Neurocritical Care 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.

# Neurocritical Care Milestones Work Group

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# 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 the educational program just as a senior fellow may be at a lower level later in the 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 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.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On [www.acgme.org,](http://www.acgme.org/) choose the applicable specialty under the “Specialties” menu, then select the “Milestones” link in the lower navigation bar.

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

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

|  |
| --- |
| **Patient Care 1: History and Physical Examination** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Obtains specialty- | Obtains specialty-specific, | Obtains specialty-specific, | Independently and | Serves as role model in |
| specific, detailed, and | detailed, and accurate | detailed, and accurate | efficiently obtains a | obtaining an efficient |
| accurate history from | history from patients with | history from multiple | specialty-specific, | specialty-specific, |
| patients with common | common disorders | sources for patients with | detailed, and accurate | detailed, and accurate |
| disorders, with |  | complex disorders | history from multiple | history from multiple |
| substantial guidance |  |  | sources for patients with | sources for patients with |
|  |  |  | complex disorders | complex disorders |
| Performs a specialty- | Performs a specialty- | Elicits specialty-specific | Independently and | Independently elicits |
| specific, detailed, and | specific, detailed, and | signs while performing a | efficiently elicits | specialty-specific signs |
| accurate physical exam | accurate physical exam | detailed and accurate | specialty-specific signs | while performing a |
| on patients with common | on patients with common | physical exam on patients | while performing a | detailed and accurate |
| disorders, with | disorders | with complex disorders | detailed and accurate | physical exam on patients |
| substantial guidance |  |  | physical exam on | with complex or rare |
|  |  |  | patients with complex | disorders in clinically |
|  |  |  | disorders | difficult circumstances |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1 Not Yet Assessable |

|  |
| --- |
| **Patient Care 2: General Critical Care** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes clinical | Manages unstable | Manages unstable | Independently manages | Serves as a role model |
| conditions that | patients with single- | patients with multisystem | unstable patients with | for managing unstable |
| necessitate escalation to | system disease | disease | multisystem disease | patients with multisystem |
| critical care |  |  | and coordinates | disease and coordinating |
|  |  |  | interdisciplinary care | interdisciplinary care |
|  |  |  | plans | plans |
| Identifies the long-term | Identifies the long-term | Anticipates long-term | Anticipates and acts | Independently leads and |
| consequences of critical | consequences of critical | consequences of critical | independently to | directs transition to post- |
| illness, with substantial | illness, with minimal | illness | minimize the long-term | intensive care unit care |
| guidance | guidance |  | consequences of critical |  |
|  |  |  | illness |  |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1 Not Yet Assessable |

|  |
| --- |
| **Patient Care 3: Neurocritical Care** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Manages neurologically | Manages neurologically | Manages neurologically | Independently manages | Serves as a role model |
| unstable patients | unstable patients with | unstable patients with | neurologically unstable | for managing unstable |
| requiring a higher | single-system disease | multisystem disease | patients with | neurological patients with |
| intensity of care, with |  |  | multisystem disease | multisystem disease and |
| substantial guidance |  |  | and coordinates | coordinating |
|  |  |  | interdisciplinary care | interdisciplinary care |
|  |  |  | plans | plans |
| Provides neurocritical | Provides neurocritical | Provides neurocritical | Independently provides | Serves as a role model |
| care consultation, with | care consultation for | care consultation for | comprehensive | for providing |
| substantial guidance | patients with single- | patients with multisystem | neurocritical care | comprehensive |
|  | system disease | disease | consultation for patients | neurocritical care |
|  |  |  | with complex | consultation for patients |
|  |  |  | multisystem disease | with complex multisystem |
|  |  |  |  | disease |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  Not Yet Assessable |

|  |
| --- |
| **Patient Care 4: Diagnostic Evaluation (General)** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes indications for | Selects radiographic, | Independently interprets | Independently | Designs and implements |
| radiographic, laboratory, | laboratory, and bedside | and integrates results of | reconciles divergent | a clinical pathway for |
| and bedside diagnostic | diagnostic procedures | radiographic, laboratory, | data from multiple | utilizing diagnostic |
| procedures |  | and bedside diagnostic | diagnostic modalities | evaluation tools |
|  |  | procedures into the |  |  |
|  |  | patient care plan |  |  |
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| **Comments:** |  |  | Not Yet Completed Level 1  Not Yet Assessable |

