

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



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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.

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

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

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

Patient Care –History and Physical Examination for Pediatric Rehabilitation Patients (appropriate for age and impairment)				
Level1	Level2	Level3	Level4	Level5
<p>Acquires a basic psychiatric history, including medical, functional, and psychosocial elements</p> <p>Performs a basic physical exam and functional assessment that identifies impairments (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments)</p> <p>Documents and presents key findings of the history and physical exam in an organized manner</p>	<p>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</p> <p>Documents and presents a complete history and physical exam in an organized manner</p>	<p>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</p> <p>Modifies history and exam to accommodate the patient’s behavior, developmental level and impairments to optimize assessment</p>	<p>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</p> <p>Elicits subtleties and information that may not be readily volunteered by the patients and/or families</p> <p>Identifies and correctly interprets subtle or atypical physical findings</p>	<p>Serves as an exemplary model for the gathering of subtle and difficult information from the patients and/or families</p> <p>Serves as an exemplary model for physical exam skills in complex patients</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Acquires a basic psychiatric history, including medical, functional, and psychosocial elements</p> <p>Performs a basic physical exam and functional assessment that identifies impairments (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments)</p> <p>Documents and presents key findings of the history and physical exam in an organized manner</p>	<p>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</p> <p>Documents and presents a complete history and physical exam in an organized manner</p>	<p>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</p> <p>Modifies history and exam to accommodate the patient’s behavior, developmental level, and impairments to optimize assessment</p>	<p>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</p> <p>Elicits subtleties and information that may not be readily volunteered by patients and/or families</p> <p>Identifies and correctly interprets subtle or atypical physical findings</p>	<p>Serves as an exemplary model for the gathering of subtle and difficult information from patients and/or families</p> <p>Serves as an exemplary model for physical exam skills in complex patients</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Patient Care – Diagnostic Evaluation of Pediatric Rehabilitation Medicine Patients This includes: <ul style="list-style-type: none"> • 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) 				
Level 1	Level 2	Level 3	Level 4	Level 5
Produces a differential diagnosis for common medical conditions Orders appropriate diagnostic studies for common medical conditions (e.g., fever)	Generates a differential diagnosis that includes conditions commonly seen in pediatric physiatry Orders appropriate diagnostic studies for conditions commonly seen in pediatric physiatry (e.g., dysplastic hip) Demonstrates knowledge of common pediatric assessment tools and outcome measures	Develops a comprehensive differential diagnosis, including less common conditions Appropriately prioritizes the sequence and urgency of diagnostic testing Correctly interprets diagnostic study results and appropriately pursues further testing or specialist input Integrates knowledge of functional goals, results of pediatric assessment tools, and prognosis to optimize patient management	Produces a focused and prioritized differential diagnosis across a spectrum of ages and impairments Orders diagnostic testing and assessment tools based on cost effectiveness and likelihood that results will influence clinical management	Efficiently produces a focused and prioritized differential diagnosis accounting for rare conditions Streamlines testing for maximal cost effectiveness and minimal patient and family burden
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Patient Care – Medical Management of Pediatric Rehabilitation Medicine Patients This includes inpatient, outpatient, and consultative management of: <ul style="list-style-type: none"> • 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) 				
Level 1	Level 2	Level 3	Level 4	Level 5
Evaluates general medical problems and initiates treatment	Identifies and manages common medical co-morbidities and secondary conditions Identifies level of medical acuity and triages appropriately	Manages patients with complex medical co-morbidities and secondary conditions Identifies individual risk factors for medical complications and institutes preventive care Uses appropriate medical consultations to guide treatment plan	Develops and implements a comprehensive treatment plan that identifies and addresses all active medical co-morbidities, secondary conditions, and potential complications Counsels patients and families regarding treatment risks and benefits, outcomes, and prognosis Provides effective consultation services addressing complex or rare rehabilitation related medical conditions	Consistently performs evidence-based medical management in an efficient and effective manner Evaluates and appropriately applies emerging treatments in individual patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Patient Care – Rehabilitation/Functional Management of Pediatric Rehabilitation Medicine Patients Includes rehabilitation interventions in inpatient, outpatient, and consultative management, such as: <ul style="list-style-type: none"> • Rehabilitation therapies (e.g., therapeutic exercise, modalities) • Prosthetics and orthotics • Equipment/devices (e.g., adaptive equipment, seating systems, assistive technologies) 				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Describes domains of body structure and function, activities, and participation resulting from disease or injury</p> <p>Prescribes appropriate rehabilitation therapies by discipline based on functional need</p> <p>Identifies key structural components of wheelchairs and how modifications to the wheelchair can influence function</p>	<p>Prescribes appropriate, commonly used adaptive devices and mobility aids (e.g., standing frames, gait trainer)</p> <p>Prescribes appropriate rehabilitation therapies by discipline based on developmental need with appropriate goals</p> <p>Prescribes