

# Selective Pathology Milestones

The Accreditation Council for Graduate Medical Education



Implementation Date: July 1, 2021 Second Revision: November 2020 First Revision: May 2014

## Selective Pathology 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.

#### **Selective Pathology Milestones Work Group**

Laura Edgar, EdD, CAE

Robin Elliott, MD

Ian S. Hagemann, MD, PhD

Alexandra Kalof, MD

Elaine Keung, MD, MPH

Sydney McLean, MHA

Ninad Patil, MD, MS

Jo Elle Peterson, MD

Suzanne Powell, MD

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

American Board of Pathology

Review Committee for Pathology

### **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 resident/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 his/her educational program just as a senior fellow 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. 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 fellow.

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

The Milestones are labeled by the accredited track:

Track A - programs accredited for Surgical Pathology

Track B - programs accredited for Focused Anatomic Pathology

Track C - programs accredited for Focused Clinical Pathology

#### **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.

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 fellow 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 <u>Milestones</u> section of the ACGME website. Follow the links under "What We Do" at <u>www.acgme.org</u>.

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.

| Level 1   | Level 2  | Level 3   |   | Level 4   | Level 5   |
|---|--|-----------|---|---|---|
| Establishes personal and professional goals, identifying gap(s) between goals and current performance | Demonstrates receptiveness to feedback, analyzing and reflecting on factors contributing to gap(s) between goals and current performance | •         | ly, and institutes<br>change(s)           | Seeks feedback<br>consistently, and<br>sustains behavioral<br>change as necessary                       | Role models consistently seeking performance data with adaptability and humility, and coaches others on reflective practice |
|   | Designs and implements a learning plan, with prompting   | and imple | ently creates<br>ments an<br>zed learning | Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it | Facilitates the design and implementing learning plans for others   |
|   |  |           |   |   |   |
| Comments:   |  |           |   | Not Yet C   | completed Level 1   |
|   | response box in the  |           | Selecting a re                            | sponse box on the line i  | n   |
|   | level implies that in that level and in lower  |           |   | s indicates that mileston   |   |
|   | been substantially   |           |   | have been substantially<br>as well as <b>some</b>   | ′   |
| demonstrat  |  |           |   | the higher level(s).  |   |

| Patient Care 1: Reporting (Track A, B, and C)                            |   |   |   |   |
|--|---|---|---|---|
| Level 1  | Level 2   | Level 3   | Level 4   | Level 5   |
| Describes the key elements of a report and the need for timely reporting | Generates a timely report for a simple case         | Generates a timely report<br>that includes synoptic<br>templates and/or ancillary<br>testing for a complex<br>case, with assistance | Independently<br>generates timely,<br>integrated reports for<br>complex cases                                   | Independently generates<br>a report that addresses<br>discordant diagnosis or<br>clinical discrepancy |
| Describes the role of comments in a pathology report                     | Generates comments and makes simple recommendations | Generates comments that include the language of uncertainty, as appropriate, with assistance  | Independently generates a nuanced comment that includes the language of uncertainty and complex recommendations |   |
|  |   |   |   |   |
| Comments:  |   |   | Not Yet C<br>Not Yet F  | Completed Level 1   |

| Patient Care 2: Gross Examination (Track A and B)   |  |  |   |  |
|---|--|--|---|--|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5  |
| Identifies the importance of dissection and gross tissue sampling with use of appropriate resources | Samples and documents simple cases, with assistance                                  | Triages, samples, and documents complex cases, with assistance; independently triages, samples, and documents simple cases | Independently triages, samples, and documents complex cases | Applies innovative grossing techniques and supervises others in gross examination of unusually complex specimens |
| Maintains specimen integrity to avoid sample misidentification                                      | Identifies specimen integrity issues (e.g., fixation, tissue carryover, orientation) | Resolves specimen integrity issues, with assistance  | Independently resolves specimen integrity issues            |  |
|   |  |  |   |  |
| Comments:   |  |  | Not Yet C<br>Not Yet R                                      | Completed Level 1  |

