

Evaluation Form



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**B3. Fellow self evaluation (CCC)**

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

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

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

Select appropriate milestone levels. You must satisfy all components. In some cases, you may fall in between two distinct milestones. This information will be discussed in the semiannual meeting with your program director and compared to that obtained from the CCC

	Level 1	Level 2	Level 3	Level 4	Level 5	N/
1. Provide transfer of care that ensures seamless transitions*	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Demonstrates variability in transfer of information (content, accuracy, efficiency, and synthesis) from one patient to the next</li> <li>Has frequent errors of both omission and commission in the handoff</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Uses a standard template for the information provided during the handoff</li> <li>Does not deviate from the handoff template to adapt to more complex situations</li> <li>May have errors of omission or commission particularly when clinical information is not synthesized</li> <li>Does not anticipate or attend to the needs of the receiver of information</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Adapts and applies a standardized template, relevant to individual contexts, reliably and reproducibly, with minimal errors of omission or commission</li> <li>Allows ample opportunity for clarification and questions</li> <li>Anticipates potential issues for the transferee</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Adapts and applies a standard template to increasingly complex situations in a broad variety of settings and disciplines</li> <li>Ensures open communication, whether in the receiver- or provider-of information role through deliberative inquiry, including but not limited to read-backs, repeat-backs (provider), and clarifying questions (receivers)</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Adapts and applies the template without error and regardless of setting or complexity</li> <li>Internalizes the professional responsibility aspect of handoff communication, as evidenced by formal and explicit sharing of the conditions of transfer (e.g., time and place) and communication of those conditions to patients, families, and other members of the health care team</li> </ul>	<input type="checkbox"/>

	Level 1	Level 2	Level 3	Level 4	Level 5	N/
2. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment*	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization, or synthesis</li> <li>Develops a list of diagnoses, instead of a unified diagnosis</li> <li>Uses analytic reasoning through basic pathophysiology in diagnostic and therapeutic reasoning</li> <li>Does not effectively develop a therapeutic plan</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Focuses on the individual features of a clinical presentation and does not develop a unifying diagnosis leading to a continual search for new diagnostic possibilities</li> <li>Uses primarily analytic reasoning through basic pathophysiology in diagnostic and therapeutic reasoning</li> <li>Does not develop clear management plans and orders unnecessary tests and therapies</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Develops a well-synthesized and organized assessment of the focused differential diagnosis and management plan</li> <li>Uses illness scripts (clinical pattern recognition) in diagnostic and therapeutic reasoning</li> <li>Uses semantic qualifiers (medical terms to describe clinical information that are usually paired opposites [e.g., acute and chronic, proximal and distal]) to compare and contrast the diagnoses being considered when presenting or discussing a case</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Develops a unifying diagnosis, focused therapies, an effective and efficient diagnostic work-up and management plan tailored to address the individual patient</li> <li>Uses robust illness scripts to rapidly develop directed diagnostic hypothesis testing; subsequent history, physical examination, and tests are efficiently used to confirm this initial schema.</li> <li>Can readily identify discriminating features between similar patients and avoids premature closure, ie arriving prematurely at an inaccurate diagnosis</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