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| --- |
| **Patient Care 5: Neurodiagnostic Evaluation (Neuromonitoring, Neuroimaging, etc.)** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes indications for | Selects neurodiagnostic | Independently interprets | Independently | Designs and implements |
| neurodiagnostic | procedures | and integrates the results | reconciles divergent | a clinical pathway for |
| procedures |  | of neurodiagnostic | data from multiple | utilizing neurodiagnostic |
|  |  | procedures into the | neurodiagnostic | evaluation tools |
|  |  | patient care plan | modalities |  |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  Not Yet Assessable |

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| **Patient Care 6: Procedures** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Assists in performing commonintensive care unit (ICU) procedures and recognizes complications | Performs common and assists with advanced ICU procedures | Performs advanced ICU procedures and troubleshoots common complications | Performs common and advanced ICU procedures and troubleshoots complex complications in patients with complexmultisystem illness | Serves as a role model for performing difficult procedures |
|   |
| **Comments:**Not Yet Completed Level 1 Not Yet Assessable |

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| **Medical Knowledge 1: Prognosis in Critical Care Conditions** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes clinical course and natural history, including prognosis of common critical care conditions | Identifies clinical course for patientswith complex critical care conditions, including prognostic uncertainty | Formulates anticipated clinical course for patients with complex critical care conditions by integrating prognostic factors, tools, and models | Facilitatesconsensus of prognosis for patientswith complex critical care conditions in collaboration with other care providers | Advances knowledge of application of toolsfor prognostication in complex critical care conditions |
|   |
| **Comments:**Not Yet Completed Level 1  |

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| --- |
| **Medical Knowledge 2: Pathophysiology and Therapeutics for General Critical Care** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of pathophysiology, pharmacology, and therapeutics for commondiseases | Applies knowledge of pathophysiology, pharmacology, and therapeutics for common diseases | Demonstrates knowledge of pathophysiology, pharmacology, and therapeutics for complex diseases | Applies knowledge of pathophysiology, pharmacology, and therapeutics for complex diseases | Advances knowledge of pathophysiology, pharmacology, and therapeutics |
|   |
| **Comments:**Not Yet Completed Level 1 Not Yet Assessable |

|  |
| --- |
| **Medical Knowledge 3: Pathophysiology and Therapeutics for Neurocritical Care** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of pathophysiology, pharmacology, and therapeutics for common neurocritical carediseases | Applies knowledge of pathophysiology, pharmacology, and therapeutics for common neurocritical care diseases | Demonstrates knowledge of pathophysiology, pharmacology, and therapeutics for complex neurocritical care diseases | Applies knowledge of pathophysiology, pharmacology, and therapeutics for complex neurocritical care diseases | Performs research on the pathophysiology, pharmacology, or therapeutics for neurocritical care disease |
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| **Comments:**Not Yet Completed Level 1 Not Yet Assessable |

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| **Medical Knowledge 4: Determination of Death by Neurologic Criteria** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Lists the components for determining death by neurologic criteria and performs bedside neurologic maneuvers | Demonstrates knowledge of medical and legal significance of death by neurologic criteria | Accurately performs determination of death by neurologic criteria | Describes supplemental testing used to determine death by neurologic criteria | Educates others in the determination of death by neurologic criteria, including appropriate useof supplemental testing, as well as controversies |
|   |
| **Comments:**Not Yet Completed Level 1  |

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| **Systems-Based Practice 1: Patient Safety** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of commonly reported patient safety eventsDemonstrates knowledge of how to report patient safety events | Identifies system factors that lead to patient safety eventsReports patient safety events through institutional reporting systems | Participates in analysis of patient safety eventsParticipates in disclosure of patient safety events to patients and patients’ families | Conducts analysis of patient safety events and offers error prevention strategiesDiscloses patient safety events to patients and patients’ families | Actively engages teams and processes to modify systems to prevent patient safety eventsRole models or mentors others in the disclosure of patient safety events |
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| **Comments:**Not Yet Completed Level 1  |

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| **Systems-Based Practice 2: Quality Improvement** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of basic quality improvement methodologies | 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 |
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| **Comments:**Not Yet Completed Level 1  |

