The Pediatric Orthopaedic Surgery Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Orthopaedic Surgery



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The Pediatric Orthopaedic Surgery Milestone Project

The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGMEaccredited 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.

Pediatric Orthopaedic Surgery 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 each 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. These levels do not correspond with post-graduate year of education.

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* but *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 ACGME supervision guidelines, 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.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page: <u>http://www.acqme.org/acqmeweb/Portals/0/MilestonesFAQ.pdf</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 the milestones.

Level1	Level 2	Level3	Level4	Level5
 Performs history and physical examination Measures radiographic mechanical axis and angular alignment Measures clinical alignment and rotational profile 	 Orders correct radiographic examinations for genu varum/valgum Orders correct studies to evaluate a post-traumatic growth arrest Calculates remaining growth Identifies radiographic location of deformity, center of rotation of angulation (CORA) – location of osteotomy and effect on mechanical axis 	 Performs hemiepiphysiodesis and epiphysiodesis, temporary and permanent Prepares pre-operative plan of simple limb deformity correction Writes physical therapy prescription following limb deformity surgery Recognizes complications of limb deformity surgery Demonstrates ability to evaluate imaging studies for growth potential - classification of Blounts disease ; size of physeal bar- implications for treatment 	 Performs limb osteotomy and demonstrates ability to apply fixation (internal or external) Manages post-surgical complications Performs bar resection and interposition 	 Performs multi-level and multi-planar limb deformity surgery to include lengthening Salvages severe complications of lengthening /deformity correction
Comments:				
ecting a response box in	the middle of a		Selecting a response box on	
el implies that milestone	s in that level		indicates that milestones in I	
d in lower levels have bee	en substantially		substantially demonstrated a milestones in the higher leve	
monstrated.			initiasiones in the higher leve	:1(5).

evel 1	Level 2	Level 3	Level 4	Level 5
 Performs basic scoliosis examination (e.g., trunk position, skin, neuro) Measures Cobb angles Assesses skeletal maturity Demonstrates use of basic spinal instruments Closes spine wound 	 Performs abdominal reflex test Uses scoliometer accurately or prominence quantification Identifies congenital scoliosis on radiographs Safely positions patient on operating room [OR] table Exposes and dissects posterior spine 	 Performs plumb line test Analyzes sagittal spinal balance/deformity Interprets bending and/or stretch films Evaluates brace efficacy - clinical/radiographic Inserts spinal implants Interprets normal neuromonitoring Interprets intra-operative imaging Provides post-operative management 	 Recognizes physical findings that may predict complications (e.g., acne, obesity, lordosis) Evaluates post-operative films (immediate and follow-up) Completes case (e.g., instrumentation, deformity correction, bone grafting, closure) with staff as scrubbed assistant Interprets and acts on abnormal neuromonitoring 	• Works in complex referral center for spinal deformity

hip examination toFinclude Ortolani and• IBarlow(Applies and monitors Pavlik harness Interprets radiographs	 Interprets ultrasound imaging 	 Performs and interprets arthrogram 	Demonstrates skill in
	(age appropriate) Identifies physical signs of bilateral DDH	 Identifies an adequate ultrasound examination Identifies failure of Pavlik treatment Formulates plan of care for failed Pavlik harness treatment 	 Performs adductor tenotomy, closed reduction, and spica cast application Performs open reduction approach and spica cast application Manages failed closed or open reduction 	management of multiple failed DDH treatments

Level 1	Level 2	Level 3	Level 4	Level 5
 Performs history and physical exam Orders and interprets appropriate radiographs Performs in-situ pinning of stable SCFE 	 Evaluates and interprets intra-operative images Provides post-operative management of stable vs. unstable SCFE 	 Performs hip arthrotomy/capsulotomy Interprets magnetic resonance imaging [MRI] for pre-slip Performs surgical pinning of severe/unstable SCFE Evaluates painful hip following pinning (e.g., pin penetration, chondrolysis, osteonecrosis) 	 Performs proximal femoral osteotomy, and manages patient post-operatively Performs open head-neck contouring via anterior approach 	 Performs reduction of SCFE via surgical hip dislocation approach