	Level 1	Level 2	Level 3	Level 4	Level 5	N/
3. Develop and carry out management plans*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>• Develops and carries out management plans based on directives from others, either from the health care organization or the supervising physician</li> <li>• Unable to adjust plans based on individual patient differences or preferences</li> <li>• Communicates the plan in a unidirectional manner from the practitioner to the patient and family</li> </ul>	<ul style="list-style-type: none"> <li>• Develops and carries out management plans based on one's theoretical knowledge and/or directives from others</li> <li>• Can adapt plans to the individual patient, but only within the framework of one's own theoretical knowledge</li> <li>• Unable to focus on key information, so conclusions are often from arbitrary, poorly prioritized, and time-limited information gathering</li> <li>• Devises management plans based on the framework of one's own assumptions and values</li> </ul>	<ul style="list-style-type: none"> <li>• Develops and carries out management plans based on both theoretical knowledge and some experience, especially in managing common problems</li> <li>• Follows health care institution directives as a matter of habit and good practice rather than as an externally imposed sanction</li> <li>• Able to more effectively and efficiently focus on key information, but still may be limited by time and convenience</li> <li>• Begins to incorporate patients' assumptions and values into management plans through more bidirectional communication</li> </ul>	<ul style="list-style-type: none"> <li>• Develops and carries out management plans based most often on experience</li> <li>• Effectively and efficiently focuses on key information to arrive at a plan</li> <li>• Incorporates patients' assumptions and values into management plan through bidirectional communication with little interference from personal biases</li> </ul>	<ul style="list-style-type: none"> <li>• Develops and carries out management plans, even for complicated or rare situations, based primarily on experience that puts theoretical knowledge into context</li> <li>• Rapidly focuses on key information to arrive at the plan and augments that with available information or seeks new information as needed</li> <li>• Has insight into one's own assumptions and values that allow one to filter them out and focus on the patient/family values in a bidirectional conversation about the management plan</li> </ul>
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4. Provide appropriate role modeling\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Performs routine duties and behaviors of profession without awareness of the impact on those around her</li> <li>• May or may not reflect on actions as they occur (reflection in action) and does not share reflections with others</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Inconsistently aware of the impact of one's behaviors and attitudes on others</li> <li>• Sometimes teaches by example</li> <li>• Occasionally will reflect openly on events as they occur (reflection in action) and privately on events that have already taken place (reflection on action)</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Conscious of being a role model during many interactions</li> <li>• Frequently teaches by example and often reflects in action openly in the presence of learners</li> <li>• Behavior change implies frequent private reflection on action</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Conscious of being a role model during most interactions</li> <li>• Routinely teaches by example</li> <li>• Regularly reflects in action and frequently reflects on action, sharing this analysis of practice with learners</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Role modeling is a habit</li> <li>• Recognizes that she/he is a role model in all actions and behaviors at all times</li> <li>• Characteristically teaches by example</li> <li>• Routinely reflects both in action and on action.</li> <li>• Examines, analyzes, and explains actions/behaviors in the presence of learners and colleagues</li> </ul>	<input type="checkbox"/>

5. Critically evaluate and apply current medical information and scientific evidence for patient care\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Explains basic principles of EBM, but relevance is limited by lack of clinical exposure</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Recognizes the importance of using current information to care for patients and responds to external prompts to do so</li> <li>• Able to formulate questions with some difficulty, but not yet efficient with on-line searching</li> <li>• Starting to learn critical appraisal skills</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Able to identify knowledge gaps as learning opportunities.</li> <li>• Makes an effort to ask answerable questions on a regular basis and is becoming increasingly able to do so</li> <li>• Understands varying levels of evidence and can utilize advanced search methods</li> <li>• Able to critically appraise a topic by analyzing the major outcomes; however, may need guidance in understanding the subtleties of the evidence</li> <li>• Begins to seek and apply evidence</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Increasingly self-motivated to learn more, as exhibited by regularly formulating answerable questions</li> <li>• Incorporates use of clinical evidence in rounds and teaches fellow learners</li> <li>• Quite capable with advanced searching</li> <li>• Able to critically appraise topics and does so regularly</li> <li>• Shares findings with others to try to improve their abilities</li> <li>• Practices EBM because of the benefit to the patient and the desire to learn more rather than in response to external prompts</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Teaches critical appraisal of topics to others</li> <li>• Strives for change at the organizational level as dictated by best current information</li> <li>• Able to easily formulate answerable clinical questions and does so with majority of patients as a habit</li> <li>• Able to effectively and efficiently search and access the literature</li> <li>• Seen by others as a role model for practicing EBM</li> </ul>	<input type="checkbox"/>

when needed, not just when assigned to do so

6. Work effectively in various health care delivery settings and systems relevant to their clinical specialty\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Has a limited knowledge of systems and focuses on the "pieces" of a process rather than the whole</li> <li>Is frequently frustrated by the system's suboptimal processes, but lacks the ability to identify the root cause and thus to effect change</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Has developed knowledge of systems and therefore understands when others describe how the pieces relate to the whole</li> <li>Cannot articulate that relationship independently, and therefore develops work-arounds when faced with a systems challenge</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Is competent in working in various systems and settings; therefore, able to apply knowledge, skills, and attitudes in systems thinking to systems' problems within a given context</li> <li>Recognizes the need to change systems rather than develop work-arounds, and can activate the system to do so. However, does not apply learning from one setting or context to another</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Has competence in systems thinking and can adapt learning from one system or setting to another</li> <li>Can effect or stimulate improvements in a system and does so when the need arises</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Has competence in systems thinking and views improving systems of care as an integral component of professional identity</li> <li>Leads systems changes as part of the routine care delivery process</li> </ul>	<input type="checkbox"/>