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| **Systems-Based Practice 3: System Navigation for Patient-Centered Care** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates knowledge of care coordinationPerforms safe and effective transitions of care/hand-offs in routine clinical situationsDemonstrates knowledge of population and community health needs and inequities | Coordinates care of patients in routine clinical situations effectively using the roles of interprofessional team membersPerforms safe and effective transitions of care/hand-offs in complex clinical situationsIdentifies specific population and community health needs and inequities for the local population andcommunity | Coordinates care of patients in complex clinical situations effectively using the roles of interprofessional team membersSupervises transitions of care by other team membersEffectively uses local resources to meet the needs of a patient population and community | Role models effective coordination of patient- centered care among different disciplines and specialtiesRole models safe and effective transitions of care/hand-offs within and across health care delivery systemsAdapts practice to provide for the needs of specific populations | Develops projects to improve quality of transitions of care into and out of the neurocritical care setting to optimize patient outcomesLeads innovations in adapting practice and systems for populations and communities with health care inequities |
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| **Comments:**Not Yet Completed Level 1  |

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| **Systems-Based Practice 4: Physician Role in Health Care Systems** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes basic health | Describes how | Discusses how individual | Advocates for patient | Advocates for or leads |
| care delivery systems | components of a complex | practice affects the | care needs (e.g., | systems change that |
|  | health care delivery | broader system | community resources, | enhances high-value, |
|  | system are interrelated, |  | patient assistance | efficient, and effective |
|  | and how this impacts |  | resources) with | patient care |
|  | patient care |  | consideration of the |  |
|  |  |  | limitations of each |  |
|  |  |  | patient’s payment |  |
|  |  |  | model |  |
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| **Comments:** |  |  | Not Yet Completed Level 1  |

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

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| **Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Demonstrates an | Demonstrates an | Seeks and | Using performance | Acts as a role model for |
| openness to | openness to performance | accepts performance data | data, continually | the development of |
| performance data | data and uses it to | for developing personal | improves and measures | personal and professional |
| (feedback and other | develop personal and | and professional goals | the effectiveness of | goals |
| input) | professional goals |  | one’s personal and |  |
|  |  |  | professional goals |  |
|  | Identifies the factors that | Analyzes and reflects on | Analyzes, reflects on, | Coaches others on |
| contribute to the gap(s) | the factors that contribute | and institutes behavioral | reflective practice |
| between expectations and | to gap(s) between | change(s) to narrow the |  |
| actual performance | expectations and actual | gap(s) between |  |
|  | performance | expectations and actual |  |
|  |  | performance |  |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |

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| **Professionalism 1: Professional Behavior and Ethical Principles** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies and describes | Demonstrates insight into | Demonstrates | Intervenes to prevent | Coaches others when |
| potential triggers for | professional behavior in | professional behavior in | professionalism lapses | their behavior fails to |
| professionalism lapses | routine situations and | complex or stressful | in oneself and others | meet professional |
|  | takes responsibility for | situations |  | expectations |
|  | personal lapses |  |  |  |
| Demonstrates | Analyzes straightforward | Analyzes complex | Recognizes and uses | Identifies and seeks to |
| knowledge of ethical | situations using ethical | situations using ethical | appropriate resources | address system-level |
| principles related to | principles | principles | for managing and | factors that induce or |
| patient care |  |  | resolving ethical | exacerbate ethical |
|  |  |  | dilemmas as needed | problems or impede their |
|  |  |  |  | resolution |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |

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| --- |
| **Professionalism 2: Accountability/Conscientiousness** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Takes responsibility for | Performs tasks and | Performs tasks and | Recognizes situations in | Develops or implements |
| failure to complete tasks | responsibilities in a timely | responsibilities in a timely | which one’s own | strategies to improve |
| and responsibilities, | manner with appropriate | manner with appropriate | behavior may impact | system-wide problems to |
| identifies potential | attention to detail in | attention to detail in | others’ ability to | improve ability for oneself |
| contributing factors, and | routine situations | complex or stressful | complete tasks and | and others to complete |
| describes strategies for |  | situations | responsibilities in a | tasks and responsibilities |
| ensuring timely task |  |  | timely manner | in a timely fashion |
| completion in the future |  |  |  |  |
| Responds promptly to | Recognizes situations | Proactively implements |  |  |
| requests or reminders to | that may impact one’s | strategies to ensure that |
| complete tasks and | own ability to complete | the needs of patients, |
| responsibilities | tasks and responsibilities | teams, and systems are |
|  | in a timely manner | met |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |

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| --- |
| **Professionalism 3: Well-Being** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Recognizes importance | Independently recognizes | With assistance, | Independently develops | Coaches others when |
| of personal and | status of personal and | proposes a plan to | a plan to optimize | emotional responses, |
| professional well-being | professional well-being | optimize personal and | personal and | behaviors, or |
|  |  | professional well-being | professional well-being | interpersonal interactions |
|  |  |  |  | raise concerns about |
|  |  |  |  | personal and professional |
|  |  |  |  | well-being |
|   |
| **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** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Uses language and non- | Establishes a therapeutic | Establishes a therapeutic | Easily establishes | Mentors others in |
| verbal behavior to | relationship in | relationship in challenging | therapeutic | situational awareness and |
| demonstrate respect and | straightforward | patient encounters | relationships, with | critical self-reflection to |
| establish rapport | encounters using active |  | attention to the | consistently develop |
|  | listening and clear |  | patient’s/patient’s | positive therapeutic |
|  | language |  | family’s concerns and | relationships |
|  |  |  | context, regardless of |  |
|  |  |  | complexity |  |
| Identifies the need to | Communicates | Communicates medical | Uses shared decision | Role models shared |
| individualize | compassionately with the | information in the context | making to align the | decision making in the |
| communication | patient/patient’s family to | of the patient’s/patient’s | patient’s/patient’s | context of the |
| strategies based on the | clarify expectations and | family’s values, | family’s values, goals, | patient’s/patient’s family’s |
| patient’s/patient’s | verify understanding of | uncertainty, and conflict | and preferences with | values, uncertainty, and |
| family’s expectations and | the clinical situation |  | treatment options | conflict |
| understanding |  |  |  |  |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |

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| --- |
| **Interpersonal and Communication Skills 2: Barrier and Bias Mitigation** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies common | Identifies complex | Recognizes personal | Recognizes personal | Mentors others on |
| barriers to effective | barriers to effective | biases and mitigates | biases and proactively | recognition of bias and |
| patient care and has | patient care | barriers to optimize | mitigates barriers to | mitigation of barriers to |
| knowledge regarding |  | patient care, when | optimize patient care | optimize patient care |
| common human biases |  | prompted |  |  |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |

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| --- |
| **Interpersonal and Communication Skills 3: Complex Communication around Serious Illness** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies prognostic communication as a keyelement for shared | Assesses a patient’s family’s/caregiver’sprognostic awareness | Delivers basic prognostic information and attends toemotional responses of a | Tailors communication of prognosis accordingto disease | Coaches others in the communication of prognostic information |
| decision-making | and identifies preferences | patient and patient’s | characteristics and |  |
|  | for receiving prognostic | family/caregiver(s) | trajectory, patient |  |
|  | information |  | consent/preference, |  |
|  |  |  | patient’s family’s needs, |  |
|  |  |  | and medical |  |
|  |  |  | uncertainty, and is able |  |
|  |  |  | to address intense |  |
|  |  |  | emotional response |  |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |

|  |
| --- |
| **Interpersonal and Communication Skills 4: Interprofessional and Team Communication** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Uses language that | Communicates | Engages in active | Uses effective | Acts as a role model for |
| reflects the values all | information effectively | listening to adapt to the | communication to lead | communication skills |
| members of the health | with all health care team | communication styles of | or manage health care | necessary to lead or |
| care team | members | the team | teams | manage health care |
|  |  |  |  | teams |
| Receives feedback in a respectful manner | Solicits feedback on performance as a member of the healthcare team | Communicates concerns and provides feedback to peers and learners | Communicates feedback and constructive criticism tosuperiors | In complex situations, facilitates regular health care team-basedfeedback |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |

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| --- |
| **Interpersonal and Communication Skills 5: Communication within Health Care Systems** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Documents accurate and | Demonstrates diagnostic | Communicates diagnostic | Demonstrates concise, | Guides departmental or |
| up-to-date patient | reasoning through | and therapeutic reasoning | organized written and | institutional |
| information | organized and timely | in a clear manner | verbal communication, | communication policies |
|  | notes |  | including anticipatory | and procedures |
|  |  |  | guidance |  |
| Communicates in a way | Communicates through | Selects optimal mode of |  |  |
| that safeguards patient | appropriate channels as | communication based on |
| information | required by institutional | clinical context |
|  | policy |  |
|   |
| **Comments:** |  |  | Not Yet Completed Level 1  |