| for IOC simple  | es requests for<br>IOC and plans<br>w, with assistance                     | Independently assesses<br>and manages requests for<br>simple IOC and plans<br>workflow; for complex<br>cases, addresses | For complex cases, independently manages, prioritizes, and addresses requests   |   |
|---|--|---|---|---|
|   |  | requests for IOC, with assistance   | for IOC   |   |
| dependent variability in diagnost approach to IOC quality | es tissue for<br>sis and prepares<br>slides for simple<br>ens, in a timely | Procures tissue for<br>diagnosis and prepares<br>quality slides for complex<br>specimens, in a timely<br>manner         | Supervises residents<br>and advises technical<br>staff members in the<br>performance of IOC                           | Develops a plan for process improvement in the performance of IOC |
|   | ets and reports<br>IOC, with<br>nce  | Independently interprets and reports routine IOC  | Independently interprets<br>and reports IOC for<br>complex cases and<br>uses language of<br>uncertainty, as indicated | Serves as a consultant for interpreting and reporting IOC         |

| Patient Care 4: Microscop  | oic Examination and Ancilla                           | ary Testing for Diagnosis (T   | rack A and B)   |   |  |
|--|---|--|---|---|--|
| Level 1  | Level 2   | Level 3  | Level 4   | Level 5   |  |
| Uses microscopic examination to identify normal and abnormal histology | Uses microscopic examination to diagnose simple cases | Uses microscopic examination to generate and prioritize a differential diagnosis for complex cases | Uses microscopic examination to make a diagnosis for complex of challenging cases, including when confounding factors are present | Serves as a reference for microscopic examination of complex or challenging cases |  |
| Identifies need for ancillary testing                                  | Selects and interprets ancillary testing              | Independently integrates results of ancillary testing into final diagnosis                         | Reconciles conflicting ancillary testing results  |   |  |
|  |   |  |   |   |  |
| Comments:  | Comments:  Not Yet Completed Level 1  Not Yet Rotated |  |   |   |  |

| Patient Care 5: Interpretation (Track C)   |   |   |   |  |
|--|---|---|---|--|
| Level 1  | Level 2   | Level 3   | Level 4   | Level 5  |
| Identifies the importance of results of laboratory assays used in clinical pathology and diagnostic techniques | Interprets results of<br>common laboratory<br>assays used in clinical<br>pathology and diagnostic<br>techniques | Interprets results of<br>uncommon laboratory<br>assays used in clinical<br>pathology and diagnostic<br>techniques | Interprets results of esoteric laboratory assays used in clinical pathology and diagnostic techniques | Demonstrates expertise in interpreting laboratory assays |
|  |   |   |   |  |
| Comments:  |   |   | Not Yet C<br>Not Yet R  | Completed Level 1  |

| Medical Knowledge 1: Clinical Reasoning (Track A, B, and C)   |  |  |   |   |  |
|---|--|--|---|---|--|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5   |  |
| Demonstrates a basic framework for clinical reasoning         | Uses clinical reasoning to determine relevant information        | Synthesizes information<br>to inform clinical<br>reasoning, with<br>assistance                       | Independently synthesizes information to inform clinical reasoning in complex cases   | Demonstrates intuitive approach to clinical reasoning for complex cases |  |
| Identifies appropriate resources to inform clinical reasoning | Selects relevant resources based on scenario to inform decisions | Seeks and integrates evidence to inform diagnostic decision making in complex cases, with assistance | Independently seeks out, analyzes, and applies relevant original research to diagnostic decision making in complex clinical cases |   |  |
|   |  |  |   |   |  |
| Comments:   | Comments:  Not Yet Completed Level 1  Not Yet Rotated            |  |   |   |  |