7. Coordinate patient care within the health system relevant to their clinical specialty\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Performs the role of medical decision-maker, developing care plans and setting goals of care independently.</li> <li>Informs the patient/family of the plan but does not provide written care plan</li> <li>Makes referrals, requests consultations and testing with little or no communication with team members or consultants</li> <li>Is not involved in the transition of care between settings (e.g., outpatient and inpatient, pediatric and adult)</li> <li>Has little or no recognition of social/educational/cultural issues affecting the patient/family</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Begins to involve the patient/family in setting care goals and some of the decisions involved in the care plan</li> <li>Occasionally makes available a written care plan available to the patient/family; the care plan does not address key issues</li> <li>Has variable communication with team members and consultants regarding referrals, consultations, and testing</li> <li>Answers patient/family questions regarding results and recommendations</li> <li>Is inconsistently involved in the transition of care between settings (e.g., outpatient and inpatient, pediatric and adult)</li> <li>Makes some assessment of social/educational/cultural issues affecting the patient/family and applies this in the interactions with them</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Recognizes the responsibility to assist families in navigation of the complex healthcare system</li> <li>Frequently involves the patient/family in decisions at all levels of care, setting goals, and defining care plans</li> <li>Frequently provides a written care plan to the patient/family and to appropriately authorized members of the care team; the care plan omits few key issues</li> <li>Has good communication with team members and consultants</li> <li>Consistently discusses results and recommendations with the patient/family</li> <li>Is routinely involved in the transition of care between settings (e.g., outpatient and inpatient, pediatric and adult).</li> <li>Considers social, educational and cultural issues in most care interactions</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Actively assists families in navigating the complex healthcare system</li> <li>Has open communication which facilitates trust in the patient-physician interaction</li> <li>Develops goals and makes decisions jointly with the patient/family (shared-decision-making)</li> <li>Routinely provides a written care plan to the patient/family and to appropriately authorized members of the care team; the care plan is thorough, addressing all key issues</li> <li>Facilitates care through consultation, referral, testing, monitoring and follow-up, helping the family to interpret and act on results/recommendations</li> <li>Coordinates seamless transitions of care between settings (e.g., outpatient and inpatient, pediatric and adult; mental and dental health; education; housing; food security; family-to-family support)</li> <li>Builds partnerships that foster family-centered, culturally effective care, ensuring effective communication and collaboration along the continuum of care</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

8. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Is unaware of cost issues in evaluation and management of patients</li> <li>Has difficulty processing</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Uses externally provided information (e.g., prescribing information, test ordering)</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Critically appraises information available on an evaluation test or treatment to</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Critically appraises information in the context of not only the individual patient but</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Consistently integrates cost analysis into one's practice</li> </ul>	<input type="checkbox"/>

<p>cost and risk/benefit information in a way that results in cost-containment actions or appropriate risk/benefit analysis</p> <ul style="list-style-type: none"> <li>Is frustrated by cost-containment efforts that are viewed as primarily externally mandated</li> </ul>	<p>patterns, or research around a treatment) to inform cost-containing action and/or preliminary risk-benefit analysis</p> <ul style="list-style-type: none"> <li>Has limited skills in critical appraisal which may result in inappropriate cost-containment</li> <li>activities and/or risk-benefit counseling</li> </ul>	<p>allow optimization of cost issues and risk-benefit for an individual patient</p> <ul style="list-style-type: none"> <li>Adopts strategies that decrease cost and risk and optimize benefits for individuals, with less attention to those outcomes for populations</li> </ul>	<p>also the broader population/system</p> <ul style="list-style-type: none"> <li>Ascribes value to cost and risk-benefit decisions based on this broad understanding of the information</li> </ul>	<p>while minimizing risk and optimizing benefits for whole systems or populations</p>
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9. Work in inter-professional teams to enhance patient safety and improve patient care quality\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Seeks answers and responds to authority from only intraprofessional colleagues</li> <li>Does not recognize other members of the interdisciplinary team as being important or making significant contributions to the team</li> <li>Tends to dismiss input from other professionals aside from other physicians</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Is beginning to have an understanding of the other professionals on the team, especially their unique knowledge base, and is open to their input. However, still acquiesces to physician authorities to resolve conflict and provide answers in the face of ambiguity</li> <li>Is not dismissive of other health care professionals, but is unlikely to seek out those individuals when confronted with ambiguous situations</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Demonstrates awareness of the unique contributions (knowledge, skills, and attitudes) of other health care professionals and seeks their input for appropriate issues and, as a result, is an excellent team player</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Understands the broader connectivity of the professions and their complementary nature</li> <li>Recognizes that quality patient care only occurs in the context of the interprofessional team</li> <li>Serves as a role model for others in interdisciplinary work and is thus an excellent team leader</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