assistive technologies, seating systems, and mobility devices in partnership with the interdisciplinary team</p>	<p>Provides detailed therapy prescription for specific conditions with appropriate precautions</p> <p>Prescribes appropriate commonly used orthotics</p> <p>Utilizes growth and development when prescribing durable medical assistive technology</p> <p>Provides effective consultation to other services addressing commonly seen conditions</p>	<p>Coordinates therapy across systems of care</p> <p>Prescribes appropriate orthotics for a variety of complex conditions</p> <p>Effectively problem solves when medical equipment is ineffective or poorly tolerated</p> <p>Incorporates changes in status when prescribing equipment and assistive technology</p> <p>Provides effective consultation services addressing complex or rare functional management issues</p>	<p>Serves as a resource to orthotists, therapists, and other health care professionals for problem solving unusual clinical and functional challenges</p> <p>Integrates cutting edge technology into therapy plan (e.g., robotics)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Patient Care – Procedural Skills in Pediatric Rehabilitation Medicine				
This includes:				
• Spasticity interventions (e.g., chemodenervation, neurolytic procedures, intrathecal baclofen pump)				
Level 1	Level 2	Level 3	Level 4	Level 5
Complies with safety protocols regarding procedures	<p>Demonstrates basic understanding of which spasticity intervention should be used to treat specific conditions</p> <p>Provides basic education to patients and families regarding procedure-specific information and treatment options</p> <p>Performs procedures with direct supervision; may need attending intervention during procedure</p>	<p>Makes appropriate choices regarding medication options, dosing, and guidance methods (e.g., baclofen pump programming, botulism toxin injection)</p> <p>Obtains informed consent, confirming patient and family understanding and inviting questions</p> <p>Modifies procedure to accommodate the patient’s impairment and minimize discomfort (e.g., sedation)</p>	<p>Troubleshoots spasticity interventions that are ineffective or when complications arise (e.g., acute baclofen withdrawal)</p> <p>Consistently performs procedures without attending intervention</p> <p>Ensures follow-up to maximize the effects of the procedure</p>	Skillfully performs a wide variety of procedures and teaches others in the safe performance of these procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Medical Knowledge – Psychiatric knowledge (medical, functional, and psychosocial) in the care of pediatric rehabilitation medicine patients This includes: <ul style="list-style-type: none"> • 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				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic knowledge of common rehabilitation disorders	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) Demonstrates basic psychiatric knowledge of common pediatric rehabilitation disorders	Synthesizes psychiatric knowledge of common pediatric rehabilitation disorders, secondary conditions, treatment options, and complications Predicts developmental and functional outcome and prognosis based on impairments	Synthesizes psychiatric knowledge of complex pediatric rehabilitation disorders, secondary conditions, treatment options, and complications across a spectrum of impairments and clinical settings Able to extrapolate information to new clinical situations	Possesses the psychiatric 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) Demonstrates knowledge of controversial, emerging, and investigational interventions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Medical Knowledge – Growth and Development This includes: <ul style="list-style-type: none"> • Personal-social • Cognitive communicative • Fine motor • Gross motor 				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of basic developmental milestones	Demonstrates knowledge of anatomy and physiology during growth (e.g., metabolism of drugs, bladder volume, skeletal structure, pubertal maturation) Demonstrates detailed knowledge of normal developmental milestones and growth Demonstrates understanding that age and developmental level impact function and recovery	Applies knowledge of pathophysiology to the growth and development of a child (e.g., precocious puberty in brain disorders, hip dysplasia with cerebral palsy) Recognizes atypical growth or development (e.g., recognition of persistent primitive reflexes) Demonstrates knowledge of neuroplasticity and implication on recovery and function	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) Applies knowledge of developmental abilities to diagnose, treat, and provide a prognosis for function and independence Demonstrates knowledge of neuroplasticity as it applies to treatment	Demonstrates knowledge of the scientific basis of neuroplasticity Publishes original article on growth and development in a peer-review journal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Systems-based Practice – Systems Thinking: demonstrates awareness of and responsiveness to larger context and system of care in pediatric rehabilitation medicine This includes: <ul style="list-style-type: none"> • Coordinating patient care within the health care system • Advocating for quality patient care and optimal patient care systems 				
Level 1	Level 2	Level 3	Level 4	Level 5
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.)	Coordinates care within the hospital system (e.g., inpatient, outpatient, consultative) Effectively communicates with past and future caregivers to ensure continuity of care Demonstrates knowledge of commonly used community and governmental programs available to provide support and rehabilitative services (e.g., SSI, IDEA, early intervention)	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) Demonstrates knowledge of eligibility criteria and mechanisms to access to commonly used community and governmental programs Advocates for and provides high-quality, safe, well-coordinated, patient-centered care across the health care system	Efficiently manages and coordinates safe and effective patient transitions between various settings and into the adult system of care Optimally coordinates care and advocates to improve care provided through health care, social/community, and governmental systems Organizes appeals for coverage and advocates for patient and family in complex situations Demonstrates knowledge of regulatory compliance, including accurate coding and billing	Serves as an expert resource in care coordination and advocacy for improved systems of care Participates in state or national advocacy efforts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