| Medical Knowledge 2: K<br>Sciences (Track A, B, an  | _  | nd Evolving Biomedical, Cli   | inical, Epidemiological, a  | nd Social-Behavioral   |
|---|--|---|---|--|
| Level 1   | Level 2  | Level 3   | Level 4   | Level 5  |
| Demonstrates basic<br>medical knowledge<br>acquired in residency  | Demonstrates advanced medical knowledge, including common neoplastic and nonneoplastic diseases as applicable    | Applies advanced medical knowledge, including uncommon neoplastic and non-neoplastic diseases as applicable | Integrates advanced medical knowledge, including uncommon neoplastic and nonneoplastic diseases as applicable, with reference to literature | Critiques current state of medical knowledge and places it in historical context |
| Demonstrates basic<br>knowledge of molecular<br>techniques,<br>immunohistochemistry,<br>and/or histochemistry | Demonstrates advanced<br>knowledge of molecular<br>techniques,<br>immunohistochemistry,<br>and/or histochemistry | Applies advanced knowledge of molecular techniques, immunohistochemistry, and/or histochemistry             | Integrates advanced knowledge of molecular techniques, immunohistochemistry, and/or histochemistry with reference to literature             |  |
|   |  |   |   |  |
| Comments:   |  |   | Not Yet Comp<br>Not Yet Rotate  | _  |

| Systems-Based Practice 1: Patient Safety and Quality Improvement (QI) (Track A, B, and C) |   |  |  |  |
|---|---|--|--|--|
| Level 1   | Level 2   | Level 3  | Level 4  | Level 5  |
| Demonstrates<br>knowledge of common<br>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 modify systems to prevent patient safety events  |
| Demonstrates<br>knowledge of how to<br>report patient safety<br>events                    | Reports patient safety<br>events through<br>institutional reporting<br>systems (simulated or<br>actual) | Participates in disclosure of patient safety events to clinicians and/or patients and families, as appropriate (simulated or actual) | Discloses patient safety<br>events to clinicians<br>and/or patients and<br>families, as appropriate<br>(simulated or actual) | Role models or mentors<br>others in the disclosure of<br>patient safety events           |
| Demonstrates<br>knowledge of basic QI<br>methodologies and<br>metrics                     | Describes departmental and institutional QI initiatives   | Participates in departmental and institutional QI initiatives  | Demonstrates the skills required to identify, develop, implement, and analyze a QI project                                   | Creates, implements, and assesses QI initiatives at the institutional or community level |
|   |   |  |  |  |
| Comments:   |   |  | Not Yet (  | Completed Level 1  |

| Systems-Based Practice 2: Systems Navigation for Patient-Centered Care (Track A, B, and C) |  |   |  |   |  |
|--|--|---|--|---|--|
| Level 1  | Level 2  | Level 3   | Level 4  | Level 5   |  |
| Demonstrates<br>knowledge of case<br>coordination  | Coordinates care of patients/specimens in routine cases effectively using interprofessional teams            | Coordinates care of patients/specimens in complex cases effectively using interprofessional teams | Models effective coordination of patient-centered care among different disciplines and specialties                                       | Analyses the process of care coordination and leads in the design and implementation of improvements                            |  |
| Identifies key elements<br>for safe and effective<br>transitions of care and<br>hand-offs  | Performs safe and effective transitions of care/hand-offs in routine situations                              | Performs safe and effective transitions of care/hand-offs in complex situations                   | Models and advocates<br>for safe and effective<br>transitions of care/hand-<br>offs within and across<br>health care delivery<br>systems | Improves quality of<br>transitions of care within<br>and across health care<br>delivery systems to<br>optimize patient outcomes |  |
| Demonstrates<br>knowledge of population<br>and community health<br>needs and disparities   | Identifies pathology's role in population and community health needs and inequities for the local population | Identifies opportunities for pathology to participate in community and population health          | Recommends and/or participates in changing and adapting practice to provide for the needs of communities and populations                 | Leads innovations and advocates for populations and communities with health care inequities                                     |  |
|  |  |   |  |   |  |
| Comments:  | Comments:  Not Yet Completed Level 1   |   |  |   |  |