10. Participate in identifying system errors and implementing potential system solutions\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Is defensive or blaming when encountering medical error</li> <li>Has no perception of personal responsibility for individual or systems error correction</li> <li>Is not open to discussion of error or identification of the type of error</li> <li>Approaches error prevention from an individual case perspective only</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Is occasionally open to discussion of error without a defensive or blaming approach</li> <li>Has some awareness of personal responsibility for individual or systems error correction</li> <li>Identifies medical error events, but cannot identify the type (active versus latent) of error</li> <li>Begins to perceive that error may be more than the mistake of an individual</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Usually open to a discussion of error</li> <li>Actively identifies medical error events and seeks to determine the type of error</li> <li>Occasionally identifies the element of personal responsibility for individual or systems error correction</li> <li>Sees examination and analysis of error as an important part of the preventive process</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Usually encourages open and safe discussion of error</li> <li>Actively identifies medical error events</li> <li>Accepts personal responsibility for individual or systems error correction</li> <li>Regularly determines the type of error and begins to seek system causes of error</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Consistently encourages open and safe discussion of error</li> <li>Characteristically identifies and analyzes error events</li> <li>Habitually approaches medical error with a system solution methodology</li> <li>Is actively and routinely engaged with teams and processes through which systems are modified to prevent medical error</li> </ul>	<input type="checkbox"/>

11. Identify strengths, deficiencies, and limits in one's knowledge and expertise\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Acknowledges external assessments, but appears to have superficial understanding of one's performance which is limited to the overall grade or bottom line</li> <li>Demonstrates limited understanding of how performance measures relate in a meaningful way to one's specific level of knowledge, skills and attitude</li> <li>Example: After discussion, resident understands that he did "well" on the rotation</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Sees assessment of performance as being able to do or not do the task at hand without appreciation for how well it is done and whether there is a need to improve the outcome</li> <li>Example: Resident seeks feedback about whether he did something correctly, but does not ask for clarification about how well it was done</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Identifies gaps in knowledge, attitudes and skills in response to uncertainty, discomfort or tension in completing clinical duties</li> <li>Actively questions and applies knowledge in developing a rationale for care plans or in teaching activities</li> <li>Example: Resident asks for elaboration, clarification or expansion on</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Self-identifies gaps in knowledge, attitudes and skills (KSA) in response to anticipation or contemplation of potential clinical problems</li> <li>Demonstrates advanced nature and level of questioning or resource seeking</li> <li>Uses reflection to assess current KSA vs understanding of underlying basic science of pathophysiologic principles to generate new questions about limitations or mastery of KSA</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Prompted by a self-directed goal of improving the professional self, anticipates hypothetical clinical scenarios that build on current experience and systematically addresses identified gaps to enhance the level of knowledge, skills and attitudes</li> <li>Uses elaborate questioning to further explore</li> </ul>	<input type="checkbox"/>

