Orthopaedic Trauma Milestones

The Accreditation Council for Graduate Medical Education



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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 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.

Orthopaedic Trauma Milestones Work Group

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American Board of Orthopaedic Surgery
Review Committee for Orthopaedic Surgery

The Orthopaedic Trauma Association Fellowship Committee endorses the ACGME Milestones 2.0.

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 trainee'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.).

Additional Notes

Level 4 is designed as a graduation *goal* but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation and professional ability to enter autonomous 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 trainees, 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 subcompetency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow's performance on the milestones for each subcompetency will be indicated by selecting the level that best describes that fellow's performance in relation to those milestones.

| Patient Care 3: Periarticular Fractures | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Develops a surgical plan, with direct supervision | Develops a surgical plan, with indirect supervision | Develops a surgical plan for procedures that includes identification of potential challenges and technical complexities, with indirect supervision | Independently develops a surgical plan for procedures, including contingencies for complications | Independently plans complex procedures, including management of peri-operative complications |
| Demonstrates surgical skills for simple periarticular fractures and assists with procedures | Independently performs procedures for simple periarticular fractures | Performs critical steps of procedures with indirect supervision | Independently performs procedures for complex periarticular fractures | Independently performs complex revision procedures |
| Manages peri-procedural complications, with indirect supervision | Manages peri-procedural complications, with oversight | Manages complex intra- operative complications with indirect supervision | Independently manages complex intra-operative complications | Manages long-term complications in the outpatient setting |
| | | \mathbb{Q} | | |
| Not Yet Completed Level 1 Not Yet Assessable | | | | |
| Selecting a respon- middle of a level im milestones in that le levels have been so demonstrated. | iplies that evel and in lower | Selecting a response between levels indicating in lower levels have demonstrated as well milestones in the hig | ates that milestones been substantially Il as some | |