			Level 4	Level 5
 Applies, molds, and safely removes casting material Provides surgical management of contracted musculotendinous unit 	 Applies and molds clubfoot cast Performs physical examination and assessment of clubfoot deformity 	 Applies all in series of sequential clubfoot casts, from initial to final Performs tendo Achilles tenotomy Performs open tendo Achilles lengthening Applies and monitors clubfoot bracing post- casting 	 Performs casting for complex clubfoot Performs casting for relapse Performs tibialis anterior transfer Performs posteromedial and lateral release [PMLR]/ certified specialist in trauma registry [CSTR], comprehensive clubfoot repair/osteotomies 	 Performs salvage procedures for complex recurrent clubfoot Performs combination procedures

evel 1	Level 2	Level 3	Level 4	Level 5
 Performs history and physical examination Measures radiographic mechanical axis and angular alignment Measures clinical alignment and rotational profile 	 Orders correct radiographic examinations for genu varum/valgum Orders correct studies to evaluate a post-traumatic growth arrest Calculates remaining growth Identifies radiographic location of deformity, center of rotation of angulation (CORA) – location of osteotomy and effect on mechanical axis 	 Performs hemiepiphysiodesis and epiphysiodesis, temporary and permanent Prepares pre-operative plan of simple limb deformity correction Writes physical therapy prescription following limb deformity surgery Recognizes complications of limb deformity surgery Demonstrates ability to evaluate imaging studies for growth potential - classification of Blounts disease; size of physeal bar- implications for treatment 	 Performs limb osteotomy and demonstrates ability to apply fixation (internal or external) Manages post-surgical complications Performs bar resection and interposition 	 Performs multi-level and multi-planar limb deformity surgery to include lengthening Salvages severe complications of lengthening/deformity correction

Level 1	Level 2	Level 3	Level 4	Level 5
 Obtains pertinent history, including developmental milestones Performs physical exam of lower extremity Performs age- appropriate neurologic examination 	 Obtains focused history and physical exam, including hip (e.g., able to identify hip subluxation, lower extremity contractures/spasticity, spinal deformity) Interprets radiographic findings of hip subluxation Understands when to obtain appropriate neurology and developmental pediatrics consults 	 Identifies gait pattern (e.g., crouch, jump, di/hemiplegia) Differentiates between spasticity and tone from contractures Prescribes lower extremity orthotics as indicated 	 Performs hip subluxation surgery to include muscle release and femoral and pelvic osteotomies Performs single-event, multi-level surgery, including osteotomy, tendon lengthenings , and transfer Manages complications of surgery Manages post-operative recovery and rehabilitation 	 Performs revision surgery for complications (redislocation) Performs surgery for symptomatic non- reconstructible hip Performs revision surgery for the adolescent with severe contractures

Level 1	Level 2	Level 3	Level 4	Level 5
 Identifies signs and symptoms of idiopathic and non-idiopathic scoliosis Describes curve types and natural history of each curve Describes radiographic signs of skeletal maturity Describes treatment options of non-operative vs. operative scoliosis Describes catastrophic risks of surgical correction 	 Describes radiographic signs of adolescent idiopathic scoliosis [AIS] vs. non-AIS Applies classification of curve type with awareness of both Lenke and King- Moe Understands the correlation of peak height velocity [PHV] and risk for scoli progression Describes indications for bracing Knows different brace types for different patterns Describes surgical indications Describes major risks for surgery (e.g., infection, re- operation, and implant failure) 	 Describes indications for MRI and referral to neurology or genetics Understands implications of classification system Describes bone ages and correlation with peal height/growth velocity (PHGV) analyzes brace efficacy (literature) Creates surgical plan by curve type Describes risks of patient dissatisfaction (e.g., scar, trunk imbalance, pain, cosmesis) 	 Understands genetic research in etiology and prognosis Counsels families who choose non-brace or bracing options Describes level selection, type of instrumentation, deformity correction techniques, and surgical approaches Describes management of catastrophic complications 	 Performs primary research and published findings in a peer- reviewed journal

Level 1	Level 2	Level 3	Level 4	Level 5
 Understands role of screening for DDH Understands normal hip anatomy Understands risk factors for DDH Demonstrates knowledge of associated conditions Understands natural history of untreated DDH 	 Differentiates developmental from teratologic hip dysplasia Understands use and risks of Pavlik harness treatment Understands choice of imaging studies by age of child Demonstrates knowledge of vascular anatomy of the developing hip 	 Understands ultrasound anatomy and implications Understands physical exam and imaging signs of Pavlik treatment failure Understands indications for closed versus open reduction Understands anatomic blocks to reduction 	 Understands anatomy of surgical approaches - medial and anterior Understands classification and implications of avascular necrosis of hip 	 Performs primary research on infantile DDH, and publishes findings in a peer-reviewed journal Is an invited expert/nationally- recognized expert
Comments:				