				patient-care related task	<ul style="list-style-type: none"> <li>Example: In taking care of a patient with a newly diagnosed, unfamiliar disease, he reads about the long-term complications</li> </ul>	gaps and strengths <ul style="list-style-type: none"> <li>Example: In caring for a patient where a gap in knowledge is identified, the resident uses a PICO-formatted question to understand more about it. PICO- (P = Patient, I = Intervention, C = Comparison, O = Outcome)</li> </ul>
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12. Systematically analyze practice using quality improvement methods with the goal of practice improvement\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Does not gain insight from encounters due to a lack of reflection on practice</li> <li>Does not understand the principles of quality improvement methodology or change management</li> <li>Is defensive when faced with data on performance improvement opportunities within one's practice</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Able to gain insight from reflection on individual patient encounters, but potential improvements are limited by lack of systematic improvement strategies and team approach</li> <li>Is dependent upon external prompts to define improvement opportunities at the population level</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Able to gain insight for improvement opportunities from reflection on both individual patients and populations                             <ul style="list-style-type: none"> <li>Grasps improvement methodologies enough to apply to populations</li> </ul> </li> <li>Relies on external prompts to inform and prioritize improvement opportunities at the population level</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Able to use both individual encounters and population data to drive improvement using improvement methodology</li> <li>Analyzes one's own data on a continuous basis, without reliance on external forces, to prioritize improvement efforts and uses that analysis in an iterative process for improvement</li> <li>Able to lead a team in improvement</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>In addition to demonstrating continuous improvement activities and appropriately utilizing quality improvement methodologies, thinks and acts systematically to try to use one's own successes to benefit other practices, systems, or populations</li> <li>Is open to analysis that at times requires course correction to optimize improvement</li> </ul>	<input type="checkbox"/>

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

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Is reluctant to utilize information technology</li> <li>Does not initiate attempts to use information technology without mandatory assignments and direct help</li> <li>Is unable to choose between multiple available databases for clinical query</li> <li>Cannot filter and prioritize the information retrieved which results in too much information, much of which is not useful</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Demonstrates a willingness to try new technology for patient care assignments or learning</li> <li>Able to identify and use several available databases, search engines, or other appropriate tools, resulting in a manageable volume of information, most of which is relevant to the clinical question                             <ul style="list-style-type: none"> <li>Demonstrates some efficiency and efficacy in using electronic health record (EHR)</li> <li>Can identify some shortcuts to getting to the right information quickly, such as use of filters                                     <ul style="list-style-type: none"> <li>Begins to avoid shortcuts that lead one astray of the correct information or perpetuate incorrect information in the EHR</li> </ul> </li> </ul> </li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Efficiently retrieves (from electronic health record, databases, and other resources), manages, and utilizes biomedical information for solving problems and making decisions that are relevant to the care of patients and for ongoing learning</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Has emotional investment in the outcome (improved patient care, deeper understanding, or successful resolution of a query) which leads to the habit of utilizing familiar information technology resources and seeking new ones to answer clinical questions and remedy knowledge gaps identified in the course of patient care</li> <li>Utilizes the electronic health record (EHR) platform to improve the care not only for individual patients but populations of patients</li> <li>Uses evidence-based (actuarial) decision support tools to continually supplement clinical experience</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Reinvests the mental energy freed up by comfort level and experience with information technology systems to contribute to the continuous improvement of current systems and the development and implementation of new information technology innovations for patient care and professional learning</li> </ul>	<input type="checkbox"/>

14. Participate in the education, of patients, families, students, residents, and other health professionals\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Uses a rigid, scripted type of patient education and counseling that may not meet the needs of the patient</li> <li>Uses doctor-centered</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Educates patients and families in a somewhat flexible way that begins to meet the needs of the patients.</li> <li>Uses both doctor-</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Modifies teaching to meet the needs of the individual patient                             <ul style="list-style-type: none"> <li>Usually uses patient centered education and can</li> </ul> </li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Facilitates the participation of patients in all discussions about their health</li> <li>Able to be quite flexible with strategies of</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Always uses patient-centered communication</li> <li>Seamlessly, skillfully, and comfortably</li> </ul>	<input type="checkbox"/>