| Patient Care 1: Polytrauma (Care of Multiply Injured Patient) | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies when a patient needs damage control during initial resuscitation, with direct supervision | Identifies when a patient needs damage control during initial resuscitation, with indirect supervision | Performs damage control procedures, with indirect supervision | Independently performs damage control procedures | Independently anticipates changes in patient condition and plans and |
| Prioritizes management of polytrauma patients, with direct supervision | Prioritizes management of polytrauma patients, with indirect supervision | Determines timing for definitive management, with oversight | Independently prioritizes and manages complex polytrauma patients through interdisciplinary team care | implements contingencies |
| Counsels patients on acute diagnosis, with direct supervision | Counsels patients on acute diagnosis and expectations, with indirect supervision | Counsels patients on short-term prognosis, complications, and expectations, with oversight | Independently counsels patients regarding long-term prognosis, potential complications, and need for additional procedure(s) | Independently counsels patients regarding long-term prognosis, potential complications, and need for additional procedure(s); cites the evidence for each |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 2: Complex Diaphyseal Fracture (e.g., peri-prosthetic, open, bone loss, proximal/distal thirds) | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Develops a surgical plan, with direct supervision | Develops a surgical plan, with indirect supervision | Develops a surgical plan for procedures, including identification of potential challenges and technical complexities, with oversight | Independently develops a surgical plan for procedures, including contingencies for complications | Independently plans complex procedures, including management of peri-operative complications |
| Demonstrates surgical skills (e.g., reduction and placement of nail) and assists with procedures | Performs critical steps of procedures, with direct supervision | Performs critical steps of procedures with indirect supervision | Independently performs procedures | Independently performs complex revision procedures |
| Manages peri-procedural complications, with indirect supervision | Manages peri-procedural complications with oversight | Manages complex intra- operative complications with indirect supervision | Independently manages complex intra-operative complications | Manages long-term complications in the outpatient setting |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 3: Periarticular Fractures | | | | |
|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Develops a surgical plan, with direct supervision | Develops a surgical plan, with indirect supervision | Develops a surgical plan for procedures, including identification of potential challenges and technical complexities, with indirect supervision | Independently develops a surgical plan for procedures, including contingencies for complications | Independently plans complex procedures, including management of peri-operative complications |
| Demonstrates surgical skills for simple periarticular fractures and assists with procedures | Independently performs procedures for simple periarticular fractures | Performs critical steps of procedures for complex periarticular fractures with indirect supervision | Independently performs procedures for complex periarticular fractures | Independently performs complex revision procedures |
| Manages peri-procedural complications, with | Manages peri-procedural complications, with | Manages complex intra- operative complications | Independently manages complex intra-operative | Manages long-term complications in the |
| indirect supervision | oversight | with indirect supervision | complications | outpatient setting |
| Comments: | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 4: Pelvic and Acetabular Fractures | | | | |
|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Develops a surgical plan, with direct supervision | Develops a surgical plan, with indirect supervision | Develops a surgical plan for procedures, including identification of potential challenges and technical complexities, with oversight | Independently develops a surgical plan for procedures, including contingencies for complications | Independently plans complex procedures, including management of peri-operative complications |
| Demonstrates surgical skills for simple pelvic and acetabular fractures, and assists with procedures | Performs procedures for simple pelvic and acetabular fractures, with indirect supervision | Demonstrates surgical skills of complex pelvic and acetabular fractures, and assists with procedures | Independently performs procedures for complex pelvic and acetabular fractures | Independently performs complex revision procedures |
| Manages peri-procedural | Manages peri-procedural | Manages complex intra- | Independently manages | Manages long-term |
| complications, with | complications, with | operative complications | complex intra-operative | complications in the |
| indirect supervision | oversight | with indirect supervision | complications | outpatient setting |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Patient Care 5: Soft Tissue | | | | |
|--|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs standard surgical approaches with compromised soft tissue, and adjusts as needed | Performs comprehensive debridement of an open fracture and incorporates soft tissue status in fracture management, with indirect supervision | Performs comprehensive debridement of an open fracture and incorporates soft tissue status in fracture management, with oversight | Independently obtains adequate soft tissue coverage for complex injuries (e.g., through plastic surgery consultation) | Independently performs skin graft and local flap procedures |
| Recognizes urgent/emergent soft tissue concerns (e.g., acute compartment syndrome, vascular injury, mangled extremity) and acts/consults appropriately, with oversight | Performs procedures for urgent/emergent soft tissue concerns (e.g., fasciotomy) or impending soft tissue compromise and acquires appropriate consultations, with oversight | Recognizes chronic soft tissue concerns, with oversight | Independently designs procedures and acquires consultation for patients with chronic soft tissue concerns | Independently performs and coordinates for procedures in patients with chronic soft tissue concerns |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 1: Polytrauma (Care of Multiply Injured Patient) | | | | |
|---|--|--|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Discusses the basic pathophysiology of the multiply injured patient and identifies appropriate endpoints of resuscitation | Discusses the spectrum of instability of the multiply injured patient and recognizes indications for damage control orthopaedics (DCO) versus early appropriate care (EAC) | Demonstrates knowledge of complex pathophysiology of the multiply injured patient and discusses intra-operative markers of patient resuscitation | Triages order of injuries to be treated and titrates care based on patient resuscitation and surgical burden | Leads discussion about the nuances of polytrauma and functions in the "grey area" |
| Discusses absolute surgical indications and types of fixation | Discusses relative surgical indications and types of fixation | Adapts absolute and relative surgical indications to a patient's condition and types of fixation | Anticipates long term sequela of surgical interventions and types of fixation | |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 2: Complex Diaphyseal Fracture (e.g., peri-prosthetic, open, bone loss, proximal/distal thirds) | | | | |
|---|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of surgically relevant normal anatomy and interprets imaging | Demonstrates knowledge of basic surgical approaches based on fracture pattern needs | Correlates imaging to surgical anatomy and selects surgical approach | Demonstrates knowledge of advanced surgical approaches based on fracture pattern needs | Leads advanced discussion around treatment nuances and controversies in management and techniques |
| Discusses absolute surgical indications and types of fixation | Discusses relative surgical indications and types of fixation | Adapts absolute and relative surgical indications to a patient's condition and types of fixation | Anticipates long-term sequela of surgical interventions and types of fixation | |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 3: Periarticular Fractures | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of surgically relevant normal anatomy and interprets imaging | Demonstrates knowledge of basic surgical approaches based on fracture pattern needs | Correlates imaging to surgical anatomy and selects surgical approach | Demonstrates knowledge of advanced surgical approaches based on fracture pattern needs | Leads advanced discussion around treatment nuances and controversies in management and techniques |
| Discusses absolute surgical indications and types of fixation | Discusses relative surgical indications and types of fixation | Adapts absolute and relative surgical indications to a patient's condition and types of fixation | Anticipates long-term sequela of surgical interventions and types of fixation | |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 4: Pelvic and Acetabular Fractures | | | | |
|--|--|--|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of surgically relevant normal anatomy and interprets imaging | Demonstrates knowledge of basic surgical approaches based on fracture pattern needs | Correlates imaging to surgical anatomy and selects surgical approach | Demonstrates knowledge of advanced surgical approaches based on fracture pattern needs | Leads advanced discussion around treatment nuances and controversies in management and techniques |
| Discusses absolute surgical indications and types of fixation | Discusses relative surgical indications and types of fixation | Adapts absolute and relative surgical indications to a patient's condition and types of fixation | Anticipates long-term sequela of surgical interventions and types of fixation | |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Medical Knowledge 5: Decision Making for Complex Problems [e.g., fracture-related infection (FRI), malunion/non-union, peri- prosthetic fractures, post-traumatic osteoarthritis (PTOA), soft tissue issues (e.g., stiffness), ongoing pain] | | | | |
|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies deviation from normal clinical course | Orders and interprets laboratory and imaging findings | Synthesizes information to arrive at diagnosis and treatment plan | Applies best available evidence to diagnosis and treatment | Adjusts plan based on treatment outcomes |
| | | | | |
| Comments: Not Yet Completed Level 1 Not Yet Assessable | | | | |