Pediatric Orthopaedics SCFE — Medical Knowledge

 Demonstrates knowledge of SCFE pathoanatomy and terminology Demonstrates knowledge of risk factors Factors 	 .evel 2 Demonstrates detailed knowledge of epiphyseal blood supply Understands natural history of SCFE in-situ pinning Understands the 	 Level 3 Understands complications of surgical treatment Understands evaluation of at-risk or pre-slip patient Understands natural history of gait disturbance 	 Level 4 Understands surgical options for late reconstructive surgery Understands indications for proximal femoral octootomy 	 Performs primary research, and publishes findings in a peer-reviewed journal
knowledge of SCFE pathoanatomy and terminology • Demonstrates knowledge of risk factors	knowledge of epiphyseal blood supply • Understands natural history of SCFE in-situ pinning	 of surgical treatment Understands evaluation of at-risk or pre-slip patient Understands natural history of gait disturbance 	options for latereconstructive surgeryUnderstands indications forproximal femoral	and publishes findings in a
 signs and symptoms Demonstrates knowledge of basic radiographic findings (subtle, severe) 	 controversy in treatment of severe/unstable SCFE Understands details of correct screw placement Understands decision making for prophylactic pinning of contralateral hip 	and bone impingement after SCFE	 Understands methods and risks for acute reduction of SCFE 	
Comments:				

Level 1	Level 2	Level 3	Level 4	Level 5
 Demonstrates knowledge of tarsal bone and joint anatomy Demonstrates knowledge of muscles and tendons of foot Demonstrates knowledge of foot biomechanics in normal gait Demonstrates knowledge of innervation/neuroanato my of leg and foot 	 Demonstrates knowledge of components of clubfoot deformity cavus, forefoot adduction, heel varus, and equinus (CAVE) Demonstrates knowledge of different types and classifications of clubfoot Demonstrates knowledge of pathologic anatomy of clubfoot 	 Demonstrates knowledge of the Ponseti principles of clubfoot casting Demonstrates knowledge of the indications for tendo Achilles tenotomy Demonstrates knowledge of post-casting bracing protocol Understands demographics, risk factors, associated conditions, and hereditary patterns Demonstrates knowledge of pathologic gait deviations in clubfoot 	 Understands indications for relapse casting, tibialis anterior tendon/tendon Achilles lengthening, tendon transfer, joint releases, osteotomies Recognizes complex clubfoot Demonstrates knowledge of segmental analysis of relapse/recurrent deformity Demonstrates knowledge of different surgical approaches for clubfoot – a la carte, posteromedial and lateral releases, complete subtalar release, tibiotalar release Demonstrates knowledge treatment options for syndromic clubfoot 	 Demonstrates knowledge of genetics of clubfoot Compares and contrasts theories of pathogenesis Understands tarsal and lower extremity [LE] kinematics Manages neglected, older clubfoot Manages multiply operated clubfoot Performs primary research, and publishes findings in a peer-reviewed journal

Level 1	er Extremity Deformity — Mec	Level 3	Level 4	Level 5
 Demonstrates knowledge of mechanical and anatomic axes of lower extremities (age-based) Understands physeal growth Understands post- traumatic remodeling Understands the natural history of rotational profile (e.g., tibial torsion/femoral anteversion) 	 Demonstrates knowledge of conditions producing pathologic angular deformity (e.g., Blount's, rickets) Demonstrates knowledge of angular deformity resulting from post- traumatic growth disturbance Demonstrates knowledge of measures of remaining skeletal growth Demonstrates knowledge of consequences of limb length differences 	 Demonstrates knowledge of growth modulation techniques (e.g., indications, surgical techniques, and complications) Demonstrates knowledge of rehabilitation needs and potential problems during deformity correction Demonstrates knowledge of classification of Blount's disease and prognosis 	 Demonstrates knowledge of surgical options to include osteotomies (acute vs. gradual) with internal vs. external fixation Demonstrates knowledge of lower extremity deformity in skeletal dysplasias Demonstrates knowledge of treatment options for post-traumatic growth arrest 	 Performs primary research, and publishes findings in a peer-reviewed journal Demonstrates knowledge and understands basic science research in physeal physiology
Comments:				