communication	centered and patient-centered communication depending upon the circumstances and the family dynamics <ul style="list-style-type: none"> <li>• Is responsive to patient's educational needs</li> <li>• Occasionally checks for patient understanding</li> </ul>	modify strategies to adapt to complex patient characteristics. <ul style="list-style-type: none"> <li>• Inconsistently checks for patient understanding</li> </ul>	educating patients <ul style="list-style-type: none"> <li>• Uses primarily patient-centered education</li> <li>• Consistently checks for patient understanding</li> <li>• Empowers and motivates patients</li> </ul>	educates and interacts with patients in a way that satisfies the patients <ul style="list-style-type: none"> <li>• Has uncanny ability to motivate and empower patients to make healthy changes and choices</li> <li>• Does not leave the patient encounter without knowing that the patient understands the counseling</li> </ul>
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15. Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries (Shows responsiveness to patient needs that supersedes self-interest\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Has repeated lapses in professional conduct wherein responsibility to patients, peers and/or the program are not met. These lapses may be due to an apparent lack of insight about the professional role and expected behaviors or other conditions or causes (e.g., depression, substance use, poor health)</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Has documented lapses in professional conduct, under conditions of stress or fatigue, that lead others to remind, enforce, and resolve conflicts</li> <li>• Has some insight into behavior but cannot modify it when placed in stressful situations</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• In nearly all circumstances, conducts interactions with a professional mindset, sense of duty and accountability</li> <li>• Has insight into own behavior as well as likely triggers for professionalism lapses and is able to use this information to remain professional</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Demonstrates an in-depth understanding of professionalism</li> <li>• Helps other team members and colleagues with issues of professionalism</li> <li>• Identifies potential triggers and uses this information to prevent lapses in conduct as part of the duty to help others</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Is regarded as a model of professional conduct</li> <li>• Has smooth interactions with patients, families, and peers</li> <li>• Maintains high ethical standards across settings and circumstances</li> <li>• Demonstrates excellent emotional intelligence about human behavior and insight into self and uses this information to promote and engage in professional behavior as well as to prevent lapses in others and self</li> </ul>	<input type="checkbox"/>

16. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Has significant knowledge gaps or is unaware of knowledge gaps and demonstrates lapses in datagathering or in follow-through of assigned tasks</li> <li>• May misrepresent data or omit important data, leaving others uncertain as to the nature of the individual's truthfulness or awareness of the importance of attention to detail and accuracy</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Has a solid foundation in knowledge and skill but is not always aware of or seeks help when confronted with limitations</li> <li>• Demonstrates lapses in follow-up or follow-through with tasks, despite awareness of the importance of these tasks. Follow-through can be partial, but limited due to inconsistency or yielding to barriers. When such barriers are experienced, no escalation occurs (such as notifying others or pursuing alternative solutions)</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Has a solid foundation in knowledge and skill with realistic insight into limits with responsive help seeking</li> <li>• Demonstrates complete datagathering including consideration of anticipated patient care needs and careful consideration of high risk conditions first and foremost</li> <li>• Requires little prompting for follow-up</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Has a broad scope of knowledge and skill and assumes full responsibility for all aspects of patient care, anticipating problems and demonstrating vigilance in all aspects of management</li> <li>• Pursues answers to questions and communications include open, transparent expression of uncertainty and limits of knowledge</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Uncertainty brings about rigorous search for answers and conscientious and ongoing review of information to address the evolution of change</li> <li>• May seek the help of a master in addition to primary source literature</li> </ul>	<input type="checkbox"/>

