountability for patient care as a pediatrician, with</td>
<td>Fully engages in patient care and holds oneself accountable</td>
<td>Exhibits a sense of duty to patient care and professional responsibilities</td>
<td>Extends the role of the pediatrician beyond the care of patients by</td>
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<td>guidance</td>
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<td>engaging with the community, specialty, and medical profession as a</td>
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### Professionalism 2: Ethical Principles

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<tr>
<td>Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics</td>
<td>Applies ethical principles in common situations</td>
<td>Analyzes complex situations using ethical principles to address conflict/controversy; seeks help when needed to manage and resolve complex ethical situations</td>
<td>Manages and seeks to resolve ethical dilemmas using appropriate resources (e.g., ethics consultations, literature review, risk management/legal consultation)</td>
<td>Called upon by others to consult in cases of complex ethical dilemmas; identifies and seeks to address system-level factors that induce or exacerbate</td>
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### Professionalism 3: Accountability/Conscientiousness

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<tr>
<td>Performs tasks and responsibilities, with prompting</td>
<td>Performs tasks and responsibilities in a timely manner in routine situations</td>
<td>Performs tasks and responsibilities in a thorough and timely manner in complex or stressful situations</td>
<td>Coaches others to ensure tasks and responsibilities are completed in a thorough and timely manner in complex or stressful situations</td>
<td>Creates strategies to enhance others’ ability to efficiently complete tasks and responsibilities</td>
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<tr>
<td>Recognizes the importance of addressing personal and professional well-being</td>
<td>Describes institutional resources that are meant to promote well-being</td>
<td>Recognizes institutional and personal factors that impact well-being</td>
<td>Describes interactions between institutional and personal factors that impact well-being</td>
<td>Coaches and supports colleagues to optimize well-being at the team, program, or institutional level</td>
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**Comments:**

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This subcompetency is not intended to evaluate a resident’s well-being, but to ensure each resident has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.
### Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

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<tr>
<td>Demonstrates respect and attempts to establish rapport</td>
<td>Establishes a therapeutic relationship in straightforward encounters</td>
<td>Establishes a culturally competent and therapeutic relationship in most encounters</td>
<td>Establishes a therapeutic relationship in straightforward and complex encounters, including those with ambiguity and/or conflict</td>
<td>Mentors others to develop positive therapeutic relationships</td>
</tr>
<tr>
<td>Attempts to adjust communication strategies based upon patient/family expectations</td>
<td>Adjusts communication strategies as needed to mitigate barriers and meet patient/family expectations</td>
<td>Communicates with sensitivity and compassion, elicits patient/family values, and acknowledges uncertainty and conflict</td>
<td>Uses shared decision making with patient/family to make a personalized care plan</td>
<td>Models and coaches others in patient- and family-centered communication</td>
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**Comments:** Not Yet Completed Level 1
## Interpersonal and Communication Skills 2: Interprofessional and Team Communication

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<tbody>
<tr>
<td>Respectfully requests a consultation, with guidance</td>
<td>Clearly and concisely requests consultation by communicating patient information</td>
<td>Formulates a specific question for consultation and tailors communication strategy</td>
<td>Coordinates consultant recommendations to optimize patient care</td>
<td>Maintains a collaborative relationship with referring providers that maximizes adherence to practice recommendations</td>
</tr>
<tr>
<td>Identifies the members of the interprofessional team</td>
<td>Participates within the interprofessional team</td>
<td>Uses bi-directional communication within the interprofessional team</td>
<td>Facilitates interprofessional team communication</td>
<td>Coaches others in effective communication within the interprofessional team</td>
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# Interpersonal and Communication Skills 3: Communication within Health Care Systems

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<tr>
<td>Records accurate information in the patient record</td>
<td>Records accurate and timely information in the patient record</td>
<td>Concisely documents updated, prioritized, diagnostic and therapeutic reasoning in the patient record</td>
<td>Documents diagnostic and therapeutic reasoning, including anticipatory guidance</td>
<td>Models and coaches others in documenting diagnostic and therapeutic reasoning</td>
</tr>
<tr>
<td>Identifies the importance of and responds to multiple forms of communication (e.g., in-person, electronic health record (EHR), telephone, email)</td>
<td>Selects appropriate method of communication, with prompting</td>
<td>Aligns type of communication with message to be delivered (e.g., direct and indirect) based on urgency and complexity</td>
<td>Demonstrates exemplary written and verbal communication</td>
<td>Coaches others in written and verbal communication</td>
</tr>
</tbody>
</table>

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