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Systems-based Practice – Patient Safety: Understands ways to improve health care safety through participation in identifying system errors and implementing potential systems solutions				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the impact of process and systems failures on patient safety Participates in established safety initiatives (e.g., use of approved abbreviations, isolation precautions, hand washing)	Applies a structured process to foster clear, concise, accurate, and specific communication during patient hand-offs Utilizes existing processes and procedures for reporting problematic events	Identifies health system factors that increase risk for errors, (e.g., errors in the Electronic Medical Record, lack of health information exchange)	Partners with others in activities to improve patient safety Understands and utilizes formal system resources to investigate or mitigate real or potential system error	Leads systems-level patient safety interventions Anticipates and prevents critical incidents or systems failures that may impact patient safety error
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Practice-based Learning and Improvement – Self-directed Learning and Teaching				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Acknowledges gaps in personal knowledge</p> <p>Utilizes information technology and/or clinical supervisors for immediate information needs</p>	<p>Actively participates in and seeks out educational offerings and clinical learning opportunities</p> <p>Identifies diagnosis-specific knowledge gaps and uses information technology to optimize self-directed learning</p> <p>Accepts feedback and utilizes it to improve areas of deficiency</p>	<p>Develops and follows a learning plan that addresses gaps in knowledge establishing the foundation for life-long learning</p> <p>Actively seeks out feedback and utilizes it to improve areas of deficiency</p> <p>Participates in effective teaching of residents and students</p>	<p>Engages in a deliberate process to maintain up-to-date knowledge and skills in pediatric rehabilitation medicine</p> <p>Independently identifies areas of deficiency and effectively implements a plan for self-improvement</p> <p>Engages in teaching of colleagues and other medical professionals</p> <p>Engages in self-initiated pursuit of excellence</p>	<p>Serves as a primary author in a peer-reviewed paper or chapter</p> <p>Presents as an invited speaker at a national meeting</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Practice-based Learning and Improvement – Locates, appraises, assimilates, and applies evidence from scientific studies to the practice of pediatric rehabilitation medicine				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Formulates clinically relevant questions that guide the search for specific knowledge to inform clinical decisions</p> <p>Demonstrates the ability to search and select appropriate evidence-based information tools to answer specific clinical questions</p>	<p>Effectively appraises evidence for its validity and applicability to individual patient care</p>	<p>Demonstrates the use of evidence-based research and tools (e.g., clinical practice guidelines) to inform clinical decisions</p>	<p>Stays current on the best evidence for select topics in pediatric rehabilitation medicine, and regularly uses evidence-based research and tools to guide clinical practice</p>	<p>Identifies gaps in the evidence of pediatric rehabilitation medicine and contributes to building the knowledge</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

