

Evaluation Form



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**A4. Direct observation clinic Milestone**

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

To achieve a level, the fellow must satisfy ALL the components on a consistent basis. If he/she achieves some, but not all, of the components of a particular level then choose the button between levels. Please include comments.

1. Diagnosis \_\_\_\_\_

2. Complexity

Low	Moderate	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Makes informed diagnostic therapeutic decisions that result in optimal clinical judgment

									N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not develop an organized assessment of the diagnosis or a management plan		Recognizes potential diagnoses but has difficulty developing a unifying diagnosis and management plan		Develops a well-synthesized, focused differential diagnosis and management plan		Develops a unifying diagnosis, focused therapies, an effective and efficient diagnostic work-up and management plan tailored to the individual patient			

4. Critically evaluates and applies current medical information and scientific evidence for patient care

									N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not seek or apply evidence to a clinical situation		Seeks and applies evidence when asked		Identifies knowledge gaps; seeks and applies evidence when needed, not just when asked		Regularly formulates answerable questions and incorporates the use of clinical evidence in discussions and teaching		Is a role model for practicing evidence-based medicine, teaches critical appraisal to others and strives for change at the organizational level	

5. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds\*

									N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses rigid medical interview template and does not vary the approach		Uses the medical interview to establish rapport but has difficulty		Uses the interview to effectively establish rapport and can overcome		Uses communication to establish and maintain a therapeutic alliance and		Connects with patients/families in an authentic manner that fosters a trusting	

based on individual and patient/family needs		overcoming barriers to communication		barriers to communication in most situations		works to tailor communication to the individual patient/family		relationship and effectively educates patients, families and the public	
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6. Participate in the education, of patients, families, students, residents, and other health professionals\*

									N/A
<input type="checkbox"/> Uses a rigid scripted type of patient education and counseling that may not meet the needs of the patient/family	<input type="checkbox"/>	<input type="checkbox"/> Educates patient/families in a somewhat flexible way that begins to respond to their needs and occasionally checks for understanding	<input type="checkbox"/>	<input type="checkbox"/> Modifies teaching to respond to the needs of the patient/family and sometimes checks for understanding	<input type="checkbox"/>	<input type="checkbox"/> Educates and motivates patient/families by facilitating their participation in discussions and consistently checks for understanding	<input type="checkbox"/>	<input type="checkbox"/> Skillfully educates and motivates patient/families to make healthy changes and does not leave patient encounter without ensuring their understanding	<input type="checkbox"/>

7. Recognizes that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty

									N/A
<input type="checkbox"/> Uses self or easily available resources to deal with uncertainty and prescribes plans to patients without taking into account their goals or understanding	<input type="checkbox"/>	<input type="checkbox"/> Uses statistics and rules to quantify risk, transfers all information to patients regardless of their ability to manage information and prescribes plans with little consideration of their goals	<input type="checkbox"/>	<input type="checkbox"/> Seeks additional resources to deal with uncertainty and prescribes plans to patients with occasional consideration of their goals	<input type="checkbox"/>	<input type="checkbox"/> Uses uncertainty as motivation to seek more information, incorporates patients goals into plans, and openly expresses uncertainty to them	<input type="checkbox"/>	<input type="checkbox"/> Serves as a resource to share information with patients in an ongoing manner, emphasizes patient control of choices, and openly discusses that all plans are subject to uncertainty	<input type="checkbox"/>

8. Use information technology to optimize learning and care delivery\*

									N/A
<input type="checkbox"/> Cannot use electronic databases or medical record without help	<input type="checkbox"/>	<input type="checkbox"/> Can use electronic databases to answer clinical questions and the EMR to document and obtain data	<input type="checkbox"/>	<input type="checkbox"/> Efficiently uses information from electronic databases and EMR for clinical decision-making and for ongoing learning	<input type="checkbox"/>	<input type="checkbox"/> In addition, seeks out new information technology to answer clinical questions and to address knowledge gaps and to improve care for populations of patients	<input type="checkbox"/>	<input type="checkbox"/> In addition, continuously seeks to improve current systems and develops new information technology for patient care and learning	<input type="checkbox"/>

9. Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate

									N/A
<input type="checkbox"/> Does not incorporate cost issues or risk-benefit analysis in the management of patients	<input type="checkbox"/>	<input type="checkbox"/> Uses externally provided information (e.g. prescribing information, test ordering patterns or research	<input type="checkbox"/>	<input type="checkbox"/> Critically appraises information available on an evaluation test or treatment to allow optimization of cost issues	<input type="checkbox"/>	<input type="checkbox"/> Critically appraises information in the context of not only the individual patient but also the broader population/system in making cost and/or risk-benefit	<input type="checkbox"/>	<input type="checkbox"/> Consistently integrates cost analysis into one's practice while minimizing risk and optimizing benefits for whole systems or populations	<input type="checkbox"/>

		around a treatment) to inform cost-containing action and/or preliminary risk-benefit analysis		and risk-benefit for an individual patient		decisions			
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10. Additional Comments

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