Level 1	Level 2	Level 3	Level 4	Level 5
 Understands the pathophysiology of CP Differentiates between spastic quad, hemi, and diplegia 	 Understands gross motor function classification system [GMFCS] of CP child Differentiates between spastic/athetoid/mixed CP Understands the musculoskeletal implications of differing GMFCS levels of neurological involvement Demonstrates knowledge of the indications for imaging studies Evaluates medical co- morbidities and anesthetic/post-operative risks 	 Demonstrates understanding of hip/spine surveillance Demonstrates understanding of non- surgical tone management and contracture Demonstrates knowledge and ability to analyze gait and contractures via physical exam and observation Explains the consequences of inappropriate surgery 	 Demonstrates knowledge of surgical options for hip subluxation, ambulatory contractures Develops surgical plan for multi-level surgery in ambulatory patients Demonstrates knowledge of accepted and alternative treatment methods for CP Demonstrates knowledge of indications and methods of CP spinal deformity correction 	 Performs primary research, and publishes findings in a peer-reviewed journal
Comments:				

Systems thinking, including cost-effective practice — Systems-based Practice Level 1 Level 2 Level 3 Level 4 Level 5 • Gives examples of cost • Effectively manages clinic • Leads systems change at • Describes basic levels of • Orders and schedules tests systems of care (e.g., and value implications of team and schedules for micro and macro levels in appropriate systems for self-management to care he or she provides individual patients patient and workflow (e.g., OR team and patient (e.g., gives examples of balancing expenses and societal) efficiency flow in a multi-case OR • Understands the alternate sites of care quality • Uses evidence-based day) • Manages transfers of resulting in different costs guidelines for costeconomic challenges of for individual patients) patient care from OR to effective care patient care in the health care system inpatient environment or to home **Comments:**

Resident will work in interp	rofessional teams to enhance	patient safety and quality care	— Systems-based Practice	
Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes importance of complete and timely documentation in teamwork and patient safety 	 Uses checklists and briefings to prevent adverse events in health care 	 Participates in quality improvement or patient safety program and/or project 	 Maintains team situational awareness and promotes "speaking up" with concerns Incorporates clinical quality improvement and patient safety into clinical practice 	 Develops and publishes quality improvement project results Leads local or regional quality improvement project
Comments:				

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Level 1	Level 2	Level 3	Level 4	Level 5
 Explains the role of the electronic health record [EHR] and computerized physician order entry (CPOE) in potential medical errors 	 Appropriately and accurately enters patient data in EHR Effectively uses electronic medical records in patient care 	 Reconciles conflicting data in the medical record 	 Contributes to reduction of risks of automation and computerized systems by reporting system problems 	 Recommends systems re- design for faculty computerized processes

Version 11/2013 Pediatric Orthopaedic Surgery Milestones, ACGME Report Worksheet				
Self-Directed Learning — Practice-based Learning and Improvement				
1. Identifies strengths	, deficiencies, and limits in one	's knowledge and expertise		
	tcomes and complications in ye			
3. Sets learning and in		bui own practice.		
_	rms appropriate learning activi	ities.		
		and improve patient outcomes.		
Level 1	Level 2	Level 3	Level 4	Level 5
 Acknowledges gaps in personal knowledge and expertise, and frequently asks for feedback from teachers and colleagues Demonstrates computer literacy and basic computer skills in clinical practice 	 Continually assesses performance by evaluating feedback and assessments Develops a learning plan based on feedback with some external assistance Demonstrates use of published review articles or guidelines to review common topics in practice Uses patient care experiences to direct learning 	 Accurately assesses areas of competence and deficiencies and modifies learning plan Demonstrates the ability to select an appropriate evidence-based information tool to answer specific questions while providing care Reads classic articles and texts in pediatric orthopaedic surgery 	 Performs self-directed learning without external guidance Critically evaluates and uses patient outcomes to improve patient care Demonstrates knowledge about classic articles and texts Reads current literature Incorporates practice change based upon new evidence 	 Teaches and mentors colleagues on incorporating practice change based on new evidence
Comments:				

Level 1	Level 2	Level 3	Level 4	Level 5
 Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the study design of a research study 	 Ranks study designs by their level of evidence Identifies bias affecting study validity Formulates a searchable question from a clinical question 	 Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including from colleagues, experts, and patients 	 Demonstrates a clinical practice that incorporates principles and basic practices of evidence- based practice and information mastery Cites evidence supporting several common practices Is scientifically skeptical of new therapeutic options and surgical procedures 	 Independently teaches and assesses evidence-based medicine and information mastery techniques

Version 11/2013

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, and sexual orientation. Demonstrates knowledge about, respect for, and adherence to the ethical principles relevant to the practice of medicine, remembering in particular that responsiveness to patients that supersedes self-interest is an essential aspect of medical practice — Professionalism