| Systems-Based Practice 1: Patient Safety and Quality Improvement | | | | |
|---|---|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of common patient safety events | Identifies system factors that lead to patient safety events | Participates in analysis of patient safety events (simulated or actual) | Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) | Actively engages teams and processes to modify systems to prevent patient safety events |
| Demonstrates knowledge of how to report patient safety events | Reports patient safety events through institutional reporting systems (simulated or actual) | Participates in disclosure of patient safety events to patients and their families (simulated or actual) | Discloses patient safety events to patients and their families (simulated or actual) | Role models or mentors others in the disclosure of patient safety events |
| Demonstrates knowledge of basic quality improvement methodologies and metrics | Describes local quality improvement initiatives | Participates in local quality improvement initiatives | Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project | Creates, implements, and assesses quality improvement initiatives at the institutional or community level |
| Comments: Not Yet Completed Level 1 | | | | |

| Systems-Based Practice | 2: System Navigation for F | Patient-Centered Care | | |
|---|--|--|---|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordination | Coordinates care of patients in routine clinical situations, effectively using the roles of interprofessional team members | Coordinates care of patients in complex clinical situations, effectively using the roles of interprofessional team members | Role models effective coordination of patient- centered care among multidisciplinary teams | Analyzes the process of care coordination and leads in the design and implementation of improvements |
| Identifies key elements for safe and effective transitions of care and hand-offs | Performs safe and effective transitions of care/hand-offs in straightforward clinical situations | Performs safe and effective transitions of care/hand-offs in complex clinical situations | Role models and advocates for safe and effective transitions of care/hand-offs | Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes |
| | | | | |
| Comments: Not Yet Completed Level 1 | | | | |

| Systems-Based Practice 3: Physician Role in Health Care Systems | | | | | | |
|---|--|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Describes basic health payment systems, including government, private, public, and uninsured care, as well as different practice models | Describes how working within the health care system impacts patient care, including billing and coding | Analyzes how personal practice affects the system (e.g., length of stay, readmission rates, clinical efficiency) | Uses shared decision- making in patient care, considering costs to the patient | Participates in advocacy activities for health policy | | |
| | | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | | |

| Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | | | |
|--|--|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Demonstrates how to access and use available evidence, and incorporate patient preferences and values to the care of a straightforward condition | Articulates clinical questions and elicits patient preferences and values to guide evidence-based care | Locates and applies the best available evidence, integrated with patient preference, to the care of complex conditions | Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to the individual patient | Coaches others to critically appraise and apply evidence for complex conditions, and/or participates in the development of guidelines | | |
| | | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | | |

| Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth | | | | | |
|---|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Accepts responsibility for personal and professional development by establishing goals | Demonstrates openness to feedback and other input to inform goals | Responds to feedback and other input episodically, with adaptability and humility | Actively seeks feedback and other input, with adaptability and humility | Role models consistently seeking feedback and other input with adaptability and humility | |
| Identifies the strengths, deficiencies, and limitations in one's knowledge and expertise | Analyzes and reflects on the strengths, deficiencies, and limitations in one's knowledge and expertise to design a learning plan, with assistance | Creates and implements a learning plan to optimize educational and professional development | Uses ongoing reflection, feedback, and other input to measure the effectiveness of the learning plan and, when necessary, improves it | Coaches others on reflective practice | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Professionalism 1: Professional Behavior and Ethical Principles | | | | | |
|---|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Identifies and describes inciting events for professionalism lapses | Demonstrates insight into professional behavior in straightforward situations | Demonstrates professional behavior in complex situations | Recognizes situations that may promote professionalism lapses and intervenes to prevent lapses in oneself and others | Coaches others when their behavior fails to meet professional expectations | |
| Demonstrates knowledge of the ethical principles underlying patient care (e.g., informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics) | Applies ethical principles in straightforward situations and takes responsibility for lapses | Integrates ethical principles and recognizes the need to seek help in complex situations | Recognizes and uses appropriate resources for managing and resolving ethical dilemmas (e.g., ethics consultations, literature review, risk management/legal consultation) | Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Professionalism 2: Accountability/Conscientiousness | | | | | |
|--|---|--|---|---|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Reliably arrives to clinical activities on time and describes strategies for ensuring timely task completion | Performs tasks and responsibilities in a timely manner with appropriate attention to detail in straightforward situations | Prioritizes tasks and responsibilities in a timely manner with appropriate attention to detail in complex situations | Recognizes barriers that may impact others' ability to complete tasks and responsibilities in a timely manner | Develops processes to enhance others' ability to efficiently complete patient care tasks and responsibilities | |
| Responds promptly to requests or reminders to complete tasks and responsibilities | Completes tasks and responsibilities without reminders | Proactively completes tasks and responsibilities to ensure the needs of patients, teams, and systems are met | | | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Professionalism 3: Well-Being | | | | | | |
|--|--|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Recognizes the importance of addressing personal and professional well-being (e.g., physical and emotional health) | Lists available resources for personal and professional well-being | Discusses a plan to promote personal and professional well-being with institutional support | Independently develops a plan to promote personal and professional well-being | Creates institutional-level interventions that promote colleagues' well-being | | |
| , | Describes institutional resources that are meant to promote well-being | Recognizes which institutional factors affect well-being | Describes institutional factors that positively and/or negatively affect well-being | Describes institutional programs designed to examine systemic contributors to burnout | | |
| | | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | | |

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

| Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication | | | | | |
|---|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates respect and establishes rapport with patients and their families (e.g., situational awareness of language, disability, health literacy level, cultural differences) | Establishes a therapeutic relationship in straightforward encounters | Establishes a therapeutic relationship in challenging encounters (e.g., shared decision-making) | Facilitates difficult discussions with patients and their families, (e.g., explaining complications, therapeutic uncertainty) | Coaches others in the facilitation of difficult conversations | |
| Communicates with patients and their families in an understandable and respectful manner | Identifies barriers to effective communication (e.g., health literacy, cultural differences) | When prompted, reflects on personal biases while attempting to minimize communication barriers | Recognizes biases and integrates a patient's viewpoint and autonomy to ensure effective communication | Mentors others in situational awareness and critical self-reflection | |
| Demonstrates basic understanding of the informed consent process | Answers questions about straightforward treatment plans, with assistance | Counsels patients through the decision-making process for straightforward conditions | Counsels patients through the decision- making process for complex conditions | Counsels patients through the decision-making process for uncommon conditions | |
| | | | | | |
| Comments: Not Yet Completed Level 1 | | | | | |

| Interpersonal and Communication Skills 2: Interprofessional and Team Communication | | | | | | |
|--|---|---|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Recognizes the value and role of each team member and respectfully interacts with all members of the health care team | Communicates in a professional and productive manner to facilitate teamwork (e.g., active listening, updates in timely fashion) | Actively recognizes and mitigates communication barriers and biases with the health care team | Facilitates respectful communications and conflict resolution with the multidisciplinary health care team | Exemplar of effective and respectful communication strategies | | |
| | | | | | | |
| Comments: | | | Not Yet C | ompleted Level 1 | | |

| Interpersonal and Communication Skills 3: Communication within Health Care Systems | | | | | | |
|---|---|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Accurately records information in the patient record while safeguarding patients' personal health information | Demonstrates accurate, timely, and efficient use of the electronic health record to communicate with the health care team | Concisely reports diagnostic and therapeutic reasoning while incorporating relevant outside data | Independently communicates via written or verbal methods based on urgency and context | Facilitates improved written and verbal communication of others | | |
| | Uses appropriate communication methods (e.g., face-to-face, voice, electronic) | Respectfully initiates communications about concerns in the system | Uses appropriate channels to offer clear and constructive suggestions to improve the system | Guides departmental or institutional communication around policies and procedures | | |
| Comments: Not Yet Completed Level 1 | | | | | | |
| | | | Not ret C | ompleted Level 1 | | |