17. Provide leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Does not define/clarify roles and expectations for team members</li> <li>• Team management is disorganized and inefficient</li> <li>• Interacts with supervisor</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Interactions suggest that there are roles and expectations for team members, but these are not explicitly defined</li> <li>• Manages the team in a somewhat organized</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Provides some explicit definition to roles and expectations for team members</li> <li>• Manages the team in an organized</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Routinely clarifies roles and expectations for team members</li> <li>• Manages the team in an organized and fairly efficient manner</li> <li>• Interactions with</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Routinely clarifies roles and expectations for team members</li> <li>• Team management is organized and</li> </ul>	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>(s) in an unfocused and indecisive manner</li> <li>Open communication is not encouraged within the team</li> <li>Team members are not given ownership or engaged in decision-making</li> <li>Manages by mandate</li> <li>Unable to advocate effectively for the team with faculty, staff, families, patients, and others</li> </ul>	<p>manner</p> <ul style="list-style-type: none"> <li>Interacts with supervisor (s) in a somewhat focused but poorly decisive manner</li> <li>Begins to encourage open communication within the team</li> <li>Sometimes engages team members in decision-making processes</li> <li>Manages most often through direction, with some effort towards consensus building</li> <li>Attempts to advocate for the team with faculty, staff, families, patients, and others</li> </ul>	<p>manner. Interactions with supervisor(s) are focused and decisive in most cases</p> <ul style="list-style-type: none"> <li>Open communication within the team is routinely encouraged</li> <li>Team members are routinely engaged in decision-making and are given some ownership in care</li> <li>Usually manages through consensus-building and empowerment of others, but sometimes reverts to being directive</li> <li>Advocates somewhat effectively for the team with faculty, staff, families, patients, and others</li> </ul>	<p>supervisor(s) are focused and decisive</p> <ul style="list-style-type: none"> <li>Creates a foundation of open communication within the team</li> <li>Team members are expected to engage in decision-making and are encouraged to take ownership in care</li> <li>Utilizes a consensus-building process and empowerment of others, only in rare instances becoming directive</li> <li>Advocates effectively for the team with faculty, staff, families, patients, and others</li> </ul>	<p>efficient. Interacts with supervisor(s) in a focused and decisive manner</p> <ul style="list-style-type: none"> <li>Creates a strong sense of open communication within the team</li> <li>Team members routinely engage in decision-making and are expected to take ownership in care</li> <li>Consensus-building and empowerment are the norm</li> <li>Proactively and effectively advocates for the team with faculty, staff, families, patients, and others. Inspires others to perform</li> </ul>
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18. Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Feels overwhelmed and inadequate when faced with uncertainty or ambiguity</li> <li>Is rigid and authoritarian in communicating with patients/families and developing therapeutic plans</li> <li>Uses mathematical concepts to quantify uncertainty and risk without checking for patient/family understanding</li> <li>Seeks only self or self-available resources to manage response to uncertainty</li> <li>Makes decisions based on own, but not the patient/family's, state of risk aversion or risk taking</li> <li>Emphasizes full potential for negative outcome to family (defensive/protective of physician) and does not acknowledge patients' need for hope</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Recognizes uncertainty and feels tension/pressure from not knowing or knowing with limited control of outcomes</li> <li>Explains situation to the patient in framework most familiar to the physician, rather than framing it with terms, graphics, or analogies familiar to the patient</li> <li>Seeks rules and statistics and feels compelled to transfer all information to the patient immediately, regardless of patient readiness, patient goals, and patient ability to manage information</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Anticipates and focuses on uncertainty, looking for resolution by seeking additional information</li> <li>Aims to inform the patient of the more optimal outcome(s), framed by physician goals</li> <li>Does not manage overall balance of patient/family uncertainty with quality of life, need for hope, and ability to adhere to therapeutic plan</li> <li>Focuses on own risk management position for a given problem and does not suggest that more or less risk taking (different from physician's position) could be chosen</li> <li>Still seeks patient/parent recitation of uncertainty/morbidity as proof that patient/family understands the uncertainty</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Anticipates that uncertainty at the time of diagnostic deliberation will be likely and uses such uncertainty or larger ambiguity as a prompt/motivation to seek information or understanding of unknown (to self or world)</li> <li>Balances delivery of diagnosis with hope, information, and exploration of individual patient goals</li> <li>Presents concepts of risk versus hope by using a conceptual framework that includes cost (e.g., suffering, lifestyle changes, financial) versus benefit; framed by patient health care goals</li> <li>Expresses openness to patient position and patient uncertainty about his/her position and response</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Focuses on the patient/family's risk management position for a given problem</li> <li>Seeks to understand patient/family goals for health and their capacity to achieve those goals, given the uncertain treatment options</li> <li>Engages in discussion with high sensitivity towards numeracy (mathematical understanding of risk), emphasizing patient/family control of choices with initial plan development and ongoing information sharing through changes as knowledge and patient health status evolve</li> <li>Remains flexible and committed to engagement with the patient/family throughout the patient's illness, serving as a resource to gather information so that degree of uncertainty is minimized</li> <li>Openly and comfortably discusses strategies and outcomes anticipated with the patient/family, emphasizing that all plans are subject to the imperfect knowledge and state of uncertainty</li> </ul>	<input type="checkbox"/>

								<ul style="list-style-type: none"> <li>Balances constant revisiting of knowledge, uncertainty, and developed plans with acceptance of what is unknown</li> <li>Communicates transparently the limits of treatment plan outcomes</li> </ul>
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19. Communicate effectively with physicians, other health professionals, and health related agencies\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Rigid rules-based recitation of facts</li> <li>Often communicates from a template or prompt</li> <li>Communication does not change based on context, audience, or situation</li> <li>Not aware of the social purpose of the communication</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Begins to understand the purpose of the communication and at times adjusts length to context, as appropriate</li> <li>However, will often still err on the side of inclusion of excess details</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Successfully tailors communication strategy and message to the audience, purpose, and context in most situations</li> <li>Fully aware of the purpose of the communication</li> <li>Can efficiently tell a story and effectively make an argument</li> <li>Beginning to improvise in unfamiliar situations</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Uses the appropriate strategy for communication</li> <li>Distills complex cases into succinct summaries tailored to audience, purpose, and context</li> <li>Can improvise and has expanded strategies for dealing with difficult communication scenarios (e.g., an interprofessional conflict)</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Master of improvisation in any new or difficult communication scenario</li> <li>Recognized as a highly effective public speaker</li> <li>Intuitively develops strategies for tailoring message to context to gain maximum effect</li> <li>Is sought out as a role model for difficult conversations and mediator of disagreement</li> </ul>	<input type="checkbox"/>