Level 1	Level 2	Level 3	Level 4	Level 5
 Consistently demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families Recognizes the diversity of patient populations with respect to gender, age, culture, race, religion, disabilities, sexual orientation, and socioeconomic status Recognizes the importance and priority of patient care, with an emphasis on the care that the patient wants and needs; demonstrates a commitment to this value 	 Demonstrates and understands the importance of compassion, integrity, respect, sensitivity, and responsiveness while exhibiting these attitudes consistently in common and uncomplicated situations Consistently recognizes ethical issues in practice; discusses, analyzes, and manages these in common and frequent clinical situations, including socioeconomic variances in patient care 	 Exhibits these attitudes consistently in complex and complicated situations Recognizes how own personal beliefs and values impact medical care Is knowledgeable about the beliefs, values, and practices of diverse patient populations and their potential impact on patient care Recognizes ethical violations in professional and patient aspects of medical practice 	 Develops and uses an integrated and coherent approach to understanding and effectively working with others to provide good medical care that integrates personal standards with standards of medicine Consistently considers and manages ethical issues in practice Consistently practices medicine as related to specialty care in a manner that upholds values and beliefs of self and medicine 	 Demonstrates leadership and mentoring regarding these principles of bioethics Manages ethical misconduct in patient management and practice
Comments:				

Demonstrates accountability to patients, society, and the profession; demonstrates personal responsibility to maintain emotional, physical, and mental health — Professionalism

Level 1	Level 2	Level 3	Level 4	Level 5
 Understands when assistance is needed, and is willing to ask for help Exhibits basic professional responsibilities, such as timely reporting for duty, being rested and ready to work, displaying appropriate attire and grooming, and delivering patient care as a functional physician Is aware of the basic principles and aspects of the general maintenance of emotional, physical, and mental health, and issues related to fatigue/sleep deprivation 	 Recognizes limits of knowledge in common clinical situations and asks for assistance Recognizes value of humility and respect towards patients and associate staff members Demonstrates adequate management of personal, emotional, physical, and mental health and fatigue 	 Consistently recognizes limits of knowledge in uncommon and complicated clinical situations; develops and implements plans for the best possible patient care Assesses application of principles of physician wellness, alertness, delegation, teamwork, and optimization of personal performance to the practice of medicine Seeks out assistance when necessary to promote and maintain personal, emotional, physical, and mental health 	 Mentors and models personal and professional responsibility to colleagues Recognizes signs of physician impairment, and demonstrates appropriate steps to address impairment in colleagues Takes ownership of patient care responsibilities 	 Develops organizational policies and education to support the application of these principles in the practice of medicine
Comments:				

Level 1	Level 2	Level 3	Level 4	Level 5
 Communicates with families about routine care (e.g., actively seeks and understands the patient's/family's perspectives) Focuses on the patient's chief complaint, and asks pertinent questions related to that complaint 	 Communicates competently within systems and with other care providers, and provides detailed information about patient care Begins to master child- family-physician communication triad 	 Communicates competently in difficult patient circumstances (e.g., able to customize emotionally difficult information, such as end- of-life or loss-of-limb discussions; supports patient and family) Engages in family-based decision making, incorporating patient and family/cultural values and preferences 	 Communicates competently in complex/adversarial situations (e.g., parental conflict, custody disputes, child abuse, drug seeking) 	 Demonstrates leadership in communication activities (e.g., coaches others to improve communication skills) Engages in self-reflection on how to improve communication skills

Level 1	Level 2	Level 3	Level 4	Level 5
 Recognizes and communicates critical patient information in a timely and accurate manner to other members of the treatment team Recognizes and communicates role as a team member to patients and staff members Responds to requests for information Examples: Lab results, accurate and 	 Supports and respects decisions made by the team Actively participates in team-based care; supports activities of other team members, and communicates their role to the patient and family Examples: Hand-offs, transitions of care, communicates with other health care providers and staff members 	 Able to facilitate, direct, and delegate team-based patient care activities Understands the OR team leadership role and obligations Examples: Leads daily rounds, communicates plan of action with OR personnel 	 Leads team-based care activities and communications Able to identify and rectify problems with team communication <i>Example:</i> Organizes and verifies hand- off rounds, coverage issues 	 Seeks leadership opportunities within professional organizations Able to lead/facilitate meetings within organization/system
timely progress notes, answers pages in a timely manner				
Comments:				

Teamwork (e.g., physician, nursing and allied health care providers, administrative and research staff) — Interpersonal and Communication Skills