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				
Level 1	Level 2	Level 3	Level 4	Level 5
Understands basic QI principles Identifies specific care processes in need of improvement	Demonstrates active involvement in processes aimed at improving patient care and decreasing inefficiency and waste in everyday practice	Identifies opportunities for process improvement in the delivery of care	Actively participates in a project that involves the application of QI principles	Teaches QI principles Participates in advanced training in QI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Demonstrates compassion, integrity, respect, sensitivity, and responsiveness in routine interactions with patients, families, and team members</p> <p>Demonstrates awareness of how personal values and beliefs can impact patient care</p>	<p>Displays understanding of diverse patient groups and their support systems</p> <p>Identifies ethical issues in clinical situations (e.g., declining a feeding tube, requests for unnecessary durable medical equipment or treatments, disparity in goal setting)</p>	<p>Applies knowledge about the beliefs and values of individual patients to provide patient-centered care</p> <p>Exhibits compassion with patients and families when discussing prognosis</p> <p>Analyzes common ethical issues and seeks guidance when appropriate (e.g., ethics consult, pastoral counseling, compliance)</p>	<p>Exhibits compassion, integrity, and respect in challenging interactions with patients and families, including when beliefs and choices vary from those of the treatment team</p> <p>Effectively manages ethical issues in clinical situations</p>	<p>Participates in ethics scholar program</p> <p>Leads and mentors others regarding application of bioethical principles</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Professionalism – Professional Behaviors and Accountability to Self, Patients, Society, and the Profession				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Complies with HIPPA guidelines in all clinical situations</p> <p>Demonstrates professional accountability (e.g., shows up on time, timely completion of professional responsibilities), including administrative tasks</p> <p>Demonstrates awareness of the influence of personal health and wellness, including the effect of fatigue and sleep deprivation on safe and effective patient care</p>	<p>Demonstrates that the responsibility of patient care supersedes self-interest (e.g., ensures all patient care hand-offs are completed before leaving the hospital)</p> <p>Establishes appropriate boundaries with patients and families (e.g., social media, personal relationships)</p> <p>Utilizes effective individual strategies and local resources as necessary to limit stress or burnout</p>	<p>Recognizes conflicts of interest and how they affect clinical decision-making, teaching, or research activities</p> <p>Willingly assumes professional responsibility and prioritizes multiple competing demands to ensure the best patient care</p>	<p>Actively participates in service activities, such as community service, professional organizations, or institutional committees</p> <p>Exhibits self-awareness of how one is perceived by others and uses this knowledge to effectively manage professional relationships</p> <p>Recognizes and demonstrates steps to address impairment in colleagues</p>	<p>Contributes to regional- or national-level service</p> <p>Models altruism and professional behaviors</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Interpersonal and Communication Skills – Relationship Management				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Identifies factors that affect communication (e.g., language, speech, hearing, vision, developmental level, and cognitive impairments)</p> <p>Develops positive working relationships with patients, families, and health care providers in uncomplicated situations</p>	<p>Utilizes effective verbal and non-verbal communication strategies, including active listening, augmentative communication devices, interpreters, and play</p> <p>Collaborates effectively and respectfully with patients, families, multiple providers, and the interdisciplinary team to develop patient-centered goals</p>	<p>Effectively educates and counsels patients and families, utilizing strategies to ensure understanding</p> <p>Engages patients in shared decision making</p> <p>Identifies resolution options for patient care-related conflicts</p>	<p>Consistently anticipates the need for, and effectively facilitates, family meetings, including all relevant disciplines</p> <p>Sustains positive relationships with patients, families, and health care providers during challenging situations</p> <p>Manages conflict and discordant opinions effectively among patients, families, and health care providers to ensure patient-centered care</p>	<p>Uses knowledge to lead complex discussions, education, and counseling with patients and families regarding life-changing effects of disability and sequelae</p> <p>Serves as an expert resource in complex relationship management</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Interpersonal and Communication Skills – Information Gathering and Sharing				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Describes the positive and negative effects of information technology on accuracy of information</p> <p>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)</p>	<p>Utilizes most effective form of communication in various clinical situations (e.g., telephone, face-to-face, electronic)</p> <p>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)</p>	<p>Demonstrates effective integration and dissemination of information between all available sources to facilitate patient-centered care</p>	<p>Independently documents information in compliance with current regulatory requirements (e.g., CMS, Joint Commission, institutional requirements)</p>	<p>Serves as an expert resource in communication technology</p> <p>Role models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				