20. Work effectively as a member or leader of a health care team or other professional group\*

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <p>Has limited participation in team discussion; passively follows the lead of others on the team; demonstrates little initiative to interact with team members; is more self-centered in approach to work with a focus on one's own performance; has little awareness of one's own needs and abilities and limited acknowledgment of the contributions of others</p>	<input type="checkbox"/> <p>Demonstrates an understanding of the roles of various team members by interacting with appropriate team members to accomplish assignments; actively works to integrate oneself into team function and meet or exceed the expectations of her given role; in general, works towards achieving team goals, but may put personal goals related to professional identity development (e.g., recognition) above pursuit of team goals</p>	<input type="checkbox"/> <p>Identifies oneself and is seen by others as an integral part of the team; seeks to learn the individual capabilities of each fellow team member and will offer coaching and performance improvement as needed; will adapt and shift roles and responsibilities as needed to adjust to changes to achieve team goals; communication is bi-directional with verification of understanding of the message sent and the message received in all cases</p>	<input type="checkbox"/> <p>Initiates problem-solving, frequently provides feedback to other team members, and takes personal responsibility for the outcomes of the team's work; actively seeks feedback and initiates adaptations to help the team function more effectively in changing environments; engages in closed loop communication in all cases to ensure that the correct message is understood by all; seeks out and takes on leadership roles in areas of expertise and makes sure the job gets done</p>	<input type="checkbox"/> <p>Goals of the team supersede any personal goals, resulting in the ability to seamlessly assume the role of leader or follower, as needed; creates a high-functioning team de novo or joins a poorly functioning team and facilitates improvement, such that team goals are met</p>	<input type="checkbox"/>

21. Act in a consultative role to other physicians and health professionals

Level 1	Level 2	Level 3	Level 4	Level 5	N/
<input type="checkbox"/> <ul style="list-style-type: none"> <li>Actively participates as a member of the consultation team and can accurately gather and present the patients' history and physical findings, scribe recommendations, and document them in the medical record</li> <li>Lack of discipline-specific knowledge limits ability to focus the data gathering and presentation to those</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Identifies self as a member of the consultation team</li> <li>Can accurately gather and present the patient's history and physical findings with a focus on those details pertinent to the question asked</li> <li>Increased discipline-specific knowledge and ability to filter and prioritize information lead to a more focused (although not</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Identifies self as an integral member of the consultation team based on advanced knowledge and skills in specific areas</li> <li>tempered by recognition of limitations in others, leading to pursuit of new knowledge</li> <li>Independently assesses and confirms data</li> </ul>	<input type="checkbox"/> <ul style="list-style-type: none"> <li>Identifies self as an expert in her discipline based on advanced knowledge and vast experience that manifest as intuitive clinical reasoning that is succinctly communicated to answer the specific questions asked. This drives life-long learning behavior and clear communication of the strength of the evidence on which</li> </ul>	<input type="checkbox"/> <p>Identified as a master clinician who effectively and efficiently lends a practical wisdom to consultation and makes clinical, educational, and/or research contributions to the field</p>	<input type="checkbox"/>



details relevant to the question asked.	comprehensive), differential, realistic working diagnosis; more specific recommendations; and more succinct documentation • Takes more 'ownership' of the patients' outcomes during follow-up of initial recommendations	• Combination of past experience and ability to use information technology to seek new knowledge allows for recommendations that are consistent with best practice • Develops good relationships with referring providers, but may not encourage the bidirectional feedback that makes the relationship truly collaborative	recommendations are based • Develops and maintains a collaborative relationship with the referring providers that maximizes adherence to recommendations and supports continuous bidirectional feedback	
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