| Systems-Based Practice 3: Physician Role in Health Care System (Track A, B, and C)   |  |  |   |   |
|--|--|--|---|---|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5   |
| Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology) | Describes how components of a complex health care system are interrelated, and how this impacts patient care | Discusses how individual practice affects the broader system (e.g., test use, turnaround time)                         | Manages various components of the complex health care system to provide efficient and effective patient care and transition of care | Advocates for or leads<br>systems change that<br>enhances high-value,<br>efficient, and effective<br>patient care and transition<br>of care |
| Describes basic health<br>payment systems (e.g.,<br>government, private,<br>public, uninsured care)<br>and practice models             | Documents testing detail<br>and explains the impact of<br>documentation on billing<br>and reimbursement      | Engages with clinicians and/or patients in shared decision making, such as use of preauthorization for complex testing | Practices and advocates for cost effective patient care with consideration of the limitations of each patient's payment model       | Participates in health policy advocacy activities   |
|  |  |  |   |   |
| Comments:  |  |  | Not Yet   | Completed Level 1   |

| Level 1  | Level 2  | Level 3  | Level 4  | Level 5  |
|--|--|--|--|--|
| Demonstrates<br>knowledge that<br>laboratories must be<br>accredited | Demonstrates knowledge of the components of laboratory accreditation and regulatory compliance (e.g., Clinical Laboratory Improvement Amendments), either through training or experience | Identifies the differences<br>between accreditation<br>and regulatory<br>compliance; discusses<br>the process for achieving<br>accreditation and<br>maintaining regulatory<br>compliance | Participates in an internal or external laboratory inspection  | Serves as a resource for accreditation at the regional or national level   |
| Discusses the need for quality control and proficiency testing       | Interprets quality data and charts and trends, including proficiency testing results, with assistance  | Demonstrates knowledge<br>of the components of a<br>laboratory quality<br>management plan  | Reviews the quality management plan to identify areas for improvement  | Creates and follows a comprehensive quality management plan                |
|  |  | Discusses implications of proficiency testing failures   | Performs analysis and review of proficiency testing failures and recommends a course of action, with oversight | Independently formulates<br>a response for proficiency<br>testing failures |
|  |  |  |  |  |

| Systems-Based Practice 5: Utilization (Track A, B, and C)   |   |   |   |  |
|---|---|---|---|--|
| Level 1   | Level 2   | Level 3   | Level 4                                   | Level 5  |
| Identifies general selective pathology work practices and workflow (e.g., molecular diagnostic, histology, immunohistochemistry stains, chemical tests) | Explains rationale for utilization patterns in own practice setting | Identifies opportunities to optimize utilization of pathology resources | Initiates efforts to optimize utilization | Completes a utilization review and implements change |
|   |   |   |   |  |
| Comments:  Not Yet Completed Level 1  |   |   |   |  |

| Practice-Based Learning and Improvement 1: Evidence-Based Practice and Scholarship (Track A, B, and C) |  |  |   |   |
|--|--|--|---|---|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5   |
| Demonstrates how to access and select applicable evidence  | Identifies and applies the<br>best available evidence to<br>guide diagnostic work-up<br>of simple cases  | Identifies and applies the<br>best available evidence to<br>guide diagnostic work-up<br>of complex cases                                     | Critically appraises and applies evidence to guide care, even in the face of conflicting data   | Teaches others to critically appraise and apply evidence for complex cases; and/or participates in the development of guidelines                            |
| is aware of the need for patient privacy, autonomy, and consent as applied to clinical research        | Develops knowledge of<br>the basic principles of<br>research (demographics,<br>Institutional Review<br>Board, human subjects),<br>including how research is<br>evaluated, explained to<br>patients, and applied to<br>patient care | Applies knowledge of the basic principles of research such as informed consent and research protocols to clinical practice, with supervision | Proactively and consistently applies knowledge of the basic principles of research such as informed consent and research protocols to clinical practice | Suggests improvements to research regulations and/or substantially contributes to the primary literature through basic, translational, or clinical research |
|  |  |  |   |   |
| Comments:  Not Yet Completed Level 1   |  |  |   |   |

| Level 1  | Level 2   | Level 3  | Level 4  | Level 5  |
|--|---|--|--|--|
| Accepts responsibility for personal and professional development by establishing goals | Demonstrates openness<br>to receiving performance<br>data and feedback in<br>order to inform goals                      | Seeks performance data<br>and feedback with<br>humility  | Actively and consistently seeks performance data and feedback with humility  | Models seeking performance data and accepting feedback with humility |
| Identifies the gap(s)<br>between expectations<br>and actual performance                | Analyzes and reflects on<br>the factors which<br>contribute to gap(s)<br>between expectations and<br>actual performance | Institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance | Critically evaluates the effectiveness of behavioral changes in narrowing the gap(s) between expectations and actual performance | Coaches others in reflective practice                                |
| Actively seeks opportunities to improve  | Designs and implements a learning plan, with assistance   | Independently creates<br>and implements a<br>learning plan                                       | Uses performance data to measure the effectiveness of the learning plan and improves it when necessary                           | Facilitates the design and implementing learning plans for others    |
|  |   |  |  |  |

| Professionalism 1: Professional Behavior and Ethical Principles (Track A, B, and C)  |  |   |  |  |
|--|--|---|--|--|
| Level 1  | Level 2  | Level 3   | Level 4  | Level 5  |
| Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics | Analyzes straightforward situations using ethical principles   | Recognizes the need and uses relevant resources to seek help in managing and resolving complex ethical situations | Independently resolves<br>and manages complex<br>ethical situations  | Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution |
| Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers; identifies and describes potential triggers for professionalism lapses                   | Demonstrates insight into professional behavior in routine situations; takes responsibility for one's own professionalism lapses | Demonstrates professional behavior in complex or stressful situations   | Recognizes situations<br>that may trigger<br>professionalism lapses<br>and intervenes to<br>prevent lapses in self<br>and others | Coaches others when their behavior fails to meet professional expectations   |
|  |  |   |  |  |
| Comments:  Not Yet Completed Level 1   |  |   |  |  |

| Professionalism 2: Accountability and Conscientiousness (Track A, B, and C)                      |   |  |  |  |  |
|--|---|--|--|--|--|
| Level 1  | Level 2   | Level 3  | Level 4  | Level 5  |  |
| Responds promptly to instructions, requests, or reminders to complete tasks and responsibilities | Takes ownership and performs tasks and responsibilities in a timely manner with attention to detail | Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner and describes the impact on team | Anticipates and intervenes in situations that may impact others' ability to complete tasks and responsibilities in a timely manner | Takes ownership of<br>system outcomes, and<br>implements new<br>strategies when<br>necessary |  |
|  |   |  |  |  |  |
| Comments:  Not Yet Completed Level 1   |   |  |  |  |  |

| Professionalism 3: Self-Awareness and Help-Seeking (Track A, B, and C)                               |  |  |   |  |
|--|--|--|---|--|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5  |
| Recognizes limitations in<br>the knowledge/skills/<br>behaviors of self or<br>team, with supervision | Independently recognizes limitations in the knowledge/skills/ behaviors of self or team and seeks help when needed | Proposes and implements<br>a plan to remediate or<br>improve the knowledge/<br>skills/behaviors of self or<br>team, with supervision | Independently develops<br>and implements a plan<br>to remediate or improve<br>the knowledge/skills/<br>behaviors of self or<br>team | Serves as a resource or<br>consultant for developing<br>a plan to remediate or<br>improve the knowledge/<br>skills/behaviors |
| Recognizes status of personal and professional well-being, with supervision                          | Independently recognizes<br>status of personal and<br>professional well-being<br>and seeks help when<br>needed     | Proposes and implements<br>a plan to optimize<br>personal and professional<br>well-being, with<br>supervision                        | Independently develops<br>and implements a plan<br>to optimize personal<br>and professional well-<br>being                          | Coaches others when responses or limitations in knowledge/skills do not meet professional expectations                       |
|  |  |  |   |  |
| Comments:  Not Yet Completed Level 1   |  |  |   |  |

This subcompetency is not intended to evaluate a fellow's well-being. Rather, the intent is to ensure that each fellow has the fundamental knowledge of factors that affect well-being, the mechanisms by which those factors affect well-being, and available resources and tools to improve well-being.

| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication (Track A, B, and C)   |  |  |  |   |
|--|--|--|--|---|
| Level 1  | Level 2  | Level 3  | Level 4  | Level 5   |
| Uses language and nonverbal behavior to demonstrate respect and establish rapport  | Establishes a relationship in straightforward encounters using active listening and clear language | Sensitively and compassionately delivers medical information, with supervision                 | Independently, sensitively, and compassionately delivers medical information and acknowledges uncertainty and conflict | Mentors others in the sensitive and compassionate delivery of medical information             |
| Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system | Identifies complex barriers to effective communication (e.g., health literacy, cultural)           | When prompted, reflects on personal biases while attempting to minimize communication barriers | Independently recognizes personal biases while attempting to proactively minimize communication barriers               | Models self-awareness while teaching a contextual approach to minimize communication barriers |
|  |  |  |  |   |
| Comments:  Not Yet Completed Level 1   |  |  |  |   |

| Interpersonal and Comr  | nunication Skills 2: Interpro  | fessional and Team Comm  | unication (Track A, B, an   | d C)  |
|---|--|--|---|---|
| Level 1   | Level 2  | Level 3  | Level 4   | Level 5   |
| Uses language that values all members of the health care team | Communicates information effectively with all health care team members | Uses active listening to adapt communication style to fit team needs | Coordinates recommendations from different members of the health care team to optimize patient care | Models flexible communication strategies that value input from all health care team members, resolving conflict when needed |
| Describes the utility of constructive feedback                | Solicits feedback on performance as a member of the health care team   | Integrates feedback from team members to improve communication       | Communicates feedback and constructive criticism to superiors                                       | Facilitates regular health care team-based feedback in complex situations   |
|   |  |  |   |   |
| Comments:  Not Yet Completed Level 1                          |  |  |   |   |

| Interpersonal and Comm   | nunication Skills 3: Commu   | nication within Health Care  | e Systems (Track A, B, an   | d C)  |
|--|--|--|---|---|
| Level 1  | Level 2  | Level 3  | Level 4   | Level 5   |
| Safeguards patient<br>personal health<br>information by<br>communicating through<br>appropriate means as<br>required by institutional<br>policy (e.g., patient<br>safety reports, cell<br>phone/pager usage) | Selects forms of communication based on context and urgency of the situation | Communicates while ensuring security of personal health information, with supervision                            | Independently communicates while ensuring security of personal health information                 | Guides departmental or institutional communication around policies and procedures regarding the security of personal health information         |
| Identifies institutional and departmental structure for communication of issues  | Respectfully communicates concerns about the system                          | Uses institutional structure to effectively communicate clear and constructive suggestions to improve the system | Initiates conversations on difficult subjects with appropriate stakeholders to improve the system | Facilitates dialogue<br>regarding systems issues<br>among larger community<br>stakeholders (e.g.,<br>institution, health care<br>system, field) |
|  |  |  |   |   |
| Comments:  Not Yet Completed Level 1   |  |  |   |   |